Original Article

Establishing a dialogue regarding technical-scientific and common sense knowledge for an effective health education*

Construindo o diálogo entre saberes para ressignificar a ação educativa em saúde

Construyendo el diálogo entre saberes para resignificar la acción educativa en salud

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ABSTRACT

Objective: To identify ways for establishing a dialogue regarding technical-scientific and common sense knowledge to serve nurses on the development and implementation of effective health education and clinical care. **Methods:** The historical materialism and dialectic served as the theoretical-methodological framework for the study. The sample consisted of 30 individuals: 5 faculty, 5 undergraduate students, 10 registered nurses, 2 administrators, and 8 users of the heath care services. Participants' statements were analyzed through discourse analysis. **Results:** Health care providers valued the participation and statements of the users of the health care services. The users of health care services showed autonomy as agents in synchrony with the technical-scientific knowledge. **Conclusion:** Articulation of both technical-scientific and common sense knowledge is fundamental for the development of effective health education that allows open dialogue and participation of the users of health care services, which potentially can transform the reality of health care delivery.

Keywords: Health education; Education, nursing; Professional competence; Nursing care; Education, higher

RESUMO

Objetivo: Identificar, na perspectiva dos diferentes sujeitos implicados, as possibilidades de aproximação entre o saber profissional e o de senso comum, envolvidos nas atividades educativas desenvolvidas pela enfermeira em seu processo de trabalho assistencial. **Métodos:** Utilizou-se como referencial teórico-metodológico o materialismo histórico e dialético. Foram entrevistados 30 sujeitos: cinco docentes, cinco graduandos, dez enfermeiras; dois gestores e oito usuários de dois serviços de saúde. Os discursos foram submetidos à análise de discurso. **Resultados:** Os discursos revelaram que os profissionais valorizam a alteridade, ou seja, a presença e a voz do usuário dos serviços de saúde. Os usuários sinalizaram sua autonomia como "sujeitos em relação" com o saber técnico-científico. **Conclusão:** A articulação dos diferentes saberes é fundamental para o desenvolvimento de ações educativas mais dialógicas, participativas e potencialmente transformadoras da realidade em saúde.

Descritores: Educação em saúde; Educação em enfermagem; Competência profissional; Cuidados de enfermagem; Educação superior

RESUMEN

Objetivo: Identificar, en la perspectiva de los diferentes sujetos implicados, las posibilidades de aproximación entre el saber profesional y el de sentido común, involucrados en las actividades educativas desarrolladas por la enfermera en su proceso de trabajo asistencial. **Métodos:** Se utilizó como referencial teórico-metodológico el materialismo histórico y dialético. Fueron entrevistados 30 sujetos: cinco docentes, cinco graduados, diez enfermeras; dos gestores y ocho usuarios de dos servicios de salud. Los discursos fueron sometidos al análisis de discurso. **Resultados:** Los discursos revelaron que los profesionales valorizan la alteridad, o sea, la presencia y la voz del usuario de los servicios de salud. Los usuarios señalaron su autonomía como "sujetos en relación" con el saber técnico-científico. **Conclusión:** La articulación de los diferentes saberes es fundamental para el desarrollo de acciones educativas más dialógicas, participativas y potencialmente transformadoras de la realidad en salud.

Descriptores: Educación en salud; Educación en enfermería; Competencia profesional; Atención de enfermería; Educación superior

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* *This study was developed in the premises of the Escola de Enfermagem da Universidade de São Paulo (EEUSP), at the Hospital Universitário and at Centro de Saúde Escola Butantã, two of USP healthcare units.*

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INTRODUCTION

Historically, nurses' education practices on a daily basis emphasize information sharing and individuals behavioral change. The adherence to a healthcare assistance model focusing on illnesses, with emphasis on the technical-scientific knowledge and on the fragmentation of healthcare actions, justifies its authoritarian and coercive character[1-2].

Such practices have proven ineffective to meet the individual's, families' or social groups' needs on healthcare services, given the social aspect of the health-illness process not being considered by such professionals, who are not oriented to promoting the inclusion of social drivers on facing patients health needs and issues[3].

As a consequence, a significant distance is observed between nurses' healthcare educational projects and the healthcare service population needs. Nurses justify they have difficulties and limited abilities to develop more dialogic and participative education practices, such as the ones defended by the Popular Education[4].

The initial graduation in Nursing has a key role on the development of abilities for educational actions. National Curricula Guidelines in use since 2001 fosters the necessity of having Higher Education Institutions graduate healthcare professionals able to meet the needs of the SUS-Sistema Único de Saúde (Brazilian Healthcare System) to respond to the health service needs of the Brazilian population[5].

Within this context, a study has been developed to construct a profile of competences for nursing educational actions, from the overall perspective of the individuals involved with the process of education-learning.

The goal of this article is both to describe and analyze one of the designed competences, based on the speeches of such individuals, which is denominated: *"respect the common sense knowledge, recognizing the incompleteness of professional knowledge"*. Thus, the objective herewith is to identify, on the perspective of the different implied individuals, possibilities approximating professional knowledge and the common sense knowledge involved in the development of educational activities by nurses on their daily nursing practices.

METHODS

An exploratory and qualitative study has been developed, and the theoretical method applied refers to historical and dialectical materialism, adopting the assumption of healthcare educational actions on the perspective of Popular Education[7-8] and the Healthcare Popular Education[1-2]. The conceptual category that guided the knowledge building for the proposed object was competence[9], anchored by healthcare practice conceptions and the operating knowledge[10].

The study targeted locations were the Escola de Enfermagem da Universidade de São Paulo (EEUSP – Nursing Faculty) and two of the healthcare services sponsored by USP, as the Hospital Universitário (HU – School Hospital) and the Centro de Saúde Escola Butantã (CSE – School Health Center). Participant samples includes five groups of individuals, of which five EEUSP professors (Group 1), five EEUSP Nursing School last year students (Group 2), ten nurses, five from each selected service (Group 3), two managers, one from each selected service (Group 4) and eight patients, five from the HU and three from the CSE (Group 5), totalizing 30 participants.

The research has been approved by each targeted location Ethical and Research Committees. Process n.497/2005 CEP EEUSP, Process n.658/06 CEP HU. At the Centro de Saúde Escola Butantã, approval was formally granted by the Director of the Service. All individuals from each location were approached respecting the Informed Consent Term, founded on Resolution n.196/96 from the Conselho Nacional de Saúde (National Health Council)

As approach methods, the focus group was adopted for the Faculty Professors and the Last-year Students (Groups 1 and 2 respectively), and the semi-structured interview for nurses, managers and patients (Groups 3, 4 and 5 respectively). For the analysis of the empirical material, a nursing adapted version[12] of the speech analysis technique was used[11].

Core Question

The question that guided the competences building profile is: "what are the necessary competences for nurses` educational action in their daily nursing care routine?". This study focuses on analyzing one of the built competences: "*respect the common sense knowledge, recognizing the incompleteness of professional knowledge*"

RESULTS

The articulation of knowledge, abilities and attitudes captured from the selected individuals' speeches allowed building a summarized chart of competences for nurses' educational actions, from the perspective of Healthcare Popular Education, based on the speeches of individuals who have an initial Nursing background:

Among such built competencies, the one this study focuses on is:: "*respect the common sense knowledge, recognizing the incompleteness of professional knowledge*". When questioning the research participants about which knowledge, ability and attitudes nurses' should develop during the initial graduation, all five selected groups mentioned the need of respecting patients' knowledge, recognizing the

Chart 1 – Competences for Nurses' Educational Action. São Paulo, 2007

1.	Promote healthcare services integrity.
2.	Articulate theory and operating practice, as an exercise for healthcare practice.
3.	Be supportive and build bonds with the individuals being taken care of.
4.	Build self-knowledge and be a change agent for the healthcare reality.
5.	Recognize and respect the autonomy of individuals related to their way of living life.
6.	Respect the common sense knowledge, recognizing the incompleteness of professional knowledge.
7.	Use the dialog as a strategy to transform healthcare reality.
8.	Apply operating pedagogy techniques to allow for dialoguing with the individuals.
9.	Supply the individuals with adequate information
10.	Value and exercise the inter-sector synergies in healthcare services.

professional knowledge (technical & scientific) as not being the only one to be valued and respected in the course of therapy.

Group 1, Faculty Professors, emphasized the fact that during initial graduation it is necessary to develop attitudes, which stimulate nursing students to perceive and recognize the healthcare necessities of those individuals being helped, which includes recognizing their knowledge and wisdom. The autonomy of individuals was additionally referred in terms of adhering to the therapeutic project, such as is illustrated by the speeches quotations presented below:

[...] that the student perceives the other, who is the patient. This is a further value I think belongs to learning. That way, we gradually change the genesis of learning. The need of the other is the basis; perceiving the other and their particular needs; realizing that there is a different matrix of identity. I think we are in this pace [...] (d1);

I think it is a broaden vision of educational action; the action of a person goes beyond the illness, it depends on the person's life project; on how satisfied that person is with life and to what extent we can help that person recompose that [...] (d2);

Group 2, composed by last year nursing students emphasized the fact that graduation courses many times reiterate the supremacy of professional knowledge in detriment of the common sense knowledge.

We leave (the graduation course) with that sense of power; with wisdom, knowledge, and some times we place ourselves in a kind of distant position, where nothing effectively happens. Then, I think the important thing is the sense of humility, of being closer to the other, of respecting and recognizing one's importance [...] (a2);

In many subjects, professors make us believe we are almighty beings, full of wisdom and knowledge, and the other is someone you have to share that knowledge with. Then you just "vomit" that information and believe offered the best service ever, and next you notice there is no adherence to the therapy [...] *(a4);*

Nurses, composing Group 3, also showed their concerns about the issue, defending patients knowledge as a fundamental tool to healthcare services, and that a professional attitude of respect is also necessary, valuing the wisdom of the other beyond the technical-scientific knowledge.

Thus, beyond the theoretical and practical knowledge, we also need to try and reach the perception of what the other knows and is capable of, so we can elaborate strategies for a better understanding of what we need to share [...] (e3);

[...] *because a dedicated mother, fathers who really take good care of their children, are the ones who know their children the best. I can have the technical knowledge, but how the child sleeps, or what habits she or he has, their life, their gladness expressions… So, you have to search for those acquaintances* [...] (e1);

[...] *learning how to exchange such experiences is something that requires constant exercise* [...] (e7);

[...] *think I cannot assume a position of being the queen of knowledge, of an authoritarian power* [...] (e2);

The Managers' group, accounting for the health institutions processes management, points out to the need of exchanging experiences and knowledge between healthcare professionals and patients, having a professional posture, more symmetric in relation to the patient, its knowledge, life experiences and values, something that can only be developed through a mediation working style:

[...] *the understanding that there are individuals meeting each other in the educational process, with different experiences to share, but not necessarily hierarchical, meaning, one is not more important than the other*[...] (g1);

[...] *a non-symmetric attitude assuming the professional has a message to transmit to the receptor, who is the patient, instead, an attitude considering patients' expectations, knowledge and potential* [...] (g1).;

[...] one of the most difficult abilities to develop, which is only gained with much practice, over the time, and extensive experience. While at Nursing School, students' sensitivity can be influenced for that, but it will be only through accumulating extensive experience, heavy monitoring, that this kind of ability will be

developed [...] (g2);

Discourses were unanimous at bringing the perspective of alterity, the presence of "the other", i.e., the patient being helped, the person to whom the nurse's care is focused on. One of the hypotheses is that patient's speeches would be of a predominantly reiterative posture due to an authoritarian, and fragmented nursing care, therefore, distant from the patient's insights. That, however, did not occur, and most of patients' feedbacks waved with their autonomy as "individuals in a relationship" with the technical-scientific knowledge.

I have to express my opinion and talk to her. I would like her to hear me and understand, respect my opinion, but also try to say what she thinks is correct (u2);

She (the nurse) has to explain what she thinks is correct, but she has also to understand that I may or not want it that way, it's on my accountability [...] (u3);

DISCUSSION

While analyzing the common sense knowledge and the technical-scientific knowledge, observing the care model that focuses on the illness, on the individual, on the hospital and on the figure of the physician and scientific medicine, the common sense knowledge within the healthcare context has been gradually disqualified and socially devaluated.

The term common sense is originated in philosophy and is related, generally, to knowledge and insights accumulated from routine living experiences, and thus, oriented towards it. The common sense knowledge is as such considered given its non scientific aspect, i.e. it is not produced by science, but it is the result of common individuals living experiences. As it is a routine-based constructed knowledge, it is not socially legitimate[14]. The scientific knowledge, expressed through the format of professional knowledge, is the one being legitimate by society as a valid knowledge, which has to be spread.

It was due to modern science, founded in the principles of scientific reasoning, that men, considered an epistemic subject, lost its characteristics as an empirical subject. Thus, an objective and rigorous knowledge, such as it is plead by modern science, cannot be interfered by human values, by routine facts and individual living experiences.

The history of healthcare educational practices in Brazil observes that valuing scientific knowledge in detriment of the common sense knowledge has contributed to the kind of healthcare that is more driven by services demand and related healthcare professionals, than for the individuals being helped[2].

Hierarchy between these knowledge fields has also contributed to the development of a sovereign posture in healthcare professionals, who assume to hold a more legitimate knowledge, devaluating, disqualifying, and invalidating the common sense knowledge. For Popular Education[7] such posture does not help professionals really commit with the other being helped, promoting increasingly more distance between them. According to Freire's words[7:21]:

"I shall not consider myself as a professional, inhabitant of a strange world; a world of people-savior technicians and experts; owners of the truth; shareholders of knowledge, who should be dedicated to the "ignorant and disabled". Like a member of a ghetto, from which I leave to save the life of a "lost one", an outsider. If I behave like that, I do not truly commit myself as a professional, not even as a man. I simply play alienation."

For the sake of clarity, it is not a matter of valuing one's knowledge in detriment of the other. The common sense knowledge has plenty of contradictions, uncertainties, limitations and even prejudice. That also occurs with the scientific knowledge, even though it is supported by strong scientific evidences. It is worth highlighting the need to recognize and respect as legitimate and valid the common sense knowledge, which, in the case of healthcare, has been subjected by the sovereignty of scientific knowledge. Further, that is necessary for the healthcare professionals to better understand the healthcare particularities of each individual, from the perspective of the real world, health, and therefore, the wisdom acquired through experiences in the course of their lives.

Healthcare professionals need to understand that the wisdom generated by the experiences in the course of each individual's life, as well as the process of living with a disease define those individual's demands concerning healthcare services and such demands are the ones that require specific technical background from healthcare professionals[15].

Recognizing and respecting the common sense knowledge assumes recognizing the incompleteness of scientific knowledge, which does not mean to abandon the scientific knowledge or being subjected the common sense knowledge. It is related to recognizing the different knowledge fields there are; among which, the professional knowledge, which is also incomplete, and is constantly built, requiring frequent reviews, context-fits, comparisons and synergies with other knowledge fields, mainly the common sense, so that it is transformed into useful knowledge.

Santos[16] states that, the common sense knowledge itself is conservative and legitimates situations of interests, however, if interpreted by the scientific knowledge, can consist of a new reasoning, a practice reason. To allow for such interpretation of knowledge

to occur, the author proposes a new espistemic rupture. In Santos' words:

"In modern science the espistemic rupture symbolizes the qualitative proximity of common sense knowledge to the scientific knowledge; in the post-modern science the most significant progress lays on what is shared from the scientific knowledge to the common sense knowledge. The post modern scientific knowledge is only consolidated as such in the proportion it gets converted into common sense"[16: 91].

Thus, the study reveals that if the modern science has tried to transform common sense knowledge into scientific knowledge, the post-modern science seeks to transform the scientific knowledge into common sense knowledge. It observes yet that post-modern science does not despise the knowledge that produces technology, however understands that all knowledge should translate into wisdom for life. Being so, the study defends the concept of prudent knowledge (scientific knowledge) for a decent life (common sense knowledge).

The challenge for a healthcare educational action is to promote proximity, even tough through a conflicting relationship, between these knowledge fields. A proximity that allows the "interpretation" of knowledge fields, enabling the individuals involved adopting a dialogic strategy as a transformation tool of the healthcare reality.

CONCLUSION

The competence *"respect the common sense knowledge, recognizing the incompleteness of the professional knowledge"* is fundamental for the development of educative actions, or, better saying it, by offering a more dialogic nursing care, more participative and a potential change agent for the healthcare reality, as defended by the Popular Education.

The development of such an important competence is essential not only at initial education, as highlighted by the professor and students participating in this study, but also as a practice during professional performance, as mentioned by the nurses and managers, in a process of creating new meanings to the educational action being developed by all healthcare professionals. Such accomplishment makes the educational action not only be recognized as an additional activity offered by healthcare services, but also as a practice that supports and reorients all attention towards healthcare.

Discussing profiles of competence for the nurses' educational actions is, therefore, one of the tasks that belong in the initial nursing education, during the interface of learning and providing healthcare services, with the objective of promoting a learning process that better approximates to the needs of individuals being helped, recognizing and respecting their values, experiences and knowledge.

It is known that the competence profile construction itself does not ensure that healthcare educational practices will be renovated. It is necessary to invest in discussions and reflections on the way with which such profile can be enabled in the service routine and in nursing education.

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