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PATIENT CARE AS AN INTERVENTION OF THE SOCIAL WORKER WITH CARDIOPATHIC PATIENTS

ACOLHIMENTO COMO INTERVENÇÃO DO ASSISTENTE SOCIAL COM PACIENTES CARDIOPATAS HOSPITALIZADOS

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ABSTRACT

The choice of the theme of welcoming as an intervention of the social worker with hospitalized cardiac patients in pre- and post-operative treatment arose out of experience in the Cardiovascular Health Professional Improvement Program of a public hospital specializing in cardiology. Welcoming is a form of building a relationship between the professional and the patient, as an intervention that precedes and/or arises from an interview; it is expressed as an essential procedure in the construction of a bond and professional trust, with rational and intentional actions, to reveal the singularity experienced. The aims of this study were to analyze the importance of welcoming, by the social worker at the bedside, and to identify and understand welcoming as a professional intervention. A qualitative study was carried out, with 14 patients with an average of 10 days of hospitalization. The interview for data collection by the researcher was conducted using a script with semi-structured questions, from November 16 to December 15, 2017, after submission to and approval by the Ethics Committee. The results of the study were analyzed by the method of dialectical historical materialism, for a better understanding of the social reality and of the social being in his/her totality, which is closely related to the material and concrete life of human beings. Two categories of analysis were established to better elucidate and understand the results: the meaning of welcoming, and the work of the social worker with hospitalized patients. Most of the interviewees expressed the act of welcoming, treating and receiving someone well, with affection, love, and care, as an action linked to solidarity. The study evidenced the importance of the welcome given by the social worker at the bedside, as expressed by the patients' responses. It also identified the meaning of the solidarity-based welcoming, which led to changes in this perception, based on the professional intervention and the patient's greater autonomy, interaction with the health team, and access to previously unknown rights, i.e. self-recognition as a citizen with rights.

Keywords: User Embracement; Social Work; Professional Practice.

RESUMO

A escolha do tema acolhimento como intervenção do assistente social com pacientes cardiopatas hospitalizados, em tratamento pré e pós-operatório surgiu da experiência do Programa de Aprimoramento Profissional em Saúde Cardiovascular, de um hospital público especializado em cardiologia. O acolhimento é a aproximação entre o profissional e o paciente, intervenção que precede uma entrevista, é expresso como procedimento imprescindível na construção de um vínculo e confiança profissional, com ações racionais e intencionais, para revelar a singularidade vivenciada. O estudo teve como objetivos analisar a relevância do acolhimento realizado pelo assistente social à beira leito, identificar e compreender o acolhimento como intervenção profissional. Foi realizada pesquisa qualitativa, com 14 pacientes, com média de 10 dias de internação. A entrevista para coleta de dados pelo pesquisador ocorreu por meio de um roteiro de perguntas, semiestruturadas, no período de 16 de novembro a 15 de dezembro de 2017, após a pedido e aprovação do Comitê de Ética em Pesquisa. A análise dos resultados do estudo foi pelo método materialismo histórico dialético, para se compreender melhor a realidade social e o ser social em sua totalidade, que se relaciona intimamente, com a vida material e concreta dos seres humanos. Foram estabelecidas duas categorias de análise para melhor elucidar e compreender os resultados: o significado de acolhimento para o paciente e o trabalho do assistente social com pacientes internados. A maioria dos entrevistados expressou o ato de acolher, tratar e receber bem alguém, com afeto, amor, carinho, como uma ação vinculada à solidariedade. O estudo evidenciou

a importância do acolhimento realizado pelo assistente social ao paciente cardiopata hospitalizado, percebida e verificada na autonomia do paciente, na sua interação com a equipe de saúde, no acesso aos recursos e serviços públicos antes desconhecidos e no reconhecimento como cidadão detentor de direitos.

Descritores: *Acolhimento; Serviço Social; Prática Profissional.*

INTRODUCTION

We chose to address the theme of user embracement as an intervention technique by a social worker working with hospitalized patients in the pre- and postoperative treatment of coronary artery bypass grafting and heart valve surgery. Inspiration for the theme was the worker's experience in the Program of Professional Improvement in Cardiovascular Health.

The social worker's tasks in the ward initially involve a bedside approach (i.e., beginning with a professional approach and visit to the hospitalized patient)—when he/she presents himself/herself and the reason for being there. This first contact is necessary for the patient to get to know the work and function of the social worker and institution.

During embracement, the social worker establishes a relationship of duality with the patient, beginning at the first meeting, which takes place in an intercessor space where a relationship of listening and accountability is established. Bonds and commitments are formed that guide intervention projects. This space allows the social worker to use his/her knowledge of technology to treat the user as a subject who is the bearer and creator of rights.[1]

During the hospitalization period for pre- and post-surgical cardiac treatment, patients described their experiences and concerns as well as the way they internalized and externalized situations requiring attention and a different look from the professional.

Embracement can be understood as the proximity between users and the health team, whose aim is to create a more humanized and relationship characterized by solidarity, considering the reality of the sick subject in the hospital setting.[2] Embracement refers to a collective commitment to cultivate bonds in a responsible manner, recognizing and including differences and stimulating a concern for forming relationships and promoting meetings.[2]

Thus, embracement is interpreted as a joint commitment to the strengthening of the relationship between the team and users of health services; their interactions were facilitated with implementation of the National Humanization Policy in 2003.[3]

Embracement is an intervention technique that precedes and results from an interview and is expressed as an essential procedure in the construction of a professional bond and establishment of trust with the patient. It is a rational and intentional action of the social worker to reveal the uniqueness experienced.

Its use is implicitly accompanied by not only a technique but also the incorporation of knowledge regarding how and why to carry out embracement.

Given the above, an aim of this study was to contribute to the production of new knowledge on the theme addressed and its representation to the hospitalized patient. Additionally, the complexity and ethical, political, and theoretical rigor involved in its implementation were highlighted.[4]

This study was conducted considering the theoretical framework of the National Humanization Policy as a proposal for change that involves the work processes, management of health services, training regarding workers' health, user participation, incentives in training, and working conditions of health professionals.[3]

The social worker focuses on the production and reproduction of social relations.[5] Some authors indicate that social services must recognize the subjectivities and needs associated with relations among society and the rights of the citizen (i.e., the professional must build strategies for embracement and bonds of trust to identify the demands).[6,7]

Another aim of this study was to analyze the relevance of embracement carried out by the social worker with inpatients (at the bedside), identifying and understanding embracement as a professional intervention technique. By questioning the relevance of embracement and its representation to the hospitalized patient, the complexity and ethical, political, and theoretical rigor involved in its implementation can be recognized, thus justifying it as a process aimed at improving the quality of care offered by the social worker.

New knowledge on this theme is produced through the theoretical framework (constructed by social service theorists) as to the dimensions that should be the domain of the social worker-technical-operative, ethical-political, and theoretical--methodological-when expressing the direction of professional actions, the critical basis for reading reality, and the use of applicable instruments.[4,8]

The results were analyzed from the information obtained during interviews with patients, whose identities have been held confidential.

Finally, some considerations were made regarding the importance of embracement carried out at the bedside by the social worker, whose purpose is to reduce the political, economic, social, and cultural factors that influence a patient's health and disease progression.

METHODOLOGY

The research was conducted with 14 patients undergoing pre- and post-surgical treatment for coronary artery bypass grafting (CABG) and heart valve surgeries and who had been admitted to the ward of a public hospital specializing in the care, teaching, and research of cardiovascular diseases. The mean hospital stay was 10 days because of the particular clinical and surgical setting.

The study was submitted to and approved by the Ethics and Research Committee of the institution according to protocol 4784/2017; data were collected from November 16 to December 15, 2017. Initially, a questionnaire was prepared with an interview script containing six semi-structured questions directed to the patients by the social worker. Patients were assured that their identities would be preserved.

The subjects participating in the study were over 18 years in age and represented both genders; all were evaluated

as having full physical and mental capacities. After being informed about the objective of the study, those who agreed to participate signed the Informed Consent Form (ICF).

Initially, 28 bedside patients were approached, but some had difficulty understanding the purpose of the ICF. Even after having their doubts resolved, they chose not to sign it, so only 14 interviews were conducted.

The study was qualitative, and the objective was to delve more deeply into the issues addressed. It involved a universe of meanings, motives, aspirations, beliefs, values, and attitudes, corresponding to a deeper space of relationships, processes, and phenomena that could not be reduced to the operationalization of variables.[9]

The results of the study were analyzed in light of dialectical historical materialism, which enabled greater understanding of social reality and materialized in a dynamic and continuous process of transformation.[10]

Reality comprises of two parts—phenomena and essence—and its manifestation is one of the possible phenomenal representations of the essence. An accurate analysis must be based on the consideration that the constituent parts of the real can be apprehended as united, even if the essence is perceived as different and not immediately viewed as the phenomenon. The analysis begins with the observable and proceeds toward the essence, which facilitates an understanding that the social being as a totality intimately relates to the material and concrete lives of human beings.[10]

Thus, this study promotes an understanding of the being as belonging to a group that expresses its historical, cultural, political, and social singularities in daily life, thus comprising the synthesis of multiple determinations of reality while seeking to understand the being in its entirety.

ANALYSIS AND DISCUSSION OF RESULTS

The socioeconomic data of the interviewees were quantified and presented as follows: the mean age of the patients was 58 years (ages ranged from 39 to 88 years); seven patients were male and seven were female; nine patients lived in the city of São Paulo, four lived in other municipalities of the State of São Paulo, and one lived in Rio de Janeiro. Ten patients were retired from the National Institute of Social Security (INSS)—six because of disability and four because of contributions; two were waiting for responses to their sick pay requests; one had already received this benefit, and one did not have any income or work and was being helped by family members. The average family size was four people; the range was one to six people. Family income was mostly obtained through social security benefits, such as sickness benefits and retirement benefits resulting from contributions or disability. Less than half of the families had a member engaged in paid activity, and most lived in their own homes.

After the compilation of quantitative data, the answers were categorized to better clarify the analytical and qualitative discussion of the results.

Two categories of analysis were established to better elucidate the results: what embracement meant to the patient and the work of the social worker attending to hospitalized patients.

Categories are used to establish classifications; working with them means grouping elements, ideas, or expressions around a concept capable of covering all of this. This procedure can be used in any evaluation in qualitative research.[11]

Thus, it complements the understanding obtained about the establishment of categories as a basic concept capable of covering general aspects in the context of social relations, allowing reflections around essential elements of the real and its relationship with the universe of meanings.

In the context of social relations, these categories are antagonistic and contradictory considering time and place; they were constituted historically with the movement of society in its social, political, economic, and ideological contexts.[12]

The questions within a category were constructed to identify what embracement meant to the patients based on their understanding and the work carried out by the social worker. They related to their period of hospitalization, as well as patients' relationships with health professionals after embracement (at the bedside).

Patients were asked to freely express what they understood as a result of embracement, and they all agreed on its meaning (i.e., embracement is receiving and treating someone well; embracement *is* affection; it is giving affection, support, and help; helping is embracement; embracement is love).

The conception of what embracement is, according to the understanding of the interviewees, is aligned with the treatment of human beings with cordiality, friendliness, kindness, and education, being receptive to others, caring, and receiving others well. According to those interviewed, embracement is to be available and make oneself feel appreciated.[13]

This conception reflects the philosophical influences of humanism addressed by several thinkers in the 20th century, markedly in two currents: humanism or Christian personalism and existentialist humanism. In both, the debate of the main ideas occurred based on determinism and freedom, predominating the conception that "the essence of the human being is the capacity for self-determination." Humanism is a philosophical current that focuses on the theme of nature or the human condition and places humans and their values above everything else.[13]

In this way, most of the interviewees understood the act of embracing as treating and receiving someone well or affectionately, or giving love and affection and expressing it as an action linked to solidarity.

The term "embracement" is defined in the guidelines of the PNH as a way of receiving, listening, and treating users in a civilized manner (i.e., addressing their demands). Thus, adopting a receptive posture is a way of being solidary toward another and establishing a supportive relationship.[14]

The contribution of social services complements this action and is linked to the appreciation of human issues, which involves having ethical behavior as a central value. Further, an understanding of the human condition is guided by the Code of Ethics/93, which includes the fundamental principles of the recognition of freedom, autonomy, and the emancipation of individuals.[15]

In this way, embracement offered by the social worker can be initially observed by cordial behavior with embedded values expressed in ethical behavior that transcends an act of solidarity with the other. It is characterized by receiving and treating another favorably, having freedom as a central value-along with autonomy and emancipation, and fostering the leading role of the individual.

Subsequently, the changes that occurred during the period of hospitalization after embracement was conducted by the social worker were explored based on patients' perceptions. Of the 10 (of 14) patients interviewed who responded, they expressed positive feelings, suggesting that embracement should continue, as it gives more autonomy and encourages the patient to ask for care. Other observations were that the hospital experience improved significantly, the social worker explained how the hospital works; and social work is always good because it informs and guides patients regarding their rights.

Quotes from the interviewees, such as "I have improved; it should continue," "yes, it helps a lot" and "it gives me more autonomy," agree with the ethical dimension established by the PNH/SUS, which refers to the relationships established in day-to-day meetings, generating reliability and the formation of bonds that contribute to dignity.[3]

The social worker's work, within the context of work relations established in the society, is aimed at social relationships; thus, actions associated with this vocation address human issues that are enhanced through interactions with others.

The work of social services has an effect that is not material but social, reflecting on society in terms of knowledge, values, and culture, which, in turn, have real effects influencing the lives of subjects. Thus, the objective of such actions is social.[16]

Patients associate the provision of information and guidance with hospital operations and the rights to which they have access to the act of receiving. It refers to the recognition of the other as belonging to the institutional space into which they are inserted, such as available services, which can enable the articulation of the social protection network and access to rights.[13]

It was observed that after embracement was carried out by the social worker, there was a reduction in the period of hospitalization and more autonomy of patients because they felt they had rights in a public institution, as well as available services that were supposed to meet their needs.

The most significant answers indicating that the relationship established with health professionals improved after embracement included that it facilitated greater interaction and the freedom to talk and clarify doubts, better relationships, and discussions characterized by tranquility and safety. It also provided the opportunity to get to know the professionals better and relate to them without fear. All interviewees gave similar responses.

The perception of embracement is formed because of the intervention of the social worker in strengthening and stimulating processes that integrate and promote co-responsibility, the continuous and qualified training of a multi- and inter-professional health team, and the legitimacy and insertion of professionals linked to healthcare.

Social workers who work in public health and who are influenced by this critical aspect define embracement as the provision of information. They know the demands and listen in a space conducive for listening to the health needs of users, with a view toward the comprehensiveness of attention and the search for greater resoluteness. They are part of a movement of universalization and interpretation of health as a citizen's right and the duty of the State, which indicates that the influence of the critical-dialectical aspect has had repercussions in the definition of parameters that guide professional practices.

It can be observed that the comprehensiveness of the principle of completeness is based on the conception of the whole. In other words, reading the whole is possible when there is the understanding that the individual is submerged in a network of social and institutional relationships. Moreover, social workers are considered as acting based on practices related to the principle of integrality since comprehension is based on an expanded view of health and consideration for the social determinants of health and disease. Thus, for social services, embracement has a multidimensional character (i.e., there is no specific element that pervades its definition, and it is composed of a set of elements, such as listening to the user and providing information and knowledge of the demands that intersect).

If users' demands are heard and if users are recognized as citizens, the social workers participating in this process of embracement in the institution show specificities in their development that are naturally related to the purpose of the profession and its social contribution.[14]

Under the aegis of embracement in the National Humanization Policy and Ethical Political Project of Social Service, the ethical-political dimension is recognized, with professional performance not being neutral, thus materializing as a contradictory relationship between capital and labor and expressed in power and power relations.[3,4] Understanding the values and expressed professional direction as a commitment that underpins its actions when receiving and identifying the demand presented, it is possible to mediate immediate responses, as well as support future interventions, from a commitment to the interests of the working class.

Because of the reflections that emerged from the collected data agreeing with the studied category, it is possible to determine patients' understanding of the meaning of embracement, as well as the work performed by the social worker, which promotes changes and improves real situations that may interfere with health or disease progression.

Regarding the recognition of embracement, it is clear that the individual is considered as a bearer of rights, belonging in the inserted place, having access to rights, and forming bonds with the health team. Another positive reflection is an improvement in healthcare provided during the hospitalization period.

Regarding the influence of embracement on their treatment, access to other health services, and/or benefits of the social safety network, most of the patients expressed their views this way: "*yes*, it better explains the treatment I am receiving; it clarifies the disease and the importance of continuing the treatment; it clarifies the treatment that I am eligible to undergo, with explanations about the disease and the [surgical] treatment."

The answers were unanimous, confirming that embracement has a positive influence because of explanations regarding disease, the social worker's insertion in a tertiary hospital, and the patient's willingness to undergo a health/disease treatment. Interviewees conveyed that a social worker is not expected to clarify a disease and the appropriate treatment, as this type of professional does not have theoretical and technical knowledge for doing so.

The public institution considered specialized in assisting users with specific pathologies receives the *status* defined by the Ministry of Health and hospital unit (i.e., a health establishment endowed with hospitalization, diagnostic, and therapeutic means to provide medical, curative, and rehabilitation care with prevention activities, outpatient assistance, emergency/emergency care, teaching, and research).

In this context, with the institution of the Unified Health System, a new and expanded concept of healthcare is emerging, with a humanized approach to the individual and collective dimensions; hence, the implementation of practices requiring teamwork in health units can be observed.[19,3]

The social worker can collaborate with other professionals (teamwork) to unveil the social determinants that influence health/disease, as well as encourage the patient to continue treatment and provide access to other professionals so that they can better understand their diseases and recognize the implications in their daily lives.[17,18]

The needs for health treatment that the patients expressed were maintained in the institution until now, and services of other units were not required.

The results obtained and discussed agree with the actions of social workers in healthcare, legitimized by the Code of Professional Ethics of 1993, based on the implementation of public policies aimed at reorganizing health services from the institution of the Unified Health System (SUS) and Law 8.080/90, which regulates healthcare and materializes its principles in the care and recognition of citizens as bearers of rights, with different needs and equal access at all levels of care and health promotion.[15,19,20]

Access to and the use of services or benefits of the social protection network were referenced by the patients; during embracement, they were informed about the tariff exemption service of São Paulo Transportation (SPTRANS), the Benefit of Continuous Provision (BPC), and the power of attorney issued by the Notary's Office for the National Social Security Institute (INSS) issuing the benefit.

These reports correspond to an implicit factor of embracement, which is knowledge of the demand presented, requiring the professional to master the theoretical-methodological dimension as a basis that legitimizes the reading of reality by identifying how social phenomena directly influence the user.

Faced with the points raised about the basis for their actions, social workers focus on the guarantee of rights and the strengthening and leading role of the collective subject in the institutional spaces where they act.

FINAL CONSIDERATIONS

Findings of this study revealed the importance of embracement carried out by the social worker at the bedside as expressed in patients' answers to relevant questions. Findings also identified that the meaning of embracement was linked to solidarity, allowing changes in perceptions, greater autonomy, interaction with the health team, and access to rights that were not known before the professional intervention. Additionally, patients recognized themselves as citizens that are bearers and creators of rights.

The act of embracing accompanies implicit ethical values, which are linked to freedom, autonomy, and the emancipation of individuals, as well as expressions of professional direction based on the comprehension of reality, manifested in social phenomena materialized by the demands of users.

In this sense, results of the study conducted with bedside patients showed the importance of embracement as a professional intervention aimed at guaranteeing rights and promoting the strengthening and leading role of collective subjects in the institutional spaces that require their social intervention.

Findings of the study also showed that a hospital stay is an event that completely transforms the daily life of the individual, who feels weakened—implying changes related to the family and its relationships, the modification of roles, and adaptation to a new reality. From this understanding, it can be stated that social services must recognize the subjectivities and needs of relationships in society and the rights of citizens.

Thus, this study emphasizes an appreciation for the subjective dimension in the objectivity of reality, presented as a concrete demand that requires from the social worker the ethical dimension that considers human values in dealing with human issues. By embracing and listening to patients, the social worker considers patients' differences, pains, joys, and lifestyles, and feelings that are unique to each person and which involve changes in perceptions of the health of the citizen (i.e., from the carrier of a disease to the subject).

Therefore, social workers embrace patients' problems and demands through professional actions by adopting an integral approach and considering patients' physical and mental health, as well as their beliefs, values, and realities.

Embracement as an intervention of the social worker conducted at the bedside of a patient takes place in a rich and complex space, allowing the professional to reflect critically and continuously on the apparent and hidden demands and enabling the reduction of situations and meanings that interfere with the patient's health and disease progression.

Based on the above considerations, the production of knowledge about the social worker's performance becomes important because it legitimizes social services as an institutionalized profession that constructs reflective and propositional practices of the social reality.

In this sense, this study confirmed embracement as an integral part of the social worker's intervention process by incorporating simultaneous actions, such as listening and exchanging information and knowledge regarding the patient's reality. The action of embracing also provides access to the right to health, formation of bonds, and an understanding of the interventional activity.

Consequently, it can be considered as a practice that allows the patient to identify his or her needs and requires the professional to know the theoretical-methodological and ethical-political foundations of the profession, as well as the health and social safety network. The practice also results in the organization of better healthcare and resoluteness in the implementation of the principle of integrality.[21]

Embracement carried out by the social worker when listening to and recognizing the patient as a citizen with rights manifests the professional specificities, thoughts, and actions that are concretized in the social worker's practices technically and operatively. Additionally, the social worker carries knowledge about the profession since its inception.

CONFLICTS OF INTEREST

The author declares that he has no conflicts of interest in this work.

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