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RESEARCH

THE TECHNOLOGIES USED IN THE WORKING PROCESS OF THE PSYCHOSOCIAL CARE UNIT WITH SIGHTS TO REACH THE COMPREHENSIVENESS

AS TECNOLOGIAS UTILIZADAS NO PROCESSO DE TRABALHO DO CENTRO DE ATENÇÃO PSICOSSOCIAL COM VISTAS À INTEGRALIDADE

LAS TECNOLOGÍAS UTILIZADAS EN EL PROCESO DE TRABAJO DEL CENTRO DE ATENCIÓN PSICOSOCIAL CON VISTAS A LA INTEGRALIDAD

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ABSTRACT

Objective: Knowing the technologies of the working process predominant in the relationships between professionals and users with sights to reach the comprehensiveness. **Method:** It is a qualitative study performed with 26 professionals of a Psychosocial Care Unit - *Centro de Atenção Psicossocial* - (CAPS) in a municipality of the Rio Grande do Sul state, during October 2006. The data were collected by means of a semi-structured interview and, subsequently, subjected to the thematic analysis. **Results:** The soft, soft-hard and hard technologies are present in the CAPS daily practices, being that the welcoming, bond and listening were identified as being soft ones; the structured skills as being soft-hard ones and the medical charts and the psychotropic drugs as being hard ones. **Conclusion:** The use of technologies in the CAPS working process might be mixed with comprehensiveness as the relationship between the health care staff and users is configured in an interactive space. **Descriptors:** Mental health, Rehabilitation, Patient care staff.

RESUMO

Objetivo: Conhecer as tecnologias do processo de trabalho predominante nas relações entre profissionais e usuários com vistas à integralidade. **Método:** Trata-se de um estudo qualitativo realizado com 26 profissionais de um Centro de Atenção Psicossocial (CAPS) em um município no interior do Rio Grande do Sul, no mês de outubro de 2006. Os dados foram coletados por meio de entrevista semiestruturada e, posteriormente, submetidos à análise temática. **Resultados:** As tecnologias leves, leve-duras e duras estão presentes no cotidiano das práticas do CAPS, sendo que o acolhimento, o vínculo e a escuta foram fatores identificados como leves; os saberes estruturados como leve-duras e os prontuários e os psicofármacos como duras. **Conclusão:** As utilizações das tecnologias no processo de trabalho no CAPS podem estar entremeadas pela integralidade à medida que a relação entre equipe e usuários se configura em um espaço de interação. **Descritores:** Saúde mental, Reabilitação, Equipe de assistência ao paciente.

RESUMEN

Objetivo: Conocer las tecnologías del proceso de trabajo predominante en las relaciones entre profesionales y usuarios con vistas a la integralidad. **Método:** Se trata de un estudio cualitativo realizado con 26 profesionales de un Centro de Atención Psicosocial (CAPES) en un municipio en el interior de Río Grande del Sur, en el mes de octubre de 2006. Las informaciones fueron colectadas por medio de entrevista semiestructurada y, posteriormente, sometidas al análisis temático. **Resultados:** Las tecnologías leves, leves-duras y duras están presentes en el cotidiano de las prácticas de CAPS, siendo que el acogimiento, el vínculo y la audición fueron identificados como leves; los conocimientos estructurados como leve-duros y los prontuarios y los psicofármacos como duras. **Conclusión:** Las utilizaciones de las tecnologías en el proceso de trabajo en CAPS pueden estar intercaladas por la integralidad en la medida en que la relación entre equipo y usuarios se configura en un espacio de interacción. **Descriptores:** Salud mental, rehabilitación, grupo de atención al paciente.

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INTRODUCTION

The mental health care has underwent a wide-ranging transformation process through the Psychiatric Reform movement, with the replacement of the care model focused on the hospital for a more integral network care to the health of individuals with mental disorder.[1]

The CAPS are community health services that provide daily care for people with mental disorders, under the premise of freely take care and foster the social inclusion. The CAPS professionals plan the treatment of the individual from its sociocultural context, providing a comprehensive care and contributing to the reintegration of the individual in the society and in the family itself.

The CAPS work in a perspective aimed at developing the autonomy of individuals, in order to assure the citizenship thereof. Thus, these health services are configured as a new paradigm in the mental health field, coming with the purpose of overcoming the admissions to psychiatric hospitals.[1]

The care focus on the psychosocial mode dedicated to the subject works on the logic that the individual is the main participant in its treatment and that he/she belongs to a family and social group. This psychosocial care mode is discussed with the family and society with regard to changes in treatment concepts and expectations, there is a dialogue, an interlocution occurs, anyway, there is a free movement of the user and the population.[2]

The work process in the psychosocial care is constituted in new comprehensive health care practices, which is characterized in a different, streamlined and innovative way. The constitution of work processes should be increasingly shared, seeking to organize the service so that it operates in a user-centered logic, making it is possible, in daily practices, to build bonds and contracts between professionals and users, through technological interventions in health care tailored to the individual and collective needs of the users.[3]

The technologies in the work process might be classified as soft, soft-hard and hard. The first makes reference to any meeting type, whether it is formal or otherwise, between user and professional, that entails in the health production. These are moments of dialogue, welcoming, creation and maintenance of bonds.[4]

In turn, the term soft-hard technology is based on scientific knowledge and structured professional skills (from nursing, social work and psychology); it is a acquired knowledge that is registered in the form of professionals think about the health care. Finally, we have the hard technologies which reflects a set of interventions based on technological equipment of the machines type, standards and organizational structure.[4]

In this context, the practices performed within CAPS are permeated with technologies capable to enhance the mental health care actions, in order to achieve previously established objectives.

Objective: Knowing the work process technologies prevailing in the relationships between professionals and users with sights to reach the comprehensiveness.

METHODOLOGY

This study integrates Evaluation Research of the CAPS from the South Brazilian Region (CAPSUL), funded by the Ministry of Science and Technology through THE CNPq, contemplated in the Notice 07/2005, supported by the Ministry of Health. The CAPSUL was coordinated by the Faculty of Nursing and Obstetrics from the Federal University of Pelotas, developing the study with

the partnership of the School of Nursing from the UFRGS and the Undergraduate Nursing Course from the UNIOESTE – Cascavel city/PR/Brazil. The Evaluation Research of the CAPSUL has evaluated CAPS type I and II comprising the states of Rio Grande do Sul, Santa Catarina and Paraná, which was unfolded in two studies: one quantitative and one qualitative.

The current study is a cutout from the qualitative database developed in the CAPS of Alegrete city/RS/Brazil, in October 2006. The selection of this municipality was intentional, as it is a trend-setting CAPS unit in the South Region of the Rio Grande do Sul state. Furthermore, the operation time of the place was considered, besides the experience of the professionals and the availability of workers to adhere to the proposal.

The study has included 26 professionals from the CAPS staff: five psychologists, one nursing technician, one social worker, two nursing assistants, two general services employees, two nurses, two receptionists, one employee of the pantry and the kitchen, one driver, one occupational therapist, one educator, one teacher, one psychiatrist and five workshop instructors.

Data were collected through semi-structured interviews, which were recorded, transcribed and then subjected to the thematic analysis, as it is one of the ways that more take on ownership of qualitative investigation of the health-related stuff.[5]

The CAPSUL was approved by the Ethics Research Committee of the Faculty of Medicine from the Federal University of Pelotas (Letter 074/05, of November 11th 2005). All interviewees agreed to participate in the study by signing the Free and Informed Consent Form (FICF). Data were grouped into one central theme: The work process technologies prevalent in the CAPS with sights to reach the comprehensiveness.

RESULTS AND DISCUSSION

The Work Process Technologies Prevalent in the CAPS with sights to reach the comprehensiveness

The soft, soft-hard and hard technologies are present in the daily practices of the CAPS, being that welcoming, bond and listening were items identified as soft.

> Look, the first proposal is the welcoming, the welcome act [...] here nobody is left without care, it was always spoken [...] (E10).

> Yes, we welcome. There is always that time of emergency care [...] So much so that even though we have a waiting list, which now is not so great, there is this specific time for urgent care and, even when this urgency care time is not available, people are always served [...] they are always welcomed (E16).

Another attribute identified in the practice of professionals with sights to reach the comprehensiveness in the daily work was the bond, this produced through the exchange of words, confidence, and the attention provided to the individual in psychological distress situation.

> We take care of them, but they have to take care of us too [...] Because if they do not take care of us, we also will not be able to stay here [...] So, although they have their difficulties, I realize that users take care a lot of workshop instructors [...] take care a lot of nursing [...] they have this concern (E03).

> We try to perform a care well addressed to the user, seeing his needs and what is happening. Helping him as person [...] doing a follow-up. And sometimes they are failing to solve so simple things, and then we say: “but, who knows, what if you wouldn’t do it this way?” (E26).

The listening offers a positive response, capable to solve problems and provide a trust and support towards the user, respecting the feelings, ideas and expectations of each subject.

> You can listen to the demands of these people and try to understand [...] what they think in relation to the disease and what they think in relation to the health status and build together with them a way for that they can leave the psychological distress and go to a reality of attention, life and happiness (E06).

> I think the speech therapy, conversation, joy, i.e., all this improve much more than the medication itself. How can I work with a person who is doped, who is full of medications, sleeping, who does not even know what is being said [...] (E17).

The technologies called soft-hard are also present in the daily service of the psychosocial care, being identified as the structured skills on the part of the professionals:

> He goes towards to a consultation, a medication evaluation is performed and the family is warned about, [...] there is therapeutic support, workshops visitations, when there is the need for admission, it is done [...] (E04).

> There is individual care, and group care too [...] guidelines that we can give at any moment of doubt [...] doubt about anything, patient might come and ask us (E17).

> I, for my part, do anamnesis and diagnosis, indicate medications and follow-up the medical part, and as the patient will evolving, thus we have a periodical follow-up, with frequent consultations [...] of the more biological treatment, so to say, they need medications [...] We know that, in this area, we will serve patients who need medication, since they are schizophrenic, show bipolar disorders, need some medication, control. The depression clinical pictures also are generally approached [...] (E25).

Just like the others, the hard technologies should be a part of the service, since they ease the care for individuals with mental disorders, besides structuring the access to the service.

Accordingly, the medical records are regarded as a necessary tool in the service, essential in assisting the user, this chart is where an identification is made, a summary of patient's life trajectory (before and after his/her illness process), his/her social contacts, preferences and, mainly, the preparation of a single therapeutic project, medications, crises and performed activities.

> Our information set are there in these books [...] (E10).

> They released a medication for a patient. Suddenly, if she does not put it here, does not note here in our control, the patient arrives in the afternoon and I can release it again. Then the medication is held here in our control, which has the patient's name, what he/she uses and the date right next to it. And injections too, if the person did not feel well, had a dizzy spell. Everything is in the notebook. [...] Emergency room visitations, requested by psychologists, one have to come and write, because, at the other day, the psychologist will look at the medical chart and wonder if the nurse was or not. [...]. (E02)

Furthermore, it should be perceived, through the speech below, that the use of medication, hard technology, is present together with other key tools, such as the knowledge about the behavior of users, according to their pathology, soft-hard technology and the professional commitment to the achievement of the comprehensive care - soft technology – by observing the socioeconomic and cultural aspects of each subject by means of home visitations, thus occurring a mix of technologies.

> The intensive patients take medication here in the nursing room [...] we know that they do not take it right at home, but when we see that they are starting to show themselves more independent, we give medications for being taken at home [...] We make visitations, there are patients that we have delivered

> medication at home because they do not come here to get, [...] we check if they are taking medications, there are patients that we manage injection every 15 days or every month. [...] we take the opportunity to check how the patient is behaving, how the home environment is being worked, and how the family is seeing such a situation (E23).

In the analyzed service work process, it was possible to know, through the staff's discourses, the technologies present and prevalent in relationships between professionals and users with sights to reach the comprehensiveness. In this context, the welcoming, bond production and listening are factors that compose a triad of soft technologies.

The welcoming is an approaching action, "a being with" and "being around", in other words, is an attitude of inclusion. This action of welcoming can be written as a technology of the meeting, in which an affection system is built, allowing the building of a network of conversation indicator of power relationships in the health processes production. Thus, one needs to create alliances in which the singular commitment with subjects, users and professionals wins centrality in health care actions.

The welcoming is not a space or a place, but an ethical stance, does not assumes time or specific professional to do it. It is a time of sharing skills from which a subject is capable of taking upon itself the ability to welcome and hear another subject in suffering, thus acting with responsibility and resoluteness.[6]

The act of welcoming the mental health staff involves the listening to the needs that emerge in the life history and the circumstance experienced at the time of those people who seek the service. The mental health staffs should understand that it is in the contact among professionals, users and family members that the welcoming is worked, therefore, they should make a reflection within these services in relation to the empowerment concerning the use of such a source as an important working tool. Thus, the welcoming is associated with the attentive listening of all who seek the service, as well as the strengthening of bonds, commitment and mutual credibility among the stakeholders.[7]

From this perspective of soft technologies such as the welcoming, the listening is present, which is another important tool of the health care services attendance, "we hear with our ears, but also listen with our eyes, heart, mind and guts." [8:68] Thus, we might see the complexity of the listening and how this technology is important in the everyday services practice.

People have a need to communicate, be heard, share their feelings, anguishes and expectations; relationships among men are established through communication, but it will only be effective if there is listening. Thus, the listening becomes an important tool for promoting a humanized and full care.[9]

The bond closes the triad of the soft technologies, which is an important tool that, only, is built through a good welcoming and a good listening. The building of the bond starts from the moment in which the user is recognized as a subject who speaks, judges and wants. For this purpose, it becomes necessary to increase the effectiveness of health care programs, fostering the involvement of patients during the service provision, making them autonomous and protagonists in their care.[10]

The link between mental health practices is rooted in the bond, co-responsibility, involvement and commitment to the other subject, providing a sincere and responsible coexistence. In fact, guaranteeing to users a care aimed at ensuring welcoming, listening and humanized treatment.[11]

The welcoming, listening and bond are interdependent tools in achieving the

comprehensive care, being that they only work with a dedicated and committed staff in relation to the subjects.

Besides the soft technologies, it has also been identified the use of soft-hard technology, structured skills and the hard ones as standards and routines; medical charts and the drug therapy. These practices are part of the daily work in health care, however, do not overlap with the soft technologies, but they work together on a horizontal line.

From this viewpoint, the technologies in the work process cannot only be seen as something concrete, but as a job that involves a set of actions and aims at achieving the comprehensive care. The technologies permeate the health work process, thus contributing to the building of health care actions.

Scientific knowledge, structured skills, classified as soft-hard technologies, observed in the care provided to the subjects, are also part of the everyday life. The interviewees demonstrate skills that point out to the knowledge of the psychosocial model as opposed to the asylum model. Accordingly, the psychosocial model proposes realize the subject in its individuality and subjectivity, inserted in the social context, being valued as a citizen with rights and duties in society.[2]

It is understood as skills: the technical and scientific knowledge and the conceptions about its work in relation to the care of patients with mental disorders; being that the staff commitment is something striking, through its attendance and approach with the objectives of the Psychiatric Reform when providing a care in freedom and in regime of daily care, guided by the accountability to each other, offering them a personalized and efficient care.

However, it is necessary to structure skills and practice in mental health care so that the potential offer to be implemented for that each one, within its specificity, might develop itself by seeking a positive appreciation of the subject, which leads us back to the challenge of working with the healthy aspects of the subject, to focus on the healthy being and its life quality, expanding our field of intervention and care for mental health care workers.[12]

The technologies called hard ones are understood as labor technologies, which work through the dead labor, focusing on machinery, standards and routines and identified in the study as standards/routines, charts/records and psychotropic drugs. In his speeches showed how necessary tools for structuring and organizing the service primarily in relation to the division of responsibilities in the evaluation of actions and behaviors.

The records are part of the routine, since it is through which that the communication and the integration among the multidisciplinary staff assisting users are facilitated. The medical charts are considered as an essential informational stuff, since they allow us to realize the problems and demands of the subject. The professionals responsible for the development and evaluations and those ones who assist the intercurrences should make proper records and sign them, strengthening the teamwork and the dialogue among the health care professionals.

The medical charts allow the team, quickly, to visualize the patient's situation and the care phases. The set of recorded information facilitates the definition of a responsible conduct, besides encouraging and strengthening the teamwork, the dialogue among professionals and knowledge exchange, including patients and their family members, thus contributing to the bonds production and to the strengthening of the sense of group, in order to keep the buildings that have collectively been prepared.[13]

The use of medication is quite weighted in the user treatment, but professionals

understand that its exclusive use does not bring benefits, since it is necessary to offer other intervention types. Accordingly, the nursing professional's work wins further perspectives, being inserted into a wide-ranged practice, in which other features beyond the traditional ones are used, such as the therapeutic relationship, communication, individual care, among others. With that, new knowledge and tools to take care are being built.[14]

It should be noted that beyond the machinery and technical knowledge, the relationships among the subjects and the everyday actions thereof are constituted. This health production scenario is configured in the living labor in which we might produce the recognition that the health space is a place where one performs the actions of workers and users.

Before this discussion, it should be realized that the health care staff is attached to the care process, as an important piece to the proper functioning. For this purpose, the care provided to the other subject should be equipped with skill, appreciation and commitment. It is believed that, to make the implementation of further care forms that adequately respond to the needs of individuals, people should take over the challenge to provide a care addressed to the psychosocial rehabilitation.

Working in the comprehensive care viewpoint is daily being enhancing the support for the individual in psychological distress situation, its social reintegration and the citizenship recovery, by listening to its actual needs for doing a comprehensive action planning.

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