

Narratives in health: fifteen minutes of literature in the production of care by multiprofessional teams*

Narrativas em saúde: quinze minutos de literatura na produção do cuidado em equipe multiprofissional (resumo: p. 14)

Narrativas en salud: quince minutos de literatura en la producción del cuidado en equipo multiprofesional (resumen: p. 14)

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This article analyses the contributions brought by narratives, creating an applied literature studies modeling, aimed to collaborate in the debate on possible practices of care production in multiprofessional teams. The proposal of fifteen-minute meetings, based on the experience of readings and writings that are shared in the daily work, was implemented at a Brazilian public hospital. Paul Ricoeur's literary hermeneutic model was used for interpretation. The results point out that the intervention was achieved in the proposed time; during that time workers lived the experience of an encounter through narratives, revealing the power of literature to bridge fiction and real life closely, therefore creating possibilities of awakening to life's sensitivity.

Keywords: Intervention. Narratives. Applied literature. Care production.

Introduction

The present article proposes a reflection on how narratives contribute to the production of care in daily work within the multiprofessional teamwork. It is based on the assumption that many of the meanings attributed to ways of caring and being cared, find similarities between real life and fiction¹, as well as the idea that literature is one of the ways to enhance the perception of life². Using these foundations we intertwine concepts, works and authors from both the health and literature fields to develop and implement intervention modeling, based on readings and writings shared with health teams.

This proposal was developed in inpatient units of the Hospital Nossa Senhora da Conceição, in the city of Porto Alegre, Rio Grande do Sul. It was called “Fifteen minutes of literature”, bringing together four elements: i) temporality (fifteen minutes); ii) place (the daily workspaces); iii) subjects (multiprofessional health teams) - and iv) method (the experience of shared reading and writing).

Due to the assumption that the production of care in a multidisciplinary team represents one of the central points in the organization of health care in the Unified Health System (SUS)³, the intention of the research is to contribute with new strategies for acting on the health-disease process, going beyond the hegemonic health care model, centered on procedures and specialties, encompassing care deeds as ethical, affective and aesthetic ways of being and acting related to the other. In this sense, the proposal of an intervention based on literary aesthetic experience with teams is to recognize in this collective the power to articulate actions as well as the unique knowledge of professionals inserted in a field of relationships where not everything is able to be coded and predicted⁴.

Acknowledging that a key challenge of everyday teamwork is to maintain practices of relationships of alterity and dialogue between the involved actors, to think about care strategies including desires, lightness and creative potential will help to reconcile the dimension of the need for work and the dimension of freedom and autonomy of each of the subjects involved.

Jacques Rancière⁵, expanding on Plato's reflections on community practices, identifies through art a possibility of living at the same time an individual experience within the collective. In this sharing of the sensitive, as the author calls it, the common of a group is reconfigured, leading to new possibilities to observe, question, judge and decide about things arising in the time and space of the activity. Rancière suggests that, among the existing human artistic activities, literature occupies a special place, being a crosscutting art that goes beyond stable relations and delimitations among names, ideas and things, as well as knowledge or modes of discourse⁶. As narratives of fiction and fable, manifested universally and at all times, literature influences the character and formation of subjects through a humanizing function and role. As stated by Antônio Cândido, it “confirms and denies, proposes and denounces, combat, providing the possibility of experiencing problems dialectically.”⁶ (p. 113). The ethical and political postulate of literature presupposes the literary text as a privileged place for the reader to get in touch with the diversity of human experiences, allowing the perception of new social and cultural relationships through narratives that appeal to a creative and imaginative exercise.



In this context, we will seek to share with the reader the process of implementing an intervention model, based on the sharing of readings and writings.

Narratives in Health

Narrating, whether stemming from real experiences or fictional stories, as well as sharing narratives, is a component of human activities, since the act of telling and listening to stories promotes new understandings about humans' existence and the world around them⁷.

Paul Ricoeur⁸ points out that the studies of narrative imply understanding the way human beings experience and represent time, as well as human experiences and give meaning to the world and life. For the French philosopher, the narrative remains a privileged form of representation of time, although such representation is too complex to be expressed as an order of events with a linear character. Ricoeur's theory is built on two theoretical pillars: Saint Augustine's discussion, in "Confessions", about the nature of time; and Aristotle's "Poetics" that is centered on the study around the concepts *Mimese* and *Muthos* (Myth) arguing that the fusion between the historical and the fictional happens in the constitution of the narrative identity, whether in an individual or a community. For Ricoeur, the understanding of "life stories" becomes more accessible when they are narrated⁹. In making a detailed analysis of the fundamental difference between the two main uses of the concept of identity - identity as sameness (Latin *idem*) and identity as itself, *ipseidade* (Latin *ipse*) - the author differentiates an individual's identity from what is her/his own narrative language, which belongs specifically to self-awareness and which allows the question "who am I?" be answered.

This differentiation helps to understand that when the act of care is considered as a permanent exercise of closeness, relationship and concern for the other, living the experience of narrating can allow the professionals who treat, accompany or assist, to be also concerned looking for this person who suffers and asks for care, this subject / patient who tells a biographical story beyond the biological one.

Following Walter Benjamin^{10,11}, even if in the modern world there are no needed prerogatives for the development of the traditional narrative that spans generations (*Erfahrung*), we can still live this experience from literature. According to this thinker, works such as those by Charles Baudelaire (who sets to express the life of the ordinary man) and Marcel Proust (who condenses the vicissitudes of time in metaphors in his writing of analogies and similarities between past and present) help us to identify the expression of humans in the world from experience (*Erlebnis*)¹². In his thesis on the subject, Benjamin describes three necessary conditions for a narrative to happen. First, it is required the chance of transmitting an experience that is common to the narrator and the listener. Second, to determine a time to narrate, producing a single rhythm between the movements of narrative activity and artisanal work, in which voice, gesture and word meet and mutually transform. Third, there is a need to build a common narrative flow between narrator and listener, in which the story does not end, always being open to new proposals and to "doing together"¹³. Considering these prerogatives, we identified that the construction of narratives, from the sharing of literary experiences, can constitute a potent strategy for



[...] making it possible for practitioners, when listening and making themselves heard, to understand themselves as subjects in interaction, not conforming to the strict and exclusive role of spokesperson for the techno-scientific discourse¹⁴. (p. 136)

Using as a cornerstone the conception that narrative competence promotes better conditions for professionals to perform their tasks, Rita Charon¹⁵ develops a practice of intersection between literature and medicine called “Narrative Medicine” (NM). NM’s proposal is to develop, throughout the training of health professionals, learning and training exercises in which the capacity for in-depth reading and reflective writing are awakened and stimulated through a laboratory “that uses narratives to develop relational and hermeneutical skills”¹⁶ (p. 123). Through training in identifying metaphors, repetitions of certain expressions, points of view and silences, among other discursive characteristics, health practitioners end up developing an attentive, self and hetero-knowledge listening¹⁷. Those are important and necessary elements for the exercise of care production.

Nellie Hermann¹⁸, based on experiences with fictional and non-fictional writing workshops in the NM course at Columbia University noted that many health practitioners consider that creativity is the opposite of seriousness and synonymous with a lack of technique. This may be due to the very nature of the work, which requires seriousness and maximum control. According to the author, people in the health world are much more willing to adopt the expression “reflective writing” rather than “creative writing”, for example, as if the ability to think creatively meant an unethical action at work.

Considering the conceptual and methodological aspects presented, an intervention proposal was built from readings and creative writings as a strategy to expand the reflection and understanding of care production in its dialogical dimension, taking into account the context of the daily work of multiprofessional health teams. As a way to share and discuss this experience, we will present below the main elements that support and justify this approach.

A feasible time

Identifying theoretical and practical precedents, as well as a favorable context for the narrative experience with health professionals, does not attenuate the challenge of developing this practice in midst of the daily work performed by a multidisciplinary team in a public hospital, as it implies considering a formula allowing opening time (availability and openness to experience a new logic of collective action) amid the routines of the work process. In order to make intervention possible during the workday, it is imperative a brief timing. It is well known to anyone who has participated in any way - whether as a practitioner, patient, family member or companion - in a work routine in health units, that workers are in a hurry. Even though the need to dodge death and save lives is not constant, the message in the air is that the effectiveness of work depends exclusively and unrestrictedly on everyone’s permanent activity. Truth or representation, it is not intended to judge or propose changes in the flow of the team’s internal organization; only to motivate the decision-making to set aside time to listen, write and share literary narratives: fifteen minutes – a feasible time to replace everyday activities by an aesthetic experimentation through literature.



Shared reading and writing

Different from the practice of individual reading, i.e. a private, intimate and singular space, this is a proposal for a shared literary reading aloud. As Michèle Petit¹⁹ states, from studies with groups of readers and reading mediators, sharing readings of fictional works offers to the involved subjects a new form of encounter, eliminating speech repression and producing aesthetic experiences subject to new subjectivations. In addition, “reading is an opening for the other, it can be the support for exchanges”²⁰ (p. 67), and living this aesthetic experience in the collective, in the midst of everyday toiling, allows the creation of new metaphors, bridges of links that reflect the challenges of multiprofessional teamwork.

While Rita Charon proposes a reading with a focus on language, Petit advocates reading without the intention of interpreting, letting both the singular and collective to germinate in silence, able to be shared. Existing through the reader’s voice, the text signals a unique moment of experience in the specificity of the meeting, based on two actions: reading aloud and collective listening. In this way, the one who reads, lending a voice to the narrator of the work, mediates beyond the text read, allowing the composition of new perceptions, feelings and senses about the world that were not previously expressed in the group. From this point on, reading activates a feeling in which orality and writing are reconciled, providing a space for creation, for living new experiences, for looking at the world through other places, times and characters.

For Michel de Certeau²¹, the act of reading aloud, in a shared way, also revisits an experience of subtle art developed by medieval poets and romance writers, lost with individual and silent reading, in closed and solitary spaces. Such observation lets us to easily imagine the library reading room, the official place for the cult of reading. Accompanied by the sound of a vocal articulation, the reading of a text is manifested through the voice of the reader, imposing rhythms on the subject and new experiences for readers/listeners, recalls the author.

Italo Calvino²² comments on the function of writing within his proposals for this millennium, affirming that the act of writing fulfills a function of resolving, organizing the image that appears first, fraught with meanings, later forming and weaving networks of connections between facts, people and the world. In addition to these capabilities, sharing an experience through the narrative makes it possible, according to Benjamin’s thesis¹¹, to create continuity, imprinting subjective marks on the narrator’s statement, typical of a craft work.

Mikhail Bakhtin²³, assumes that no oral or written word can be taken as an isolated element, as it is always the product, at the same time as bridge, of/in the dialogical relationship between the speaker and the receiver, inserted in the same linguistic group. As synthesis of discursive practices, words aggregate the multiple voices of the subjects who use them to communicate, weaving into a statement that translates the social, historical, cultural and ideological context of communication. In his writings on literature, the philosopher emphasizes that the written word goes beyond the concept of a unity of the language, since the language that constitutes the subject is populated by different social voices, both conscious and unconscious. As a privileged component of communication in everyday life, every word is always a dialogue, charged with relational



intentionality, at the same time that it is linked to production processes and ideological systems, occupying a primary place of expression of individual consciousness. Such assumptions help to understand the practice of reading aloud as a way to make possible for crafted words to become subjectivated and shared statements, both by those who read and by those who listen.

The choice of a literary text

Regarding the choice of texts for reading in each group, priority was given to short stories, poems or literary excerpts for reading aloud, which lasted around five minutes^(c). Those are narrative elements that favor a naked language, the possibility of abstraction and the formation of light visual figures were also considered as selection criteria, as well as the rescue of good hidden memories, fun and non-value judgments, taking as a major reference the lightness proposal presented by Ítalo Calvino²². In the case of literary work, lightness may not appear in the relationship between the characters, and it can be created in the very act of narrating. In this sense, in order to define lightness in the narrative text, Calvino points out three key elements: a naked language, giving meanings a little dense consistency, the possibility of abstraction and building of light visual figures. It is impossible to anticipate which work will produce the best or most appropriate effect, but the training of reading aloud and a careful choice, taking into account the context of each group and making it possible to reduce setbacks or discomforts in the group.

Therefore, the modeling of the intervention proposes three distinct but interconnected moments, to be developed over 15 minutes: first, the shared reading, aloud, of a short excerpt from a prose, short story or poem; then a request for writing, using the text as a trigger; finally, the voluntary sharing of some narratives written by the participants.

The intervention

Meetings were convened for the implementation of this approach proposal, as well as to understand the contributions that the use of shared readings and writings bring to the production of team care. Those meetings were held with three multiprofessional teams from units in a public hospital - Children's ICU, Palliative Care and Program Home Care - participating in each meeting an average of six to eight members per team.

The proposal was the same for everyone: five meetings, of fifteen minutes each, with place and day to be agreed upon according to the participants' availability. Each team used different spaces, ranging from a corner in the nursing station, to a room reserved for meetings. It was always important to guarantee a space with little circulation, where workers could be comfortable for the activity. Before the start of the project, meetings were held with managers, coordinators and teams with the intention of presenting, formalizing and inserting the activity in the work schedule. Considering that the group is always open to receive new participants, it is important to return frequently to the working agreement - to advise on timing, ethics and the ludic proposal.

^(c) The excerpts used for the readings were extracted from the following works: Peter Pan and Wendy, by J M Barrie (2006); Invisible Cities, by Italo Calvino (1990); O fio das misangas by Mia Couto (2003); The Ingenious Gentleman Don Quixote de la Mancha, by M Cervantes (2026).



Each meeting was organized as follows: in a first moment, the work and the author are presented, followed by reading aloud the selected passage. The mediator should keep in mind that the choice of text or the request for writing could produce a different than imagined effect, because, as Ricoeur points out, with each new reading, the inscribed speech when materialized in text form, is always updated²⁴. Reading a text chosen for its comic flavor, for example, can cause indignation at not understanding the proposed allegory. Even more, the passage of a classic novel, instead of a comforting familiarity, may cause at the time of writing the anguish of the blank page. There are also texts too moving, too irritating, or less inspiring.

After reading aloud, there comes the request for writing, when a brief slogan guides and stimulates the production of small texts. It is necessary to keep a close look at the movement of the group, in order to find the balance between the clock time and the internal process of each one. Equalizing the time of those who have already finished writing with what they are still trying to link words or those immersed in their textual production is a task that demands care, attention, flexibility and sensitivity.

Due to the routine of the vast majority of health work - where precision, little possibility of error, protocols and flows guide the actions - it is significant to highlight, in the writing request, the orientation of “do as you wish and as you may”, remembering that this is a ludic proposal, without rules and that, for having an approximate time of five minutes, are exempted from writing great and definitive literary works. It is also timely to reaffirm the use of paper, where the marks that only handwriting preserves are kept, occupying the blank space with lines between time and narrative space from a creative process. A good tip from Professor Paulo Coimbra Guedes²⁵ to the group to encourage the writings to be shared: write in the text only what can be published.

In a last movement of each of the meetings, the participants are invited to share the written text, always remembering the intention to live the experience of the narrative, without paying attention to comparisons or expressions of approval. It is worth mentioning that each one has a choice to participate or not in the meetings and an eventual absence does not prevent the presence in subsequent meetings.

The cycle of meetings resulted in the production of seventy-six digitized texts, which confirms the assumption of the effectiveness of the intervention methodology, both in its intentionality - the sharing of readings and writings - and in the organization and management of activities and time. The 15-minute time dimension made the intervention feasible because it corresponded to the needs of the job - with the manager’s authorization and internal acceptance of the worker to allow the routine to be interrupted - and regarding the needs of the methodological proposal of shared readings and writings. This proposal had a closed schedule of five meetings with each team, but the results indicate that this can be a permanent process, to be agreed upon according to the availability of each group.

The workers produced unpublished and fictional texts sensitized by the readings and written requests, that are very different from those written in the daily work, which in general are limited to short sentences, loose words or acronyms, following models of records, reports and protocols. The move towards an experience of a subject who makes choices from the point of view and elements to be narrated, resulted in



a diversity of modes and genres of narrative texts, providing each participant with the experience of sharing in the present, stories woven between past and future.

Understanding the narratives produced

For the exercise of reading and understanding the narratives written by the participants, the philosophical concept of Paul Ricoeur's literary hermeneutics was used as a reference, presented in "Theory of interpretation: discourse and excess of meaning"²⁴, in which the author guides us towards an interpretive movement that is constituted dialectically, encompassing orality and writing, symbol and metaphor, phrase and textual work. Being a thinker inserted in a tradition with modern origins in other authors such as Friedrich Schleiermacher, Wilhelm Dilthey, Martin Heidegger and Hans-Georg Gadamer, Ricoeur produces in his thesis a reinterpretation of the hermeneutic tradition, proposing an understanding of literary discourse through a theory of metaphor and the symbol to demarcate the extent of a theory of interpretation²⁶.

For Ricoeur, the process of weaving an interpretation from the writings is justified by the fact that writing always means "more than the empirical act of its outline", metaphorizing a relationship between the order of discourse and the order of bodies in community"²⁴ (p. 46). According to the author, the metaphor is a construction resulting from the weave between an original idea - what is being said or thought - with an idea borrowed for the purpose of comparison. It is in this interaction that a new meaning emerges. Therefore, metaphors are very valuable clues to share and understand what the other expresses, also enabling the understanding of new meanings and perceptions about the world. For this study, it was about understanding the narrative writings from three movements proposed by Ricoeur: first, an initial, "naive" reading of the narrative writings produced by the participants. Then, a second movement of "distant reading" unveils "expectations of meaning not met, reinserted by the reading in the logic of the question and the answer"⁸ (p. 301). Finally, there is a third movement mediated by the text for the appropriation of reading, establishing a dialectical relationship/interrogation: "what does the text tell me and what do I say to the text?"²⁴ (p. 302).

By means of considering each text written by the workers as fictional narratives, "works of language"²⁴ (p. 51), we place ourselves as readers who seek to understand the text from the concepts that move us in this study: what is the teaching of the metaphors enunciated in the narratives and what they contribute to "opening and discovering another field of reality besides ordinary language"²⁴ (p. 231) about the production of care in a multidisciplinary team. This movement of interpretation, employing the dialectic between explanation and understanding, is used by Ricoeur to suggest that the reader of the text not only reproduces the speech event in a similar event, but he/she operates a new event, initiated by the original text.

The texts produced by the participants during the meetings presented statements filled with other daily themes, such as family, childhood memories, and love, among others. Expanding our own understanding as readers for a perception of the other - multiprofessional teams from a SUS hospital - we organized a new composition and arrangement based on the identified metaphors, under the perspective that such statements reveal new elements about what is known to us.

“What is, at the end of the day, the difference between tilting windmills or attending customers?” – asks the character in one of the written texts. The well-known quixotic episode of jousting at windmills is emblematic, where inanimate objects transform into giant menace in Don Quixote’s eyes, only to later turn into windmills. It is very possible that this feat does not cause strangeness to the reader already used to the knight’s adventures and inventions, but rather enthusiasm for accompanying this courageous action. When confronting giants, and many of them, the hero, even being knocked down, does not get discouraged. He knows that he must, and feels that he can face and even win the battle. He dusts himself off, explaining to his companion Sancho: the episodes of the war, more than in others, are subject to continuous change.

Within the health field, the image of jousting windmills becomes a representation of fiction’s own struggle against reality, between what is real - the disease - and the desire - the cure, the will or the much needed expectations. The metaphor of struggle, of war, of battle offers us very valuable clues to share and understand what the other expresses and it is interesting to realize that the hospital space, not only the patient is the character who fights against something. Understanding that the daily work can be a misfortune against “mills” or “customers” puts us in the challenge of thinking strategies through which the worker can transform herself into a faithful squire to go along the journey beside the sufferer, demanding care.

“I entered city of Irene a long time ago. What looked like a small, well-circumscribed town at the edge of the plateau, in a close-up seemed to be an endless space, with unattainable points” - one of the participants writes in his text to narrate a travel experience. Anyone who has visited a large public hospital may not be surprised by this similarity. On the outside, a well-circumscribed building; inside, an endless maze. Expanding the association beyond the physical spaces, the actions of production of care often also place the protagonists in intangible situations, as it is a field that holds specificities that configure a complex network between subjects, cultures, needs and demands. Due to its mainly relational nature²⁷, health work demands other strategies and technologies. In addition to protocols, diagnoses and prescriptions, it should provide spaces for creation, exchange, use of skills and tacit knowledge for new learning. It is up to the managers to face the challenge of guaranteeing care production actions in addition to goals and indicators in order to avoid that the intangible does not become invisible or insignificant.

In the midst of a deep dialogue between two characters, expressed in another narrative, one of them says: “Perfection exists only as a mirage of an oasis in the desert”. Like jousting against giant windmills, the desert represents a significant metaphor for man’s processes and paths in life. The mirage, as an optical phenomenon, distorts reality and creates the illusion that refreshment and the feeling of wellbeing being provided by water is just a few steps ahead. As much as the health professional is trained to be perfect and precise, it is undeniable that the reality in the daily work tells different stories. But little or nothing is said about it in hospital corridors and rooms. Health professionals are prepared to save lives; what is expected, at the time of pain and suffering, is precision and excellence, but what the narrative produced tells us is that talking about the production of care is also talking about imperfections, where the health work operates with high degrees of uncertainty, in unique circumstances,



through diverse and varied possible interventions. It is a production of acts of healing, of “accompaniment”, listening and following up multiple biological and biographical stories. Therefore, recognizing perfection as a mirage - something unattainable, but that makes us to march and desire - greatly contributes to the qualification of the work. It means to surrender to the lack of knowing, to learn everyday in the encounter between two among many, whether in the inpatient health unit, in the clinic or territory. Care production is a shared task, in which everyone feels capable of welcoming, listening, contributing, accompanying.

A multidisciplinary task that, when cooperative, will look like “a journey surrounded by exciting adventures”, where each actor mobilizes and shares their specific knowledge, expanding the links of working in partnership, as one of the participants wrote in a narrative. Much has already been investigated and discussed how health work, when it is not permanently evaluated and reframed, can also contribute to the alienation of workers, dampening the creative and autonomy potential. If spaces are built only through productivity demands, they favor competitiveness and disharmony among workers on the same team. The existing articulation in this relationship promotes new processes that are contrary to reductionist practices, with the possibility of opening up to problematic and dialogical communication. Meetings of dialogues, decision-making, agreements, full of potential, without the need for noisy power disputes. The exercise of conversation, exchange, expressing and listening to different points of view is not simple while immersed in the hectic daily work of health. It requires availability, mediation and delivery and, if conducted with care and ethics, can offer successful sharing experiences.

Campos²⁸ problematizes this aspect, considering that is essential to supply care strategies to practitioners, in order to enhance their autonomy, freedom and pleasure in acting in health. Among these strategies, the Permanent Health Education process becomes a potent space for participatory and active reflection by workers who, based on the reality of their practices, conceptions and work relationships, build the processes of new learning, “as a root, which causes different branches to sprout in each one”. Permanent learning, because as Paulo Freire says, “we all know something. We all ignore something. That’s why we always learn.”²⁹ (p. 31).

Final considerations

Those practitioners performing functions in health units - whether inpatient, primary or secondary care - live during the daily work of teams with the constant challenge of balancing needs, demands and resources, often occupying the few meeting spaces for quick exchanges of information. Therefore, the opportunities to share experiences, exchanges of knowledge and points of view are scarce. Among other things as a result, there is a feeling of lack of communication, fragmentation and struggles. There is no time to speak, and often there is a lack to know how or what to say to the other and it is in this case that literature can help us, opening new doors or windows to see, invent and enlarge the world, as suggested by the poet Manoel de Barros³⁰. If in the midst of so much urgency, we are able to stop for a few minutes for a narrative encounter, where the metaphor hides, reveals and displaces, then something has already worked³¹.



We comprehend that, by sharing reading and writing, the workers lived the experience of an encounter through the narratives. This practice dialogues with the daily exercise of collective work in the production of care, which weaves singularities and diversities of being with, listening to and accompanying multiple biological and biographical stories. Cultivating modes of relationship based on narrated experiences contributes to the production of new knowledge and actions that value relationships of alterity and dialogue to the actors involved, using as a reference the health needs of people and groups.

Additional to sharing, the enlargement provided by the narrative time awoke the possibility of writing in the involved actors. In the silence of the hospital space, multiple words echoed on paper, allowing new ways to inhabit the world beyond the white, windowless corridors. For those who wrote, it was an opportunity to pause and breathe. For us, privileged readers, reading the word that becomes written, in the context of the meeting, awakens us from the amorphous idea - that we resist, at the same time that we recurrently fall into - that “the team” thinks, acts and suffers in the same way. “There is writing when words and phrases are made available, available, when the reference of the utterance, and the identity of the enunciator fall into indeterminacy at the same time”, reminds us Jacques Rancière³² (p. 9). For this author, social history is full of narratives that must be appreciated not only as documents of a certain regime of truth, but also for the fabler work of “as if”, allowing changes by sharing the sensitiveness. It is a process of invention, not of registering information and ideas, and this writing makes it possible to enlarge the world beyond repetition and reproduction, to cross borders and to revisit forgotten, desired or even forbidden places.

Thanks to each of the texts, we gained the possibility of a new apprehension about what may still fit during a working day, in addition to the flows, skills and criteria informed, since, as Walter Benjamin says, to share experiences makes it possible to live, feel and imagine things that might never be tasted, if not by listening to the other person’s narrative, because “how many experiences it is advisable to read in order to have them, huh?”³³ (p. 283).

Authors’ contributions

All authors had actively participated in all stages of the manuscript preparation.

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Com a intenção de colaborar para a reflexão sobre práticas possíveis de produção do cuidado em equipes multiprofissionais, este artigo analisa as contribuições que as narrativas podem trazer, a partir da criação de uma modelagem de estudos de literatura aplicada. A proposta de 15 minutos de encontro com base na experiência de leituras e escritos compartilhados no cotidiano do trabalho foi implementada em áreas de internação de um hospital público brasileiro. Para interpretação, foi utilizado o modelo hermenêutico literário de Paul Ricoeur. Os resultados apontam que a intervenção foi possível no tempo proposto, no qual os trabalhadores viveram a experiência de um encontro pelas narrativas, revelando a potência da literatura para aproximar a ficção da vida real e, com isso, abrir possibilidades de despertar para o sensível da vida.

Palavras-chave: Intervenção. Narrativas. Literatura aplicada. Produção do cuidado.

Con la intención de colaborar para la reflexión sobre prácticas posibles de producción del cuidado en equipos multiprofesionales, este artículo analiza las contribuciones que las narrativas pueden brindar, a partir de la creación de un modelado de estudios de literatura aplicada. La propuesta de quince minutos de encuentro con base en la experiencia de lecturas y escritos compartidos en el cotidiano del trabajo se implementó en áreas de internación de un hospital público brasileño. Para la interpretación se utilizó el modelo hermenéutico literario de Paul Ricoeur. Los resultados señalan que la intervención fue posible en el tiempo propuesto, en el cual los trabajadores vivieron la experiencia de un encuentro por las narrativas, revelando la potencia de la literatura para aproximar la ficción y la vida real y, de esa forma, abrir posibilidades de despertar para lo sensible de la vida.

Palabras clave: Intervención. Narrativas. Literatura aplicada. Producción del cuidado.

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