

# Philosophy as a contribution for the construction of knowledge in Nursing

*A filosofia como contribuição para a construção do conhecimento na Enfermagem*

*La filosofía como contribución para la construcción del conocimiento en Enfermería*

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## ABSTRACT

**Objective:** To make considerations about Nursing knowledge and the inclusion of Philosophy, pointing out the contributions for Caring.

**Method:** Theoretical text based on the literature from authors of Philosophy and Nursing scholars and theorists.

**Results:** The study offered an enumeration of philosophical characteristics important for the promotion of new knowledge and abilities for the advance of Nursing.

**Conclusion:** The text indicated the major contribution of Philosophy, revealing Caring as the essence of humans and embracing it as the essence of Nursing as well.

**Keywords:** Philosophy. Nursing. Science. Knowledge. Nursingcare.

## RESUMO

**Objetivo:** Tecer considerações acerca do conhecimento da Enfermagem e da inclusão da Filosofia, apontando as contribuições para o Cuidado.

**Método:** Texto teórico que teve como base literária a contribuição de autores da Filosofia e de estudiosas e teóricos da área de Enfermagem.

**Resultado:** Constou da enumeração de características filosóficas importantes para alavancar novos conhecimentos e habilidades para o avanço da Enfermagem.

**Conclusão:** O estudo apontou a contribuição maior da Filosofia ao desvelar o Cuidado como a essência do Humano, adotando-o também como a essência da Enfermagem.

**Palavras-chave:** Filosofia. Enfermagem. Ciência. Conhecimento. Cuidados de enfermagem.

## RESUMEN

**Objetivo:** Hacer consideraciones sobre el conocimiento Enfermero y la inclusión de la Filosofía y su contribución para el Cuidado.

**Método:** Texto teórico que tuvo como base literária autores de la Filosofía y de estudiosas y teóricas de Enfermería.

**Resultados:** Constó en la enumeración de características filosóficas importantes en alargar nuevos conocimientos y habilidades para el avance de la Enfermería.

**Conclusión:** El texto señaló la mayor contribución de la Filosofía en desvelar el Cuidado como la esencia del Humano, abrazándolo también como la esencia de la Enfermería.

**Palabras clave:** Filosofía. Enfermería. Ciencia. Conocimiento. Atención de enfermería.

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## INTRODUCTION

The present study aims to make considerations about Philosophy for the health care privileging Nursing field. First, I highlight a few of the most prominent events, in my point of view, in the development of Nursing that marks a search for Science status.

Briefly, I present some general topics characteristic of Philosophy and, then, specific aspects in the insertion of Philosophy in Nursing considered important and fundamental according to authors.

Finally, I draw attention to the nature of the human being and the focus of Nursing, occasion which I indicate Care as the most successful contribution of Philosophy, mainly to Nursing, amplifying its concept and giving a new freshness to the discipline.

I consider undeniable the importance of knowledge in Nursing as a necessary reflection of the progress of the subject. Some important facts are underlined in their development regarding construction knowledge and its search for a Science status.

Philosophy entry offers a new vision and strongly contributes to exhibit new approaches. Its introduction and contributions in the Nursing scenario influence the way of viewing its practice traditionally determined by a thought deriving from the positivism and cartesianism lines and its similarities with aspects of the medical sciences.

Nurses transit in more than one paradigm, and there are different propositions in the definition and denominations of these pragmatic views or currents of thought. In a more profound dive into the evolution of nursing, these transitions are more visible, and curriculum and teaching plans are a good source for an investigation of the topic.

### The development of knowledge in nursing

My training followed the biologist and hospital-centered thought in which nursing practice was characterized as dualist with a focus on nursing professionals and their technical activities, prioritizing pathologies and the cure and the carrying out of therapeutic procedures prescribed by medicine. There already was the initial discussion of the patient as an individual person whose necessities could be biological, psychological, social, and later spiritual. Nursing actions in the denominated "Nursing Care" included a series of standardized and registered actions in "technical" manuals, soon added by a description of "scientific principles" that substantiated them.

In my opinion, I think that the most significant and fertile period (I will not include the dates of these periods or phases) is observable in the search for their own knowledge, although it utilizes knowledge from other disciplines to establish itself as science, that was the creation and construction of theories, models, conceptual marks, in which American nurses were pioneers, incentivized in these enterprises by their own class body.

I remember that debates and meetings happened, and several discussions emerged with the first inquiries of philosophical order about "What is nursing?," "What is its identity?"

It is important to highlight the development of a work methodology resulting from theories, the Nursing Process, characterized by systemizing nursing care, denominated today as Nursing Care Systematization, the NCS. That placed nursing at a level considered of high relevance in the health scenario, as celebrated by the Nursing community.

The NCS, seen as a work that offered recognition and outreach and (some) autonomy, culminated some years later after much debate and international and national meetings, with the phase remaining incubated inside a protocol of that methodology, the "diagnostic classification."

The differential occurs in seeking to release from the fiefdom of some conquests, which predominate medical contents with a more appropriate language to the Nursing.

Another important aspect was a higher input of research, rare at the time, mainly privileging the marks and the theories as a thematic base and, more currently, with the prevalence of practices based on evidence. All that focus, we must remember, was still inspired by the biologist and hospital-centered medical practice.

As soon as, in meantime of these last events, the research increased, generally as a result of another gain, the post-graduate courses primarily with the master's program and later with doctorate courses and also post-doctorate. These courses undoubtedly reached the production of research and publications, many of which include a philosophical approach, resulting from the emphasis on Philosophy, mainly in the courses denominated Doctorate of Philosophy in Nursing (PhD), changing then the most traditional focus.

It happens, at the same time, a movement seeking the release of the fiefdom of some conquests that prevailed medical contents. The Philosophy in the Nursing field keeps insinuating and finds receptiveness, being absorbed by a group more adept at the humanistic approach, sensitive and worried with the being and its experience in health-illness.

It is interesting to note the fact of the entry of the philosophical sphere in a markedly positivist space. And there

initiate some conflicts deriving from contradictions, radicalisms, and the absence of dialogue.

### General Philosophy aspects

Philosophy offers a new vision contribution to exhibit new approaches. Its introduction and contributions to the health scenario have influenced the way of visualizing its practice determined traditionally by a thought derived from Positivism and Cartesians lines.

Health professionals deal with human beings and Philosophy questions that being and its doing. Common questions in some disciplines suit as an example, such as: What is nursing? Who is the nurse being? What does their doing consist of? Or, what does it mean to be a Professor? What does it mean to teach? What is teaching for the Professor? And so on.

Hence, Philosophy aims to unravel reality, knowing the meaning of things, their nature, and their essence. In short, it seeks answers to existence, not an easy task, and demands humility, availability, opening to the new, to changes. Thus, Philosophy challenges and invites us to think about what we are and what we do, and these questions lead to a new sequence of questions, many of them with no answers. On the other hand, it impels us to define and structure practices, amplifying our acting and upgrading, transforming beyond the development of potentialities, glimpsing new paths and new knowledge. That way, the being develops itself, improves, upgrades, and accomplishes itself<sup>(1)</sup>.

Science includes questions that must be answered through research, investigations, and about causes and effects. Philosophy illuminates these questions through reflexive analysis and solves discipline conflicts among them.

It is important to emphasize the basic method of Philosophy: reflection. It means rethinking, reseeing, going back, and may reevaluate what already exists. It elaborates on its own content, that is, it questions its own thinking, its content, its suppositions, and its foundation. It characterizes, hence, by a critical way of reflection and therefore "implies in going to the root of the subject to later reach a general vision." Only later it is possible to reach a more objective position<sup>(2)</sup>.

Philosophy is to be defined and reflected and consists of a guide of action to the practice because it offers a perspective for itself, identifying and defining its focus<sup>(3)</sup>.

Concluding these aspects of Philosophy, we must emphasize that it may offer a basis as well as abilities to reflect, analyze, and criticize reality. It may also be capable of molding the future.

The capacity of questioning is the decisive characteristic of man/woman. Aristotle to Kant already distinguished two great areas of philosophical investigation: the scope of being and the scope of work<sup>(4)</sup>. Another author<sup>(5)</sup> also does this approximation by positioning the being and the work, that is, two ways of being in the world, being them: the way of being-work and the way of being-care.

I consider it important to bring some aspects<sup>(2)</sup> that highlight the ethics in the perspective of Philosophy in direct relation to the "art of living." The discourse comes from a meeting about virtue ethics and compassion in Western Philosophy. This meeting provides elements that approximate with aspects defended in humanist philosophical discourses and that were appropriated by it, especially in their study about Care. The compassion ethics, according to the German philosopher Arthur Schopenhauer, and the Ethics of Responsibility-for-the-other in the philosophy of the Lithuanian Jew Emmanuel Lévinas and the Argentine Enrique Dussel, complete themselves with the ethics of the virtues of Buddhist philosophy.

### Philosophy in Nursing

Nurses transit in more than one paradigm, and there are different prepositions in the definition and denomination of these pragmatic visions or currents of thought. Sometimes contradictory because besides privileging logic and rationality aspects, consider the assistance inside a holistic vision.

Philosophy offers a broad range of points of view and arguments on which Nursing may (re)evaluate its knowledge and even build a more solid base, and that does not mean only nursing as a science but to glimpse Nursing as a field way richer in knowledge. Comprehend and recognizing what constitutes knowledge, how it can be created, as well as various types of available knowledge would certainly contribute to the growth and progress of nursing, aiming for bases that substantiate its doing and uniquely guide its knowledge instead of following other disciplines and new initiatives which do not adjust the true profile of nursing in the recognition of its identity<sup>(1)</sup>.

The nature of knowledge as it is known is part of a branch of Philosophy, Epistemology that, by definition, is the study of knowledge. Nursing, when searching for their own knowledge, will allow belief from their members about their particular status in being able to argue and defend the discipline to which it belongs. Thus, with the comprehension of what is and what Philosophy can help, it becomes easier

to understand that science may not be the only way of creating a substantive base for nursing work.

In an approach of philosophical nature, the actions are never mechanized, considering that professions of the health field, in general, are performed in human beings in vulnerable situations, mainly physical and psychological.

A nursing philosophy facilitates the affirmation of values, beliefs, concepts, and principles in a way that reflects the ideas of the community or a significant part of it, as well as its convictions and attitudes<sup>(1)</sup>.

Two central common base areas should compose the definition of nursing knowledge: the nature of the subject whom the nursing occupies and the focus given to its practice to substantiate its actions and knowledge.

It is important to indicate what is a nursing philosophy and what is not<sup>(3)</sup>. For instance, it is not a theory of nursing but the foundation of any theory development. Philosophy includes basic assumptions and beliefs through which a theorization must build. It is not a method nor empirically testable. It offers a perspective for investigation and identifies a central phenomenon of nursing beyond a scholarly perspective, which in turn provides elements to awaken thoughts, innovative ideas, discussions, and debates.

The actions performed in nursing, such as the thought that guide many of these actions, reflect a philosophy, a way of seeing things, and a way of seeing the world.

Through a reflexive practice based on adequate philosophy, it is possible to encounter a different scenario from those we are routinely used to seeing. Contradictions are perceived, but the consciousness only will help outline more coherent ways and more evident perspectives, illuminating and providing insights and a new way of seeing reality, allowing performance, contributing to more advanced practice.

Male and female nurses need abilities to think philosophically about their knowledge bases and make competent judgments regarding their development. Therefore, they must be capable of describing, justifying, and defending what they know and firmly affirm their rightful knowledge, besides indicating ways to develop knowledge<sup>(3)</sup>.

Ethical and moral issues of nursing actions must rely on Philosophy, and frequently encounter situations that need decisions and actions to which there are no scientific answers. Ethical problems, for instance, require methods and reflections that are adequate to approach human values relating to rights and responsibilities, such problems are increasingly common in our current health and life system.

## Philosophical inquiry enlighten when it allow us seeing phenomena as “whole”

By determining the coverage and contributions of Philosophy, it is important to remember that because we, people, health professionals, live with vulnerable human beings; we are in the space of existence that takes us to reflect on our practice and how it (Philosophy) enters this context. We are all existential beings that help and live with other existential beings, and from there emerges intersubjectivity, the alterity that makes the other, my fellow, remembering Emmanuel Lévinas<sup>(6)</sup>.

We, male and female nurses, many times do not raise awareness of the moral content of our actions and practices<sup>(7)</sup>. Caring, I highlight, constitutes the moral fundament that must rule the professional practice.

One of the authors<sup>(8)</sup> of the study Group about Care in Colombia refers that Philosophy is especially significant for nursing because both are related to human aspects of beings and the potentials in the way they are experienced and lived in reality. Through the use of this knowledge, nurses can help people to better understand their relationship with their surroundings and its resources and with other people to obtain the desirable state of health. The integral nature of philosophical inquiry avoids the breaking of nursing phenomena between subjective and objective.

Sara Fry, mentioned by Durán de Villalobos, exhibits that philosophical inquiry has been left aside (I perceive a subtle change in this aspect). Her opinion is that maybe, the nurse(s) did not have enough mental openness (or interest) to visualize its importance in establishing theoretical foundations of the practice and research in nursing<sup>(8)</sup>.

I consider it difficult, however, comprehensive that Nursing, as a subject derived from biologist and hospital-centered practice, is not able to break with conservatism and behaviors and attitudes from traditional and predominant aspects of the positivist approach. What I focus is the difficulty in avoiding conflicts and paradoxes among very different currents, but that can be treated with less radicalism, adjusting edges, and mainly embracing undeniably human aspects that permeate Nursing in its existence, bringing many advances and satisfaction for the beings that carry out the care as well as the beings that receive it.

In situations of extreme vulnerability, such as sickness and terminal situations, the actions of a health professional should be directed not only to the exterior but also to the

interior of the being, of the person that needs care and reacts as a full being. In other words, we can combat external suffering through therapeutic, pharmacology, and technological equipment (and still, sometimes fail, not being able to win the inevitable.) However, interior suffering claims a distinct way of attention, claims the human presence, listening, adequate word, and the exercise of dialogue that express empathy, affection, respect, and solidarity, the being-with.

Reflecting on the paradigms (models) of the past and present, and recreating, upgrading, analyzing new proposals, modifying, and innovating compete for the development of the subject and would be viable means including the development of the professional that through their availability and humility in accepting new changes can collaborate with ideas, experience, and practical knowledge in the health guidance instead of the traditional orientation for sickness, centering the attention to the patient, its experience and the care in and sensible and integral way.

A nursing Philosophy should be occupied with two central base common areas: the nature of the human being and the Nursing focus.

### The nature of the human being and the focus of Nursing

Consider these two fields supported in Philosophy. The Being is a more universal concept and more obscure, indefinable, or dispense definition<sup>(9)</sup>. That is, the Being is an evident concept by itself. The fact that it is difficult to define does not prevent it, however, its meaning to be investigated. For some philosophers, the Being is interpreted as a presence, and in Nursing, we consider it as an element that defines one of the "essential qualities of the care," a denomination given by an Italian sociologist<sup>(10)</sup>.

The being-there, from Dasein, Da (there) Sein (Being), is the essence of its own existence. The human being only is while being-there. Being-there in the way of being in the world, and how being in the world is a being-with the others. Without others, there is no point in existing<sup>(9)</sup>. It is by the conviviality with the other that the being is humanized, and the essential structure of the human condition is **care**. Hence, the care features the being-there and only occurs concerning the other. From there comes the proposal on considering Care as the essence of Nursing. It occupies and preoccupies with the being, resulting then in the second common base field between the nature (existential) of the human being and the focus of Nursing.

Care characterized by being existential, relational, and contextual. These two first characteristics for me seemed to be contemplated through what was already written, although brief. Its contextual characteristic I will address this shortly after.

If the act of care constitutes the essence of the professional nursing praxis, then it is indispensable and unappealable to a "multipurpose analysis" around the essence and the meaning of human care<sup>(3)</sup>, and, according to another opinion, it needs "care analytics"<sup>(10)</sup>.

In this regard, according to a consensus of Nursing professionals in Mexico, human care is their epistemic object of study. The object of care is also a subject with corporeality and spirituality. Thus, the complexity of care in Nursing would be in caring for an object-subject of complex nature<sup>(11)</sup>.

For me, Care is the object of Nursing that is its doing, and the person of Care is the being that needs it.

For the research group "Aurora Mas", in Spain, Care is invisibilized and denominated Invisible Care<sup>(12)</sup>. Hence, we can determine that we still need studies regarding caring/care.

In her book "Philosophy of the Care," the author<sup>(10)</sup> elaborates several reflections, adding authors such as Ricardo Ayres, Leonardo Boff, Nel Noddings, and Francesc Torralba, among others, when pointing out that in satisfactory situations, almost perfect in life, it always will exist the necessity of care, mainly in determinate phases or "rites of passage" (birth, entrance to the school, adolescence, first job, matrimony, paternity and maternity, divorce, menopause, sickness, retirement, death, among other events). Indeed, in various events of life trajectory, the vulnerability state generates a strong dependency on others. Care, according to the author, is ontologically essential because it protects life and cultivates the possibilities of being.

Another contribution, extracted from some authors already mentioned in this text, is that care in its real interpretation only occurs in an intimate relationship with ethics.<sup>(4,5,7)</sup>

What allows the concretization of care is its indissociability from ethics that demands some detachment, an education based on humanitarian values that include: respect, compassion, solidarity, commitment, love, and responsibility to the life of the being and all planetary system and its living creatures.

The reality of care is very variable, considering several cultures, such as life habits, values, community rules, family education, contexts and life experiences, etc.

I mention two important works in this aspect: the work of a nurse, anthropologist, and American theorist<sup>(13)</sup> that



developed the transcultural care theory; her researches and their followers bring a vast list of constructs found in several cultures. She concluded Care is a universal phenomenon. Her study and research methodology became milestones in Nursing history, recognizing Care as its essence.

Another author that brought very interesting and revealing research<sup>(14)</sup> narrated different experiences and situations of care and the way they presented themselves in different care units in a hospital organization, constituting a cultural organization of care experiences. The aspects focused in the study were economic, political, legal, technical and ethical, social, spiritual dimensions. Hence, it resulted that the culture and social structure of the organization influence the way people (mainly caregivers) express and experience Care.

The research mentioned above would certainly contribute to the development of research projects in which ways of being and expressing care can be revealed according to the different environments they occur. I would also add in this item the ways of expressing how they feel or visualize care in their experience of illness, for instance, with the cared beings.

Considering the different sites in existent cultures and their expressions of care, I situate the third characteristic of care, that is, beyond existential and relation, the contextual.

I will not address the antithesis of care, the non-care, because it would require much time, however, it is worth consulting some philosophers such as Manuel Lévinas, Nel Noddings, Francesc Torralba, Hans-Georg Gadamer, Michael Foucault, among others.

It seems visible the origin of care, in its first manifestations, varied, but in a way similar, derived from eminent philosophers of antiquity. Impossible not to cite and suggest incursions in Aristotle, Plato, and Socrates's work, in which manuscripts we find the roots, principles, and values that sustain the Care. Contemporarily other philosophers emerge, some mentioned in this work that follow antiquity philosophers already mentioned.

## FINAL CONTRIBUTION

Concluding, I emphasize the Care theme, the most successful contribution of Philosophy to Nursing, adopting it as its essence considering that what we do in Nursing is caring independently of expressing or not its integrality.

I bring a definition<sup>(10)</sup> in which the author exposes what philosophical authors already mentioned in this text sustain that "care is becoming responsible for something or somebody, worrying, engaging, dedicating to something." Further on, she concludes that "care is the answer for the condition of the being that walks towards something, towards upgrading yourself of one of your own potentialities." Or, completing, in

following to reach determined things, not always potential but that strives to win and become.

I like the definition of a colleague in her doctoral dissertation that says:

*Care is universal and singular among human beings as a 'way of being' from the philosophical perspective; it transits in every field of knowledge because the human being utilizes it in every life circumstance. The care of the "being" is a great life task. Care is present in the vital process of human development and personal and social relations<sup>(15)</sup> [here, I would include professional as well.]*

Care, defined in general, denominated human Care as I understand it, consists of a way of living, being, and expressing. Characterized by an ethical and aesthetic posture in front of the world, and results in a commitment to being in the world, contributing to the general well-being, preserving Nature, promoting potentialities, human dignity, and our spirituality; hence, it contributes to history, knowledge, and life construction. Continuing, being there in the world is defined by the way of experiencing Care and by the relations one establishes with themselves, with others, and with the environment. That distinguishes them as human beings, in other words, it offers them the condition of humanity.

I conclude by reaffirming the importance of Philosophy regarding the development of knowledge in Nursing and its invaluable contribution to exhibiting the episteme and the ontology of Care, granting it a central and fundamental place in Nursing practice, the human condition, and its being and doing.

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