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THE INSTITUTIONAL SOCIO-CLINIC AS A THEORETICAL AND METHODOLOGICAL FRAMEWORK FOR NURSING AND HEALTH RESEARCH

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ABSTRACT

Objective: to reflect on the contributions and limits of the Institutional Socio-clinic as a theoretical-methodological approach in nursing and health research.

Method: a reflection study developed by outlining the modalities to conduct the Institutional Socio-clinic approach: socioanalytical intervention, institutional analysis of professional practices, action-research and socioanalytical research.

Result: the institutional socio-clinic is a continuity of the theoretical-methodological approach of Lourau's socioanalysis, an institutional analysis current in the French line. It proposes eight guiding principles: order and demand analysis; the subjects' participation in the device; work of the analyzers; analysis of the transformations that occur as the work advances; application of restitution modalities; work of primary and secondary implications; intention to produce knowledge and attention to the contexts; and institutional interferences. The contributions are related to the logic of transforming to know, collective knowledge production and knowledge and learning exchange between participants and researchers. The challenges are related to the rupture of the dominant logic in research and the inclusion of knowledge and power differences in the knowledge production.

Conclusion: the institutional socio-clinic can articulate the transformation of practices and the knowledge production. The reference framework offers important support in the field of knowledge production in nursing and health because it values the subjectivity of the stakeholders and the institutions that cross the practices and relationships throughout the research process.

DESCRIPTORS: Methodology. Public health. Nursing. Nursing research. Professional practice. Social theory.

A SOCIOCLÍNICA INSTITUCIONAL COMO REFERENCIAL TEÓRICO E METODOLÓGICO PARA A PESQUISA EM ENFERMAGEM E SAÚDE

RESUMO

Objetivo: refletir acerca das contribuições e limites da Socioclínica Institucional como aporte teórico metodológico em pesquisas em enfermagem e em saúde.

Método: estudo de reflexão desenvolvido a partir do delineamento das modalidades de condução da abordagem Socioclínica Institucional: intervenção socioanalítica, análise institucional das práticas profissionais, pesquisa-ação e investigação socioanalítica.

Resultado: a Socioclínica Institucional é uma continuidade do aporte teórico metodológico da Socioanálise Louraudiana, corrente da análise institucional, linha francesa. Propõe oito princípios norteadores: análise da encomenda e demanda; participação dos sujeitos no dispositivo; trabalho dos analisadores; análise das transformações que ocorrem à medida que o trabalho avança; aplicação de modalidades de restituição; trabalho das implicações primárias e secundárias; intenção de produção de conhecimentos e atenção aos contextos; e interferências institucionais. As contribuições estão relacionadas com a lógica de transformar para conhecer, produção coletiva do conhecimento e troca de saberes e aprenderes entre participantes e pesquisadores. Os desafios estão relacionados ao rompimento da lógica dominante nas pesquisas e da inclusão da diferença de saberes e poderes na produção de conhecimento.

Conclusão: a Socioclínica Institucional pode articular transformação de práticas e produção de conhecimento. O referencial oferta importante suporte no campo de produção de conhecimento da enfermagem e da saúde por valorizar, em todo processo da pesquisa, a subjetividade dos envolvidos, bem como as instituições que atravessam as práticas e as relações.

DESCRIPTORIOS: Metodologia. Saúde pública. Enfermagem. Pesquisa em enfermagem. Prática profissional. Teoria social.

LA SOCIOCLÍNICA INSTITUCIONAL COMO REFERENCIAL TEÓRICO Y METODOLÓGICO PARA LA INVESTIGACIÓN EN ENFERMEDAD Y SALUD

RESUMEN

Objetivo: reflexionar acerca de las contribuciones y límites de la Socioclínica Institucional como aporte teórico metodológico en investigaciones en enfermería y en salud.

Método: estudio de reflexión desarrollado a partir del delineamiento de las modalidades de conducción del abordaje Socioclínico Institucional: intervención socioanalítica, análisis institucional de las prácticas profesionales, investigación-acción e investigación socioanalítica.

Resultado: la Socioclínica Institucional es una continuidad del aporte teórico metodológico de la socioanálisis louraudiana, corriente del análisis institucional, línea francesa. Propone ocho principios orientadores: análisis del pedido y demanda; participación de los sujetos en el dispositivo; trabajo de los analizadores; análisis de las transformaciones que ocurren a medida que el trabajo avanza; aplicación de modalidades de restitución; trabajo de las implicaciones primarias y secundarias; intención de producción de conocimientos y atención a los contextos; e interferencias institucionales. Las contribuciones están relacionadas con la lógica de transformar para conocer, la producción colectiva del conocimiento y el intercambio de saberes y aprender entre los participantes y los investigadores. Los desafíos están relacionados con el rompimiento de la lógica dominante en las investigaciones y la inclusión de la diferencia de saberes y poderes en la producción de conocimiento.

Conclusión: la Socioclínica Institucional puede articular transformación de prácticas y producción de conocimiento. El referencial ofrece importante apoyo en el campo de producción de conocimiento de la enfermería y de la salud por valorar, en todo proceso de la investigación, la subjetividad de los involucrados, así como las instituciones que atraviesan las prácticas y las relaciones.

DESCRIPTORES: Metodología. Salud pública. Enfermería. Investigación en enfermería. Práctica profesional. Teoría social.

INTRODUCTION

Institutional Analysis (IA), developed in France in the 1960s, had contributions from René Lourau, an institutional analyst of reference who defended a State thesis in 1969. It should be acknowledged that there are other analysts, also of reference, such as Lapassade. The acknowledgement of Lourau, however, is due to his interventions in the social collectives, named Socioanalysis, which in turn resulted in the theoretical-methodological systematization and the construction of the concept of institution.¹⁻²

Thus, the socio-analytic interventions were fundamental for the structuring of the IA framework. Therefore, the framework arises from the articulation between intervention and research in the attempt to understand, from the discourses and practices of the subjects, a certain social and organizational reality.³ Thus, the contradictions existing in social relations and institutions are presented with their own forms of organization and rules, which result from the dialectical movement between forces, of immobility and permanence, called instituted, and instituting forces of transformation, mobility and creation. The instituted and the instituting, in a relationship of dispute, make up a third moment, the institutionalization process. At that moment, the instituting forces are incorporated into the institution, becoming the instituted in a dynamic movement and characteristic of the institutions.⁴

The interventions developed by Lourau were fundamental for the design of the IA operations. They, in turn, mark the way the analysis is developed in a social institution and are: analysis of the

order ("request" that initiates the intervention process) and demand (requests and wishes of the people in the group worked with), self-management of the intervention (contract between the group and the socio-analyst in the negotiation: agenda of meetings, schedules, aiming at shared management), intention to "say everything" (free expression), elucidation of transversality (degree of communication among the stakeholders), analysis of the implications (links and relations maintained with and in the institutions), and clarification of the analyzers.⁵ We reiterate that these interventions were punctual and occurred in a short period of time.

By developing other interventions, Monceau⁶ continues the theoretical-methodological contribution of Lourau's Socioanalysis and proposes eight guiding principles of an improved IA design, which he calls Institutional Socio-clinic. The principles include: analysis of order and demand; participation of the subjects in the device; work of the analyzers (everything that emerges based on the intervention and that indicates the existence of hidden aspects or contradictions); analysis of the transformations that occur as the work progresses; application of restitution modalities (sharing analyses carried out and when the group expresses its analyses of what is presented to it); primary and secondary implications (links and connections with the object of study and with the other institutions that cross us); intention to produce knowledge; and attention to institutional contexts and interference. In this research modality, the interventions occur with long-term group follow-up, and the contributions are related to the logic of transforming the reality to know it, exchange of knowledge and learning between workers and researchers.

In Brazil, since the 70's, IA has been used mainly in the field of psychology and, more recently, it has been prominent in the field of collective health and nursing.⁷⁻¹⁹ The existence of research using this framework in the field of nursing supports the perception that the reference framework is dynamic and in motion, as is reality.

In view of the above, we propose to reflect on the contributions and limits of the Institutional Socio-clinic as a theoretical and methodological contribution in nursing and health research.

When we consider that IA is situated on the frontier of science and practice, we can quickly project its (symbiotic) position in the relationship between researcher and professional (participant).²⁰ We propose to reflect on the eight principles of the Institutional Socio-clinic as a starting point for this text, precisely due to the understanding that IA offers tools to analyze institutions. Therefore, the understanding of such guiding elements will offer a basis to understand the contributions and limits in its methodological applicability in research. The framework questions the place of the researcher and proposes reflection on his role, inviting him to leave the place of those who, based on neutral actions, discover the truths about a certain subject, to the dynamic, living place of collective construction.^{21,16}

Thus, we chose to start the reflection by outlining the modalities to conduct the institutional socioclinical approach: socioanalytical intervention, institutional analysis of professional practices, action-research and socioanalytical research.²¹ These modalities are invited for implementation, in accordance with the proposal and specificity of the work developed.

THE SOCIOANALYTICAL INTERVENTION

In the socioanalytical intervention, the intervention depends on the order and this can be modified to the extent that it is analyzed, either by the transience existing in any institution or as a result of the very demands that emerge from the process. Regarding the demands, it is relevant to point out that they may be in tune with the order or if they show to be out of tune without, however, losing their importance in the intervention process.

For IA, there are two interpenetrated fields: the field of intervention and the field of analysis. The field of intervention is the space / time where the intervention takes place and the field of analysis, broader, is produced in the analytical effort.

Thus, the construction of the field of analysis and the socioanalytical intervention operate to the

extent that the implications of the field are triggered, that is, to the extent that one perceives the degree of involvement revealed, for example, in the motivation/demotivation or participation/non-participation of the researchers and participants. One can understand, in view of the above, that the socioanalytical perspective requires not only the analysis of the facts, but the need for the researcher to analyze himself and analyze his own implications. Thus, the implication involves the set of bonds and relationships maintained with the institution, it is the way it takes place in the process, it is what really gives meaning. In view of this, the socio-clinic also considers the analysis of the transformations that occur as the work progresses, which grants visibility and veracity to the proposal of "transforming to know", sustained by Lourau.²²

Another relevant aspect to highlight is that institutions are also crossed by contradictions, and these undoubtedly promote catches. In this way of thinking, some national and international studies are developed and use the socioanalytical intervention proposal.^{2,11-12,19} Such research, supported by the theoretical contribution of IA, greatly contributes to the search to reveal the "unsaid" or the "hidden face" of institutions. In addition, the elements that mark the reasons for repression, if they occur, are explained by means of analyses of the unknown and by questioning the "meaning" of the action being executed.¹⁹

THE INSTITUTIONAL ANALYSIS OF PROFESSIONAL PRACTICES

The IA of professional practices involves social practices as such. For a better understanding of what we are referring to, these social practices are present, for example, in a marital relationship, in a family relationship, in the work of teachers in schools or of health workers, researchers. It also involves relationships with other establishments (if any) and the people who make up the context. Thus, it encompasses material and symbolic aspects.

In this sense, we consider it necessary to highlight the aspects related to the IA of professional practices. After all, it is they who give materiality to institutions. In this respect, we can use as an example a situation in which we investigate the work of the nurse in the Family Health Strategy. In this case, we are referring to the professional practices that, together with other practices (physician, community agents, among others) and with the encounters with the users, constitute not only the

work in this space, but also the institutions nursing, family health, among many others. We return to the discussion about the importance of considering the professional implication, justified by the permanent nature of changes / updates in the process in which the events take place. The work of analyzing the implications reveals the conscious or unconscious involvement in what is done, for which reason they are characterized as primary or secondary. The most immediate connections established between the staff and the group they work with are considered primary implications. The secondary implications, in turn, are marked by the relationships established between those involved in the research and the various existing institutions (including those that cross us) and that shape the context.^{2,20}

In addition to what we have presented so far, another relevant aspect to consider in the analysis of professional practices is the possibility of forming a space of regrets of the subjects involved, before the essence of the proposal. There is a risk that the specific (and individual) justifications of questionable conduct gain visibility, for example, as a result of the weaknesses in the work process. Therefore, it is suggested that the animator, that is, the person who participates in group mediation, talks about the problems presented with a view to depersonalizing the analysis of practices. After all, it is important to think that work misconceptions (or institutional suffering) result from a context (institutional action) and not specifically from individuals*. Therefore, the analysis of the implication, as a persistent concern, is fundamental in the process. After all, institutions are modifiable and crossed by contradictions.

In this sense, the works that involve the analysis of the practices present elements such as "chronometers", making reference to the sense of time use and its unfolding, in the formulation of calendars and planning strategies for the development of the work. These elements, in their process of happening, point to the existence of tensions, for example, the use of the usual time of work and the gains resulting from this dedication. In the context of nursing practice, for example, by "timing" care actions with the delimitation of time / agility in the actions developed, we promote disqualification of the practice, in view of the annulment or progression of stages in response to the prioritization of compliance with protocols. In this logic, time assumes the role of analyzing the professional impli-

cations.²⁰ Analyzers are elements that are expressed throughout the intervention process and appoint contradictory and hidden aspects of the group one works with and constitute themselves as a means of analysis.³ Thus, the time analyzer makes explicit the practices of the collective that can be analyzed, transformed, thus promoting reflection and producing new knowledge.

Studies on the analysis of professional practices in nursing^{10,12,19} and health^{15,20,23} reinforce the existing power in the development of research that use the theoretical and methodological framework of IA, in the exercise of the analysis of practices, also proving how institutions go through professional practices. After all, the instituted and the instituting are kept alive in people who sometimes move in the perspective of maintenance and, at other times, changes.

ACTION-RESEARCH

Another approach that constitutes a participatory methodology involving research inserted in the action, action-research, uses techniques to explain implications, such as diaries, audiovisual records and content analysis. In this method, the researcher does not cause the problem, but acknowledges the context of the problem and thus acts in collaboration for its solution or minimization. It uses the reflexive spiral of planning, action, observation and reflection to produce knowledge, based on the actions of the stakeholders.²⁴ In health and nursing research,²⁵⁻²⁸ the use of action-research, whether in research focused on the teaching-learning process, as a research development strategy or to strengthen continuing education, is of relevant and innovative applicability in the list of the productions that involve the proposal of the IA framework. It is also worth mentioning that, whether in action-research or intervention research, the problematization of the implication of the stakeholders constitutes an element that approximates these two modalities.

Nursing studies reinforce the idea of action-research as a robust strategy in the development of research, be it about the teaching-learning relationship, or about the implementation of continuing education strategies, management actions and others related to work and knowledge production in nursing^{25,27} and health.^{24,28,29} Moreover, these participatory studies are of particular relevance as they require the researcher to be non-neutral and critical in relation to the reality and context.³⁰ In this modality, the use of the diary, for example, constitutes a powerful research tool. Studies confirm its

* Monceau G. [opinion on institutional analysis]. Lecture about "Análise institucional de práticas profissionais: ferramentas para saúde e educação", held at *Escola de Enfermagem de Ribeirão Preto, Universidade de São Paulo* on October 19th 2016. Brazil

use,^{16,24,29,31} also for being an analyzer or producer of analyzers. The diaries are able to reconstitute the subjective history of the researcher, to show the contradictions between the time of institutional and personal production. It can also aid in the denaturalization of scientific constructions and be a recording device integrated in the institutional text,²² which makes it possible to grant visibility to institutional contexts and interferences, and can, in addition to all this, contribute to the restitution process of the intervention process.

SOCIOANALYTICAL RESEARCH

In socioanalytical research, the researcher assumes the role of practicing technician and the research is often produced as an intervention research, whose development will depend on the order that makes up the field of intervention. The design of the field of analysis and the field of socioanalytical intervention acts in harmony with the existing implications. In view of the above, it is valid to resume the discussion that the implication carries the unconscious desires that, through analysis, are recognized and manifested. The researcher is not understood as an agent of change, but as the person who contributes to the production of meanings, based on the subjects' participation in the device. In the socioanalytical work, the restitution, that is, the analysis shared with the group, opens space for hidden elements of the analysis in question to be explained. In view of the above, it should be pointed out that the restitution loses its nature when it assumes the position of denunciation, so it must be a mature and pertinent decision, concerned with implications and attentive, to give way to the appropriation of the group in its place of researcher. Consequently, based on the unfolding of a restitution, several others can happen, either as an opportunity to question the analyses or in the perspective of reconsidering the proper path of work.^{2-6,12,19}

Finally, it should be emphasized that the Institutional Socio-clinic perspective, although it constitutes a potent theoretical and methodological contribution in nursing and health research, is also vulnerable to limitations and requires care. The non-delimitation of the framework used favors the possible occurrence of hybridity, which can cause confusion in the analysis process. This mix of reference frameworks is possible. It is recommended, however, that researchers state their theoretical affiliations and the use of different approaches to the group and at the time of publication of the research results.

Another limiting aspect is the occurrence of over-implication, that is, elements not perceived in the space of the analysis that limit and even make the analysis of the researchers and participants' implications impossible – a fundamental mark of the Institutional Socio-clinic. The research topics that dialogue directly with instituted processes, in an area of knowledge, tend to produce areas of analytical blindness. As an example, we can mention the topic of abortion in health in Brazil, the theme of practices considered as unscientific, among many others, whose analysis will be crossed by multiple implications (libidinal, organizational, material, economic, ideological).

Another, and very dangerous, fragility is outlined in the attempt of researchers to associate the use of the framework with the reproduction of contexts in the development of the studies. This is because we are all involved in multiple institutions that motivate us to take diverse positions, including being influenced by the established research standards.

In taking the principles of the socio-clinic as steps of a given roadmap for research, we are referring to making the theoretical-methodological framework into a technique in and for itself. Moreover, writing in this mode of investigation is also susceptible to the effects of this process, for we often write with "the hands of the institution", we escape from multiple subjectivity, and immobilize ourselves under a molded subjectivity.³² The classic paradigm of academic productivism, for example, allows the negligence and omission of the researcher's implications on behalf of a supposed objectivity.

CONCLUSION

This reflection on the Institutional Socio-clinical approach is very pertinent in the field of knowledge production in nursing and health, as it points to a production of knowledge that requires another relational logic between researchers and participants, takes into account the production of subjectivities, the meetings and disagreements and, finally, the need for collective analysis of the professional implications.

As a theoretical-methodological framework, the socio-clinic is a possibility for studies in the field of social sciences and health, as these involve people in relation and complex contexts, in which users, workers and researchers have different viewing angles that, conjugated, can produce knowledge.

The focus of the reference framework on the defense of the heterogeneity of the members in research development is remarkable and guides the socioclinical work in search of a mixture of different analyses, different points of view, giving voice to the collective. The use of the tools presented here can stimulate / conduct research that is committed to collective construction and arouse ethical and political responsibility in health and nursing research practices.

We start from the understanding that knowledge and collective production are dynamic and changeable, and that there are other possibilities to broaden this reflection, so it is not exhausted here.

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