

Fourth Generation Evaluation as a path for Knowledge Translation in mental health

Avaliação de Quarta Geração enquanto percurso para a Translação do Conhecimento na saúde mental

La Evaluación de Cuarta Generación como camino para la Traslación del Conocimiento en salud mental

Fabiane Machado Pavani^a 

Ananda Ughini Bertoldo Pires^a 

Christine Wetzel^b 

Agnes Olschowsky^b 

Maria de Lourdes Custódio Duarte^b 

How to cite this article:

Pavani FM, Pirres AUB, Wetzel C, Olschowsky A, Duarte MLC. Fourth Generation Evaluation as a path for Knowledge Translation in mental health. *Rev GaúchaEnferm.* 2023;44:e20220226. doi: <https://doi.org/10.1590/1983-1447.2023.20220226.en>

ABSTRACT

Objective: To discuss the use of the Fourth Generation Evaluation methodology as a powerful theoretical-methodological path for the implementation of Knowledge Translation in child and adolescent mental health.

Method: It comprises the description of the stages and fieldwork of a research that evaluated mental health practices aimed at adolescents in a Child and Adolescent Psychosocial Care Center, between August and December 2018, with the health care team.

Results: Using strategies to involve workers in all stages, a dialectical construction of knowledge, the adaptation of the path to the field – with the implementation of interventions suggested by the participants – and the research path itself, in its condition of product/result, enable the interface with Knowledge Translation.

Final considerations: The characteristics discussed allow to suggest using the Evaluation as an alternative to the implementation of Translation, especially in the field of mental health.

Keywords: Health evaluation. Translational science, biomedical. Mental health.

RESUMO

Objetivo: Discutir o uso da metodologia da Avaliação de Quarta Geração como um percurso teórico-metodológico potente para implementação da Translação do Conhecimento na saúde mental infantojuvenil.

Método: Compreende a descrição das etapas e do trabalho de campo de uma pesquisa que avaliou as práticas em saúde mental voltadas aos adolescentes em um Centro de Atenção Psicossocial infantojuvenil, entre agosto e dezembro de 2018, com a equipe assistencial do serviço.

Resultados: A utilização de estratégias para envolver os trabalhadores em todas as etapas, a construção do conhecimento de maneira dialética, a adaptação do percurso ao campo – com a realização de intervenções sugeridas pelos participantes – e o próprio percurso da pesquisa, em sua condição de produto/resultado, viabilizam a interface com a Translação do Conhecimento.

Considerações finais: As características discutidas possibilitam sugerir que se utilize a Avaliação como alternativa à implementação da Translação, sobretudo no campo da saúde mental.

Palavras-chave: Avaliação em saúde. Ciência translacional biomédica. Saúde mental.

RESUMEN

Objetivo: Discutir el uso de la metodología de Evaluación de Cuarta Generación como un camino teórico-metodológico para la implementación de la Traducción del Conocimiento en salud mental del niño y del adolescente.

Método: Comprende la descripción de las etapas y el trabajo de campo de una investigación que evaluó las prácticas de salud mental dirigidas a adolescentes en un Centro de Atención Psicossocial de Niños y Adolescentes, entre agosto y diciembre de 2018, con el equipo.

Resultados: Utilizar estrategias para involucrar a los trabajadores en las etapas, construir conocimiento dialécticamente, la adecuación del camino al campo – implementar intervenciones sugeridas por los participantes- y el camino de la investigación, en su condición de producto/resultado, habilite la interfaz con Traducción del Conocimiento.

Consideraciones finales: Las características discutidas permiten sugerir el uso de la Evaluación como una alternativa a la implementación de la Traducción, especialmente en el campo de la salud mental.

Palabras clave: Evaluación en salud. Ciencia translacional biomédica. Salud Mental.

^a Universidade Federal do Rio Grande do Sul (UFRGS). Escola de Enfermagem, Programa de Pós-Graduação em Enfermagem. Porto Alegre, Rio Grande do Sul, Brasil.

^b Universidade Federal do Rio Grande do Sul (UFRGS). Escola de Enfermagem, Departamento de Assistência e Orientação Profissional. Porto Alegre, Rio Grande do Sul, Brasil.

■ INTRODUCTION

Health research in Brazil has achieved significant progress in the last 20 years, which is related to the rise in resources assigned and the improvement of funding institutions and their researchers. Although the path of the area is promising, among the challenges to be considered, the following stand out: the need to understand the multiple faces of real life and the phenomena produced that are interesting to the area, as well as finding ways for greater applicability and use of its outcomes⁽¹⁾.

Considering these dimensions allows the production of knowledge capable of becoming resources that corroborate the quality and effectiveness of health care. In this sense, the development of participatory research can favor the use of results in the transformation and development of practices, qualifying the health care field. The inclusion of participants in different stages of the research, for example, also allows that, in the delimitation of the problems to be investigated, there must be considered their demands that need greater investigation⁽²⁻⁴⁾.

Thus, Knowledge Translation (KT) has emerged as a strategy for producing research that includes and guarantees ways of incorporating findings into practice through a dynamic and interactive process, promoting synthesis, exchange and application. In other words, it is a process that transforms knowledge into action^(1,5).

The KT is the result of an international movement, originated from the Canadian Institutes of Health Research in the early 2000s. It is defined as interactions between producers and users of knowledge, whose intensity, complexity and degree of commitment may vary depending on the nature of the research, results and the particular needs of each user⁽⁶⁾. Therefore, there is exchange, synthesis and ethically correct knowledge application, resulting from interactions built between researchers and participants.

In these terms, the main objective of KT is to speed the return of the outcomes obtained in studies aimed at improvements in the health conditions of the population, services and health systems. Given this, three factors characterize the KT process in order to achieve this objective: dedicating to the construction of scientific knowledge in the health area, aiming at results and gains for the health system; ensure interaction between different actors (stakeholders and target audience), considering the various contexts; and to develop an interactive and multidirectional process, according to different steps and stages of knowledge construction⁽⁵⁻⁷⁾.

According to the research intention, two ways of KT implementation are observed: the integrated one, in which

interaction between researchers, users and context occurs throughout the path or in research stages; and at the end of the research, foreseeing the use of the knowledge built right after the end of the field work. Based on this, some KT application strategies were gradually developed and tested, allowing the definition of six phases: 1) identify the problem, review and select knowledge on the subject; 2) adapt knowledge to the local context; 3) evaluate barriers to use knowledge; 4) select, adapt and implement interventions; 5) monitor the use of knowledge; 6) evaluate results and support the use of knowledge^(5,6,8).

In the Brazilian context, there are many challenges to implement KT, such as the lack of knowledge about this model, the difficulties to ensure the presence of people and involve them in an active role, and the low funding for research by funding agencies. In view of this, an important movement is suggested to identify theoretical-methodological models combined with the recognition of the importance of Knowledge Translation in the Brazilian context, seeking innovative approaches to improve the use of research outcomes^(1,5-7). Thus, it is understood that the perspective proposed by KT, besides the epistemological and methodological aspects, highlights the importance of the ethical and political perspectives in research and its function as a device for social transformation.

In the field of mental health, the use of research outcomes acquires centrality considering the transformation proposed by the Psychiatric Reform, in the direction of care in freedom, with the basic goal of social inclusion. In this sense, one cannot lose sight of the fact that the transition from the asylum mode puts into question the role of research and its ability to reinvent ways of care aligned with the perspective of psychosocial care^(4,9).

In view of this, it is considered that the implementation of KT strategies – both during the investigation process as in the dissemination of its results – and its effective use in the transformation of mental health practices is in line with the strengthening of the role of different stakeholders involved, increasing its capacity for analysis and intervention. As an example, studies that included the participation of workers and users of mental health services provided moments of legitimizing the subject's knowledge, using their ability to act upon their actions and instrumentalizing the change and reconstruction of practices, according to the research outcomes^(4,9,10).

In view of this, far from pretense of neutrality defended by references of positivist science, the evaluation in mental health requires involvement and commitment to the consolidation and strengthening of the ethical-political project

of the Brazilian Psychiatric Reform. This involves rethinking some questions, such as: what are the central indicators of good practice? Which stakeholders should be part of the evaluation process? Who can/should have access to results and how will they be used?

Based on these questions, the Fourth Generation Evaluation (FGE) has been used as a way to develop evaluative research of services from a psychosocial perspective, focusing on the inclusion of different stakeholders in the evaluation process, especially workers and users of these services and their relatives⁽¹⁾.

The FGE is a proposal designed by Guba and Lincoln⁽²⁾, which aims to overcome limitations of previous generations, such as: the supremacy of the managerial view; the difficulty in considering the pluralism of values; and the hegemony of the positivist paradigm. One of the main features of the FGE path is its participatory focus, where claims, concerns and issues of stakeholders serve as the organizational focus for determining what information is necessary. The stakeholders consists of people involved with the necessary transformations from the evaluation process, and their participation in the research can increase their capacity of analysis on the problems identified and their power of intervention in the ways of practices organization⁽²⁾.

Therefore, FGE proposes, as an alternative to traditional evaluation, a responsive evaluation, based on a constructivist framework. The term responsive here is used to designate a different way of focusing the evaluation, delimited through an interactive and negotiation process that involves the stakeholders. In this sense, aims to enhance the role of those who, in qualitative research, are identified as informants in interviews or who have their practices monitored through observational techniques. For this purpose, it favors a participatory, formative and dialectical process, with a view to contributing to the transformation of the asylum logic of care, still valid in the country^(2,4,9).

Considering the ways of KT implementation in the Brazilian context, stands out the need to develop new theoretical-methodological frameworks, but also, essentially, to adapt the paths of research that we have already performed⁽⁸⁾. However, we also understand that it is important to recognize the methodologies and strategies already used in investigations that can help in the KT implementation, offering support for interventions based on sustainable evidence.

In this way, we understand that FGE can be configured as a powerful methodological alternative to guarantee integrated KT, mainly in mental health. Given the above, the question is: which characteristics of FGE favor KT? It is also noted the importance of knowing which stages allow this

connection and how they can contribute to the use of FGE as an evaluative research option compatible with KT.

That said, this article aims to discuss the use of the FGE methodology as a theoretical-methodological path with great potential for success in the implementation of KT in child and adolescent mental health.

■ METHOD

This is a study, based on qualitative research, in which the practical application of the theoretical-methodological path of the FGE was performed to evaluate the mental health practices aimed at adolescents in a Child and Adolescent Psychosocial Care Center (CAPSi).

Regarding the history of the study's conception, it worth mention that the approximation with the KT framework occurred in graduate studies through reading articles, participation in disciplines on the subject and on the method in question. This contact was essential for debating concepts related to the methodological framework and its operational application. Another important aspect of this experience was the identification of different paths from others in research in the field of mental health, which dialogue and approach the objectives of KT.

In view of this, to prepare this article it was used as a starting point the master's thesis entitled: "Evaluation of mental health practices aimed at adolescents in a CAPSi⁽¹²⁾". This study was conducted in a service located in Porto Alegre, Rio Grande do Sul, from August to December 2018. The respective research involved 15 professionals from the CAPSi care team; people who were on vacation or on maternity/health leave at the time of collection, residents, trainees and volunteers did not participate.

In information production, participant observation techniques were used, totaling 300 hours recorded in a field diary, and individual interviews with the team's professionals. The analysis of the empirical material was performed using the Constant Comparative Method⁽¹³⁾. The research was approved by the Research Ethics Committees of the proposing institution under opinion 2,728,346 [CAAE 88236718,0,0000,5347] and co-participant under opinion 2,805,823 [CAAE 88236718,0,3001,5530].

For this article, the adapted stages⁽¹⁴⁾ of the FGE in the master's research are: contact with the field; organization of the evaluation; identification of stakeholders; development and expansion of joint constructions; organization and execution of the negotiation. These are analyzed and associated to the principles, objectives and stages of KT, highlighting FGE as a method that allows KT.

In view of this, the results presented below consist the description of each stage of the FGE, its objectives and how its practical application occurred. Then, it points out the characteristics that identify the interface between FGE and KT, followed by justifications and pertinent discussions. It should be noted that, in this article, the term *result* refers to a *participatory and emancipatory research* perspective, in which the process of producing empirical information is central, setting as one of the main results.

■ RESULTS AND DISCUSSIONS

The process of qualitative, evaluative, and participatory research is not linear and homogeneous, as the results comprise social constructions that are constantly influenced by the vicissitudes of contexts and because they raise more questions than answers. Thus, it was aimed to present the interfaces between FGE and KT during the research process, so that, then a practical application of each stage of FGE is shown, in addition to the activities developed in each one, focusing on KT.

The *contact with the field* was developed with the team of the first CAPSi implanted in the city studied, which did not accept to participate in the study, as it understood that it was in a moment of transition and that it would not be a good moment to carry out an evaluative research. In addition, they reported that, in a recent experience in one research in which they participated as informants, they felt exposed due to the way in which the empirical data were interpreted and the way in which the results were published by the researcher.

This non-acceptance was accepted, in line with the proposal to use the FGE from a participatory approach or centered on the users of the evaluation. In this way, the intention is to engage the actors in the research process, aiming at their training and development, to minimize and avoid negative effects of the results upon their practices and their daily work.

In contact with the field, the stage of KT that is central, is adapting the research to the local context. Since, for both KT and FGE, when researching, it is not only necessary to establish a formal authorization contact for the study to be performed, but to build a partnership with the stakeholders in the development of the research.

This is therefore a fundamental task for participants to feel comfortable and, consequently, deal their inclusion, which is not required and/or decided by managers, coordinators or other people in power positions within the service⁽²⁾.

In this sense, it is considered that somehow, the non-acceptance of the first team may reveal ways of resistance to

research that disregard the professional opinions involved, as well as the ways in which they relate, their subjectivities, their interests, conflicts and contradictions. In turn, the service team that participated in this research was the second contacted, which accepted, agreeing to participate in it, on the basis proposed by FGE.

The stage was developed in the meetings with the coordinator and the CAPSi team, when the research was presented, aiming to strengthen relationships and obtain the acceptance of those present to participate in the research. This stage allows everyone to understand the proposal and commit to the evaluation process, sharing all its stages.

The distance between the production of empirical data, the analysis process and the construction of the final report in health research are aspects that can reproduce individualized and decontextualized interpretations through the lens of the researcher^(10,15). It may cause noises in the production of meanings, that is, between what is written/published and what is experienced in the context of participants and services, who sometimes feel judged and depreciated. One of the setbacks of this is expressed in the rejection of the use of information from the research.

In this sense, the involvement and engagement of stakeholders has been a key point to improve the relevance, impact and efficiency of the research. This is central to KT due to its potential to promote greater responsibility, authenticity, transparency and trust in the scientific effort, and at the same time promoting more democratic and socially responsible practices that challenge traditional academic elitism and privileged knowledge⁽¹⁶⁾.

The *organization of the evaluation* stage involved building a relationship of trust between the CAPSi team and researchers, which occurred gradually, upon the presence and insertion of everyone in the activities that took place over the weeks.

This path corresponds to the main task of the researcher and evaluator, "earning the right of entry"⁽²⁾ in the field. This demand also includes experiencing the service context, talking to people and identifying informal leaders, without being engaged in the evaluation activities, a procedure called prior ethnography⁽²⁾.

Examples of the process of "earning the right of entry", of building a relationship of trust and experiencing the daily life of the service, situations prior to the evaluation, are represented by the moments in which the researchers were: accompanying the CAPSi coordinator in agendas external to the service; participating in the coffee break on Friday afternoons; and to join the team's activities, such as case discussions and interventions in activities and groups. For

this to happen, the participant observation technique was used, recorded in a field diary, totaling about 150 hours of recording.

Building a relationship of trust with participants corresponds to a fundamental partnership, often not observed in traditional (non-participatory) research, which is characterized by data collection by researchers who, after completion, may or may not return to the *locus* to present the final report. In this sense, an evaluative research, in which the participants are expected to talk about problems, observations and situations, it is necessary for the evaluator to know them, interact with them and allow themselves to know as well^(2,10).

The interaction presented in this stage of the FGE, between researcher-subject-participant, occurs proactively and demonstrates the concern to include in different degrees, the participants in the investigative process. This is a fundamental task in the implementation of KT, which, in turn, invests in the intensity and engagement of the team in research, promoting and ensuring the participation of potential users of the knowledge produced in the (re)construction of their daily lives and work. The stages of KT that are addressed at this moment in the evaluation process are: identifying the problem, reviewing, and selecting knowledge on the subject; adapting knowledge to the local context; evaluating barriers to knowledge utilization.

The processes of participants' inclusion throughout the research, in addition to being informants, promote the construction and conduction of research during the process, acting as triggers for transformations, since their results are applied immediately and effectively in reality⁽⁷⁾.

For this, the stage of *identification of stakeholders* in the FGE always comprises a decision on who will be included or not in the evaluation. The denomination stakeholders refers to people who have some interest in the object of the evaluation⁽²⁾.

Thus, all workers of CAPSi care team were invited to participate in the research, regardless of how long they had worked in the service, excluding workers who were on vacation or on leave, trainees, residents, or volunteers. Thus, from the 17 professionals, 15 were included; the two non-participations: a professional in process of leaving the service and other one on health leave.

The choice of the team as an interest group is justified, on the one hand, by the fact that, in traditional evaluations, their practices are considered objects of evaluation, but based on pre-established criteria by the evaluators, and their results are produced and publicized without being able to express themselves on the matter. On the other hand, they are also considered a strategic interest group for carrying out an evaluation of mental health practices aimed at adolescents,

towards implementing transformations and reconstructions of practices, according to the research outcomes^(2,4,10).

Studies show the lack of involvement of the main stakeholders as one of the main barriers in the implementation of KT in Brazil⁽⁸⁾. The phase of identifying stakeholders in the FGE is not on a specific stage of KT, but it allows to face this barrier by involving professionals in the evaluation process even before the beginning of research. In addition, it seeks to position participants as experts of their experiences, recognizing them as intercessors in the transition from what "it has" to what "it could become".

After this stage, the *development of joint constructions* began, in which the evaluator's task is to conduct the evaluation, ensuring that each participant has the opportunity to present their constructions regarding mental health practices aimed at adolescents. Furthermore, it is sought to ensure that they can engage with the constructions of others. In this way, there is an opportunity for everyone to position themselves, adding new information to the evaluation process. As a result, constructions become more sophisticated, characterizing the hermeneutic-dialectical process⁽²⁾.

It is understood that this stage dialogues with the implementation of KT as it eases the identification of the problem based on the positioning/reflection of the participants on the evaluated themes, as well as the identification of barriers to mental health care for adolescents.

The term hermeneutic refers to the interpretative nature and the dialectic, to the possibility of comparing and contrasting divergent points of view, with the objective of obtaining an elaborate synthesis of all participants. The practice of this process is proposed by the application of the Dialectic-Hermeneutic Circle (DHC)⁽²⁾, which included conducting interviews with the 15 professionals from the CAPSi, the first conducted with a key informant identified during participant observation. Their daily activities, which fostered closer interactions with adolescents, were considered during the interview process.

In this interview, he was asked to speak freely about mental health practices aimed at adolescents in CAPSi; later, when the speeches were transcribed and analyzed, questions, concerns and initial claims were identified. In the second interview, with another participant, he was initially asked to speak freely about the question presented to the first. At the end of his statement, questions were presented that had not been spontaneously addressed by him, but that came up in the previous interview, and he was asked to express his opinion on this content as well. This was repeated with the other participants, so that each interview was immediately followed by its analysis, making the material available for the following ones, in which, in addition to talking about

their own constructions, the participant was invited to comment on the questions obtained through the analysis of previous interviews.

Participant observation, in this stage, focused on activities and practices related to the questions that emerged in the previous stage; for example, in the environment, stands out the movement to include objects and artifacts that dialogue with adolescents in individual rooms; in care practices, the specificities of pre-adolescents, institutionalized adolescents and adolescents with problems related to drug use and the construction of workshops and activities that favored the role and autonomy of adolescents were considered. This allowed to add information from the daily life of the service, deepening each of these questions and identifying their nuances and singularities, totaling over 150 hours of recording in a field diary.

In this way, the DHC proposes an alternative to traditional evaluations: a responsive evaluation, based on the constructivist framework, that is, whose parameters and limits are not defined *a priori*, but in the interactive and dealing process that involves stakeholders. Considering this, the application of the DHC enabled a collective construction so that everyone had the opportunity to put their own issues and express their opinion regarding the other questions presented. The contents addressed in the interviews were: work with adolescents in CAPSi, organization and characteristics of the team, care tools as strategies in practices aimed at adolescents, clinic at CAPSi; network care and intersectoral actions.

Furthermore, the implementation of KT can be characterized, at this stage of the FGE, by the action that translates into a dialectical spiral, which incorporates dialogical spaces for exchange, reflection, and participation. It corresponds to investing time and resources to look at real problems and, for this, the researcher adapts the activities to meet the needs of the end users of knowledge⁽¹⁷⁾.

From this, it is observed that the application of DHC, in FGE, corresponds to the path of KT but also enhances translation through the identification of problems, questions and claims, that are increasingly relevant within the context studied and that have meaning for participants. Likewise, it expands the possibility that the process will increase and improve this group's capacity for action.

DHC information, moreover, is not limited to what interviewees and the researcher's analysis reveal to him. It is possible to introduce other information, such as data from observations, documents, and literature, as long as it is ethical to share it. This movement was carried out when it was identified the need for greater knowledge about it and deepening of certain themes by the participants and researchers, as detailed in the next stage.

In *expansion of joint constructions*, the deepening and sophistication of the questions that emerged in the DHC is sought⁽²⁾. This stage of the FGE has an interface with the selection, adaptation, and implementation of KT interventions, as the evaluation called on the researcher and the participants, together, to rebuild and find answers to the identified problems. One of the issues to be considered was the finding that the CAPSi environment did not favor the adherence of adolescents to the service. The layout of the service rooms, individual and collective, did not allow adolescents to remain in interaction spaces without necessarily being submitted to some more traditional mental health intervention. The identification of this problem led the team to organize a space for coexistence, in which the adolescents could circulate and remain freely, with or without the presence of professionals. In addition, this space was customized with objects that enabled the identification of adolescents, such as: computer with internet access, puffs, rugs, lower lighting.

Another difficulty identified was the care for adolescents with problems related to alcohol and/or other drugs and working in the territory. The themes were chosen due to the difficulties pointed out by the team, such as: attracting and keeping these adolescents in the CAPSi, which has generated a gap in care, as well as a non-place like that in the network. Regarding the territory, the team highlighted that it was not able to act in its territory, as recommended, for logistical reasons, mainly the logic of productivity, as actions outside the CAPSi structure were not considered essential.

As an intervention for this problem, a workshop was held with the participation of the entire CAPSi team and an external guest, with expertise and trajectory related to management, policies and practices of child and adolescent mental health. The workshop occurred in September 2018, at the CAPSi facilities, in the meeting room, in the morning shift, in a conversation circle. The workshop allowed a theoretical deepening to understand the interventions that were being carried out in their different dimensions of care practices for adolescents (objectives, components, activities, expected results). Therefore, this approach is aligned with the service's expectations regarding research, overcoming the arbitrariness of traditional evaluations regarding the reconstruction of the theory of the object to be evaluated and the value judgment itself.

This stage also incorporated what, in KT, is referred to the cycle of action or application (knowledge-to-action) through which knowledge is implemented. It is a dynamic and interactive process in which the researchers can use different methods and techniques, as long as they actively involve the knowledge participants. People participate and

contribute to the joint definition of priority problems, leading to the development of logical models of interventions to solve them⁽¹⁷⁾.

From the perspective of KT, this path can enable the creation of knowledge, an important phase that synthesizes knowledge and makes it more useful for end users. The reconfigurations that took place in the methodological processes can produce the adaptation of knowledge to the context and the identification of barriers and facilitators for their application, as well as guide the knowledge to the needs of the people who will use them. Therefore, it promotes the applicability of the material and the quality of this translation and helps in the transformation of the previously installed reality^(5,18).

Another aspect to be highlighted in the FGE, is the use of the Constant Comparative Method⁽¹³⁾ as the first means of analysis of the empirical material, which corresponds to the process of collection, coding and categorization of data concomitantly. The characteristic of simultaneity between data collection and analysis, based on the Method, led to the identification of a set of new questions, situations, observations, in addition to deepening others that were placed for consideration in subsequent interviews, qualifying the evaluative process.

In KT, the construction of knowledge is an important phase that synthesizes knowledge and makes it more useful for end users, which happens from interactions between researchers and users. The exchanges and dialogues between the different types of knowledge, which include scientific and popular knowledge, produce necessary actions to apply this knowledge to the studied reality, but also occur by signaling the sustainability of this knowledge in practice⁽¹⁹⁾.

In view of this, the concomitance between data collection and analysis involved the identification of the relevance of research results, a characteristic sought in KT, immediately after its production. In this sense, both (FGE and KT) have a research path, as a product, that captures the changes caused by the process and/or results in the context studied and the reflections fostered. Thus, it is believed that this characteristic corroborates the FGE as a powerful path in integrated KT, as it instigates the improvement of the knowledge produced and its use even during scientific investigation.

Finally, the last stages of the FGE carried out in this research were the *organization and execution of the negotiation*, which consist of the systematization of the constructions arising from the evaluation process and their presentation to the team in a previously scheduled meeting⁽²⁾.

The *organization of the negotiation* involved the description of each question arising from the evaluation process, using terms and examples from stakeholders to make it

as clear as possible for everyone involved at the time of the negotiation, in addition to organizing the material in text, with a copy for each participant in the group – so that everyone could have access to this information – and the preparation of the material for exposure to the group through the use of audiovisual resources (multimedia with PowerPoint presentation).

Considering this, in the *execution of the negotiation*, all professionals had access to all the information analyzed and had the opportunity to affirm the credibility of the interpretations, clarifying and modifying them.

These are two important stages in the FGE, since the researchers occupy the position of mediators and facilitators in relation to everything that emerged from the group, ensuring that all the deliberations of the participants are considered for decision-making⁽²⁾.

For the implementation of KT, this characteristic exemplifies the organizational capacity in building partnerships between research actors, which is extremely necessary during the process, since they are factors that directly influence the knowledge produced. In this operation of entanglement and building partnerships, researchers must have the knowledge and skills necessary to conduct the process and keep the actors motivated and mobilized to occur the translation⁽¹⁶⁾.

In view of this, it is observed that the negotiation in the FGE, in this research, consisted in the implementation of the principle of KT: building partnerships to implement interventions, as well as promoting the sustainability for the use of the generated knowledge. From this, stands out the high degree of consensus of the stakeholders in relation to the questions, concerns and claims presented by the researcher, evidenced by the fact that the group did not withdraw any information unit or shared category.

The participants made inclusions relevant to the use of the results during the negotiation stage, which shows the need for the CAPSi to include, as a practice of social reintegration and citizenship: the perspective of work for adolescents; and the continuity of the service as a field of practice of the Multiprofessional Residency Program, as they observed that the residents' generational identification and language, when dealing with adolescents, bring this public closer to the CAPSi. In addition, the participants highlighted the fact that working with adolescents, related to the production and exercise of autonomy, results in artisanal work, between putting order and allowing them to develop, a "hold-release" setting.

Therefore, in FGE, mobilization is employed by the role of researchers and the use of negotiation, where participants are included in the development of actions relevant to the identified controversies, in order to legitimize or reconfigure

the evaluation results. Thus, the search for consensus, the intentionality of change and the reevaluation of the merit of the affirmed and modified results are identified as facilitating processes for implementing KT.

■ FINAL CONSIDERATIONS

This article discussed the use of the FGE methodology as a powerful theoretical-methodological approach to the implementation of integrated KT, demonstrating the main actions that support such statement at each stage of the evaluative research.

Stands out that the problem identification processes, as well as the review and selection of knowledge on the subject in KT, were found in the stages of the FGE: contact with the field; evaluation organization; and development and expansion of joint constructions during data analysis. The ability to adapt to the context and implement interventions was elucidated in the stages of contact with field and development of joint constructions, which was highlighted by the relevance of the workshop promoted.

In turn, the stage of identification and evaluation of barriers to the use of knowledge in KT was enhanced in the stages of FGE, demonstrating both the concern with the involvement of stakeholders and with their identification, which is also reflected in the development of joint constructions and, mainly, in the data analysis process. Finally, the use of knowledge and the evaluation of results, as well as the adoption of sustainability strategies for the knowledge use, were envisioned in the stages of organization and execution of negotiation in FGE.

Underlying this work is the identification of transversal limitations to FGE and KT, such as the existence of a culture of evaluative research conducted within a functional spectrum of judgment and inspection focused on descriptive and measured information. This usual way of conducting research reinforces the subject-object dichotomy, which produces an “erasure” of the importance and role of participants as agents of change in their realities, multipliers, and assets, in relation to the research object and its results. Proportionally, this has as repercussions little use of the results (when there are) and even a reduction in participation in another research.

Another limitation is regarding the challenge of making people work on research in a collective and collaborative way, regarding treating participants as researchers, potential co-authors in publications, reviewers, or panel members, viewing them as subjects that are beyond the role of interviewees and passive interlocutors.

If, on the one hand, the role of participants as anonymous informants is questioned, on the other hand, the current

legislation presents norms for their participation focused on this direction. Thus, we point out the need to question the little involvement of participants in the dissemination of research outcomes. This limitation is even more challenging by the small number of scientific journals willing to publish this descriptive and participatory science.

Despite this, this study aims to foster others that allow the identification, in the same way, of methodological paths that promote knowledge translation. Without intending to create new paths, we seek to bring into discussion some methods that are developed and that were adapted to the specificities of the study object, as well as to the Brazilian contexts.

■ REFERENCES

1. Bezerra LCA, Felisberto E, Costa JMBS, Hartz Z. Translação do Conhecimento na qualificação da gestão da Vigilância em Saúde: contribuição dos estudos avaliativos de pós-graduação. *Physis*. 2019;29(1):e290112. doi: <https://doi.org/10.1590/S0103-73312019290112>
2. Guba EG, Lincoln YS. *Avaliação de Quarta Geração*. São Paulo: Editora da UNICAMP; 2011.
3. Patton MQ. *Utilization-focused evaluation*. 4. ed. Thousand Oaks: Sage Publication; 2008.
4. Kantorski LP, Wetzel C, Olschowsky A, Jardim VMR, Bielemann VLM, Schneider JF. Avaliação de quarta geração: contribuições metodológicas para avaliação de serviços de saúde mental. *Interface*. 2009;13(31):343-55. doi: <https://doi.org/10.1590/S1414-32832009000400009>
5. Lorenzini E, Banner D, Plamondon K, Oelke N. A call for knowledge translation in nursing research. *Texto Contexto Enferm*. 2019;28:e20190104. doi: <https://doi.org/10.1590/1980-265X-TCE-2019-0001-0004>
6. Canadian Institutes of Health Research. Strategy for patient-oriented research – patient engagement framework [Internet]. 2022 [cited 2022 Jun 24]. Available from: https://cihr-irsc.gc.ca/e/documents/spor_framework-en.pdf
7. Crossetti MGO, Silva CG. Scientific production in nursing contributing to innovation and transmission of knowledge. *Rev Gaúcha Enferm*. 2019;40:e20190245. doi: <https://doi.org/10.1590/1983-1447.2019.20190245>
8. Oelke ND, Lima MADS, Acosta AM. Knowledge translation: translating research into policy and practice. *Rev Gaúcha Enferm*. 2015;36(3):113-7. doi: <https://doi.org/10.1590/1983-1447.2015.03.55036>
9. Onocko-Campos R, Furtado JP, Trapé TL, Emerich BF, Surjus LTLS. Evaluation indicators for the psychosocial care centers type III: results of a participatory design. *Saúde Debate*. 2017;41(spe):71-83. doi: <https://doi.org/10.1590/0103-11042017507>
10. Furtado JP, Serapioni M, Pereira MF, Tesser CD. Participação e avaliação participativa em saúde: reflexões a partir de um caso. *Interface*. 2021;25:e210283. doi: <http://doi.org/10.1590/interface.210283>
11. Rissardo LK, Antunes MB, Alves ACKS, Pilonetto B, Luz GS, Carreira L. Avaliação de quarta geração: revisão integrativa sobre sua aplicação na pesquisa em saúde. *Nursing*. 2018;21(247):2518-23. doi: <https://doi.org/10.36489/nursing.2018v21i247p2518-2523>
12. Pavani FM. *Avaliação das práticas em saúde mental voltadas às adolescências em um Centro de Atenção Psicossocial infantojuvenil (CAPSi) [dissertação]*. Porto Alegre: Universidade Federal do Rio Grande do Sul; 2019 [cited 2022 Jun 24]. Available from: <https://lume.ufrgs.br/handle/10183/201739>

13. Lincoln YS, Guba EG. *Naturalistic Inquiry*. Newbury Park: Sage Publications; 1985.
14. Wetzel C. *Avaliação de serviços de saúde mental: a construção de um processo participativo [tese]*. Ribeirão Preto: Universidade de São Paulo; 2005. doi: <https://doi.org/10.11606/T.22.2005.tde-16052007-150813>
15. Cardano M. *Manual de pesquisa qualitativa: a contribuição da teoria da argumentação*. Petrópolis: Vozes; 2017.
16. Banner D, Bains M, Carroll S, Kandola DK, Rolf DE, Wong C, et al. Patient and public engagement in integrated knowledge translation research: are we there yet? *Rev Involv Engagem*. 2019;5:8. doi: <https://doi.org/10.1186/s40900-019-0139-1>
17. Cabral IE, Paula CC. Perspectiva Latinoamericana del modelo conceptual conocimiento en acción de knowledge translation. *Rev Cubana Enferm*. 2020 [cited 2022 Jun 24];36(1):2907. Available from: <http://scielo.sld.cu/pdf/enf/v36n1/1561-2961-enf-36-01-e2907.pdf>
18. Ferreira RE, Tavares CMM. A perspectiva da translação do conhecimento nos programas de mestrado profissional na área da enfermagem. *Res Soc Dev*. 2021;10(11):e07101119168. doi: <http://doi.org/10.33448/rsd-v10i11.19168>
19. Colombo IM, Anjos DAS, Antunes JR. Pesquisa translacional em ensino: uma aproximação. *Educ Prof Tecnol Rev*. 2019;3(1):51-70. doi: <https://doi.org/10.36524/profept.v3i1.377>

■ **Acknowledgments:**

The present work had the support of the Coordination for the Improvement of Higher Education Personnel – Brazil (*Coordenação de Aperfeiçoamento de Pessoal de Nível Superior* – CAPES) – Funding Code 001.

■ **Authorship contribution:**

Formal analysis: Fabiane Machado Pavani, Ananda Ughini Bertoldo Pires, Christine Wetzel, Agnes Olschowsky, Maria de Lourdes Custódio Duarte.

Conceptualization: Fabiane Machado Pavani, Christine Wetzel.

Data curation: Fabiane Machado Pavani, Christine Wetzel.

Writing-original draft: Fabiane Machado Pavani, Ananda Ughini Bertoldo Pires, Christine Wetzel, Agnes Olschowsky, Maria de Lourdes Custódio Duarte.

Writing-review & editing: Fabiane Machado Pavani, Ananda Ughini Bertoldo Pires, Christine Wetzel, Agnes Olschowsky, Maria de Lourdes Custódio Duarte.

Investigation: Fabiane Machado Pavani, Christine Wetzel.

Methodology: Fabiane Machado Pavani, Christine Wetzel, Agnes Olschowsky, Maria de Lourdes Custódio Duarte.

The authors declare that there is no conflict of interest.

■ **Corresponding author:**

Fabiane Machado Pavani

E-mail: fabianepavani04@gmail.com

Received: 06.30.2022

Approved: 12.23.2022

Associate editor:

Rosana Maffaccioli

Editor-in-chief:

João Lucas Campos de Oliveira