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REFLECTIVE ANALYSIS ARTICLE

TRANSCULTURAL THEORY ON THE EMBRACEMENT WITH RISK CLASSIFICATION: A REFLEXIVE LOOK ABOUT POSSIBILITIES

TEORIA TRANSCULTURAL NO ACOlhIMENTO COM CLASSIFICAÇÃO DE RISCO: UM OLHAR REFLEXIVO SOBRE POSSIBILIDADES

TEORÍA TRANSCULTURAL EN EL ACOGIMIENTO CON CLASIFICACIÓN DE RIESGO: UNA MIRADA REFLEXIVA SOBRE LAS POSIBILIDADES

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ABSTRACT

Objective: to promote reflections on the possibilities of the application of the transcultural theory on the Embracement with Risk Classification (ACCR) in urgent and emergency services. **Methodology:** this is a reflection based on a review of the literature derived from the course Theoretical and Philosophical Foundations of Care in Nursing from the Master's degree program in Nursing at the Federal University of Piauí. This study relates how to be a nurse in the operation of the ACCR and the technology used toward the reorientation of emergency assistance highlighting the strengths and limitations of its applicability. **Results:** the transcultural theory is plausible in the ACCR, given that it assesses the cultures with respect to the various care practices, beliefs and values, and aims at a significant nursing care. It is a challenge possible to be applied in the emergency service, a theory with anthropological concepts, and carries imperative importance ascribed to the user of a service marked by pain, tears, and discomfort. **Conclusion:** to enter the world of the user, aiming to preserve, negotiate, or restructure care practices in favor of the well-being should, therefore, also be the main action of transcultural nursing in the emergency room. **Descriptors:** transcultural nursing; nursing theory; user embracement.

RESUMO

Objetivo: promover reflexões sobre as possibilidades de aplicação da teoria transcultural, no Acolhimento com Classificação de Risco (ACCR) nos serviços de urgência e emergência. **Metodologia:** trata-se de uma reflexão baseada em uma revisão da literatura, oriunda da disciplina "Fundamentos Teóricos e Filosóficos do Cuidar em Enfermagem", do curso de mestrado em Enfermagem, da Universidade Federal do Piauí, que relaciona o ser enfermeiro na operacionalização do ACCR, e a tecnologia utilizada no sentido de reorientação da assistência em emergência, evidenciando pontos fortes e limitações da aplicabilidade. **Resultados:** a teoria transcultural é plausível no ACCR, visto que enfoca as culturas, com respeito às diversas práticas de cuidados, às crenças e valores, visando um atendimento de enfermagem significativo. Trata-se de um desafio possível de ser aplicado ao serviço de urgência, por basear-se em uma teoria com conceitos antropológicos, e que destaca a importância que se deve atribuir ao usuário de um serviço marcado pela dor, lágrimas e desconforto. **Conclusão:** adentrar no mundo do usuário, objetivando preservar, negociar ou reestruturar as práticas de cuidados em favor do bem estar, devendo ser esta, a ação foco da enfermagem transcultural, também no setor de emergência. **Descritores:** enfermagem transcultural; teoria de enfermagem; acolhimento.

RESUMEN

Objetivo: promover una reflexión sobre las posibilidades de aplicación de la teoría transcultural en el Acogimiento con Clasificación de Riesgo (ACCR) en los servicios de urgencia y emergencia. **Metodología:** esta es una reflexión basada en una revisión de la literatura, derivada de la disciplina Fundamentos Filosóficos y Teóricos en el Cuidado en Enfermería de la Maestría en Enfermería de la Universidad Federal de Piauí. Relaciona el ser enfermero en la operación del ACCR y la tecnología utilizada en el sentido de reorientación de la asistencia en situaciones de emergencia, destacando los puntos fuertes y limitaciones de la aplicabilidad. **Resultados:** la teoría transcultural es plausible en el ACCR dado que enfoca las culturas con respecto a las diversas prácticas de cuidados, a las creencias y valores, buscando crear un importante servicio de enfermería. Se trata de un reto que es posible de aplicar en el servicio de urgencia, una teoría con conceptos antropológicos, siendo imperativa la importancia que se debe atribuir al usuario de un servicio marcado por el dolor, las lágrimas y el malestar. **Conclusión:** entrar en el mundo del usuario, con el objetivo de preservar, negociar o reestructurar las prácticas de cuidado a favor del bien estar, por lo tanto, debe ser el foco de acción de la enfermería transcultural también en el sector de emergencia. **Descriptores:** enfermería; la teoría de enfermería; acogimiento.

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INTRODUCTION

The current public health care model carries an excessive demand of users in urgent and emergency services, in which, severe cases are not separated from those of low complexity and electives. The population, either because of cultural factors or as a result of limited health services, seek institutions that offer routinely agile assistance, with open doors uninterruptedly which, therefore, creates a bottleneck in these services.¹⁻² The Embracement with Risk Classification (ACCR) is among the many initiatives to minimize these problems and achieve quality care.

The ACCR was proposed by the National Policy for Humanization (PNH) as an assisting device that enables inter-transversal actions for humanization considering the users' autonomy, with reduction in lines and waiting time, expanded access and embracing, and effective service based on risk criteria, which are determinant factors for the agility of the service.³

In this context, the nurses are inserted as an important subject in the operation of this embracement process, because they are the professionals who performs the risk assessment (classification) and who stays the longest time with the user during their stay in the health service. Because of the experience together with the client through their grievances, fears, and expectations facing the health-disease process in the ACCR universe, it is believed that it is feasible to direct such assistance through a nursing theory.

Nursing is a unique profession requiring significant dedication to the promotion of caring for people, respecting cultural values and lifestyles. It is desirable that the nursing activity enhance the caring perspective of health considering cultural diversity and not just the disease.⁴⁻⁵ It is also important to aggregate the knowledge and respect to the feelings, values, and client's cultures in the urgent and emergency services during embracement and risk classification.

Thus, the transcultural theory is perfectly plausible in the context of the ACCR considering that the transcultural nursing focuses on cultures, with respect to the practices of health care-illness and beliefs and values, seeking to provide a significant and effective care for people.⁶

The ACCR contemplates a multiplicity of subjects and situations in its operation. In addition, the nursing activity is present as a scientific activity equipped with theoretical

and practical knowledge and skills enabling the implementation of nursing theories in hospital care. Furthermore, there are a small number of publications addressing the use of the transcultural theory in the urgent and emergency environments, however, commonly referencing the home and outpatient environments. This gap in national studies on the topic in addition to the efforts undertaken in various countries, and particularly in Brazil, to deploy the systematization of assistance with the challenge of using theoretical references, justifies the implementation of this research.

Given this scenario, it is suggested that a discussion about the applicability of the transcultural theory in the ACCR and urgent and emergency services is important. In this study, the critical reflections of authors assessing the operational aspects of the ACCR together with nursing activities and the application of the transcultural theory considering its limitations, possibilities, and favorable and fragile aspects in the everyday practice are exposed. This study is based on the review of existing literature available on the theme in question allied to the authors' experience working in urgent and emergency services and complemented with theoretical foundations in nursing.

• Nursing in the Embracement with Risk Classification

The embracement is a technical-assistance action that enables the change in the professional/user relation by means of technical, ethical, humanitarian, and sympathetic aspects transforming the user into an active participant in the process of health production.

On the other hand, the risk classification is considered a technology that assumes the determination of agility in attendance from the analysis of a predetermined protocol, the degree of the user's need, offering attention and care based on the level of complexity of each case and not on the order of arrival. Thus, the analysis and ordination of needs are performed unlike what is followed in the process of exclusionary screening. Therefore, the ACCR is a decisive intervention for the reorganization and implementation of network health promotion.⁷

The Ministry of Health proposes the structuring of the ACCR around two axes which highlight the risk levels of patients: the red axis (the patient) and the blue axis (the patient with apparently non-serious health issues). The first relates to the patient at risk of death and is composed by red, yellow, and

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green areas. The red area is designed for patients who require immediate medical attention; the yellow receives stabilized patients, who still require special care; the green area is assigned for less critical cases. The flow must follow the local reality, however, seeking the integrality of the assistance.⁸

It is important to note that the ACCR must be performed by all components of the multi-professional team, however, the risk classification is exclusively assigned to nurses and nursing technicians because the Ministry of Health, as occurs on a worldwide scale, recognizes these professionals as being ideal for this process. The experiences described in the Brazilian and international literature on the ACCR, mention nurses as the risk classifiers because they carry expertise, clinical judgment, and have the proper overview about these situations.⁹ In responding to the objectives of the PNH, the nurse, in addition of scientific knowledge, displays sensitivity, ability to embrace, and promote educational activities along with the care.⁹⁻¹¹

It is not enough that the nurse only classifies the patient to perform an effective ACCR as this is an assistive device that brings numerous possibilities together. It is also necessary to know the cultural context, values, beliefs, rituals, and the users and their families' way of life with the aim of building an innovative approach to care. Accordingly, it is necessary that the nursing practice take ownership of its object of care and use a theoretical referential befitting a reality imbued by users of diverse origins, characteristics, cultures, and speeches.

In the ACCR, the nurse uses the nursing consultation as a method based on recognition and contextualization of the situation/complaint by the patient, through history and identification of the determinants previously agreed in the risk classification.⁷

In the nursing consultation, education and health, humanization in the assistance, and care policies as fundamental theoretical-practical strategies cannot be disregarded. Hence, the nurse is able to expand and at the same time focus the assistance in accordance with the health and human needs in a qualified and integral manner.¹²

• Transcultural Care in Nursing in the Embrace with Risk Classification

Because it is a service with an intense flow of users of different origins presenting different cultures and conceptions about what health, disease, emergency, priority, or even

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hospitals are, it is appropriate to consider the inadequacy in homogenizing the care in the professional practice of nursing, including the ACCR.

In this way, the heterogeneity of nursing care is necessary, since a single method is not valid for all cultures because it is important to understand people from their cultural context, dynamically and considering the fruit of that understanding as a collective patrimony and essential to learn, understand, prove, and transform the reality and care.¹³ This process needs to be organized and directed from the various conceptions of the binomial health-illness, according to the socio-cultural context, so that the multidimensionality is prioritized in the perspective and care provided by the nurse.⁵

Patients who entered the urgent and emergency service are referred to a nursing consultation, except those considered priority zero or red, i.e., in need of immediate medical attention. The nurse classifies the risk based on the protocol, performs the nursing history through embraced therapeutic listening, uses scales and/or evaluation/measurement instruments, performs a physical examination, and fill out the risk classification form, which is then sent along with the user for medical evaluation. The patient is subsequently directed to the nursing assistance, whether to stay in bed for observation or hospitalization, or to be medicated and shortly after dismissed.

It is appropriate that along with the quality listening and procedures to be performed, both through the use of scales and measurement of risks, important and necessary aspects for the care and cure related to the culture and habits of the users be aggregated as mandatory fields in the risk classification form.

In this context, the nursing care in the ACCR cannot be restricted to the history and physical examining. It is important to deepen in the cultural context, values, and culture of users and their families; the performance of an 'automatic care' in the ACCR assumes the absence of recognition of the user as the protagonist, as well as lack of commitment, considering that the fragmented nursing care will not be effective. This view is especially applied to the assistance provided in many locations in Brazil, where strong cultural habits, full of mystic and popular beliefs, overlaps with the health and disease process in addition to ethnical and historical influences of other people.

Thus, the care is not limited to techniques and procedures, but also involves enabling

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attitudes toward nursing care with human dignity. Therefore, to apply a differentiated care involves developing actions of understanding and cultural recognition.^{14, 5}

The goal of transcultural nursing, however, transcends the mere consideration of different traditions, because it is based on the premise that most cultures can determine the desired type of care¹⁵ by adopting characteristics recognized by its members, and often unknown by nurses with distinct cultural references.

While approaching the ACCR in a midsize hospital of a capital city in northeastern Brazil, where the first author of this study works, a type of fragmented and devoid of theoretical grounding care can be observed. Through the frequent and routine experience of professionals at the ACCR and their observations in each work shift, it is observed that it is possible to enhance the nursing assistance, valuing the perspective of Leininger who considers how humans express their visions of the world, and the meanings and attitudes of particular cultures.¹⁶

The interaction nurse-user and nurse-family are evident in the clinic and in re-evaluations of patients under observation or hospitalized. It is worth noting that these users/families 'own' generic care systems characterized by traditional, popular, culturally learned, and transmitted skills, used to provide assistive acts, which are enablers or facilitators in the process to improve health condition.¹⁷

The nurse is characterized by the professional care with respect to knowledge and practical skills learned in institutions, which is formally called the ethical knowledge.¹³ On the other hand, along with the user, who seeks health care, comes their generic knowledge, which is emic. It is imperative, therefore, that the nurse seek for congruence between the ethical and emic knowledge in order to provide the most effective possible assistance, sharing experiences and perceptions, and enabling a congruent cultural care.

The transcultural theory, when properly employed, results in a process in which family, user, and professional remain actively involved in the act of caring, becoming equally responsible in the search for care, avoiding the imposition of the care itself.¹⁸ Thus, the nursing activity has three Leininger proposals to accomplish the cultural care in the ACCR named preservation of the cultural care, accommodation of the cultural care, and re-standardization of the cultural care.⁶

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Routinely, the user arrives at the health care service sites with preconceptions about urgent and emergency care, priority, hospitalization, use of medications such as the isolated use of venoclysis as the immediate means of regaining health, age priority in all circumstances, why go through the nurse before seeing the doctor, and no use of medications due to some specific food previously ingested. These several situations reflect how complex and dynamic is the culture of each individual, and the impasses that can arise from not acknowledging this cultural diversity.

One of the roles in transcultural nursing is to support and facilitate decisions allowing the subject to retain or conserve their concepts related to maintaining health (cultural preservation), as well as to adopt creative actions to help people adjust their knowledge about the care (cultural accommodation). Finally, the nursing must assist the customer to rearrange, swap or even modify their patterns of health care (cultural restructuring).

In the process of care, Leininger proposes the Sun Rising Model as the guided path for cultural care, in which, the nurse begins with an interest, and then in a creative way unveils the best paths to follow.¹⁹

It is believed that the transcultural theory in the ACCR can function as a nursing transforming instrument because the cultural care is a holistic manner, complex to deepen the contact with the other's personality. It is possible to touch on this practice in the environment of urgency and emergency; this process consists of a possible challenge and certainly essential for a desired and necessary approach of nursing with the client's world.

Health practices need to obtain the autonomy and decision-making of the subject/patient, carrying its own concepts of health and disease, unlike the imposed health practices commonly used in dehumanizing services.²⁰

In this way, bringing the caregiver close to the one being cared for, through educational action, is an alternative to success in nursing since this action represents more than knowledge; it means to look at the individual as a unique and active being with values, beliefs, and singular habits. The educational practice is an alternative to the application of the Transcultural Theory and is evidenced in the systematic review of the literature; this search revealed ten studies that used this theory in different environments and with different subjects, employing individual and collective educational approaches, such as

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workshops, groups, meetings, and interviews.²¹

The educational practice as the means of employing the Transcultural Theory is evaluated as successful in the areas of Women's Health, Promoting the Quality of Life and in Academic and Professional Practice in Health, being the nurse the mediator and educator between the popular and professional knowledge by facilitating the understanding and behavioral changes with a view toward improving the quality of life.²¹

A study conducted with women attending a family planning service revealed how much it is imperative, even in outpatient services, to consider the diversity and universalities in relation to woman/family's worldviews to provide the means of congruent care to people from different cultures; the users are sometimes subjected to isolated decisions from the nursing service or other professionals when such decisions should be contextualized to the living standards from their affective and familiar environments.²²

Health promotion practices may be regarded as empirically nonsensical in the urgent and emergency services; however, it is in this environment that one realizes the reflection of how a network of health services has been working. In this sense, the intervention on the user and family is plausible, with the aim of promoting health education and in the ambulatory environment through multiple alternatives, aimed at preventing the recurrence of future problems, both individually and collectively, which *a priori* should be solved at other levels of assistance.

Despite the display of agility and imminent death in this environment, the nursing service can make use of health promotion using the Leininger's proposal, preserving, accommodating, and/or "re-standardizing" care. Thus, depending on the patient's classification in the ACCR as red, yellow, green, or blue, the direction of their health care through the Transcultural Theory will depend on the quality of the decision made by the professional nurse who will prioritize the care and establish the necessary dialogue with the user and their family at the appropriate time.

It is known that it is a virtue of the scientist to sometimes refuse scientific arrogance and accept differences.²³ In the ACCR, the scientific knowledge, semiology, physiology, pathology, pharmacology, and agility are essential, however, they do not account for all the knowledge. Therefore, the nurses must listen, respect, and use the

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knowledge and the experience of the other, because otherwise, the caring will not have meaning.

• Possibilities, limits, strengths, and weaknesses

The transcultural theory is applicable in the ACCR, even in the context of urgency and emergency characterized by speed and imminent risk of death. One must assume that, if the user is in a serious situation, clinical or surgical stabilization is a priority, however, the cultural care can be maintained towards the family care and the user thereafter.

The ACCR configures itself as a new service, in which the nurse is the holder of certain autonomy, thus, the transcultural theory provides an affirmation for the nursing activity as science, based on meta-paradigms formally designed and validated. However, there is a deficiency in knowledge among nurses on nursing theories, and more specifically on transcultural nursing.⁶ This justifies the need to ensure the continuing education of professionals.

The importance of the employment of this theory in nursing assistance is undeniable;¹⁶ the concern with cultural nursing care centered on the individual is added by the constant search for improvement in knowledge contributing to the development of nursing as science and opening doors to innovation in the exercise of this function.

Without a doubt, the emergency services in general present high demands for care services with a reduced number of professionals; the weak point that deserves re-evaluation by managers is the professionals' resizing in these sectors because quality listening requires time and is very important in the satisfaction and recognition by the user as a unique subject of value holding their own culture.

It is agreed that to apply a theory with anthropological concepts such as the transcultural theory in the emergency service is a real challenge. However, it is characteristic of the professional nurse to be an explorer and carrier of multiple strategies in achieving a congruent cultural care. The importance assigned to the user from different cultures and communities is also imperative in a service historically marked by pain, tears, and discomfort. To enter into the world of the client without judgments in order to preserve, negotiate, or re-structure the care practices in favor of the users' well-being should be the focus of the transcultural nursing activity.

FINAL CONSIDERATIONS

On the basis of the exposed considerations and ideas, it is emphasized here that transcultural nursing can be applicable in the context of the ACCR; to understand and perceive the user regarding their needs for care is an invaluable attitude in the context of an urgent and emergency service even when there is impending death. Hence, different levels for the application of this theory could be proposed according to the color in which the patient was classified; it is the duty of each nursing service to create the needed specific strategies.

The possibilities, limits, strengths, and weaknesses related to the transcultural care in the dimensions of the ACCR were outlined. This reflexive exercise is necessary to rethink the need of nursing assisting practices using the quality listening approach and recognition and appreciation of the users' cultural diversity in order to carry out the congruent cultural care as the *praxis* for modern nursing.

It is observed that the application of the transcultural theory in the ACCR presents various possibilities since it is a new service, where user, families, and nursing service interact continuously and mutually in a cycle that fosters communication and recognition of the other as a singular being and considering its subjectivity. The application of the theoretical assumptions of Leininger in the urgent and emergency services to test and validate this theory becomes indispensable because investigations are still incipient in this area.

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