131 - LISTENING AND REBUILDING MEANING OF CARE IN THE ASSISTENCE FOR PATIENTS WITH HIV/AIDS

ANA LÚCIA DE SOUZA CARVALHO
THAÍS DE FREITAS MORAIS
Programa de Pós-Graduação em Ciências Sociais
Universidade Federal do Rio Grande do Norte – UFRN
Natal – Rio Grande do Norte – Brasil
analuscarvalho@yahoo.com.br

INTRODUCTION

In the current context of public health Acquired Immunodeficiency Syndrome (AIDS) is a serious public health issue, requiring strategies for prevention and treatment. With the development of prophylaxis and treatment of diseases has recently helped to decreased the morbidity and mortality, increasing the quality of life of patients with the effectiveness of antiretroviral (CASEBEER, 1999). From the perspective of care for people living with AIDS, teams are made to aid and assistance with illness, but what are perceived to be practical techniques is being manipulated as part of new informational technologies in health monitoring, tool knowledge life and death, knowledge and practice of power produced and constructed by boosting the productive (MORAES, 2002).

Studies (SILVA 2002, SILVA, 2003) have shown that these advances do not come to the corresponding relations practices, coupled with the eagerness of interactive health awareness, appreciation and understanding of the subjects users of health services. The lack of attention, understanding, sharing space with anxiety and doubt seem to be the existential void not care. The human person is forgotten, not heard, the relationship of environment and meaningful way is not the case, and if not take care of the Self-patient, there is concern in the professional, being together (OLIVIERI, 1985).

Although the disease is a biological phenomenon, the responses of each individual are not measurable and reflects the uniqueness of each case and the understanding and the meaning of each one in its frame of reference (GROSSMAN, Cardoso, 2006), because needs are different, it is individualized and subjective, is felt within the context of social practices. As a social being depends on the encounter with the other for interpersonal understanding that will bring growth, understanding of existence (LIMA, 2004).

In order to assist the individual in its totality, the advice has been a practice of listening to individual, User-centered, believing their potential for growth and development through multidisciplinary teams of whose actions are governed in knowledge and practices that lead to practical interventions of care and attention. It requires the ability to establish an interpersonal relationship of trust, enabling the cognitive-affective exploration of their personal experiences and collective, leading to reflection and realization of their personal resources for the recognition of themselves as subjects of their own history, and as such can transform it. Help this process, the professional becomes the facilitator, able to provide the conditions necessary and sufficient to trigger the creative process of the subject, for the responsibility and possible changes (SCHMIDT, 1999, BRAZIL, 2000; BUENO; TERUYA , 2004).

The daily life takes place marked by understanding the human being in contact with others in sharing the world with others, our being is always being-with-the-other. A commitment to care existential authenticity, reflection in search of knowledge and understanding of Being, a being-there, experiencing situations. The illness threatens the life of the patient and be aware of wonders, reflects and can reach the consciousness of itself. So take care of the patient is to listen, be open to their existence, their presence, their personal world, their experiences and felt a form of care, an unveiling that cares about others. By understanding and hearing the Other it's possible to interpret it. The understanding of human subjectivity, coupled with comprehensive listening brings the unveiling of Being that is revealed in the course of his speech. As the human being with a tendency and capacity for continuous growth, evolving in their existence according to the opening to the flow of his experiences as a reference to the lived world, in other words, the time of the being, the experiences that are part the time and influence its being-in-world (HEIDEGGER, 2005, OLIVIERI, 1985, ROGERS, 1975). So you can find meaning by sharing experiences and needs to face the choices and uncertainties of everyday life because the existential understanding of a situated consciousness reveals itself through a process of integration of knowledge, sensitivity and action, meaning the knowledge and practice in the care health care (LIMA, CATRIB, VIEIRA, 2004).

Based on this principle, the present research in the quest to integrate the healthcare and supportive care with not only technical competence but of human understanding considering the subjectivity of the User, examines perceptions of individuals living with HIV / AIDS on the service received in a specialized HIV / AIDS, identifying and analyzing psychosocial needs before the experiences of professional care.

METHODOLOGY

The study is driven by the methodology of existential understanding (PINTO, 1984), a humanistic approach, which defines the human being and existential phenomenology as a conscience-the-world with others, or be concerned with giving meaning to find through dialogue, willingness to accept comprehensively integrating knowledge, sensitivity and action. Thus we sought an approach that focuses on understanding for the exchange of knowledge, since understanding is a form of "knowing yourself and others. Feeling the other and know it inside, from the point of view. Sympathize with or feel with others, and help when necessary and possible" (PINTO, 1993, p. 34; LIMA, CATRIB, VIEIRA, 2004).

It was attended by 34 users of an outpatient clinic specializing in HIV / AIDS, selected by purposeful sampling, who were present at the study site during the collection.

The project was submitted to the Ethics Committee of the Universidade Federal do Rio Grande do Norte and approved by opinion No. 84/2004 in accordance with Resolution 196/96 of the National Health

The collection took place through observation of care practices of professional users in the clinic, making it possible to capture the reality of fighting between the rhetoric and actions in daily care, and semi-structured interviews with the subjects users, after understanding and signing the consent form. The interview allowed the meeting, the conversation, a communicative interaction, answering questions unquantifiable as desire, values, experiences and experiences of people's everyday life (MINAYO, 2000). It was recorded making it possible to observe catalyzing expressions and nonverbal subjects, encouraging them to free expression.

Assuming that the practicalities of health care is permeated by intersubjective processes, observation and interview

facilitated the understanding of the meanings of lived experience by the subjects in the processes of interaction and listening to the service. The descriptions of the subjects were first analyzed by individual understanding of the speeches of each subject identifying meaningful units and then the convergence of all units to the configuration of unveiling the essence of the phenomenon being studied.

RESULTS AND DISCUSSION

The observations on the daily care of professional to the users in the clinic allowed us to see contradictions between doing and saying in the practical actions of the interactions between professionals and patients, inconsistencies in the discursive processes, lack of intersubjective understanding, which conflicts between intentions on the one hand professionals demanding technical concerns with the treatment, and other users in relation to the needs of expressing anxieties not heard or due to illness.

The assessment has existential understanding of the experiences of the subjects that will be described in two groups and are illustrated with the most significant parts of the talks of the individuals, and will be identified by name of sages and poets.

Service as a chance encounter: a way to be careful

The service emerges as the possibility of support to the anxieties, the cognitive-affective elaborations caused by the disease, share the way of being-with-the-other. The place of attention, care, space for dialogue and understanding, which needs must be welcomed and listening can lead to an understanding of the existential experiences. Displays words of high significance, as an opportunity to vent, to talk, is to be attended to support the needs. So the service is configured as a moment of clarification of questions, the understanding of the disease, the possibility to expose yourself without discrimination or prejudice, the solitary experience of illness for complicity with the professional to listen to co-responsible anxieties, the possibilities of life with treatment.

> I come for consultation and examination. I feel good, but I hope he has some time for me, to talk to me, clarify my doubts and that the test results are good (Sara).
>
> The only bad thing here is that you can not talk about personal things ... it's a terrible experience, terrible because we assess our life from a retrospective view, there are many "how to" how will I live, will I die, those are ghosts that follow us through life, we go out of the ordinary life - it is thought always from a negative point of view of life ... (Gandhi)

The care environment as a concern for others, is not complete, there is no understanding of being sick in your world. The experience of the "terrible" is experienced with great anxiety and fear generated by faults not always perceived by the professional. Emerges the need to clarify information, to hear the story of fantasies, fears that need to be extravasated to clarify and assimilate the information. It also indicated a recovery of isolated acts, practices and fragmented knowledge, based on empirical science, limiting listening subjective, geared to the number and length of consultations recorded, not emphasizing intersubjectivity and human understanding (OLIVIERI, 1985). Listen carefully to the stories of patients widen their perspectives and assists in conducting complex situations, a form of care (Heidegger, 2005). Assistance to the HIV / AIDS this fragmented approach may reflect directly on failure to comply with treatment for non-assimilation of prescription. The subject needs to feel welcomed and understood, you need to clear, time, knowledge and understanding for the use of drugs, the information will only be treated on an appropriate communication in the doctor-patient relationship, otherwise the lack of care can take him to abandon the anti-retroviral treatment (CARDOSO, ARRUDA, 2004)

> ... the contact is good, but very quickly, I think they do care, just they don't have much time, many people to see [treat] (Lispector)

Time seems to be a factor of distance, because the service is fast, subjectivity is not highlighted or considered. Being seropositive naturally raises the subject to certain fragility that requires professionals, sensitivity and care in establishing relationships of respect and trust (BRAZIL, 2000)

> ... would be good if we could blow off steam here, we all have the same problem, they all treat me well, but do not even have a group ... then I just keep digging for attention (Lao-Tse)

Dig attention appears as one possibility that must be sought with effort, the service seems to neglect the space group that does not exist, that of the opportunity of exchange, conference hears that helps in planning the content. Through the intrapersonal dialogues is the reflectivity, which leads to the production of subjective senses and resumed his new position within the social contexts, redefining the meaning of life. One of the fundamental aspects of advice for the care of AIDS is the quality of information and how the subject perceives (Marques et al, 2002), thus facilitating attitudes (BRIAN; TERUYA, 2004), for example, ask a question clearly open to the patient continues the inquisition without notice, returning to what he said, demonstrates understanding, listening and speaking to encourage others, empathic ability to work without any judgment form the professional.

There is always a desire of the sick people to get out of the situation they are experiencing, it seeks to understand and develop their experiences, seek professional help (OLIVIERI, 1985) as a possibility for reflection and listening to their needs, because when they relive experiences of the internal world with the outside world it makes easier the process of change. Reliving experiences (Rogers, 1975) refers to everything that happens in the body which becomes potentially available to consciousness, events that are perceived to be affecting him, since they consist of experiences of a particular time and that influence his being in the world, all needing to be expressed so that it can be recognized as the subject himself, his own health and transformation.

Perception of professional care: the search for intersubjectivity

The contents are related to the perception that the interviewee has from the professional providing services, pointing out the aspects they value and note when the professionals see them, highlighting meaningful content in the context of needs and the observation greeted with interest, consistency and attention, the way they talk, the care and respect, and appreciation of the attention, knowledge and understanding, eye contact, care about privacy, hearing, listen and be affective.

> ... I value the attention of the professional, it is essential because I feel like I'm been taken cared of, receiving coverage, so it doesn't generates doubt ... I look at him to see if he is aware, so I can trust, if he gets his head down not fully absorb what I say, and I also do not understand exactly what he says, and is usually what happens... (Camões)

In that speech becomes clear the real need of contact with regard to the watchful, listening for understanding. The interviewee's perception about what they value and observe in those professionals that see/treat them, corroborates studies (RIBEIRO et al, 2005) that see AIDS as a disease of people who are fighting for life, hence the need of professional solidarity towards authentic listening, attention and empathic relations of respect and search for the needs of these individuals.

> ... I notice if he listing ... I talk looking into the his eyes to express better what I feel and see what the other is saying, than I can notice if I'm being rejected, what I value most is the

respect, sympathy, expressions are always cold. .. (Confucius)

The perceptual dimension of the subject includes all the things that are experienced by him, even those experiencies that are captured by his conscience or not, thus, so consider the perception of the subject is to appreciate their subjective experience, their world, understand their behavior from their internal reference, this towards the subject shapes the perception of care as it experience, that is through your inner reality, from their feelings, their emotions, values which makes it to reality (ROGERS, 1975), the perceived reality will influence their attitudes, conduct. For Heidegger (2005), the subject is defined only by their existence, is a distraught with the world, he is in constant search, creating, caring, and being in the world is to be open to possibilities. Caring for the Self-patient should be an interpretation of his experience, a form of encounter in their own world, being-with-the-other, care, care (OLIVIERI, 1985).

Observe (AMATUZZI, 1989) is to build, cover, take note, there is no concern to collect information, but having the perception of being. Thus, there is the concern of non-verbal understanding (ROGERS, 2001) signals through subtle expressions of physiognomy, voice, gestures, verbal comprehension and empathic understanding, in which he does not seek to interpret, but to understand.

Reinforcing these authors the interviewees' reports confirm the relevance of professional-patient contact, since the latter is watching closely the action of professional authenticity and congruence. A very important advice (BUENO, TERUYA, 2004) is the empathy, the key to identifying and understanding between people in the process of listening involves demonstration of understanding of feelings.

CONCLUSION

Thinking be searched for the respondent was thinking about risk in exposing himself, was = search = investigate disclose, "and the guarantees?". He was also talking about himself, he would be heard, he would have to review the fact that he was there, retrace the path of contamination and further expose themselves and expose themselves to the other. That in itself was already one way to talk about yourself, a turn out. Find the service was the way to consult, continuing a treatment and monitoring, but also a self-referential with others in the comparison of equal "share the same problem - AIDS" in this case the feelings were more mixed.

Uncover interactive relationships of care with the disease and treatment, where contact is very helpful, enlightening dialogue with the technical point of view, but no time available to hear the personal needs of users, generating existential anguish, as the discourse is constitutive of existence.

Despite relevant achievements in health policies for the treatment of AIDS, as an extension of life through antiretroviral therapy, it is perceived that the interactive relations of care, receive and listen to the needs of HIV-positive subjects, is still far from what those who are ill understand as desirable. A perspective of interaction as a possible practice beyond the treatment seems to reflect patterns of tense care activities, non-matching in the encounter between professionals and users, making it difficult to experience in the construction of intersubjective space (AYRES, 2000), the value of life with integrated production of knowledge, considering the experience of individual in his existentialism.

The study leads to the need to qualify the team to meet the psychosocial needs, rethink the relations for welcoming and listening services on the subject, which requires seeing behind the somatic symptoms in humans include the human need, reflecting the empathic understanding and congruence, and attitudes that facilitate the reception. A subjective process essential to the understanding and commitment to others in the care and treatment. Elements for guiding actions of humanization and quality of care in health work, promoting the psychosocial well-being of people living with the pain and suffering, because the comprehension of human experience means considering the complexity of life, for the human being is the subjectivity that thinks and feels, and the use of their language expresses its existence.

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ABSTRACT

In the area of health care involves several factors, knowledge and practices which may cause or exacerbate physical and mental suffering, which requires careful interact with the existence of the subject became ill and the networks of relationships between health workers and users. This study examines perceptions of individuals living with HIV / AIDS on the care received at a clinic specializing in HIV / AIDS by identifying and analyzing psychosocial needs before the experiences of professional care. Qualitative research conducted with 34 subjects through semi-structured, analyzed and interpreted through the humanistic approach of existential understanding. The results were collated from two categories: the service as a possible meeting, and perception of professional care. Results show that the service is carried out in a very quickly way by the professionals, which ends up harming the listening and understanding the needs of the users, showing anxieties and existential anguishes. Subjects observe attitudes and expressions of professional involvement, perceived difficulties related to structural failures and organizational service. Emerge needs to reflect the understanding and humanization of the practices.

KEY WORDS: HIV/Aids. Care. Existential comprehension.

Address:
ANA LÚCIA DE SOUZA CARVALHO
Rua Sebastião Zuza de Matos, 4449, Bloco 30, Aptº 201, Bairro Neópolis
CEP 59080-470 - Natal-RN - Brasil
Fone:(84)3217-5062/9987-8103
Email: analuscarvalho@yahoo.com.br
THAÍS DE FREITAS MORAIS
Email: thais.morais@gmail.com

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ÉCOUTE ET LA RECONSTRUCTION DU SENS DE SOINS DE L'AIDE AU PORTEUR DU VIH/SIDA

RESUME

Dans le domaine des soins de santé comporte plusieurs facteurs, les connaissances et les pratiques qui mai causer ou aggraver les souffrances physiques et mentales, qui nécessite une étude minutieuse d'interagir avec l'existence de santé du malade et des réseaux de relations entre agents de santé et les utilisateurs. Cette étude examine la perception des personnes vivant avec le VIH / SIDA sur les soins reçus dans une clinique spécialisée dans le VIH / SIDA par l'identification et l'analyse des besoins psychosociaux, avant l'expérience des soins professionnels. La recherche qualitative menée avec 34 sujets par semi-structurées, analysées et interprétées par l'approche humaniste de la compréhension existentielle. Les résultats ont été rassemblées à partir de deux catégories: le service comme une rencontre possible, et la perception des soins professionnels. Les résultats montrent une rapide professionnels de nuire à l'écoute et la compréhension des besoins des utilisateurs, indiquant inquiétudes et d'angoisse existentielle inaperçu. Sujets observer les attitudes et les expressions de l'implication professionnelle, signalent des difficultés liées à des défaillances structurelles et un service d'organisation. Emerge doit prendre en considération dans la co**MPRÉHENSION, L'ENGAGEMENT ET L'HUMANISATION DES ACTIONS.**

MOTS CLES: VIH/sida. Les soins. La compréhension existentielle.

ESCUCHAR Y RECONSTRUCCIÓN DE LOS SIGNIFICADOS DE ASISTENCIA PARA EL CUIDADO AL PORTADOR DE VIH / SIDA

RESUMEN

En el área de atención de salud comprende varios factores, los conocimientos y prácticas que pueden causar o exacerbar el sufrimiento físico y mental, que requiere una cuidadosa interactuar con la existencia de la materia se enfermó y las redes de relaciones entre los trabajadores y usuarios. Este estudio examina las percepciones de las personas que viven con el VIH / SIDA en la atención recibida en una clínica especializada en VIH / SIDA mediante la identificación y análisis de las necesidades psicosociales antes de las experiencias de la atención profesional. La investigación cualitativa realizada con 34 temas a través de semi-estructurados, analizados e interpretados a través del enfoque humanista de la comprensión existencial. Los resultados se recopilaron a partir de dos categorías: el servicio como una posible reunión, y la percepción de la atención profesional. Los resultados muestran una rápida dañar los profesionales de la escucha y la comprensión de las necesidades de los usuarios, junto con la ansiedad y la angustia existencial. Temas observar las actitudes y expresiones de la participación de profesionales, las dificultades percibidas en relación con fallas estructurales y de servicio de la organización. Emerge debe reflejar la comprensión y la humanización de las acciones.

PALABRAS CLAVE: VIH/SIDA. La atención. La comprensión existencial.

ESCUTANDO E RECONSTRUINDO SIGNIFICADOS DO CUIDAR NA ASSISTENCIA AO PORTADOR DO HIV/AIDS

RESUMO

Na área da saúde o cuidar implica em diversos fatores, saberes e fazeres que podem produzir ou agravar sofrimento físico e mental, o que demanda cuidado interativo com a existência do sujeito adoecido e as redes de relações entre equipes de saúde e usuários. O presente estudo objetivou conhecer a percepção de sujeitos portadores do HIV/Aids sobre o atendimento recebido em um ambulatório especializado em HIV/AIDS, identificando e analisando necessidades psicossociais ante a vivencia do cuidado profissional. Pesquisa qualitativa realizada com 34 sujeitos através de entrevista semi-estruturada, analisada e interpretada através da abordagem humanista da compreensão existencial. Os resultados foram agrupados a partir de duas categorias: o serviço como possibilidade de encontro, e percepção do atendimento profissional. Resultados mostram um atendimento rápido dos profissionais prejudicando a escuta e percepção das necessidades do usuários, evidenciando ansiedades e angústias existenciais. Os sujeitos observam atitudes e expressões do envolvimento profissional, percebem dificuldades relacionadas a falhas estruturais e organizacionais do serviço. Emerge necessidades de reflexão para o entendimento e humanização das ações.

PALAVRAS-CHAVE: HIV/Aids. Cuidado. Compreensão existencial

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