

DOI: <https://doi.org/10.36489/nursing.2020v23i265p4269-4276>

Space for health professionals versus Intersubjectivity: experience report

ABSTRACT | This is an experience report on a mini course given in the context of the I Congress of Chronic Pediatric Conditions of the IFF/FIOCRUZ, whose main focus was to promote a space for reflection with health professionals on intersubjective aspects of care in the hospital environment. The active methodology format was adopted because it allows for a greater exchange moment. About the shared experiences, the reports were mostly related to the suffering and death of children.

Keywords: Courses; Health Personnel; Communication; Interpersonal Relations.

RESUMEN | Este es un informe de experiencia sobre un mini curso impartido en el marco del I Congreso de Condiciones Pediátricas Crónicas del IFF/FIOCRUZ que tuvo como foco principal promover un espacio de reflexión con profesionales de la salud sobre aspectos intersubjetivos de la atención en el entorno hospitalario. Se adoptó el formato de metodología activa porque permite un mayor momento de intercambio. Sobre las experiencias compartidas, los informes se relacionaron principalmente con el sufrimiento y la muerte de los niños.

Palabras claves: Cursos; Personal Sanitario; Comunicación; Relaciones Interpersonales.

RESUMO | Trata-se de relato de experiência sobre minicurso ministrado no âmbito do I Congresso de Condições Crônicas Pediátricas do IFF/FIOCRUZ que teve como foco principal promover um espaço de reflexão junto à profissionais de saúde sobre aspectos intersubjetivos do cuidar no ambiente hospitalar. O formato de metodologia ativa foi adotado por permitir maior momento de trocas. Sobre as experiências compartilhadas, os relatos foram majoritariamente relativos ao sofrimento e à morte de crianças.

Palavras-chaves: Cursos; Pessoal de Saúde; Comunicação; Relações Interpessoais.

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INTRODUCTION

Intersubjectivity is a condition of social life that allows the sharing of meanings, experiences, and knowledge between subjects. It encompasses three important pillars, represented by the dimensions of affection, defense of rights and social esteem, which need to be considered in the relationships established⁽¹⁾.

The valorization of the intersubjective processes present in the field of management and health care is a fundamental pillar for what is called "live work in action", according to Mehry^(2;45), composed by craftsmanship of theoretical and practical knowledge.

This production of care requires valuing the singularities of the actors involved, converging science, techniques, and relationships. The understanding of the life context, interpretations and meanings of the people who are part of the work teams (about themselves and about the other), helps in the enhancement of relational technologies, as it works as the driving force behind work with purpose, mo-

tivation and meaning. Giving light to subjectivity in this field means expanding the logic of health super-specialization and biomedical hegemony. We do not want to deny the biological dimension and technical-scientific knowledge in the care process, but to relativize it based on what Foucault calls attention as being a technology of power over bodies⁽³⁾. We consider, therefore, that subjectivity and intersubjectivity are essentially on the scene in the daily health professional⁽⁴⁾ to promote actions based on experiences of interpersonal relationships, valuing a relationship of dialogical proximity between those who care and those who are cared for⁽⁵⁾.

In this context, it is of fundamental importance that health professionals have a space to discuss the intersubjective aspects of their daily work. Such discussions represent a basis for the connection of ideas that produce interactions built on valuing the exchange of perceptions and experiences between the subjects involved.

The act of sharing experiences and knowledge can be an element of contribution so that the health team can

Recebido em: 05/08/2020

Aprovado em: 05/08/2020

rethink the care practice beyond an eminently technical knowledge. In this configuration it is possible that feelings, attitudes, cooperation, solidarity, and social responsibility are discussed in the same context, being placed as essential elements for professional activity⁽⁶⁾.

Given the above, this study aims to report the experience of nurses in the delivery of an interdisciplinary mini course focusing on the discussion of intersubjectivity in the care process. The question that guided the study was: How an interdisciplinary mini course can represent a space for discussion about intersubjectivity in the health care process?

METHODOLOGY

This is an experience report on the conduct of a mini course given by two nurses entitled "Intersubjectivity in the hospital environment: reflections on care", which was part of the program of the I Congress of Chronic Pediatric Conditions of IFF/VPAAPS/FIOCRUZ, in September 2019, and its main focus was to promote a space for reflection with health professionals on intersubjective aspects of care.

EXPERIENCE REPORT

The menu included elements, such as: concept of subjectivity and the same as the center of health care; biomedical hegemony and limitations in the care process; intersubjectivity and hospital care; users with special needs and subjectivity.

Our main purposes discussed the construction of interpersonal relationships between users and health professionals during hospitalization; about possible dullness in the care space that can derive from biomedical hegemony; the importance of integration between management and teams for the effectiveness of the work; the specificities of the clientele with limi-

tations in communication and expression in the understanding of subjectivity; and sharing care experiences, which aroused feelings and reflections that contributed to the change in their care practice.

The mini course took place on September 23, 2019, under the coordination and administration of two nurses working in the pediatric ward of the National Institute of Health for Women, Children and Adolescents Fernandes Figueira/Fiocruz (IFF / FIOCRUZ), lasting 4 hours. There was a total of 12 participants, divided between nurses, nursing technicians, nursing students and psychologists. The reduced number of members occurred intentionally to make it possible to share knowledge and experiences satisfactorily, where everyone could have the opportunity to express themselves. Most participants were from the institution and worked in pediatric care. The room was organized with chairs arranged in a circle for greater eye contact and better communication. A table with breakfast was set up to promote welcoming and strengthen interaction. At no time do we use audiovisual resources.

The initial strategy included the presentation of the responsible nurses, followed by the other participants, including name, workplace, and motivation to participate. Subsequently, experiences of care practice were shared between the lecturing nurses and the other members of the group, allowing an exposure of real situations experienced during the exercise of professional activities. All sharing was supported by theoretical contributions regarding intersubjectivity.

After a short break, the discussions followed based on the subjects previously defined in the short course menu. On a continuous basis, each participant was asked to report a remarkable episode of his professional practice, which involved the subjectivity of him, the other, or both. It was

a moment of important immersion, reflection and sharing, which touched the emotions of everyone involved.

Finally, the participants were asked about pains and conflicts resulting from the care practice, highlighting the existence or not of support from the institution. The mini course ended in an atmosphere of lightness, relaxation and reflection, and it was suggested that it be carried out in another setting, with other team professionals.

DISCUSSION

The format of active methodology adopted in the short course was of fundamental importance because it allowed a moment of exchanges, without the imposition of knowledge held only by the speakers. We seek a reconstitution process, where the participants could have a meaningful learning, being motivated to reflect on the problem, examining it and reframing it⁽⁷⁾. The applicability of the active methodology in practice contributes to the technical and humanized improvement of professionals committed to the well-being of patients. It also favors the acquisition of skills to manage, implement and lead the resolution of common health problems in daily work⁽⁸⁾.

Regarding shared experiences, as most of the participants work in pediatric care, the reports were mostly related to the suffering and death of children. The "lump in the throat" and the tears during the testimonies demonstrated how marked the facts were for these professionals. There was also an explanation regarding an experience with a psychiatric patient, where "listening" and "entering" into the other's world represented the key to the connection with the person and the interpretation of his "I".

Most of the remarkable shared experiences referred to death situations experienced by the participants, who described moments shared with the

child and his family in situations of intense suffering related to the death process, affirming the extreme impotence and emotional devastation. Faced with the situations described, the members took up questions about the interruption of life early and the great suffering faced in an age group in which people should be playing, growing, and developing, and not suffering.

The participants were also very affected by the behaviors of the families, when they are unable to guarantee their presence during the entire hospitalization or in the moments of finitude of life. The questions in this sense were based on issues of temporality, parenting and affections, in this peculiar universe of pediatric hospitalization, especially prolonged ones (considered those with more than thirty days), also taking into account the social condition of these families.

All this shared affliction about the dying process occurs because death in the hospital disfigures the event considered for millennia as a natural property of man, transforming it into an event of institutional domain, under a purchased work force⁽¹²⁾.

The discussion about death is complex and in the pediatric clientele it becomes more, perhaps because it is not an expected event in childhood, because it seems to “escape the natural cycle of life”. The emotion produced by professionals is due to the creation of affective bonds with patients, which are further reinforced in cases of long hospital stay. For this reason, reflecting on this theme, seeking to understand the experience of professionals, is of utmost importance, as many of them have difficulty in dealing with the death of children without suffering, which in the long run can lead to pathologies⁽¹⁰⁾.

Outro ponto relevante que surgiu no decorrer da atividade foi a possibilidade de diferença in the way of pediatric care between professionals who



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are and those who are not mothers. However, among the discussions, it became evident that such differentiation was not relevant to our proposal.

The concepts of motherhood, professionalism, competence, holding function (holding) and containing function (contenance) and individual profiles were also explained. The theoretical contribution of such a discussion was Figueiredo, who says that “often, caring is basically being able to pay attention and recognize the object of care in what it has of its own and unique, giving testimony of it and, if possible, taking back to the subject his own image”^(11;18).

Health professionals, when caring for babies and children, can also offer physical and emotional security, being important pieces for their elaborations, projections, and reframing. Therefore, the functions of holding and containing, which are essential in the constitution of being, do not necessarily need to be shared with parents or professionals who are already parents. It only takes a willingness to “be and be”⁽¹²⁾.

As for the emotional support that deserved to be offered to professionals who work during so much suffering, the participants stated that they do not receive such support. Such information was widely discussed, and it is assessed that such a strategy needs to be put into action on an emergency basis, aiming at improving the assistance based on the balance of the emotional health of those who provide care.

Santos and Moreira⁽¹³⁾, after studying the issue of resilience of nursing professionals who work with chronic children and adolescents, including care in the finitude of life, they stated that this work produces marks in the health professional, that the suffering and death of patients need to be recognized as part of the work process and that it is essential that the institution, in line with the principles of the National Policy for the Humanization of

Care and Management, embraces “the pain” of professionals, offering individual and collective support.

Meeting the subjective demands of the health professional requires care and management spheres to listen in to understand the meanings of the subjects' behaviors and statements. The symbolic and collective development of defense strategies helps to recognize actors as members of the collective, contributes to physical and mental health, and expands relationships of trust and solidarity⁽¹⁴⁾.

CONCLUSION

We consider that the mini course reached the proposed objective, exceeding expectations about the representation of a space for dialogue for the intersubjective issues present in the assistance scope.

The active methodology used allowed the perceptions to be placed from the exchange of experiences in a light and humane way, running away from the standard of a conventional lecture. The shared experiences emer-

ged mainly from issues related to the death process, highlighting the importance of discussing the theme in this scenario. Although it has been shown to be extremely valid, institutional support for these professionals does not occur systematically, which shows weakness in health services.

Pains and conflicts were demonstrated by the participants, especially when sharing remarkable episodes of their professional practice, which involved the subjectivity of him, the other, or both. This episode caused the mini course organizers and authors of this study immense satisfaction and contentment. It was possible to feel and share emotions and situations equally experienced with the other members. It is important to emphasize that at this moment there was no judgment or shyness, but only a need to share afflictions and concerns.

The validation of these professionals' anxieties helped to problematize the professional routine and brought together knowledge and personal development. In this context, trades, experiences, technical-scientific knowledge,

common sense, and affections were discussed, allowing an articulation for reflection and transformation of reality.

The mini course reinforced the idea that a space to share emotions among professionals who are on the front line of care is essential so that they do not get sick, contributing to the improvement of care.

It is also necessary to have, daily, a personal reflection on the desired and planned professional paths, seeking the meaning of work for life. This attention reflects on professional practice and allows a sensitive look at the patient, family, co-workers and, above all, refers to a self-assessment, so necessary for the success of the activities developed.

We hope that this mini course, although incipient, may have served as a basis for the implementation of strategies that favor the establishment of spaces where professionals seek to share and share their experiences frequently and daily. That these meetings are valued and inserted in the work routine, being recognized as essential to the care practice of the entire health team. 🐦

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