



## Elements of the socio-critical paradigm in nursing care practices: an integrative review

Elementos do paradigma sociocrítico nas práticas do cuidado de enfermagem: revisão integrativa

Elementos del paradigma socio-crítico en las prácticas del cuidado de enfermería: revisión integrativa

Silvana Ceolin<sup>1,2</sup>, Manuelle Arias Piriz<sup>1</sup>, Marjoriê da Costa Mendieta<sup>1</sup>, José Siles González<sup>2</sup>, Rita Maria Heck<sup>1</sup>

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<sup>1</sup> Universidade Federal de Pelotas, Programa de Pós-Graduação em Enfermagem, Pelotas, RS, Brazil.

<sup>2</sup> Universidade de Alicante, Departamento de Enfermagem, Alicante, Spain.

### ABSTRACT

**Objective:** Analyze the evidence available in Brazilian theses on the elements of the socio-critical paradigm in the construction of knowledge and practices of nursing care. **Method:** An integrative literature review was carried out in the Theses Database of the Coordination for the Improvement of Higher Education Personnel and the Brazilian Digital Library of Theses and Dissertations. **Results:** Of a total of 320 theses, only 19 had elements of the socio-critical paradigm in their construction, among which the use of participatory investigations stand out (especially action-research), which present interaction between the researcher and the participants, the use of data collection techniques such as focus groups and culture circles, and theoretical frameworks for analyzing the phenomena in their complexity. **Conclusion:** The support of the socio-critical paradigm attributes to nursing the character of a practical science and service to the community, being committed to social transformation by empowering people.

### DESCRIPTORS

Nursing; Research; Health Knowledge, Attitudes, Practice; Measurements, Methods and Theories; Review.

### Corresponding author:

Silvana Ceolin  
Rua São Vicente nº 513/804, Bairro Santa Cecília  
Porto Alegre, RS, Brazil  
[silvanaceolin@gmail.com](mailto:silvanaceolin@gmail.com)

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## INTRODUCTION

The root of the conceptions about knowledge, attitudes, and practice in health is influenced by socially constructed values, presuppositions, and beliefs. Nursing, which has a brief period of time as a discipline, is closely linked to what it does, lacking a questioning spirit and a paradigmatic definition<sup>(1)</sup>.

Researchers<sup>(2-6)</sup> defend the importance of considering nursing as a science. For this reason, it is crucial that it becomes organized around a paradigm, thus becoming a guide for researchers to observe and analyze its object of study. The paradigm provides the support for carrying out investigations, guiding the ontological, epistemological, and methodological perspective of the phenomena investigated. Hence, it can be understood that one paradigm is not comparable to another. Researchers can ignore the differences and combine paradigms improperly, resulting in theoretical-methodological inconsistency<sup>(4)</sup>. In the field of nursing, there are still no paradigms accepted by the majority, which leads us to believe that this discipline is in a pre-paradigmatic phase. At this point lies the difficulty of nursing in being recognized as a science due to its incipient epistemological development, which is necessary for the delimitation of its object<sup>(7)</sup>.

European<sup>(3)</sup> and North American<sup>(2,5-6,8)</sup> studies indicate that the technological-rational/particular-deterministic paradigm is predominant in the knowledge and in the performance of nursing in these contexts. In Brazil, we have a recent path in our construction of nursing knowledge with the creation of the first PhD program in nursing in 1982 from the Universidade de São Paulo (USP). Therefore, we consider it appropriate to make a panorama of the theses published by Brazilian nursing in order to clarify the basis of knowledge and of nursing practices and their impacts on professional practice about the subject-researcher.

We agree with the reasoning of some authors<sup>(2-3)</sup> who shed light on the path of nursing in building its knowledge. Although using different denominations, these authors reveal, in an analogous way, the presence of three paradigms in the history of nursing: the “particular-deterministic”<sup>(2)</sup> / “technological rational”<sup>(3)</sup> paradigm, the “interactive-integrative”<sup>(2)</sup> / “hermeneutic-interpretative” paradigm<sup>(3)</sup>, and the “unitary-transformative,”<sup>(2)</sup> / “socio-critical”<sup>(3)</sup> paradigm. In this article, we will use the nomenclature of one of these researchers<sup>(3)</sup> that advances by adding to the third paradigm a practical element, which means exercising the praxis in the investigative process, or rather the production of an emancipatory knowledge of nursing.

*Technological Rational Paradigm:* some characteristics of this paradigm are highlighted in the field of nursing: the nurse/researcher is an applier of techniques, remaining aloof and above the research subject while the generated theory directs the action separate from the praxis; the individual is an object of control and a passive receiver of therapeutic prescriptions; the concept of health is “empty/negative” since it is conceived as the absence of disease or injuries<sup>(3)</sup>.

*Hermeneutic/Interpretative paradigm:* the research process from this paradigm is understood as a subjective interval (both on the part of the investigating subject and also by the researched object-subject). The nurse acts as the communicating agent and interpreter of the reality being investigated. The individual is characterized as a communicating agent of his/her state and expectations of health<sup>(3)</sup>.

*Socio-critical Paradigm:* the socio-critical paradigm is characterized by its dialectical-critical nature of knowledge construction and by the role of ideology in the scientific process. In addition to the interpretation of realities of the subjects (characteristic of the hermeneutic paradigm), the socio-critical paradigm has an active component in which the practice is critical and collaborative<sup>(3)</sup>.

The construction of the socio-critical paradigm derives mainly from the critical theory, specifically from the concepts of critical thinking, communicative rationality, and communicative action<sup>(9)</sup>. The influence of another author<sup>(10)</sup> can be observed, which defends the emancipatory praxis as a tool of transformation. In the context of nursing, praxis is the moment in which the citizen thinks critically about their reality of life and health and acts to modify naive/critical positions. This process gives freedom to the human being to choose his or her way of living.

We can visualize the potential of the socio-critical paradigm in strengthening in citizens their ability to see contradictions in the health system (such as the naive position of following a care plan uncritically) and act critically (transition to a critical and active position where they become aware and builders of their history/choices).

This study is based on the assumption that adopting the socio-critical paradigm by Brazilian nursing has the potential to transform the knowledge, attitudes, and practice in health because communication and critical thinking—pillars of this paradigm—redirect the teaching, research, and care to a global and dialectical understanding of the situations. This path makes it possible to identify social inequalities that interfere with the reality of health in the communities and transform these situations through dialog between the professional context and people’s daily lives.

Based on these considerations, the aim of this study is to analyze the evidence available in the Brazilian theses on the elements of the socio-critical paradigm in the construction of nursing care knowledge and practices.

## METHOD

The integrative review was chosen as the method to achieve the study’s objective since it corresponds to a broad methodological strategy that allows the search, the critical evaluation, and the synthesis of relevant evidence<sup>(11)</sup> on the construction of knowledge in nursing. We believe that the objective of a thesis is to generate new knowledge in relation to paradigmatic conceptions. Brazil has a mass of theses and this paradigmatic analysis has not yet been performed. For this reason, we consider it appropriate and original to perform this study at a national level.

This review was developed in six stages<sup>(12)</sup>. The first was to identify the theme and selection of the research question: What are the elements of the socio-critical paradigm in the construction of knowledge about the practices of nursing care? In the second stage, criteria were established for the inclusion and exclusion of studies. The inclusion criteria were as follows: theses available in the Theses Database of the Coordination for the Improvement of Higher Education Personnel (BTC/CAPES) and in the Brazilian Digital Library of Theses and Dissertations from the Brazilian Institute of Information in Science and Technology (BDTD/IBICT), which were written for Graduate Nursing Programs that address nursing care practices and that present elements of the socio-critical paradigm in their construction. The exclusion criteria were as follows: theses that had elements of the technological rational paradigm or of the hermeneutic paradigm, repeated theses, and those not available in full. A time frame was not established for the selection of the theses because the aim was to cover the maximum of evidence of the production of knowledge on the elements of the socio-critical paradigm in the construction of knowledge and of Brazilian nursing care practices.

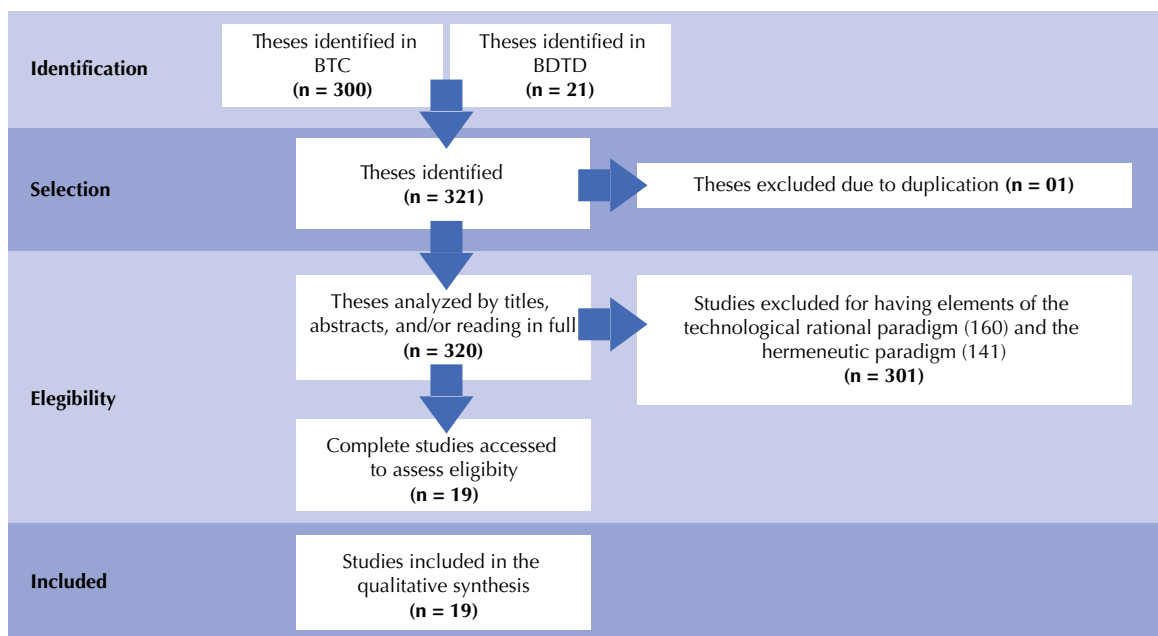
The search and analysis of the productions were performed in the period from May to July 2016 in BTC/CAPES and in BDTD/IBICT where only theses were selected. The following descriptors were used: “Knowledge, attitudes, and practice in health” and “Nursing” according to the Descriptors in Health Sciences (DeCS). The Advanced Search and options “All Fields” and “contains” were used in the CAPES theses database. The Advanced Search and options “All Fields” and “All terms” (Figure 1) were also used in BDTD.

The following refinements were used in BTC: Area of knowledge “Nursing” and course level “Doctorate”, resulting in 300 theses. In BDTD, the search was refined by the Level “Thesis”

and Subject “Nursing”, resulting in 21 theses, totaling 321 theses. One thesis was excluded because it was repeated in the databases, resulting in a total of 320 theses. The recommendations given in the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISM) were used for this selection process.

The 320 theses were analyzed beginning with reading their titles, abstracts, and if necessary the full texts in order to classify them according to the three paradigms of nursing<sup>(3)</sup>: Technological Rational, Hermeneutic/Interpretative, and Socio-critical.

Some elements of the paradigms were identified in the investigations through characteristics such as the purpose of the study, methodology, and theoretical framework. In the technological rational paradigm, the investigative process has as its elements the use of quantification techniques with the aim of building a knowledge based on the objectivity, verification, replicability, and construction of rules and laws<sup>(3)</sup>. In the hermeneutic-interpretative paradigm, the knowledge built has support in disciplines such as sociology, hermeneutics, phenomenology, and anthropology. The studies have the purpose of interpreting reality such as in the example of ethnographic research and in the studies of meanings in their contexts. These investigations have as elements the use of phenomenological methods and techniques, narratives, bibliographic and autobiographic material, observation, field notes, diaries, reports, among others. The studies that are based on the socio-critical paradigm are built by means of participatory research in which the nurse/researcher awakens in the subject the ability to think critically from their experience of life. Therefore, the studies use critical frameworks, participatory methodologies (such as in action-research), and interactive methods such as focus groups and workshops<sup>(7)</sup>.



Source: Adapted from the PRISMA model.

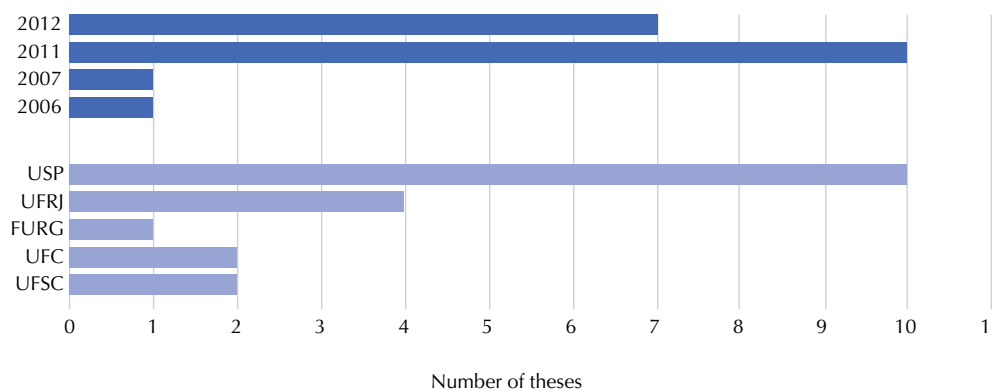
Figure 1 – Flow chart for selecting the theses for the integrative review - Brazil, 2016.

Based on the methodological analysis, the objectives, and the theoretical framework of the studies, 301 theses were excluded, of which 160 (50%) were supported by the quantitative methods of a descriptive nature, longitudinal, ecological, case study, quasi-experimental, experimental, observational, cross-sectional, comparative, of intervention, with instruments based on closed questionnaires, evaluation of scales, pre-test, and post-test (elements of the technological rational paradigm). Another 141 theses (44%) were excluded because they had elements of the hermeneutic paradigm because they sought to understand the phenomenon studied without actively interacting with the subject researched. They used the following methods as data collection instruments: semi-structured interviews, simple observation, narrative interviews, in-depth interviews, open interviews, oral history, photo-image, documentary search, and field journal. These theses were mostly exploratory and descriptive, case studies, and ethnographies.

In the third stage, the full texts of the 19 theses (6%) that were based on the social-critical paradigm were read, which were organized into an instrument containing title, objective, methodology, and theoretical framework. The fourth stage was characterized by filling out and evaluating the instrument with the data of the publications selected performed by three researchers. The fifth stage consisted in the discussion and interpretation of the results obtained followed by the sixth stage with a presentation of the evidence found.

## RESULTS

Once the research in the databases was done, 19 theses were evaluated by employing elements of the socio-critical paradigm. Through this, it was identified that most of the publications are from the year 2011 (53%), followed by the year 2012 (37%), 2006 (5%), and 2007 (5%). The concentration of theses in the years 2011 and 2012 can be explained by their availability in the CAPES Theses Database, which generated publications only in these two years (Figure 2).

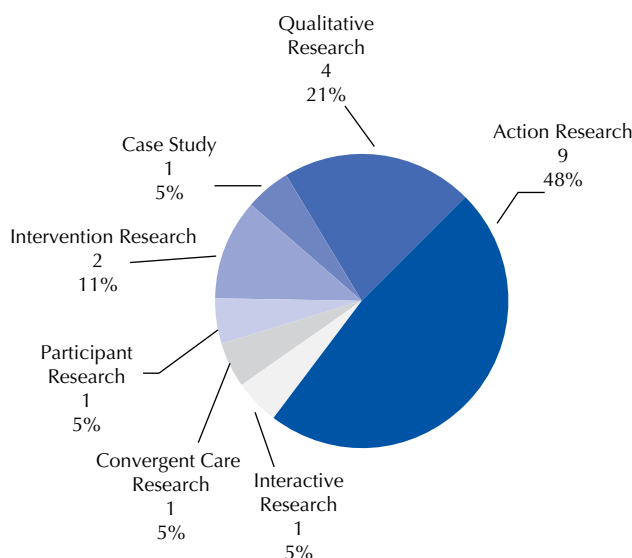


Source: CAPES/BTC and BDTD/IBICT.

Figure 2 – Characterization of the theses as to the year of publication and teaching institution – Brazil, 2006-2012.

Among the Brazilian Universities with a doctoral course, the largest number of publications available is generated by the Universidade de São Paulo (USP) (52.6%) and by the Universidade Federal do Rio de Janeiro (UFRJ) (21.1%) followed by the Universidade Federal do Ceará (UFC), and Universidade Federal de Santa Catarina (UFSC) (each with 10.5%), and subsequently the Universidade Federal do Rio Grande (FURG) (5.3%).

All the theses guided by the socio-critical paradigm were qualitative studies with the use of participatory studies that showed a concern with the integration of the participants in the construction of knowledge. Of the total number of studies, 48% were action research, 21% were named as simply qualitative research, 11% were intervention research, while interaction research, convergent care research, and case study each represented 5% of the theses (Figure 3).



Source: CAPES/BTC and BDTD/IBICT.

Figure 3 – Distribution of publications according to the type of research – Brazil, 2006-2012.



**Table 1** – Characterization of the theses as to the elements of the socio-critical paradigm in nursing care practices – Brazil, 2006-2012.

Title	Objective	Methodology	Theoretical Framework
The nurse's role: a contribution for gynecological cancer prevention <sup>(13)</sup> .	Determine the limits and possibilities of the nurse's work in developing actions to promote health and prevent gynecologic cancer.	Qualitatively with techniques of focus groups and interviews.	Friedrich Engels and Karl Marx (Historical and Dialectical Materialism)
(Re)building actions of health education from culture circles: experience with nurses of PSF of Recife/PE <sup>(14)</sup> .	Apply the Culture Circle with nurses who work at PSF.	Action research with the Culture Circle technique.	Paulo Freire
Gerontechnologies for educational teaching directed to the elderly: complex nursing care <sup>(15)</sup> .	Co-construct with teachers of the nursing course the potentiation of caring for elderly with a chronic disease.	Interaction research with the action spiral technique.	Edgar Morin (Epistemology of Complexity)
Collective strategy for the redeployment of nurses from the Nursing Process: a convergent-care research <sup>(16)</sup> .	Develop collective strategies with nurses in a clinic for the operationalization of the re-implementation of the nursing process.	Convergent Care Research with a Convergence Group, Interaction Group, and Open Interview.	Afaf Meleis (Obstetric Nursing) and Wanda Horta (Nursing Process)
Organic model of participatory evaluation: the construction and application in family health strategy <sup>(17)</sup> .	Promote action-reflection-action of the family health teams and users regarding evaluation as the organic basis of the decision-making process.	Action research with holding meetings, seminars, and workshops.	Edgar Morin (Epistemology of Complexity)
Action research with graduate students of the Bachelor and Graduation in Nursing Course in the identification of stress, fatigue and physical discomfort to promote the physical and mental health in the academic routine <sup>(18)</sup> .	Identify and discuss the needs of the students in relation to stress, fatigue, and physical discomfort faced in their daily academic activities.	Action research with the techniques of participant observation, questionnaire, and relaxation workshops.	Paulo Freire
The construction process through dialogue and collective health education strategies <sup>(19)</sup> .	Develop health education strategies based on reality-action experienced in the Dagua District with the nurses from Family Health teams.	Action research with the dialogic meeting technique.	Paulo Freire and Jean Piaget (Learning Theory)
Context and development process of the Permanent Committees Integration Service-Learning: a perspective of social subjects based on Freire's dialogical conception <sup>(20)</sup> .	Analyze how to make effective the development strategy of the National Policy of Permanent Education on Health from the perspective of the social subjects involved.	Research-participant with the techniques of participant observation and Culture Circles.	Paulo Freire
The routine of everyday work in mental health care giving and the production of pleasure: cartography <sup>(21)</sup> .	Map the territories in the production of pleasure in the daily process of producing mental health care related to the team's workers.	Qualitative, guided by the cartography method and holding discussion groups with the professionals.	Michel Maffesoli (post-modernity), Gilles Deleuze, Félix Guattari (Cartography), and several authors from the psychosocial field
The senses of aging in the formal caregivers' preparation of senior: a strategy of promotion of health <sup>(22)</sup> .	Identify and analyze the meanings of aging, the sources of support for the elderly, and the process of managing self-care according to the perspective of formal caregivers.	Qualitatively with techniques of focus groups and semi-structured interviews.	Paul Baltes (Promoting Healthy in aging)
Women aged 50 and over to the aids epidemic: proposal for an educational game for the family health strategy <sup>(23)</sup> .	Propose a health promotion educational action about HIV/AIDS for women over the age of 50 years and part of the Family Health Strategy.	Intervention research; Method of the Discourse of the Collective Subject.	Albert Bandura (Social Cognitive Theory) and José Ayres (Health Promotion)
Health education and physical activity in promoting quality of life of people living with HIV/AIDS <sup>(24)</sup> .	Research people living with HIV/AIDS who suffer from the side effects from using HAART and who are seeking the meaning of life.	Action research with the techniques of questionnaire and resistance training sessions in a therapeutic social-educational project.	Paulo Freire
Evaluation of a nursing graduate program by graduates, employers, and teachers <sup>(25)</sup> .	Support the evaluation and the changes in the curriculum of the undergraduate nursing course of a confessional institution.	Action research with techniques of focus groups and semi-structured interviews.	Formative Evaluation of the National System for Higher Education Assessment
Adolescent health: educational action mediated through the life activities model <sup>(26)</sup> .	Apply a group educational strategy based on the Life Activities Model for promoting teen health.	Action research with techniques of participant observation, interviews, and educational group activities.	Roper, Logan, and Tierney (Life Activity Model)
The nurse's praxis when planning and evaluating actions in school health programmes <sup>(27)</sup> .	Discuss the elements that form the basis for setting up a school health project with the participation of nurses.	Action research with the holding meetings, questionnaires, and interviews.	Jürgen Habermas (Theory of Communicative Action)
Meaning of sexuality and interrelated issues in the school context by teachers from the elementary school in the sexual education: experiment of an action-searching <sup>(28)</sup> .	Identify the meaning of sexuality among the elementary education teachers in a public school in the state of Paraná.	Action research with techniques of participant observation and interviews.	Paulo Freire

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Title	Objective	Methodology	Theoretical Framework
Sexuality and body image in women with breast cancer <sup>(29)</sup> .	Understand the repercussions of the diagnostic process and of the treatment on the sexuality and body image of women with breast cancer.	Qualitative with the focus group technique and theme group activities.	John Gagnon (Sexual Script Theory)
Coordination of primary care unit in the Unified Health System of Brazil: work, interaction and conflict <sup>(30)</sup> .	Understand the conflicts that occur between workers and coordinators of a basic health care unit and its relations with the processes of mutual recognition and disrespect.	A case study with the use of focus groups.	Jürgen Habermas (Theory of Communicative Action) and Axl Honneth (Theory of Recognition)
The Oral Health practice in the Family Health Teams <sup>(31)</sup> .	Investigate the possibilities and limits for the construction of oral health practices in the production of health care by a FHT.	Intervention research with a cartography method.	Gilles Deleuze and Félix Guattari (Cartography) and Barenblitt (Institutionalist Movement)

These theses used the following data collection techniques: focus groups, workshops, culture circles, discussion groups, participant observation, interviews, photographic records, filming, field journal, dialog, cartography, among others. Among the theoretical frameworks most used are authors such as Paulo Freire, Jürgen Habermas, and Edgar Morin.

The workers/nurses/managers who represent professionals from the health care system were the interlocutors of 12 studies<sup>(13,16,18-19,21-22,25,27,30-31)</sup>, while the social subjects/users were the interlocutors in 6 investigations<sup>(20,23-24,26,28-29)</sup>. One study<sup>(17)</sup> was carried out with the family health teams and with the users.

As for the themes of the theses of a socio-critical basis, most deal with health education based on studies with a focus on education in health and nursing<sup>(19)</sup>, on the reconstruction of educational actions<sup>(14)</sup>, on the educational action directed to teenagers<sup>(26)</sup>, on school health<sup>(27)</sup>, and on health education with people living with HIV/AIDS<sup>(24)</sup>. Themes were also addressed such as nursing care for the elderly<sup>(15,22)</sup>, female cancer<sup>(13,29)</sup>, the nursing process<sup>(16)</sup>, participatory evaluation in the FHT<sup>(17)</sup>, health of nursing students<sup>(18)</sup>, evaluation of an undergraduate nursing course<sup>(25)</sup>, meaning of sexuality for elementary education teachers<sup>(28)</sup>, teaching-service integration<sup>(20)</sup>, mental health of health care workers<sup>(21)</sup>, an educational game for women with AIDS<sup>(23)</sup>, and oral health in the FHT<sup>(31)</sup>.

## DISCUSSION

Many elements of the socio-critical paradigm can be observed in these investigations such as in the example of the action-research methodology, methods such as culture circles, and of constructivist theoretical frameworks that give direction toward a liberating, social, and critical practice. The perspective of these elements is to contribute to the transition from care as a technical element (technological rational paradigm) to care as a form of empowerment (socio-critical paradigm). The idea of a layman/patient gives room to a citizen who has a voice, feelings, a sense of belonging to a culture, and their own understanding of health. The breaking of the “experts/professionals-laity” dichotomy and the repositioning of these actors generates a conception of care that is in harmony with the construction of knowledge of emancipatory interest.

The purpose of this section is to assist the nurse in understanding the experiences, interactions, and conceptions

of the health of citizens in order to build a health care plan collectively. In this sense, the care tends to value the reflective practice and critical thinking of people in a gradual process of empowerment.

Paulo Freire stands out among the theoretical frameworks that are most widely used<sup>(10)</sup>. With support from this author, we believe that, if the social conditions distort the self-perception of the individual (oppressed being), the perceptions formulated by means of socio-critical science shall allow the citizen to reflect critically about their world of life, constructing answers to their needs (be free/empowered). He defends the emancipatory praxis as a tool of transformation<sup>(10)</sup>. In the context of nursing, praxis is the moment in which the citizen thinks critically about their reality of life and health and acts to modify naive/acritical positions. This process gives freedom to the human being to choose his or her way of living.

Another theoretical framework used in some theses<sup>(27,30)</sup> was one from Habermas<sup>(9)</sup>. This author is considered one of the exponents of critical theory because he changed the concept of science established up to then by adding a practical and critical component with the aim of developing a science at the service of the community. Based on the socio-critical paradigm, Habermas formulates the Theory of Communicative Action (TCA), proposing a subjective philosophy based on the interaction between the interlocutors. He defends language in its communicative use in which there is a close connection between speech and action. In this logic, a communicative action is a form of social action, free of coercion, in which the participants engage on equal terms to express opinions and develop subjective agreements<sup>(9)</sup>.

This theory is of fundamental importance for nursing because communicative action allows one to develop intersubjective relations with the community and build consensus on health. This consensus allows the nurse to be accepted in the world of life of the citizen as an actor on the scene. This perspective brings rise to the socio-critical nursing concept<sup>(3)</sup> understood as a social profession immersed in a dialectical and subjective process whose purpose is the construction of new social and health realities.

Education, conceived in a liberating logic, is inherent to socio-critical nursing because it is through dialog that the situations are framed as problems. It is within this interaction

that the citizen begins to re-elaborate his or her senses on health. In the socio-critical vision, these meanings do not involve only the elaboration of science. They also cover a wide context involving values, beliefs, inter-subjective interactions, along with political, ethical, and philosophical articulations<sup>(32)</sup>. The meaning is what a communication, situated in a context, awakens in a person's consciousness as opposed to a totality of significant events. It is extracted from the context in which the word appears. If the context changes, the meaning also changes. People attribute different meanings to health. These are anchored in cultural meanings and reflect the perceptions and experiences lived, becoming a broad polysemy<sup>(33)</sup>.

Another observation regarding the theses is related to the methodology. All theses included in this study were of a qualitative approach and presented interactive data collection techniques. Qualitative research seeks to understand the meanings and experiences of individuals or groups by going deeper into the social phenomena<sup>(34)</sup>. This distinctive look expands the prospects of care when considering the complexity of the human being<sup>(35)</sup>.

The initial review of the 320 theses, of which only 6% were included because they had elements of the socio-critical paradigm, reveals that most of the Brazilian theses (50%) produced on nursing care practices are based on the technological rational paradigm. Therefore, the doctorate-level studies produced by Brazilian nursing are still quite linked to the reproduction of the biomedical model without self-criticism rooted in a negative conceptualization of health. This language, which interprets health through disease, excludes from the analysis of each human being's unique styles and forms of living.

The prevalence of quantitative investigations in the production of nursing knowledge arises from the historic hegemony of the positivist paradigm materialized from the Cartesian method. From the perspective of this paradigm, a culture was developed of understanding science as a path of building knowledge to establish conditions of causality and predict the behavior of the phenomena, for which qualitative research would not have relevance<sup>(34)</sup>.

In the logic of social sciences, it is not possible to discover the laws of society as it was possible to discover the laws of nature. Qualitative research answers questions unique to the human being in his personal or collective space that involves the universe of senses, meanings, habits, values, and beliefs. The dynamics of these processes cannot be made objective<sup>(34)</sup>.

For qualitative research, the numeric data does not take into consideration the complexity of the human being. It is necessary to go beyond the knowledge of the relationship between variables and the population's epidemiological data. What goes on behind these data? Who are these people? How do they live? What meanings are produced from the health-disease process?

In this sense, we believe that the knowledge and practices of care based on the technological rational paradigm are not concerned with health in itself, but with strategies to cure diseases and theories to explain them. A different approach in this field requires a break with the purely technical perspective of health and to incorporate the social, historical, cultural, ethical, and political dimensions of life. It is in this

sense that it is necessary to incorporate other paradigms in the production of nursing knowledge.

It is within this context that we visualize the importance of setting a paradigm for nursing. Is its purpose limited to reaffirming that the individual is sick or incapacitated, imposing prescriptions (technological rational paradigm), or is it promoting a critical thinking with people and their empowerment to qualify health and give meaning to life (socio-critical paradigm)? These questions lead to a need to recall the critical and socio-political dimension of nursing due to its commitment to promoting health and quality of life<sup>(35)</sup>. In this sense, care is thought of as an interactive act of empowerment and of citizenship that produces a social construction beyond the disease.

This proposition brings the importance of clarifying which socio-critical frameworks reflect positively on the production of nursing knowledge and practices because it has an interface with the cultural context and factors relevant to health such as emotional and situational elements. Building an emancipatory knowledge of nursing means to give to the community the ability to think in a reflexive and critical way, resulting in a gradual process of autonomy and transformation of realities.

## CONCLUSION

With this study, it was possible to identify the evidence available in Brazilian theses on the elements of the socio-critical paradigm in the construction of nursing care knowledge and practices in the period from 2006 to 2012. The study presented as a limitation the incompleteness of the registration of investigations in the two Brazilian theses databases, which do not yet have the totality of the papers written over the years but are limited to a certain period.

Among the 320 theses initially examined, only 19 were included in the study because they provided evidence of the socio-critical paradigm in its composition. The exclusion of 94% of the studies reinforces the need for discussing the future of nursing especially due to the need to overcome the scientific objectivity and the technical and clinical tendency of the area's papers.

The analysis of the theoretical framework, the methodology, and the objectives of the 19 theses included made it possible to identify some elements of the socio-critical paradigm: adoption of participatory studies (action research, intervention research, interaction research, convergent care research); the use of interactive data collection techniques (focus groups, culture circles, discussion meetings, participant observation, cartography); and theoretical frameworks that make it possible to analyze the phenomena in their complexity. These elements have the potential to build an emancipatory knowledge of nursing and seek to understand the reality as praxis while integrating knowledge, actions, values, and feelings.

From this perspective, research becomes a tool for building an emancipatory knowledge of nursing, which has the potential to stimulate people's reflection about their actions and about the planning of future actions. However, there appear to be important challenges to achieving this perspective: (I) Exercise a dialog in the field of nursing research with the interlocutors and the knowledge of their context of life; (II)

Rethink the health-related training in order to associate with the rational, clinical, and technological vision a participatory, flexible, collective, and human perspective of health care practices; (III) Invest in the dissemination of research based on a socio-critical reasoning in order to give visibility to its potential in building emancipatory knowledge of nursing.

The predominant adoption of the socio-critical paradigm by nursing is a promising path for integrating the conceptual/theoretical network with research, teaching,

and nursing care. This logic launches visibility for nursing as a science and strengthens its central purpose: to transform contexts of oppression that disempower the citizen in reaching equal conditions of dialog and care. This means that the nurse will facilitate the transition from a position of naiveté/oppression to an active and critical position in care. It is a gradual process of empowerment and liberation in which human beings elect their choices and become actors in their history.

## RESUMO

Objetivo: Analisar as evidências disponíveis nas teses brasileiras sobre os elementos do paradigma sociocrítico na construção do conhecimento e das práticas do cuidado de enfermagem. Método: Revisão integrativa de literatura realizada no Banco de Teses da Coordenadoria de Aperfeiçoamento de Pessoal de Nível Superior e na Biblioteca Digital Brasileira de Teses e Dissertações. Resultados: De um montante de 320 teses, somente 19 apresentaram elementos do paradigma sociocrítico em sua construção, dentre os quais se destacaram o emprego de investigações participativas (principalmente pesquisa-ação), que apresentam interação entre pesquisador e participantes; o uso de técnicas de coleta de dados como grupos focais e círculos de cultura; e referenciais teóricos que permitem analisar os fenômenos em sua complexidade. Conclusão: O suporte do paradigma sociocrítico atribui à enfermagem o caráter de uma ciência prática e a serviço da comunidade, comprometida com a transformação social a partir do empoderamento das pessoas.

## DESCRITORES

Enfermagem; Pesquisa; Conhecimentos, Atitudes e Prática em Saúde; Medidas, Métodos e Teorias; Revisão.

## RESUMEN

Objetivo: Analizar las evidencias disponibles en las tesis brasileñas acerca de los elementos del paradigma socio-crítico en la construcción del conocimiento y las prácticas del cuidado de enfermería. Método: Revisión integrativa de literatura realizada en el Banco de Tesis de la Coordinación de Perfeccionamiento de Personal de Nivel Superior y la Biblioteca Digital Brasileña de Tesis. Resultados: De un monto de 320 tesis, solo 19 presentaron elementos del paradigma socio-crítico en su construcción, entre los que se destacaron el empleo de investigaciones participativas (especialmente investigación-acción), que presentan interacción entre investigador y participantes; el empleo de técnicas de recolección de datos como grupos focales y círculos de cultura; y marcos de referencia teóricos que permiten analizar los fenómenos en su complejidad. Conclusión: El soporte del paradigma socio-crítico atribuye a la enfermería el carácter de una ciencia práctica y a servicio de la comunidad, comprometida con la transformación social mediante el empoderamiento de las personas.

## DESCRIPTORES

Enfermería; Investigación; Conocimientos, Actitudes y Práctica en Salud; Mediciones, Métodos y Teorías; Revisión.

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