

“EMPODEREENF”: construction of an application for nurses’ continuing education on psychological violence against women

“EMPODEREENF”: construção de aplicativo para educação permanente de enfermeiros sobre violência psicológica contra a mulher

“EMPODEREENF”: construcción de una aplicación para la educación continua de enfermeras sobre violencia psicológica contra la mujer

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ABSTRACT

Objective: to construct a prototype of a mobile application on psychological violence against women to facilitate nurses’ continuing education. **Method:** an applied methodological research of technological development, based on the Contextualized Instructional Design method. **Results:** the prototype content was based on the learning objectives developed through a narrative review, which guided an integrative review to compile the information. The prototype is called “EmpodereEnf”, and is composed of an initial screen, bringing nurses as a target audience, and, soon after, offering nine general mobilets for access to information such as: concepts, causes, manifestations and consequences of psychological violence; means for identification and approach in nursing consultation and health education; compulsory notification and referral; examples of cases of psychological violence and references. **Final considerations:** the prototype is a possibility for future coping interventions and a work tool for nurses in the face of psychological violence against women.

Descriptors: Educational Technology; Domestic violence; Education, Nursing, Continuing; Primary Care Nursing; Women’s Health.

RESUMO

Objetivo: construir um protótipo de aplicativo móvel sobre violência psicológica contra a mulher para facilitar a educação permanente de enfermeiros. **Método:** pesquisa metodológica aplicada de desenvolvimento tecnológico, baseada no método *Design* Instrucional Contextualizado. **Resultados:** o conteúdo do protótipo foi embasado pelos objetivos da aprendizagem elaborados por meio de uma revisão narrativa, os quais nortearam uma revisão integrativa para compilação das informações. O protótipo intitula-se “*EmpodereEnf*”, e é composto por tela inicial, trazendo o enfermeiro como público-alvo, e, logo em seguida, oferta nove *mobilets* gerais de acesso às informações como: conceitos, causas, manifestações e consequências da violência psicológica; meios para identificação e abordagem na consulta de enfermagem e educação em saúde; notificação compulsória e encaminhamento; exemplos de casos de violência psicológica e referências. **Considerações finais:** o protótipo constitui possibilidade para futuras intervenções de enfrentamento e instrumento de trabalho do enfermeiro frente à violência psicológica contra a mulher.

Descritores: Tecnologia Educacional; Violência Doméstica; Educação Continuada em Enfermagem; Enfermagem de Atenção Primária; Saúde da Mulher.

RESUMEN

Objetivo: construir un prototipo de aplicación móvil sobre violencia psicológica contra la mujer para facilitar la formación continua de enfermeras. **Método:** investigación metodológica aplicada del desarrollo tecnológico, basada en el método del Diseño Instruccional Contextualizado. **Resultados:** el contenido del prototipo se basó en los objetivos de aprendizaje desarrollados a través de una revisión narrativa, que orientó una revisión integradora para recopilar la información. El prototipo se llama “*EmpodereEnf*”, y consta de una pantalla inicial, con el enfermero como público objetivo, y, seguidamente, ofrece nueve *mobilets* generales para acceder a información como: conceptos, causas, manifestaciones y consecuencias de la violencia psicológica; medios de identificación y abordaje en la consulta de enfermería y educación en salud; notificación y remisión obligatorias; ejemplos de casos de violencia psicológica y referencias. **Consideraciones finales:** el prototipo constituye una posibilidad para futuras intervenciones de afrontamiento y una herramienta de trabajo para las enfermeras frente a la violencia psicológica contra la mujer.

Descritores: Tecnología Educativa; Violencia Doméstica; Educación Continua en Enfermería; Enfermería de Atención Primaria; Salud de la Mujer.

INTRODUCTION

Violence against women is a public health problem caused by gender inequality, which causes women to place themselves in a position of subalternity, while men assume the position of power within a relationship. According to the *Maria da Penha* Law, this condition is typified in physical, psychological, patrimonial, moral and sexual violence⁽¹⁾.

Among the typologies mentioned, psychological violence stands out, characterized by behaviors that cause emotional harm to victims, which often does not identify as such. Most cases result from unequal forces between the male being and the female being, in which the former dominates the other, making use of symbolic forces such as humiliations and blackmails⁽¹⁻³⁾.

Although it is an invisible phenomenon, Leite et al.⁽³⁾, in its study with 991 users of health units, highlight psychological violence as the most prevalent, with 25.3% of the data. In this sense, it is highlighted that the main problem of psychological violence is the fact that it precedes and occurs concomitantly with other forms of violence, since the emotional damage caused by it prevents victims from breaking free from aggressors^(1,4).

Considering that psychological violence causes harm to women's health⁽¹⁾, the importance of its early identification within the network of coping with violence is reinforced, with emphasis on Primary Health Care (PHC), since it is the gateway to the Unified Health System (*Sistema Único de Saúde*)⁽⁵⁾. Within PHC, special emphasis should be given to nurses, both for their training, based on humanistic science⁽⁶⁾, and for their work in PHC, guided by health needs, which are not limited to diseases, but also cover the weaknesses of the social context and, therefore, the singularities and vulnerabilities of individuals⁽⁷⁾.

Thus, it reflects on the role of this professional in the identification of female vulnerabilities to violence, in order to carry out actions of empowerment of victims for recognition and liberation of their condition. However, it is highlighted that nurses have difficulties in recognizing violence against women, due to its complexity, which makes victims not recognize themselves as such, a common condition in psychological violence⁽⁸⁻⁹⁾, as well as because it is a phenomenon structurally rooted in society through sexist precepts⁽¹⁰⁾, besides being little addressed in nursing education⁽¹¹⁾.

Given this complexity, it is evident the need for continuing education based on the discussion about gender⁽¹²⁾ so that nurses become sensitive to psychological violence recognition. Given that continuing education stands out as a teaching-learning process that enables personal and professional overcoming⁽¹³⁾, it is valid that it is implemented through instruments that enhance it, in which it is worth highlighting digital technologies, which are opportune, as they allow people to connect to information in a quick and skillful time⁽¹⁴⁾.

In the context of digital technologies, mobile applications stand out, as they are part of the population's daily life, through devices available 24 hours a day, in any environment, which contributes to information dissemination, allowing effective work models⁽¹⁵⁾, being therefore relevant in the context of continuing education about violence.

Considering the above, when recognizing the relevance of PHC and nurses in dealing with psychological violence against

women, as well as the weaknesses of this professional in relation to the theme, continuing education is perceived as a means to minimize them and enhance the role of nurses in this context. Therefore, the mobile application presents itself as an important tool in optimizing learning and promoting professionals' autonomy.

OBJECTIVE

To construct a mobile app prototype on psychological violence against women to facilitate nurses' continuing education.

METHOD

Ethical aspects

As this is a methodological study based on a literature review, ethical analysis was waived, since it is not research involving human beings.

Methodological-theoretical framework

The prototype construction was supported by the method of Instructional Contextualized Design (ICD) of Filatro⁽¹⁶⁾, which proved to be coherent and complete for the operationalization of the objective of this study. The attributes that led to the choice of ICD were: i) allowing the elaboration of specific materials on a given subject; and ii) enable the content to be adaptable according to context, not being something fixed, which proved to be important, since it was not intended to elaborate a fixed protocol, but a material that instigated nurses' critical sense in the face of possible care for women in situations of psychological violence.

This method is divided into five steps, which are i) analysis; ii) design; iii) development; iv) implementation; and v) assessment⁽¹⁶⁾. However, considering that the study aimed to create an application prototype, only the first four steps were contemplated. During the analysis stage⁽¹⁷⁾, the following were carried out: survey of nurses' learning needs and definition of educational objectives (prepared through narrative review); bibliographic reference collection and content definition (obtained through the integrative review); and creating a diagram for content layout. In design, on the other hand⁽¹⁷⁾, content production began, defining the topics and writing the modules, as well as creating the layout.

About development⁽¹⁷⁾, it was about selecting application tools, defining the navigation structure, and planning the configuration of environments. Therefore, we opted for the use of four screen interfaces, which are accessed through mobile devices, which function as access buttons to optimize interactivity. On the screen interfaces, the first (1) concerns the application presentation (containing a mobile to access the next interface); the second (2) contains the presentation of the nine general mobile devices, which serve for users to know each module's title and access its content; the third (3) appears after users click on the mobile with content of interest, having mobile devices that organize the general subject subtopics; and the fourth (4) interface presents the content itself. To exit interfaces 1 and 2, users must use the mobile exit feature. On interfaces 3 and 4, an arrow and an X-signage are available, respectively, which direct to the previous interface.

Moreover, during the above-mentioned phase, the Android system was defined, for application insertion, and the Google Play virtual store, for download. Finally, the implementation phase⁽¹⁷⁾, performed by a computer science professional, consisted of transcribing the application diagramming and content into Android's computer language, with download being programmed to use the application, even if the device is offline.

Study design

This is an applied methodological research of technological development, whose essence turns to the elaboration of a prototype for a mobile application⁽¹⁸⁾.

Methodological procedures

In the first stage, the analysis, according to the ICD method, this study used narrative and integrative reviews. The use of these two types was justified, because the first one allows the discussion and updating of the state of the art of a certain subject in a short period of time⁽¹⁹⁾, which made it possible to identify nurses' learning needs on violence against women, while the second, with greater methodological rigor, synthesizes available research on a given topic and guides the scientific foundation of health practice⁽¹⁹⁾.

Despite the narrative review, according to Rother⁽¹⁹⁾, not having a fixed methodology to be followed, it should be noted that it was carried out from November to December 2018, through access to the Latin American and Caribbean Literature on Health Sciences, Medical Literature Analysis and System Retrieval Online and Scientific Electronic Library Online (SciELO) databases, with the following descriptors: "Violence against women", "Primary Health Care" and "Nursing". The search for the narrative review resulted in 116 articles, which included those that presented nurses' difficulties in the face of violence against women, excluding repeated and duplicated studies, totaling 16 articles at the end, which fostered the prototype's learning objectives.

The integrative review was carried out in a paired manner and lasted from December 2018 to May 2019, with the right question: how are nurses handling the health care of women victims of psychological violence within PHC? It was developed by the mnemonic Population, Variables and Outcomes (PVO). The following search strategies were used: "Violence Against Women AND Primary Care Nursing", "Violence Against Women AND Women's Health" and "Violence Against Women AND Primary Care Nursing AND Women's Health". The databases used were Cumulative Index to Nursing and Allied Health Literature (CINAHL), Nursing Database (BDENF) and the SciELO virtual library. The integrative review sample obtained was 1,359 articles, which went through year filtering (2008 to 2018), based on the post-sanctioning period of the *Maria da Penha* Law in Brazil, availability and language (Portuguese, English and Spanish), leaving 716 literatures.

After reading titles and abstracts, publications on nurses' role in the face of violence against women (297 publications) were included, which excluded literature reviews, monographs, dissertations, repeated/duplicate studies, as well as articles that related to divergent cultural realities in Brazil, leaving 122 articles. After a complete reading, 98 articles contemplated the objectives of this

review. Data collection was based on a form including questions such as author, year of publication, study approach, and results. From the information extracted, a thematic synthesis was carried out, through which three categories emerged, described in the results, which composed the moblets integrated in the prototype.

In the design and development phases of the ICD method, content was defined, writing the information and how to arrange it in the prototype interfaces. In the implementation phase, there was transcription for Android language.

Data analysis

The results originated from the phases of this study were analyzed in an interpretative way and presented in tables and figures, for correlation with the prototype's educational objectives.

RESULTS

The stages of analysis, design, development and implementation applied in this study proved to be interdependent and were fundamental to reach the prototype's objective as an educational technology, as shown below.

Analysis step

At this stage, the identification of educational gaps through narrative review revealed nurses' lack of knowledge about violence against women, failures in referrals of victims, lack of time and awareness to provide adequate assistance to victims and to carry out the compulsory notification. Through these gaps, it was possible to trace the following prototype's learning objectives: i) raise awareness of nurses on the complexity of violence; ii) highlight the importance of recognizing psychological violence, for the prevention of other forms of violence against women; iii) educate on the means for recognizing and managing psychological violence; and iv) provide guidance on health education and women's empowerment.

The prototype's learning objectives guided data extraction and analysis from the integrative review, from which the following categories were reached, which originated the content moblets: 1) Contextualization of psychological violence; 2) Identification and approach to psychological violence by nurses; and 3) Compulsory notification and referrals.

It is noteworthy that the 98 articles of this integrative review were essential for constructing the prototype content; however, in view of this large number, Chart 1 shows the integration of studies with similar results.

Design and development steps

The prototype was entitled "*EmpodereEnf*", aiming to represent nursing empowerment in the face of their self-deconstruction of personal precepts, enabling their awareness to encourage the empowerment of women. The logo was designed in the same perspective, with a woman exposing gears (thoughts) that connect, shown in Figure 1, next to the first access interface, which presents the prototype's purpose.

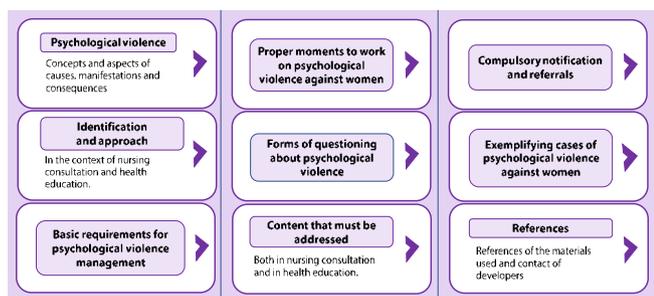
Chart 1 - Compilation and characterization of similar studies of this integrative review, Crato, Ceará, Brazil

Categories	Subcategories	Summary of results obtained in studies	Authors and year
Contextualization of psychological violence	Causes and manifestations of psychological violence	It addresses professional awareness to help identify psychological violence and its causes. In this context, the deconstruction of sexist precepts, the exposure of violence manifestations, in addition to the discussion on gender equity, serve to raise awareness of nurses.	FONSECA; RIBEIRO; LEAL, 2012; ORAMAS; AZNAR, 2015; SILVA; PADOIN; VIANNA, 2013; HASSE; VIEIRA, 2014; ALMEIDA; SILVA; MACHADO, 2014; RODRIGUES et al., 2014; COSTA; LOPES; SOARES, 2015; MARTINS et al., 2018; BONFIM; LOPES; PERETTO, 2010; BALLÉN, 2015; GOMES; ERDMANN, 2014; SANTOS et al., 2017; SOUZA e SOUZA et al., 2016; MICHELE et al., 2012).
	Consequences of psychological violence	Psychological violence affects victims' physical, mental, reproductive/sexual health and social behavior.	(IZAGUIRE; CALVETE, 2014; LEITE; AMORIN; GIGANTE, 2018; NETTO et al., 2014; GOMES et al., 2012; CECCON; MENEGHEL; HIRAKATA, 2014; FONSECA et al., 2012; CARNEIRO et al., 2017; SCHRAIBER; BARROS; CASTILHO, 2010; RAFAEL; MOURA, 2017; MENDONÇA; LUDERMIR, 2017; SONEGO et al., 2013; GASS et al., 2010; LUDERMIR; VALONGUEIRO; ARAÚJO, 2014; HABIGZANG et al., 2018; VILARIÑO et al., 2018; AZEVÉDO et al., 2013; SILVA et al., 2018; LEITE et al., 2016; SILVA et al., 2017; MATTHEW et al., 2011).
	Situations/ risk factors for suspected psychological violence	It brings situations that work as risk factors, such as controlling partner, unplanned maternity/paternity, low education, absence of a woman's own income, partner's infidelity, use of alcohol and other drugs and intergenerationality are situations for suspected violence.	(OLIVEIRA; FONSECA, 2015; SILVA et al., 2015; PAIXÃO et al., 2014; PAIXÃO et al., 2015; VIEIRA et al., 2013; CARVALHO et al., 2017; RAFAEL et al., 2017; AUDI et al., 2008; LEITE et al., 2017; SILVA; LIMA; LUDERMIR, 2017; MATHIAS et al., 2013; PIOSIADLO; FONSECA, 2016; MARTÍN et al., 2010; LUDERMIR et al., 2017; ACOSTA et al., 2018; CALDAS; GESSOLO, 2008; RAFAEL; MOURA, 2016).
Identification and approach to psychological violence by nurses	Identification of violence in nursing consultation	It provides information about the need to foster and establish a relationship of bond and trust with women, recognizing their suffering, their resilience process and promoting their autonomy.	(GOMES et al., 2013; VISETIN et al., 2015; SALCEDO-BARRIENTOS et al., 2014; SILVA; PADOIN; VIANNA, 2013; SILVA; PADOIN; VIANNA, 2015; GUEDES; FONSECA, 2011; CORTES et al., 2015; MACHADO et al., 2014; HESLER et al., 2013; HEISLER et al., 2018; SIGNORELLI; AUAD; PEREIRA, 2013; DIEZ, 2012; ZUCHI et al., 2018; TRIGUEIRO et al., 2014; LEITÃO, 2014).
	Identification of the formal and informal support network for women	It informs that nurses should know people and entities that can support women's independence, such as children and other family members, friends, neighbors, non-governmental organizations, churches and health units, which are support networks for women to turn to and that must be known by nurses.	(VIEIRA et al., 2015; NETTO et al., 2017; GOMES et al., 2015; CLARK et al., 2018).
	Health education actions in the approach to psychological violence	It provides guidelines on the content of educational actions for individual and collective empowerment, and should permeate the following premises: themes focused on the gender perspective; conceptualization of violence against women; women's self-silencing and women's rights from an approach that raises awareness of women, men and community members. In this perspective, health education groups are potentiating means for the promotion of women's autonomy.	(CORTES; PADOIN; KINALSKI, 2016; MARQUES et al., 2017; GOMES et al., 2015; NETTO et al., 2015; SIGNORELLI; TAFT; PEREIRA, 2015; LOPES, 2016; SANTOS; FREITAS, 2017; LIRA; SILVA; TRINDADE, 2012; MALDONADO; CUEVAS; TORRES, 2011; VALDEZ-SANTIAGO et al., 2015; LEIVA, 2015; D'OLIVEIRA et al., 2009; COSTA; LOPES, 2012; BITTAR; NAKANO, 2017; BORSÓI; BRANDÃO; CAVALCANTI, 2009).
Compulsory notification and referrals	Potential interventions for the identification and management of psychological violence	Conducting an active search, raising awareness of victims and family members, promoting emotional well-being and comprehensive care, as well as providing guidance on support and coping networks are interventions that nurses should perform.	(SIGNORELLI; TAFT; PEREIRA, 2012; LOPES, 2016; CORTES; PADOIN, 2016; SCHRAIBER et al., 2010; RODRÍGUEZ-BLANES et al., 2017; NETTO et al., 2018; BROCH; CROSSETTI; RIQUINHO, 2017; DUTTON et al., 2015).
	Compulsory notification of psychological violence	They address the difference between notification and reporting. Compulsory notification refers to health information production and the complaint refers to the punishment of aggressors and protection of victims. It reflects on the importance of reporting invisible violence, such as psychological violence.	(KIND et al., 2013; ACOSTA et al., 2017).
Compulsory notification and referrals	Referrals to other professionals and services	It addresses victim referral and teamwork, interdisciplinary and intersectoral, to optimize the intervention of nurses.	(CORTES; PADOIN; KINALSKI, 2016; MARQUES et al., 2017; GOMES et al., 2015; NETTO et al., 2015; SIGNORELLI; TAFT; PEREIRA, 2015; LOPES, 2016; SANTOS; FREITAS, 2017; LIRA; SILVA; TRINDADE, 2012).



Source: "EmpoderereEnf".

Figure 1 – Screens with logo and presentation of "EmpoderereEnf", Crato, Ceará, Brazil, 2020



Source: "EmpoderereEnf".

Figure 2 – Screen interface 2 with content moblets, Crato, Ceará, Brazil, 2020

The content originated in the integrative review categories was clearly and objectively arranged through nine general moblets (I to IX), which are shown in Figure 2 below.

Regarding users' interactivity with the application, it is worth noting the nine (I to IX) moblets as buttons in the form of text boxes that present each topic and, when clicked, direct to a new screen interface with other specific and organizational moblets (which represent the subtopics of each general moblet). This resource was used to better distribute the content to minimize the excess of information on a single screen.

Moblet I, "Psychological violence", is covered by the content originated from category 1 of this integrative review, and gives access to interface 3, which has five specific moblets, which, in turn, allow access to interface 4 with the content itself, which presents discussions on gender inequality at the origin of violence; appreciation of women's subjectivity; recognition of the use of coercive practices by the partner as manifestations of psychological violence; repercussions of psychological violence on health; characteristics of women and partners that nurses can use to suspect psychological violence and cycle of violence.

Moblets II-VI comprise the results of category 2 of this integrative review. Moblet II, "Identification and approach", presents the bond that nurses must have with victims to optimize the identification of violence. Moblet III, "Basic requirements for the management of psychological violence", presents the foundation that this professional must have in the Code of Ethics and in the Brazilian National Policy to Combat Violence Against Women (*Política Nacional de Enfrentamento à Violência Contra a Mulher*) to conduct their actions, suggesting requirements for a professional attentive to signs of violence against women.

Moblet IV, "Moments conducive to working on psychological violence against women", gives rise to eight specific moblets, which, when clicked, present the exposure of eight suitable moments for approaching psychological violence during nursing consultations, as well as providing tips for group activities to work from the perspective of gender equality. Regarding moblet V, "Forms of questioning about psychological violence", two specific moblets are originated, composed of indirect (subtle) and direct questions that must be performed in nursing consultation.

Moblet VI, "Contents that should be addressed", allows access to six other specific moblets, which encourage integrating the following contents in nursing consultations and educational activities: reflection on the origins of violence against women; identification of the social support network and how to use it; recognition of the violence-health relationship; valuation of notification report; and nursing registration and information sharing on the intersectoral network of services.

Moblet VII, "Compulsory notification and referral", originated from category 3 of this integrative review, it enables access to four specific moblets, which encourage compulsory notification in cases of suspicion or confirmation of violence, referral to other care points of the care network for victims of violence after creating a bond with women and discussing the case with the health team.

In moblet VIII, "Exemplifying cases of psychological violence against women", eight situations of psychological violence were constructed, arranged in eight specific moblets. The situations serve to exemplify some forms of manifestation of psychological violence, which were based on the reading of this integrative review's articles. And moblet IX, "References", concerns the presentation of references for further consultation, if nurses so desire.

Implementation step

At this step, only the content and design were transcribed into Android format, which is suitable for the Google Play virtual store.

DISCUSSION

The narrative review allowed us to identify the difficulties faced by nurses with regard to ignorance of violence against women, in part, as a result of the essentially biological approach to women's health in undergraduate courses, which limits a broader perspective when faced with a social problem such as violence⁽²⁰⁾. Therefore, professionals have difficulty identifying violence against women as an object of work, especially when the repercussions of the phenomenon are not easily visualized, as in the case of psychological violence^(2,20), urging the importance of developing strategies that enhance their performance against the disease, such as applications that include knowledge about this phenomenon.

In this sense, the clarity and objectivity with which the content on psychological violence was projected on the prototype are justified by facilitating learning, converging with what already exists in the literature⁽²¹⁾. Moreover, the integration of information from scientific studies obtained in the integrative review shows relevance, as it provides safety and reliability for its use⁽²²⁾. With regard to the technique for developing and constructing the prototype, it is noteworthy that it is consistent with the universe

prototyping of software engineering, which refers to a process for the construction of a model later developed in final product⁽²³⁾.

Thus, the "*EmpodereEnf*" prototype construction aims to facilitate nurses' learning for managing women victims of psychological violence, discussing gender inequalities and the subjectivity of women, which proved to be indispensable, according to the available literature⁽²⁴⁻²⁹⁾. When considering female subjectivity, the health professional can have a broader view of the problem, unlike the objective dimension, which fragments nurses' work, based only on signs and symptoms, invisible in psychological violence.

By knowing the singularities of women, it is possible for nurses to become aware of the symbolic forms of violence, in which the coercive practices pointed out in the prototype are expressed by the manipulation used in the cycles of abusive relationships⁽²⁷⁾. This relationship, because it is natural in the macho culture, tends to make invisible the repercussions that violence has on women's lives^(10,27-28). Therefore, through moblet I, we sought to make the concepts, manifestations, consequences of this problem to victims' health visible to nurses, woman and aggressor characteristics and the cycle of violence, intending to incite professionals' critical sense in relation to the recognition of grievance and the importance of having time to work with victims^(20,29).

Thus, it is necessary to consider professionals' experience for personal awareness, so that nurses can act free of value judgments supported by the patriarchal sense⁽³⁰⁻³¹⁾. For a non-judgmental approach to women in situations of violence, it is necessary to do so with empathy, dialogue and active listening, which will enhance the bond and, thus, the recognition of the smallest signs of psychological violence, as provided in moblets II and III. It is noteworthy that the aforementioned light technologies are essential tools for nurses to identify violence, even if women do not verbalize it, paying attention to details in victims' speech and facial expression that denounce their suffering, in addition to providing confidence, which encourages victims to report⁽²⁰⁾.

It is also important to highlight the importance of presenting moments during nursing care, which are conducive to approaching psychological violence, as well as encouraging the formation of groups for health education on the phenomenon, both arranged in moblet IV. Thus, understanding that the subject should be considered during nursing care can be fostered, encouraging the optimization of routine consultations to integrate the approach to psychological violence, starting from an integrated perspective of health^(20,29-31).

In the context of nursing consultation, it is important to explain examples of questions that this professional can ask in practice, to promote disinhibition on the subject and ensure greater approximation with women, which are proposed in moblet V. In this perspective, some authors^(10,32) point out that women rarely recognize themselves as victims and, thus, do not verbalize violence. This silencing requires, then, that nurses interpret the most remote signs and carefully investigate the occurrence of an injury, avoiding constraints that may alienate women in situations of violence^(10,32).

Also, the description of contents in moblet VI stands out, which must be worked on in educational actions as potential of the prototype, considering that the literature⁽³³⁻³⁴⁾ points out that nurses tend to direct health education only to reproductive and

sexual aspects, limiting the promotion of victims' health, which should be based on liberation from gender oppression.

Another highlight, found in moblet VII, is the notification of cases, one of the nurses' duties. According to Law 10.778⁽³⁵⁾, compulsory notification is relevant for the visibility of violence and the elaboration of coping policies, which is enhanced in the prototype through the provision of the notification form model and clarification of doubts regarding its completion. Often, after assistance and notification, victims are referred, and this theme is also present through moblet VII. Referral should only be done after creating and maintaining the bond with the women, since immediate conduct may lead to a lack of trust and distance of victims from the health unit⁽³⁶⁾.

Also, to ensure a closer approach to the theme, the exposure of example situations of psychological violence, as well as the availability of the references used, offered in the prototype through moblets VIII and IX, respectively, enable nurses to glimpse some cases and studies that are essential for content assimilation. In the context of continuing education, it is noteworthy that the exposed cases, combined with the increasing use of mobile technologies with the Android system by health professionals, can converge to the real use of the prototype, encouraging nurses' role as students⁽²¹⁻³⁷⁾.

It is worth mentioning that the use of technological resources for the management of women in situations of violence is relevant with regard to the contribution to structure a more just society, by creating new knowledge and social possibilities⁽¹⁵⁾. Thus, there is a need for integration of technologies, such as "*EmpodereEnf*", in nurses' practice, to expand possibilities of action in the face of psychological violence against women, encouraging the transition from biological assistance to that of the social dimension through critical thinking.

Study limitations

The low number of articles that deal directly with psychological violence against women is a limitation, and it was deemed necessary to reflectively read articles that addressed violence against women in a generic way. Also, it is considered a limitation the fact that the prototype did not go through the assessment stage, which opens precedents for carrying out this stage in future studies.

Contributions to nursing, health, and public policies

Given this perspective, it is believed that the advance in knowledge that this study provides refers to the compilation of information specifically focused on psychological violence, in order to allow expansion of this phenomenon through an easily accessible technology. As psychological violence precedes and supersedes other forms of violence against women, it is natural that studies approach it in a nonspecific way. However, this study considers that the approach focused on this type of violence, in addition to giving it visibility, may raise reflections for the most visible forms, thus starting from encouragement to the development of nurses' critical sense, which will allow them to deal with unexpected and multifaceted situations, such as those involved in psychological violence against women.

This study envisages benefits for the care and academic scope of nurses, based on the use of the prototype to optimize care for women victims of psychological violence. The prototype has content that facilitates nurses' learning and can contribute to a holistic assistance to violence victims, which may foster the empowerment of women in the disruption of abusive relationships. Furthermore, it also contributes to the scientific field with regard to the use of scientific evidence identified by bibliographic reviews, and it has social relevance when it starts from the principle of (de)construction of sexist social precepts, to guarantee women's right to quality of life.

FINAL CONSIDERATIONS

The "*EmpodereEn*" construction is relevant, since the prototype can be considered a valuable instrument in PHC, for acting in raising nurses' awareness of psychological violence against women and optimizing the prevention and management of this and other forms of violence that arise after psychological violence. Subsequently, it is intended to carry out content and appearance validity with expertise in the area of violence against women and computing, as well as the implementation with the target audience, ensuring greater reliability for its application in nurses' practice.

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