

Convergent Care Research in Nursing - Opportunities for technological innovations

Neide Aparecida Titonelli Alvim¹

1. Associate Professor. Fundamental Nursing Department. Escola de Enfermagem Anna Nery, Universidade Federal do Rio de Janeiro. Researcher at CNPq.

Convergent Care Research (“PCA”) was developed by Mercedes Trentini and Lygia Paim in the late 1980s, based on reflections with masters, in the scope of the Postgraduate Program in Nursing, of Universidade Federal de Santa Catarina, about the phenomena of healthcare practice and the potential for production of new knowledge.¹

The work that deals with the principles which guides the method and its main characteristics was published in its first version on 1999.¹ Since then, it has been gaining more and more the adhesion of health professionals, especially nurses, interested in theorizing construction on the problems which are presented in practice with a view to their resolution, emphasizing the critical attitude of the researcher who is committed to bring about changes that contribute to qualify the assistance and introduce innovations for nursing and healthcare.²

PCA involves a variety of qualitative research methods and techniques, individual and group, in the attempt to not only collect information, but also to integrate those involved in the process of construction of the research, concomitantly with the researcher’s professional activities, permanent or temporary, actively and participant. The healthcare field is, therefore, the same space in which the problems and the questions of the research emerge, being the dialogue the mediator of relations established between the social actors in this field.²

This method approaches the epistemological posture of the complex paradigm and social constructivism, as it stands in the understanding of the subject as being of actions and interactions, and of the incompleteness and not conclusion of the knowledge derived from it.^{2,3} In this theoretical and philosophical view, knowledge is constructed from the experience of the subjects, in their relationship with the world and other subjects. This condition of the professionals involved who simultaneously carry out the actions of care and the investigative process that leads them to critical awareness and to the changes and innovations required in practice.

While it is not limited to the phenomena of nursing research, its professionals are the ones that have invested the most in the application and diffusion of the PCA method, in different spaces of their care performance, areas and human groups, on which the results of the research could indicate new possibilities of transformation and technological innovations into practice.⁴

Although the PCA does not follow the classic method of investigation, its proposal of knowledge construction and innovation of health practices preserves the principles and rigor of the scientific method, based on the evidences present in the daily practices of professionals. The involvement of the assistance team as an interested party in the production, development, diffusion and application of research results in the practical field occurs both in the negotiation to carry out the research and in the definition of its object and discussion of the strategies of data production that imply in the dynamics of the care practice process.

Thus, even though each one maintains its own identity, research and assistance coexist throughout the entire process of application of the method. There is a need to identify what corresponds to the care practice and the paths that lead to research, while indicating the convergence between the two. From the specific steps to each one of them that move either receding or approaching, expressing their differences and similarities, the potentialities that contribute with the proposition of solutions to the problems presented to the assistance arise.⁵

In the interface of knowledge and experiences of those involved, innovations are being introduced into practice and the required changes into nursing and healthcare. The dynamic nature of the research method, juxtaposed and integrated with the assistance, in the interest of qualifying it, on the one hand, makes the PCA an innovative investigative method, allowing the exploration, reflection and deepening of different themes that are being decoded in the same physical and temporal space in which research and care practice occur simultaneously; on the other hand, presents itself as a challenge, since it implies changes and technological innovations in the established space of health, it requires the continuous revision of posture and attitude of the professionals in face of the obstacles and the transformation needs that emerge from it.

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