








CONFLUENCE BETWEEN THEORY OF INTERPERSONAL RELATIONSHIPS AND CONVERGENT CARE RESEARCH: FACILITATOR OF IMPROVEMENTS FOR THE PRACTICE OF CARE

CONFLUÊNCIA ENTRE A TEORIA DAS RELAÇÕES INTERPESSOAIS E PESQUISA CONVERGENTE ASSISTENCIAL: FACILITADOR DE MELHORIAS PARA A PRÁTICA DO CUIDADO

CONFLUENCIA ENTRE LA TEORÍA DE LAS RELACIONES INTERPERSONALES Y LA INVESTIGACIÓN ASISTENCIAL CONVERGENTE: FACILITADOR DE MEJORAS PARA LA PRÁCTICA DEL CUIDADO

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ABSTRACT

This is a reflective study on the confluence between Peplau's theory of interpersonal relationships and the convergent care research method (CCR). **Objective:** to reflect on the confluence between the theory of interpersonal relationships and the CCR method and how this parity facilitates the development of improvements for the practice of care. **Results:** both are concerned with doing in Nursing and suggest processes of action in Nursing and research, in which communication and interaction are highlighted to solve a practice problem. Such processes have as common points: care practice, interaction between nurse/patient and researcher/participant, co-participation of the agents involved, four phases of development and alternating roles of the nurse/researcher. **Conclusion:** based on the parity between Peplau's theory and the CCR method, it was seen that the theory is applicable throughout the investigative process, favoring the researcher-participant interaction and guiding the researcher in all phases of the method, in which the use of communication instruments reported by Peplau in line with the CCR method facilitates the nurse/researcher to build, together with the patient/participant's contributions, improvements for the practice of care.

Keywords: Nursing Theory; Interpersonal Relations; Nursing Research; Nursing Care; Methods.

RESUMO

Trata-se de estudo reflexivo sobre a confluência entre a teoria das relações interpessoais, de Peplau, e o método de pesquisa convergente assistencial (PCA). **Objetivo:** refletir sobre a confluência entre a teoria das relações interpessoais e o método PCA e como essa paridade facilita o desenvolvimento de melhorias para a prática do cuidado. **Resultados:** ambos se preocupam com o fazer em Enfermagem e sugerem processos de atuação em Enfermagem e investigação, nos quais destacam a comunicação e a interação para a resolução de um problema da prática. Tais processos apresentam como pontos em comum: prática assistencial, interação entre enfermeiro/paciente e pesquisador/participante, coparticipação dos agentes envolvidos, quatro fases de desenvolvimento e alternância de papéis do enfermeiro/pesquisador. **Conclusão:** a partir da paridade entre a teoria de Peplau e o método PCA foi visto que a teoria é aplicável em todo o processo investigativo, favorecendo a interação pesquisador-participante e direcionando o pesquisador em todas as fases do método, no qual o uso dos instrumentos de comunicação relatados por Peplau em consonância com o método da PCA facilita ao enfermeiro/pesquisador construir, junto com as contribuições do paciente/participante, melhorias para a prática do cuidado.

Palavras-chave: Teoria de Enfermagem; Relações Interpessoais; Pesquisa em Enfermagem; Cuidados de Enfermagem; Métodos.

RESUMEN

Se trata de un estudio reflexivo sobre la confluencia entre la teoría de las relaciones interpersonales de Peplau y el método de investigación del cuidado convergente (ICC). **Objetivo:** reflexionar sobre la confluencia entre la teoría de las relaciones interpersonales y el método ICC y cómo esta paridad facilita el desarrollo de mejoras para la práctica del cuidado. **Resultados:** ambos se preocupan con la práctica en enfermería y sugieren procesos de acción en enfermería e investigación, en los que se destacan la comunicación y la interacción para resolver un problema en la práctica. Dichos procesos tienen como puntos en común: práctica asistencial, interacción enfermero / paciente e investigador / participante, coparticipación de los agentes involucrados, cuatro etapas de desarrollo y roles alternos del enfermero / investigador. **Conclusión:** a partir de la paridad entre la teoría de Peplau y el método ICC, se vio que la teoría es aplicable en todo el proceso investigativo, favoreciendo la interacción investigador-participante y dirigiendo al investigador en todas las fases del método, en las que el uso de instrumentos en la comunicación reportados por Peplau en línea con el método ICC facilita al enfermero / investigador construir, junto con los aportes del paciente / participante, mejoras para la práctica asistencial.

Palabras clave: Teoría de Enfermería; Relaciones Interpersonales; Investigación en Enfermería; Atención de Enfermería; Métodos.

INTRODUCTION

In the context of professional practice in health, theories can be used by professionals as instruments that guide action towards Science, supporting the actions of care, teaching and research. It is a dynamic process that tends to originate in practice and reproduce itself in research through the analysis and development of concepts and theories.¹ This demonstrates the importance of understanding Nursing as praxis, in which its theories are capable of producing consistent explanations, descriptions and prescriptions that support professional practice in different contexts.²

The need to improve practice often arises from problems observed or experienced in daily work, which prompts the application of an investigative process, through research, seeking to solve them. This fact has become more and more fundamental in Nursing praxis.³ Thus, a care problem often becomes a research problem, requiring nurses to examine it in depth using a scientific method that combines the use of a theoretical framework and a methodological framework.

One of the research methods that have grown in studies in the field of Nursing is convergent care research. This is based on the premise of investigating the phenomenon of practice involving the research subjects, whether they are members of the team and/or the clients themselves, as participants in the study, in a collective, co-participatory and dialogic process for the construction of improvements in care practice, already that the knowledge brought by the subject and his participation in the construct of changes becomes essential for the implementation of such improvements in the field of practice.⁴

It is from this interaction between researcher and research subject that the Convergent Care Research (CCR) approaches the Theory of Interpersonal Relations developed by Hildegard E. Peplau, since, by identifying concepts and principles that support the interpersonal relationships existing between nurses and patients in the process of care, it is seen that Peplau attributes meaning to the interaction existing between them in any spaces and areas of communication, exchange of experiences and health information, including in research, which can help the way of investigating a scientific problem, favoring the interaction between researcher and research subject.⁵

Considering that the theory can be used as a process of interaction with the patient in practice and that together with integrative research methods can collaborate for the development of good care practices,^{2,6} it was

decided with the present study to reflect on the confluence between Peplau's Theory of Interpersonal Relations and Convergent Care Research and how this parity facilitates the development of improvements in the practice of care.

METHOD

This is a descriptive, reflective study, which is part of a master's dissertation that used the theory of interpersonal relations as a theoretical framework and convergent care research as a method. The points of convergence between theory and method favored a relational, dialogical, and co-participatory process between nurse and patient both in the scope of assistance and research and resulted in the construction of facilitating actions for communication in the transition to palliative care, based on the needs and preferences exposed by the cancer client.

For the preparation and construction of the reflection, the selection of the central theme for the discussion and selection of publications that were aligned with the theme and that presented fundamental constructs to form a textual *corpus* forming result capable of allowing the discussion was selected.

The text was organized into three themes. The first, entitled "theory of interpersonal relationships: process of acting in Nursing", discusses the principles, foundations, and method of the theory of interpersonal relationships. The second, "convergent care research: investigation process in Nursing", describes the foundations and attributes of the research method. In the third theme, "confluence between interpersonal relations theory and convergent care research", reflections on the confluence between theory and method are presented, based on the identified points of convergence.

Theory of Interpersonal Relations: process of doing in Nursing

Peplau brought to Nursing a new paradigm for the care process, whose focus is centered on interpersonal relationships built between a person in need of care and a nurse with specialized training to respond the need for help, which values the patient's subjective questions, demonstrating a shared and dependent relationship between nurse and patient.⁷

Thus, Peplau rescues the human sense of Nursing performance, whose objective is that, from the interpersonal relationship, the nurse is able to propose care based on the individual's own conceptions, aiming to of-

fer individualized and co-participative care in solving health problems.^{8,9}

In the theoretical model, Peplau describes the interpersonal process in four phases, which can occur in an interrelated or overlapping manner, which are: guidance, identification, exploration and resolution.^{10,11}

The first phase, guidance, begins with the patient's search for help, due to a felt need, and the nurse, together with the patient's contributions, recognizes the problem and provides guidance on possible implications, so that together they decide which the most appropriate assistance.^{4,7,10}

After understanding the problem and advancing the therapeutic relationship, the identification phase begins, in which the patient establishes affinity and responds selectively to who can help him/her. It is at this stage that the nurse helps the patient in coping with the problem and defines the care goals, however, the aim is for it to occur in a cooperative and interdependent manner.^{7,10,11}

In the exploration phase, the patient uses all the resources offered through this relationship to satisfy his/her needs.⁷ In this way, the nurse makes use of communication instruments such as clarification, listening, acceptance, teaching and interpretation to care for the patient, which in turn takes advantage of the services offered to meet their needs.^{9,11}

Finally, the last phase, resolution, is characterized by the gradual detachment from the established professional relationship, as the patient's needs are met. For Peplau, this phase is successful when the patient and the nurse are able to get away and both leave this relationship independent, strong and mature.^{7,10}

Another important point described by the theorist is the different roles that nurses can play throughout this relationship, such as: strange (it is up to the nurse to accept the patient as he/she is and guide him/her about his/her problem), resource provider (guides clear responses to the patient's doubts and needs), teacher (always transmits information based on the patient's prior knowledge, assisting in the learning process), leader (guides care goals cooperatively with the patient), substitute (identifies similarities and contrasts with the associated person to define areas of dependence, independence or interdependence) and counselor (uses communication techniques to help the patient to recognize, accept and face the problem).^{7,9,10}

Convergent Care Research: investigation process in Nursing

The Convergent Care Research was developed from the need felt by nurses to bring the activities of care prac-

tice closer to the research investigation processes, since a distance between theory and care was often perceived, which made it difficult to apply the theory in Nursing processes.¹²

The idea then arose to build a new research methodology that would guide research and assistance activities, concurrently. Thus, its main characteristics are the convergence of research actions in the daily work of Nursing and the participation of subjects involved in the practice, whose objective is to introduce innovations in care.^{4,13}

Unlike other methods, CCR values subjectivity, based on the interaction with subjects in the field of care practice in order to obtain more appropriate solutions for the context studied.^{13,14}

However, for this to occur, it is necessary that the research problem emerges from professional practice and that the results are intended to improve care.¹³ In addition, the participating subjects must be involved both in the scope of research and care and it is up to the researcher promoting feelings of participation, cooperation and appreciation.^{4,12,14}

In order to achieve these objectives, it is necessary to strictly follow the attributes of the CCR during the research process, which are: immersibility, simultaneity, expandability and dialogicity. Immersibility refers to the immersion of the researcher in the actions of research and practice simultaneously in the field to be studied. Simultaneity implies the actions of approximation, removal and convergence of research and assistance actions during the development of the CCR. Expandability, on the other hand, gives the researcher the power to expand the initial purpose of the study beyond improvements in care practice, but also to make discoveries for the construction of new theories. Finally, dialogicity makes it possible, through the exchange of ideas between researcher and participants, to recognize the problem in care and generate changes to improve professional practice, based on research, without mischaracterizing the unit in each of them.⁴

Thus, it is essential that the researcher is inserted as a professional in the research site and has specialization in the area of care knowledge so that he/she has a more proactive role in terms of improving and solving problems related to care, together with the cooperative participation of the members of his/her study. This is because, for the possibility of change, the participation of the protagonists of the scenario is essential, suggesting, criticizing and validating the results, which can be users and/or professionals.⁴ During the investigative process there will be movements of approach and remov-

al as a researcher, but it will always be inserted in the researched environment as a nurse, forming spaces of overlapping of these activities, which characterizes the convergence of the research and practice actions that the CCR method requires.^{4,13}

Due to the characteristics of convergence of assistance-research actions, there is greater concern with the ethical issue. It is important to highlight that, as in any other research, the CCR follows the ethical precepts needed in research with human beings that need approval from the Research Ethics Committee, however, in the CCR, the ethics of research and the ethics of practice are not mistaken, but go together, because it is necessary the respect and rigor that each one of them requires. Despite this, when the researcher immerses himself/herself in the care practice, the ethics of care is paramount, although that of research is always present simultaneously.^{4,14}

The process of convergent care research is marked by four phases that are related and mixed during the whole process, which are: conception, instrumentation, scrutiny and analysis.^{13,14}

The conception phase is characterized by the choice of the topic of interest for research from a problem in care practice, in which the interest of the subjects involved is considered and, from then on, the guiding question, objectives, theoretical support, introduction and rationale of the study are established.^{13,14}

The instrumentation phase is determined by the application of methodological decisions related to the research field, study participants and data collection instrument. In this phase, the researcher negotiates with the participating subjects the study proposal to develop changes in care practice.^{13,14}

The next phase, scrutiny, is marked by the strategies adopted to obtain the data. At this stage, especially during data collection, the articulation of the researcher in the CCR with care practice occurs more strongly, as researcher and participants are involved both in care and in research, and who, as a nurse, assume different roles, such as of caregiver, teacher and researcher in an associated and simultaneous way.¹² In this act of assisting/caring, the professional assumes the role of care provider, in which, while following the scientific rigor to obtain information, he/she performs immediate care to the client, which strongly contributes to the humanization of care in health.^{13,14}

Subsequently, it ends with the data analysis phase, when the researcher distances himself/herself from the care practice to interpret the information obtained.^{13,14}

Confluence between Theory of Interpersonal Relations and Convergent Care Research

When reflecting on Peplau's theory of interpersonal relationships as a theoretical framework and CCR as a scientific method, it is perceived that both can be inter-related from points of convergence. This fact favors the alignment between theory and research in the investigative process, especially when it emerges from the researcher's care practice, who is also a care provider in the same field of study.

Thus, the first point of approximation between Peplau's theory and the CCR is established since they are aligned towards the care practice. In the field of ideas, the theory appears to subsidize doing in Nursing, the praxis, which in the light of Peplau occurs in the existing relationships between nurse and patient, in the space of care. When taking to the convergent care research methodology, the practice emerges as a source of the problem to be investigated, as a field of study and as a target for the improvements to be proposed.

The holistic view presented by the theorist and her commitment to giving voice to clients corroborated the CCR's premise regarding the dialogicity and the valorization of the research participants' cooperation for the resolution of care problems, configuring, then, as another point of convergence between theory and method. Thus, the dialogue, the exchange and the intense approach described by Peplau contribute for the researcher to negotiate the change project not only with the patient-participant, but also with the institution and the professional partners of the care team in which the nurse-researcher acts, so that there is acceptance and commitment as to the continuity of changes in the assistance in which the CCR is developed, with the purpose that the proposals for improvements are not only in the field of research, but that they are implemented.⁴

In this relationship, sometimes a nurse/patient, sometimes a researcher/participant, the Nursing practice processes, reported by Peplau, and investigative, described in the CCR, develop together, and complement each other to solve the scientific problem that emerged from the care practice. Such interaction helps the researcher to penetrate the reality of assistance during the research, detecting the problems of the practice while, as a nurse, responds to the needs of the patient/participant, evidencing the adjustment between theory, research and practice.^{4,11}

Both relational processes develop in four phases that are related to each other and intertwine at times.^{11,14} In each phase, the nurse/researcher assumes, in addition

to their therapeutic and investigative functions, also the role of educator, indicating another point of confluence between theory and research. In addition, basic Nursing instruments are used, such as observation, communication and recording of activities carried out both within the scope of research and assistance.^{9,11}

From the identification of the confluence of Peplau's phases with the investigation phases used in the convergent care research, it was possible to reflect on how the process described by Peplau allows for guidance on how to investigate the CCR, in which the interactive steps between nurse and patient for the resolution of a health problem can be reproduced between researcher and research participants for the resolution of a care problem. This is because both emphasize dialogue and mutual interaction so that their processes occur, and both individuals involved, nurse/researcher or patient/participant are protagonists and have equally important parts in both the therapeutic and the research relationship.¹¹

In the guidance phase, the interaction between nurse and patient during care provides clues about their needs and problems related to care practice. This corresponds to the conception phase, in which the nurse/researcher transforms the problem that emerged from the care practice into a scientific problem and reflects how he could solve it based on the collaboration of the participants/patients.¹¹

Peplau's next phase, identification, is recognized in the instrumentation phase of the CCR, since the immersion of the researcher as an active agent of care assistance allows greater bonding and dialogue with the participants. In this phase, the project of changes is negotiated with the participants so that they can participate in the construction of improvements for the care practice, and after their acceptance, the appropriate methodologies for the research problem are drawn up, as well as the care goals, which will be carried out in the next phase.^{7,10,11,14}

In the CCR screening phase, the Peplau exploration phase occurs, in which the researcher uses the communication instruments reported by the theoretician, such as: listening, clarifying, teaching and interpreting during data collection for the research.⁸ Thus, by this phase provides more interaction between researcher and participants, as the researcher obtains data for the research investigation, he/she is able, through this dialogical relationship, to obtain privileged information to subsidize Nursing care in the field of practice. Hence, it allows to investigate the problem object of study, at the same time that it responds the patients' needs and clarifies the

doubts that may arise at that moment, assuming different roles besides being a researcher, as a care and teaching provider, characterizing the convergence teaching, research and practice.¹²

Therefore, it is by valuing the speeches of the participants, through different techniques of data collection (interview, focus group and participant observation), that the researcher will have important subsidies to build improvements for the care practice, which can result in the introduction of new care technologies, such as guidance booklets, protocols, guidelines, etc.^{4,14}

Finally, there is the resolution phase equivalent to the last phase of the CCR, analysis, characterized by the moment when the researcher is removed from the care practice. This moment occurs simultaneously with the gradual distancing between nurse and patient. As a researcher, he/she comes out equipped with information from research participants to analyze the data collected and transfer the knowledge generated by the research into practice, with the objective of solving the problem, in the same way that, as a nurse, he/she distances himself/herself so that the patient can strengthen the ability to act on your own as the main agent of your care.^{7,10,14}

Thus, the development of the two processes together favors the search for common goals between nurse/researcher and patient/participant, which contributes to the humanization of care, in which it promotes the growth and development of research and the care practice, as well as its involved actors, who leave matured and strengthened from this relational experience to achieve improvements in the care practice suggested by the research.

CONCLUSION

Through reflection on the Theory of Interpersonal Relationships and the Convergent Care Research method, it was possible to verify that both are concerned with doing in Nursing and for this they suggest processes in which communication and interaction are highlighted to solve a problem.

It is from this point in common that the processes are mixed and complemented, in which the search for the resolution of a shared problem that emerged from the care practice brings theory and research closer to the construction of improvements in the practice of care, in which relationships established, whether therapeutic or research, are of equal value.

In the phases of Peplau's theory, there was a congruence with the phases of CCR development, showing the

applicability of the Theory of Interpersonal Relationships throughout the investigative process, since, through such theory, there is a rapprochement between nurse/researcher and patient/participant, whose dialogue and mutual interaction collaborate to direct the phases of the research method from the delimitation of the problem to the realization of changes in care practice, in which the use of the communication instruments reported by Peplau in line with the method of CCR facilitates the nurse/researcher to build, together with the patient/participant's contributions, improvements for the practice of care.

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