

REFLECTIONS ON THE ARTICULACION BETWEEN THE *HOMO FABER* AND *HOMO SAPIENS* IN NURSING

Reflexões sobre a articulação entre o *homo faber* e o *homo sapiens* na enfermagem

Reflexiones sobre la relación entre el *homo faber* y el *homo sapiens* en la enfermería

Cecília Nogueira Valença¹, Raionara Cristina de Araújo Santos², Soraya Maria de Medeiros³, Jacileide Guimarães⁴, Raimunda Medeiros Germano⁵, Francisco Arnoldo Nunes de Miranda⁶

ABSTRACT

This reflective study aimed to analyze the articulation between the nurse-teacher (*Homo sapiens*) and the nurse-caregiver (*Homo faber*) in the hospital environment, in the light of Gramscian thought. In nursing, two dimensions coexist: theoretical, exemplified in the figure of nurse-teachers with their research projects and scientific publications, and the practical dimension, with the technical care delivery. Both the nurse-teachers' distancing from the practical scenarios of undergraduate education and the nurse-caregivers' distancing from research and evidence-based practice are evidenced. In view of the dilemma between *Homo sapiens* and *Homo faber* in Nursing, it is important to reflect on the ethical dimension underlying the actions of both, focused on the human being. This dialogue cannot be ignored, because it underlies the exploration of new horizons and the growth of nursing as a science and social practice.

Keywords: Nursing research; Nursing, practical; Conflict of interest; Work.

RESUMO

Estudo reflexivo com o objetivo de analisar a articulação entre o enfermeiro-docente (*Homo sapiens*) e o enfermeiro-assistencial (*Homo faber*) no ambiente hospitalar, à luz do pensamento gramsciano. Na Enfermagem, coexistem duas dimensões: a teórica, exemplificada na figura do enfermeiro docente com seus projetos de pesquisa e publicações científicas; e a dimensão prática, com a atuação técnico-assistencial. Evidencia-se o distanciamento do enfermeiro docente em relação aos cenários de prática da graduação, assim como do enfermeiro assistencial, da pesquisa e da prática baseada em evidências científicas. Face ao dilema entre *Homo faber* e *Homo sapiens* na Enfermagem, emerge a importância de refletir sobre a dimensão ética subjacente às ações de ambos, centradas no ser humano. Este diálogo não pode ser ignorado, pois dele depende o desbravamento de novos horizontes e o crescimento da Enfermagem enquanto ciência e prática social.

Palavras-chave: Pesquisa em enfermagem; Enfermagem prática; Conflito de interesses; Trabalho.

RESUMEN

Estudio reflexivo. Se objetivó analizar la relación entre la enfermera-docente (*Homo sapiens*) y la enfermera-asistencial (*Homo faber*) en el ámbito hospitalario, a la luz del pensamiento gramsciano. En la enfermería, coexisten dos dimensiones: la teórica, ejemplificada en la figura del enfermero-docente con sus proyectos de investigación y publicaciones científicas; y la dimensión práctica, con la actuación en la asistencia. Es evidente el distanciamiento de la enfermera-docente con los escenarios de la práctica de graduación, y de la enfermera-asistencia con la investigación y la práctica basada en evidencia científica. Ante el dilema entre *Homo sapiens* y *Homo faber* en Enfermería, emerge la importancia de reflejar sobre la dimensión ética que subyace a acciones centradas en la persona. Este diálogo no puede ser ignorado, pues de ello depende la exploración de nuevos horizontes y el crecimiento de la enfermería como ciencia y práctica social.

Palabras-clave: Investigación en Enfermería; Enfermería práctica; Conflicto de intereses; Trabajo.

¹ Ph.D. in Nursing, Graduate Nursing Program, Universidade Federal do Rio Grande do Norte (PGENF-UFRN). Faculty, Universidade do Estado do Rio Grande do Norte (UERN), Campus Caicó, Caicó/RN, Brazil. E-mail: cecilia_valenca@yahoo.com.br

² Ph.D. candidate, PGENF-UFRN. Nurse, Hospital Pediátrico Maria Alice Fernandes Natal/RN, Brazil. E-mail: raionara_cristina@yahoo.com.br

³ Ph.D. in Nursing, University of São Paulo - USP. Faculty, Undergraduate and Graduate Nursing Programs at UFRN. Natal/RN, Brazil. E-mail: sorayamaria@digi.com.br

⁴ Ph.D. in Pediatric Nursing and Mental Health, University of São Paulo at Ribeirão Preto College of Nursing (EERP-USP). Faculty, Graduate Nursing Program at UFRN. Natal/RN, Brazil. E-mail: jaciguim@yahoo.com.br

⁵ Ph.D. in Education, Universidade Estadual de Campinas (UNICAMP). Faculty, Undergraduate and Graduate Nursing Programs at UFRN. Natal/RN, Brazil. E-mail: rgermano@natal.digi.com.br

⁶ Ph.D. in Psychiatric Nursing and Mental Health, University of São Paulo at Ribeirão Preto College of Nursing (EERP-USP). Coordinator, PGENF- UFRN. Faculty, Undergraduate and Graduate Nursing Programs at UFRN. Natal/RN, Brazil. E-mail: farnoldo@gmail.com

INTRODUCTION

Man is constituted by work, and its working and technical component is called *Homo faber*. The *Homo sapiens*, in turn, involves the intellectual component of work. Human activity from which any and all intellectual intervention can be excluded does not exist¹.

In any physical work, a minimum degree of technical qualification and creative intellectual activity exists. All human beings are intellectuals, but not all of them have this function in society. One cannot distinguish between the *Homo faber* and the *Homo sapiens*, as man is constituted by work¹.

This reveals the importance of articulation between these two individuals, which are exemplified in Nursing, respectively, by the figures of the nurse-caregiver and the nurse-teacher, considering that daily situations provoke reflection.

Currently, the consolidation of health/nursing knowledge has been increasingly based on the advances of science, involving the search for the best scientific evidence available, achieved based on the results of countless studies and the increase in the number of *stricto sensu* graduate programs all over the country².

Health professionals have built up their knowledge about the body, disease, semiology, therapeutics and care, generally using a technical/theoretical view. In this context, health sciences frequently update their theoretical-conceptual and methodological framework, whose results bring about a mismatch in the care practices of health service professionals³.

In the hospital context, the Cartesian biomedical model is evidenced, determined by specialization, fragmentation of work processes, valuation of technique, increasing manipulation of technologies and innovations in terms of equipment and medicines. This environment requires that nurses, in care as well as teaching, be constantly able to renew their technical and theoretical knowledge, as well as profound (re)consideration and a critical/reflexive and participatory posture.

Within the scientific perspective on health, the notoriety of the teaching career is highlighted, especially in nursing. It represents a change in the profile of nurses working at the institutions responsible for human resource training². Thus, the nurse-teacher linked up with scientific production and theoretical discussions about nursing-related matters, the intellectual *Homo sapiens*¹, while the nurse-caregiver was responsible for agile care delivery at the bedside, the practical *Homo faber*¹.

This study is based on the reflections about the work process of nurse-teachers and nurse-caregivers in the hospital context, which were stimulated in the subject *Advanced Themes in Education, Health and Citizenship*,

offered in the Doctoral course in Nursing, as part of the Graduate Nursing Program at Universidade Federal do Rio Grande do Norte.

An asymmetry is observed in both of the nurses' activity areas, regarding both internal and external factors, particularly in discussions about learning how to learn. In that sense, the two professional realities have encourages critical thinking about the still existing disarticulation in the relations between theory and practice and between teaching and care.

Based on the above, the following guiding question was defined for this paper: How do nurse-teachers articulate with nurse-caregivers in the hospital context?

Hence, the aim in this study is to analyze the articulation between the nurse-teacher (*Homo sapiens*) and the nurse-caregiver (*Homo faber*) in the light of Gramsci's thinking.

A reflexive study was undertaken, based on a narrative bibliographic review, which admits the analysis of literature published in books, print and/or electronic magazine articles about a given theme, in order to describe and discuss it from a theoretical or contextual viewpoint. This category of papers plays a fundamental role in continuing education, as it permits knowledge updates on a specific theme within a short period of time⁴.

The following sources of information collection were used: some book chapters related to nursing research and nursing work in the hospital and academic environments, mainly scientific papers from electronic journals indexed in the Scientific Electronic Library Online (SciELO Brasil) and the Nursing Database (BDENF). The following descriptors were used for the database searches: nursing research, practical nursing, conflict of interest and work.

The elaboration of this study comprised the following phases: first, the identification and location of a theoretical framework that considered the proposed theme. Next, relevant information for the study was registered and filed, resulting in reading and critical analysis and in the elaboration of this paper. In the analysis, books and papers were used, provided that they were relevant for the research problem. Based on the reading and synthesis of the consulted material, the following axis was constituted for analysis and reflection: *The dialogue between the Homo sapiens and the Homo faber in Nursing*.

THE DIALOGUE BETWEEN THE *HOMO SAPIENS* AND THE *HOMO FABER* IN NURSING

Historically, health sciences have been founded on mechanistic and Cartesian paradigms, directing professionals' looks and practices towards the optimized production

of goods and services, enhancing fragmentation and specialization and neglecting the complexity of human relations, as reflected in health practices that were emphatically determined by the clinical and biological approach⁵.

In contemporary nursing, two branches coexist that contain complex and contradictory aspects, permitting inferences about a potentially productive transition zone⁶. The first branch brings remnants from the worsening in the current machinic, dehumanizing model that merely emphasizes the clinical and biological approach. The second branch is opposed to man as a machine, in a humanizing manner, centered on otherness and on the expansion of the we-feeling⁷. These two explanatory branches of Nursing are permeated by the still existing disarticulation between theory and practice.

All human beings, even beyond their profession, develop any intellectual activity, as they share a perception of the world, have a conscious line of moral conduct and cooperate to promote new ways of thinking¹. Thus, all nurses act as *Homo faber* and *Homo sapiens* by articulating theory and practice in their professional activities.

The relation between theory and practice has been discussed on a large scale in the macro-structural context of nursing education, against the background of the University Reform and the Brazilian Health Reform, as landmarks in the teaching-learning process and in the work processes of Health of Nursing⁸.

Based on a political agenda in defense of the Unified Health System (SUS), the National Curricular Guidelines (DCN) of the Undergraduate Nursing Program, issued in 2001, guide and regulate the construction of pedagogical projects committed to the rescue of citizenship and the valuation of constitutional guarantees in educational institutions. These guidelines establish that nurses should have technical-scientific, ethical, political and socio-educative competences, defining the profile of graduate professionals as generalist, humanistic, critical and reflexive⁹. Thus, the DCN demand that, besides technical and theoretical knowledge, nurses master the other competences proposed.

This process-based, evaluative, formative and summative conception is in accordance with Gramsci's conception¹ about the articulation between theory and practice. Thus, nursing education should not encourage the emergence of automated workers who are mechanically apt to perform mere technical tasks, deprived of the humanistic and sociocultural essence. If the educative space lacks this essence, what will certainly emerge is a legion of alienated workers, in accordance with "bourgeois patronage"^(1:75). Hence, educating is understood as:

"putting an end to the separation between Homo faber and Homo sapiens; it means rescuing the structuring sense of education and its relation with work, its creative and emancipatory possibilities"^(10:9).

In Nursing, two preferably exemplified perspectives coexist to encourage reflection and discussion. One perspective is theoretical, represented in the figure of the nurse-teacher, who relates with the human resource training and management processes, with research projects and scientific publications. The other perspective is that of technical-care activities, whether in the hospital context or in primary healthcare, both of which are directly related with the nursing care process¹¹.

Until the mid 1980's, nurse-teachers concentrated their actions on care tasks. They were respected and considered as professionals who, besides teaching, also delivered patient care. Today, however, a dichotomy is noticed between knowing and doing¹².

This distancing between the theoretical and practical dimensions is attributed to access to the university career, turning research into a fundamental activity. Thus, teachers often prioritized theoretical construction, which caused greater fascination and dedication in the apprehension of science and its conceptual and methodological facets¹³.

Nowadays, in general, all practical activities have become that complex, and sciences have intermingled with life in such a way that practical activity tends to create a school for its own experts, at the same time as they create a group of expert intellectuals at a higher level, who teach at these schools¹. Hence, as nurse-teachers get deeper into scientific knowledge, they increasingly take distance from nurse-caregivers' practice.

In the mean time, nurse-caregivers took distance from scientific knowledge, absorbing the bureaucracy of health services and individual problems, in search of better living conditions, which stole the time they had to reflect and became the model of technical skills¹².

In the hospital context, this can be clearly evidenced in the nurse-teachers' posture, who profoundly master the theoretical aspects of procedures, illnesses and nursing interventions, among others but, when they need to be put in practice, attribute this task to nurse-caregivers¹⁴.

In this context, nurse-teachers' distancing from the practical scenarios used in undergraduate education is perceived. Students increasingly have contact with health services through academic teachers without a Ph.D. degree, who are frequently more involved in research and graduate activities, that is, through hired faculty members or tutors with little or no direct affiliation with the educational institution.

This distancing between teachers and practicum sites does not only interfere directly in the themes they address in their research, but also cuts down on the confidence

in their own care skills and, in addition, encourage the idea that nurse-caregivers consider the faculty as idealistic, unrealistic and very far from daily nursing problems¹².

As the nurse-teachers commonly work with conditions that are similar to those proposed in academic books and papers, they may face difficulties to find a place in health services, which are often scrapped and subject to a constant lack of human and material resources.

In that sense, the main challenge for nurse-teachers' scientific production is to surpass the limits of the academic environment and get closer to the problems faced in the daily reality of health services, stimulating the dissemination and use of their results by nurse-caregivers and other health professionals, so as to contribute more effectively to the change in professional practice and to the production of new care and management forms in nursing and health^{2,13}.

Pedagogical creation should be restricted to a few expert intellectuals, the supposed 'creators' of sciences, arts, philosophy, but be multiplied by other intellectuals, the disseminators of accumulated intellectual wealth, who thus become as important as or more important than the first¹. Hence, nursing knowledge should move beyond the academic environment and also address the context of health services, which will in turn reconstruct it or reinforce it in professional practice.

At the same time, nurse-caregivers, endowed with technical knowledge, should open up to the world of research, with a view to improving this knowledge and skills and explore the work environment through studies that can contribute to the advancement of nursing.

Therefore, nurse-teachers should act as learning mediators for nurse-caregivers, thus joining knowledge and action to construct knowledge and break away from the logic of competition and individualism¹⁰, also granting a moment of personal and professional maturing for both, who are responsible for mediating and supporting the students' actions¹⁵.

As a possible solution for this deadlock between nurse-teachers and nurse-caregivers, beyond educational institutions' sporadic use of practicum scenarios, their approach could happen through the development of community service projects or continuing education groups for the recycling of clinical professionals. From the nurse-teachers' viewpoint, in-service research would be valid, valuing studies that encourage improvements in health and nursing practices.

In view of the dilemma between the *Homo faber* and the *Homo sapiens* in nursing, it is important to reflect about an ethical dimension that underlies nurse-teachers and nurse-caregivers' actions, centered on the person who receives care.

FINAL CONSIDERATIONS

The articulation between nurse-teachers (*Homo sapiens*) and nurse-caregivers in the hospital context (*Homo faber*) is not easy, as it involves different theoretical, political, economic and social issues that cross over the simple conflict of interests between these two actors. In the light of Gramsci's thinking, an interlocution between the *Homo faber* and the *Homo sapiens* exists in all nurses' work practice, so that they do not develop their work in a strictly machinic or intellectual manner.

Thus, nurse-caregivers can contribute to nurse-teachers in academic practicum contexts, in the solution of problems that can emerge in daily care practice at the services, and can also provide support for the development of academic studies in care practice.

In that sense, the educative space, mainly represented in the figure of nurse teachers (whose work process notably involves the *Homo sapiens*), arouses analyses and reflections, so as to permit nurse-caregivers in the hospital context (*Homo faber*) to join the tools needed to change their daily reality through the development of critical reasoning.

Hence, it is observed that articulation between theory and practice in any nursing activity sphere is fundamental to reduce the enormous distance that exists between the real and the ideal, as this will permit the exploitation of new horizons and the growth of the profession as a science, art and social practice.

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