REFLECTION

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Epistemology of nursing care: a reflection on its foundations

Epistemologia do cuidado de enfermagem: uma reflexão sobre suas bases
Epistemología del cuidado de enfermería: una reflexión sobre sus bases

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ABSTRACT

Objective: to reflect on nursing care and its epistemology from its historical, theoretical, philosophical, spiritual dimensions and as a social practice. **Method:** discussions originated in the discipline "Epistemology of caring", from the graduate nursing program of the School of Nursing, Federal University of Minas Gerais, and in critical analysis of nursing literature together with the professional practice of the authors. **Results:** we identified the necessity of developing a critical conscience on health care provision, research, and teaching, as well as on challenges in maintaining high standards of working interpersonal relationships, which has a profound impact on population health. **Conclusion:** we suggest the rescue of integrality, humanization, unity, and spirituality in researches and practices of individual, familiar, and community care, as an advance in incorporating epistemology of caring in nursing.
Descriptors: Epistemology; Nursing Care; Nursing Theory; History of Nursing; Nursing Education.

RESUMO

Objetivo: refletir sobre o cuidado de enfermagem e sua epistemologia, partindo de suas dimensões histórica, teórica, filosófica, espiritual e como prática social. **Método:** discussões no decorrer da disciplina "Epistemologia do Cuidado", do Programa de Pós-Graduação em Enfermagem da Escola de Enfermagem da Universidade Federal de Minas Gerais e análise crítica de literatura científica da enfermagem agregada ao cuidado no exercício profissional das autoras. **Resultados:** identificou-se a necessidade do desenvolvimento de uma consciência crítica sobre as formas de cuidar no âmbito da assistência, pesquisa e ensino, bem como nos desafios que envolvem a qualidade das relações interpessoais no trabalho e no ambiente, como fator de impacto na saúde das pessoas, comunidades e populações. **Conclusão:** sugere-se o resgate da integralidade, da humanização, da unicidade, da espiritualidade nas pesquisas e práticas do cuidado do indivíduo, da família e da comunidade, como avanço na incorporação do conhecimento epistemológico do cuidar em enfermagem.
Descritores: Epistemologia; Cuidados de Enfermagem; Teoria de Enfermagem; História da Enfermagem; Educação em Enfermagem.

RESUMEN

Objetivo: reflexionar sobre el cuidado de enfermería y su epistemología, partiendo de sus dimensiones histórica, teórica, filosófica, espiritual y como práctica social. **Método**: discusiones durante dictado de materia "Epistemología del Cuidado", del Programa de Posgrado en Enfermería de la Escuela de Enfermería, Universidad Federal de Minas Gerais y análisis crítico de literatura científica de enfermería, sumada al cuidado en ejercicio profesional de las autoras. **Resultados**: se identificó necesidad de desarrollar conciencia crítica sobre formas de cuidar en ámbitos de la atención, investigación y enseñanza, así como en desafíos que involucran la calidad de relaciones interpersonales laborales y ambientales, como factor de impacto en la salud de las personas, comunidades y poblaciones. **Conclusión**: se sugiere el rescate de la integralidad, la humanización, la unicidad, la espiritualidad, en investigaciones y prácticas de cuidado del individuo, la familia y la comunidad, como avance en la incorporación del conocimiento epistemológico del cuidar en enfermería.
Descriptores: Epistemología; Atención de Enfermería; Teoría de Enfermería; Historia de la Enfermería; Educación en Enfermería.

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INTRODUCTION

The present article is a result of reflections made during the course "Epistemology of caring", offered in the graduate nursing program at the Federal University of Minas Gerais (UFMG) School of Nursing. The course focuses, according to its syllabus, on nursing care as an object of study and work in the context of nurses' activities, on discussions on historical and philosophical aspects, contemporary tendencies and challenges, and on the analysis of knowledge production on nursing care, considering its contribution to strengthen health and nursing praxis.

It was possible thus to identify the relationship between epistemology of nursing care and nursing theoretical, philosophical, and historical bases, not only as a profession, but as a constantly developing science, accomplished by an acknowledged coherent research practice and/or above all as a scientific practice of assistance legally recognized in the field of Health Sciences[1]. In this perspective, it is important to understand that in the intimate and dynamic relationship between knowledge and (re)working a new know-how it is necessary to question what has been done with the objective of understanding care provision, giving prominence to established theories and always seeking to improve them, bearing in mind trends and challenges of our time.

In opposition to this perspective, investments in unnecessary and unsustainable technologies due to health industry pressure should be identified to overcome it as well as misuse of economic resources and shortage of well-trained health care professionals to meet the needs of the population. There are well elaborated public policies by central management, which are not felt at the end of the *production line*. Moreover, there are public policies that overcome environmental systems iniquities, because their consequences are felt in the population health.

It is necessary to the nursing professional to think about the human being, his or her singularity and plurality, as well as the collective aspect, considering life history, social, cultural, economic, and spiritual contexts. The same for collectivities. We still face, however, care(less) based on biomedical standard, characterized by depersonalization, fragmentation, and medicalization.

In this context, being a nurse, in its true conception, is closely related to the acute capacity of observation, a kind of care that goes beyond what is visible; to understand not only what is said explicitly, i.e., to decode; provide care with love and attention, being able to identify in those who receive care, not only physical and emotional changes, but realignments and potentialities. Ultimately, be ready to meet patient needs and aspirations regarding health integrity, transmitting them confidence and being someone with whom they can count on.

Care provision, thus, is the compromise to preserve the dignity and the singularity of the person receiving care. It is a moment of concern, interest, and motivation, when respect, thoughtfulness, and kindness become distinctive factors. Awareness in the provision of health care should encompass decision-making ability, sensitivity, and critical thinking, to differentiate care from procedures. This distinctive factor consists in concern, interest, and qualified care provision, because the professional must be responsible and committed when dealing directly with a human being who is worthy of attention, contrary to what we verify in procedures.

Therefore, based on these assumptions, we sought to think nursing care and its epistemology from its historical, theoretical, philosophical, and spiritual dimensions and as a social practice.

HISTORICAL DIMENSION

With the advancement of scientific knowledge passed from generation to generation, man evolved and care followed close behind. Thus, human life introduced and endlessly incorporated these knowledges.

In the Paleolithic Period, humankind evolved from *Australopithecus* into *Homo habilis* and from *Homo erectus* into *Homo sapiens*. At first, human beings lived in groups, usually nomads, moving from one place to another to survive. The first care practices thus emerged, essentially for survival, assembling hygiene measures. Over time human beings established fixed residence and started to appraise living in society. Care surpassed then mutual dependence. Later, magical-mystical, transcendental, and religious thought ruled, and sorcerers, shamans, or priests began to be responsible for care provision. Diseases were considered as consequences of external causes, e.g., nature and/or supernatural spirits[2-3].

Around 476 A.D., with the fall of the Roman Empire and the rise of the feudal regime, middle ages or medieval times started. This period was dotted with plagues and epidemics (smallpox, diphtheria, measles, influenza, ergotism, tuberculosis, scabies, erysipelas, anthrax, trachoma, miliaria, dancing mania, and bubonic plague). Leprosy is considered the great plague of the middle ages. This disease was considered as a demonic possession, caused by witchcraft, a sign of purification and expiation of sins. Faith and religiosity were considered fundamental for treatment and healing, and therapy was based on miracles, accessed through prayer, mortification, and repentance[3].

Still in medieval times, care went from individual expression to institutionalized activity, when the first hospitals were founded. During this period, religious orders were responsible for caring, and care was understood as an act of charity and a model of religious vocation[2].

The Modern Age is the period of transition from feudalism to capitalism. The Renaissance, beginning in the early modern period, propelled the study of man and nature. Empiricism arose as rational truth, which must be empirically based on the evidence of the senses. Industrialization was the basis of the European economy, which transformed secular cultures and social systems. With the strengthening of the workforce of industries, human care turned to the recovery of the population health. The hospital, which until then was a care and shelter environment, became a therapeutic area where new knowledge was produced and health professionals and other trained professionals provided assistance. Thus, specialized medical care came to be recognized as the only scientific, opposed to care originated from empirical discoveries[2-3].

In the Modern Age nursing arose, based on many of Florence Nightingale beliefs. With the advancement of science and the professionalization of nursing made by Florence, modern nursing emerged, establishing therefore a milestone in nursing scientific knowledge and care as a guide of this process.

The present time is substantially characterized by globalization. Relationships are being greatly changed, both in how we conceive ourselves and in our relationship with other people. Care arises, then, as a manner of humanizing relationships. In our time, cure is connected with care, however, the former exists independently of the latter[2].

THEORETICAL DIMENSION

The theoretical dimension may be represented by its theories, understood as conceptual models from systematized elaborations, i.e., nursing theories aiming at organizing nursing as a science.

Watson based her care model in seven basic assumptions, namely: care can only be effectively demonstrated and practiced in a transpersonal way; care consists of caring factors, which result in the satisfaction of human needs; effective care promotes individual or family health and growth; care accepts people not for who they are now, but for who they may become; care environment develops potentialities, as it allows people to choose the best course of action at any given time and moment; the science of care is complementary to the science of healing and health care practice is essential for nursing[4].

In her theory, Watson presented primary care factors, consisting of ten elements, namely: humanistic-altruistic value system; faith and hope; sensitivity with yourself and with others; expression of negative and positive feelings; scientific method of problem solution in health care process; promotion of transpersonal teaching and learning; supportive, protective environment and/or mental, physical, sociocultural, and spiritual corrective; assistance to human needs; and acceptance of *phenomenological-existential-spiritual forces*[4]. For this theorist, human beings are

> people valued themselves/by themselves to be cared for, respected, nurtured, understood, and assisted; in general a philosophical view of people as fully integrated functional beings. Human beings are seen as bigger and different than the sum of their parts[4].

According to Watson, nursing deals with health promotion, disease prevention, caring for the sick, and restoration of health. She believes that a holistic health care is fundamental for nursing care practice. For her, nursing is a human science and human health-disease experiences mediated by human professional, personal, scientific, aesthetic, and ethical operations[4].

Horta's Basic Human Needs theory is one of the best known theoretical models used in our country. And, according to Horta, nursing understands the human being as the essence of its knowledge and interest. Nursing focus is not the name or code of a disease, or medicalization, or big surgical interventions, or sophisticated propaedeutical tests. On the contrary, nursing *cares for human beings* meeting their basic needs, understood in its widest extension, as a whole: body, soul, and spirit[5].

In this perspective, in clinical practice nursing, identifying the needs of the individual, tackles not only biological, but social, emotional, and spiritual areas affected. According to Horta, care in nursing is to do, help, or supervise caring activities according to the needs and limitations of each individual, making people independent in their self-care.

The Brazilian Unified Health System (SUS) health care guidelines point to the integrality of the human being. Biopsychosocial dimensions should be approached in health promotion, protection, and recovery. Therefore, none of these dimensions should be neglected in health care and nursing care.

To care comprises also including other health sciences in care provision. It is to put into practice the principle of integrality, of the expanded clinic. It is to understand that every health science has its role in the care of human beings, in its different dimensions, in each of their lives and development stage. Nurses, when providing care to patients, families, or to a specific population, foresee in their interventions' planning the demand of inclusion of other knowledges that will add value to care provision.

And who is the subject of this care? According to Horta, the subject is not only individuals, but also their family and the community where they live. It is not possible to dissociate individuals from their socio-familiar environment and one of the paradigms of caring is the environment with its social health determinants. So, to think about population health is also to care necessarily for the environment.

Levine proposed in 1967 the theory of conservation of energy and of Holistic Nursing, a clinical nursing which understands the patient as body and mind, i.e., a "whole", dynamic and interacting with a dynamic environment. The purpose of the nursing intervention is the conservation of energy, of structural, individual, and social integrity. Accordingly, every nursing action, even if it does not have a positive outcome (cure), should be considered therapeutical, since adaptation is available. It is the nurse responsibility, then, to rethink the plan and look for causes that lead to a negative outcome. In cases that it is not possible to change the adaptation course (a cancer patient, for example), nursing intervention must be supportive, seeking the promotion of patient welfare, for it cannot help in the cure[6].

Holistic Nursing theory has as one of its many objectives: nursing intervention must be based on scientific knowledge and recognition of the individual organic responses – nursing intervention has a therapeutic sense when exerts positive influence in adaptation or promotes social welfare. This theory also suggests basic principles for individuals' conservation of energy; conversation of structural integrity, personal integrality, and considering body and mind[6].

Individuals are defined by their social, cultural, ethnic, religious, and familiar aspects. The meaning of disease, treatment, and behavior during the disease process is influenced by these factors. Maintaining the patient's social individuality is an issue for nursing fundamental actions, which should observe each patient individual needs. In practice, we observe that nursing always included these factors on its interventions as educator and caregiver for the being and the mind. When nurses guide the patient's treatment, they participate in this treatment, proclaim cure, and affect the behavior in facing the disease. If nurses help the individual to reintegrate into family, social group, and work after cure, they are also participating, influencing, and proclaiming the patient recovery[6].

Holistic Health derives from holism. It is based on combining knowledge and health practices adopted in the West and in the East, ancient and modern, seeking, however, to

approach human beings in their physical, mental, and spiritual dimensions and according to a cosmic or universal view[6].

In 1976 Roy defined nursing as a humanistic science and introduced in 1984 the biopsychosocial being as a client. For this author, nursing as a health care profession focuses on human life processes, emphasizing health promotion to individuals, groups, and society as a whole. The environment is considered as one of the circumstances, conditions, and influences that encompasses and affects people behaviors. Even someone who is healthy is not free from inevitable situations as death, illness, unhappiness, or stress; but, the ability to handle these situations should be the most competent possible. Health is the consequence of the individual adaptation to the environment[7].

Roy's adaptation model considers as a nursing objective the promotion of individuals and groups adaptation in four modes (physiological, self-concept, interdependence, and role function), contributing, thus, to health, quality of life, and dying with dignity[7].

Orem's self-care model consists in the idea that individuals, when able, should take care of themselves, with three interrelated dimensions: the theory of self-care, theory of self-care deficit, and theory of nursing system.

The theory of self-care refers to basic condition and therapeutical factors, i.e., things users do to maintain their lives, health, and welfare[8].

In her theory of nursing system, Orem reports factors affecting self-care, determining when nursing is required to assist users[8]. The premise of her theory is the belief in human beings as having the capacity to promote self-care, to reflect upon themselves as well as to develop or participate in their own care[8].

In these theoretical assumptions nursing is fundamental and adds social and scientific value to its knowledge and its know-how, capacitating care in different situations; distinguishing itself; and contributing to a specific knowledge together with the other health sciences.

PHILOSOPHICAL DIMENSION

The philosophical dimension of caring for some authors passes over an anthropological issue that troubles human beings since ancient times: *the meaning of human being*. The answer to this question varies according to each person's worldview as well as academic, social, and experiences background. It is not possible, thus, to consider care as just theorizing over practices, neither to define it as a simple and unique structure in itself, because its condition shows a structural articulation that is expressed in an immanent way. Therefore, in a world in transmutation, care provision must include "the permanent state of personal development, transformations, and becoming, an ontological pre-reflexive self-understanding to facilitate epistemological understanding/reflection [...]"[9]. In this come and go of caring, people (caregivers) give perceptions, emotions, feelings, values, and knowledge to the phenomenon (the one who appears, person being cared for) to make see from themselves what themselves are[9].

Writer and philosopher Martin Heidegger[10], in his work "Being and Time", presents some concepts that build the base of his thought regarding this dimension. We bring, thus, some concepts considered important to think the proposed theme:

a. Dasein: is be-there, is presence, is the way to say that beings are only something based on how they express themselves. This concept for Heidegger represents the highlight to the idea that without the forms of expression there is no being.
b. Be-in-the-world: is the condition of beings as conscious of their presence in time and in the world. It says that individuals will never be just a subjectivity in themselves, but in the interrelation with other individuals and things.
c. Care: care may be understood as an act which occupies an ontological sense, or as possibilities, a meaning that goes beyond the act, beyond what can be perceived. For Heidegger, care includes the positive way of caring for people, which is not a synonymous of goodness, but of understand truly what is important.

These concepts denote what is proper of Heidegger. With the objective of appreciating this truth we pondered here on nursing care not only as a professional practice, learned through manuals and static routines, but an attentive, cautious, and reflective care. To respect the other putting yourself in someone else's place, thinking about departed and present things in your daily life, thinking about the modified today, i.e., a flexible, efficient, ethical, responsible, dynamic, unfinished, and exclusive to nursing care.

Care provision, more than a technique or a virtue among others, is an art and a new affectionate, diligent, and participative paradigm for human relationships with nature and with other human beings. Care is the natural ethics of this sacred activity[10].

According to Boff[11], caregiving must awakened within human nature, for it is there, in men's most primitive origins, both prehistorical and anthropological. A care that emerges when individuals become important to the nursing professional. Therefore, nursing professionals must dedicate all their attention to these individuals, be interested in participating in their lives, their inquiries, sufferings and successes, i.e., their lives. To observe what surrounding you is to see what is not visible to the eye or palpable, and recognize that phenomena in health demonstrate the extension of human experiences, which in fact give meaning to individuals' experience.

SPIRITUAL DIMENSION

The spiritual dimension of care has been explored in many studies and researches during the 21st century. The institutional evaluation program determines that hospitals must meet certain patient's spiritual demands to earn accreditation[12].

In a study on analysis of nursing spiritual care concept, there have been described some *spiritual care properties*: healing, therapeutic use of the self, intuitive sense, exploration of the spiritual perspective, patient centrality, therapeutic intervention centered on the meaning, and creation of a spiritual care environment. Spiritual care is seen as a subjective matter, however, dynamic and that in its uniqueness integrates all other aspects of health care. It becomes manifest on nurses' concern that comes from training and experiences focused on this need. This professional

can visualize a care that transcends the body and affects people's lives and, consequently, their health. When caring includes this dimension, the results are encouraging, because they help patient's healing process and nurse's spiritual experience is enlarged[12].

Nurses who are experts in determined areas, e.g., oncology, geriatrics, and pediatrics, have been recognizing more and more the importance of health care spiritual dimension. In a study with cancer patients using meta-analysis, the authors verified that promoting awareness and spiritual needs confers dignity to nursing interventions[12].

Therefore, when making the patient's and family's nursing history, the nurse should seek information on their beliefs, spiritual values, and life principles. Nursing interventions must have active listening, intake, spiritual practices promotion through prayers, readings from the Bible and other inspirational texts as well as artistic expressions. Including a religious leader or theologian in the multidisciplinary team add value to integral health care.

SOCIAL PRACTICE DIMENSION

Nursing as a social practice should be understood as nurses' behaviors and attitudes. Care provision becomes the goal and sustains work in the health care process. The essence of the nurse's work is to understand care as the purpose of nursing, because achieving this objective in everyday life intensifies systematical actions of ethical and technical principles that compose social practice.

Nursing as a social practice establishes, organizes, and plans care provision. Organized and orderly health care networks, services, teams, and production must be maintained to reduce nurse's stress, especially in basic care. With the follow-up of these values in nursing practice, it is possible to use the knowledge acquired on patient care[13].

Care provision in this perspective, therefore, is to minimize risks in health care. It is also to guide, educate, train, and inform the subjects in such a way that they may perform self-care and receive integral care, fair and humane; it is to train people to safely perform their professional activities; it is to prevent diseases, traffic and occupational accidents, and be prepared for natural tragedies; it is to encourage social participation in development of public policies and monitoring health services, so as to ensure universal access, as rights of citizens and responsibility of the State.

FINAL CONSIDERATIONS

Nursing, a professional discipline and *a science to come to be*, has a long path ahead, particularly regarding the demand for research. Providing care for human beings in health care institutions, based on formally established models, within a context that comprises different complexities and different levels of attention, the nurse must critically think about nursing historical, theoretical, philosophical, social, and spiritual foundations reproduced in professional practices, interpersonal relationships, and work environments.

Care provision should be humanized and integral. Individuals must be seen as unique beings, who have a family and belong to a community, in a specific relation with who submits them to procedures in the health-disease process. Thus, one expects that nursing, as a health discipline, to be able to recognize in caring not only biological aspects of the health-disease process of individuals, families, and communities, but also the psycho-socio-spiritual meaning of this experience. Interpersonal relationships are expected to reflect caring attitudes toward a more comprehensive understanding of the impact of the environment on individuals, collectivities, and population health. Therefore, nursing care provision, teaching, and research will advance from the importance of formation of subjects able to recognize an epistemology of nursing care.

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