DIRECTIONS FOR NURSING ACADEMICS TOWARDS CARE: HEIDEGGERIAN CONTRIBUTIONS TO EDUCATION

Sentidos do cuidado para acadêmicos de enfermagem: contribuições heideggerianas para o ensino

Sentidos de la atención para universitarios de enfermería: contribuciones de Heidegger a la enseñanza

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How to cite this article:


ABSTRACT

Objective: The study’s purpose has been to address the meanings of nursing care from the nursing students’ viewpoint. Methods: Qualitative research in the phenomenological approach based on the theoretical, philosophical and methodological framework of Martins Heidegger. Participants were 12 nursing students attending the last graduation semester at a Nursing School of a University located in the countryside of the Minas Gerais State. The nursing students gave statements during an empathic meeting on nursing care over September 2015. Result: Based on the data comprehensive analysis, the Units of meaning came about as follows: Putting yourself in other’s shoes, give love and affection; Seeing the patient as a whole; and, Knowing the theory to put care into practice. Conclusion: The dichotomy between theoretical and practical knowledge was revealed, as well as the importance of transposing technical care to holistic/welcoming and humanistic care.

Descriptors: Nursing care, learning, professional role.

RESUMO

Objetivo: desvelar os sentidos dos acadêmicos de enfermagem acerca do cuidado de enfermagem. Método: pesquisa de natureza qualitativa na abordagem fenomenológica pautada no referencial teórico, filosófico, metodológico de Martins Heidegger. Foram participantes 13 acadêmicos de enfermagem do último período de graduação em uma Faculdade de Enfermagem de uma Universidade da Zona da Mata Mineira, que nos meses de setembro de 2015 realizaram depoimentos em encontro empático sobre o cuidado de enfermagem. Resultado: da análise compreensiva emergiu as Unidades de significação: Se colocar no lugar do outro, dar amor, carinho e ver o paciente como um todo e Conhecer a teoria para poder colocar o cuidado em prática. Conclusão: desvelou-se a dicotomia entre o conhecimento teórico e
a práctica, bem como a importância de se transpor ou cuidado técnico para um cuidado holístico/acolhedor e humanístico.

**RESUMEN**

**Objetivo:** revelar los sentidos de los universitarios de Enfermería acerca de la atención en enfermería. **Método:** investigación de carácter cualitativo con aproximación fenomenológica guiada por el referencial teórico, filosófico, metodológico de Martins Heidegger. Participaron 13 universitarios de enfermería del último curso de una facultad de enfermería en una universidad en la Zona da Mata Mineira, en el mes de septiembre de 2015 se tomaron sus testimonios en el encuentro empático sobre la atención de enfermería. **Resultado:** el análisis global reveló las unidades de significado: Ponerse en lugar de otro, dar amor, afecto y mirar al paciente en su conjunto, y conocer la teoría para poner en práctica el cuidado. **Conclusión:** se desveló la dicotomía entre el conocimiento teórico y la práctica, así como la importancia de traslazar el cuidado técnico a un cuidado holístico/acogedor y humanístico.

**INTRODUCTION**

Human care is an act that expresses the need to meet two people in a particular situation or environment. By considering the meaning of care as caring, solicitude, diligence, zeal, attention, one realizes that it is part of the process of human survival, being an intrinsic value of life.

In parallel, Heidegger says that “Care” names a way of being, says an ontological structure. As such, “care” does not refer to this or that behavior or type of human behavior. Rather, it prevails as the mode of being that is active in any human behavior. All human behavior is “care” and fulfilled as “care”.

Nursing care and its practical dimension make up the body of nursing knowledge, and they matter not only to the nurses who perform it but also to the population they serve. Consequently, the representation constructed about him, which is the object of nursing work, influences professional practice and presupposes, among other things, the recognition of what is conceived as nursing care.

The theme of care has been widely discussed nowadays in nursing schools. The subjectivity that can be explicit in its concept generates several interpretations, especially in the application of work routine in health institutions.

Care is a term that makes up the language of nursing and is characterized as one of the few independent actions of the profession. Therefore, care cannot be prescribed or dictated, but only suggested or advised as a moral action that implies a movement towards something or someone with the aim of helping, comforting and relieving, going beyond attitudes of attention only to the body, professional knowledge and necessary technologies. Nursing care expresses a “know-how” based on science, art, ethics, and aesthetics, directed to the needs of the individual, family and community.

Backed by a growing knowledge over the years, contemporary nursing is present in all areas of health care, from its promotion to treatment and rehabilitation services. Considering that nurses’ clinical judgment and decision-making skills depend on their scientific knowledge, experience, and constant improvement, the academy should instrumentalize future professionals by providing them with situations that clash with reality.

During the undergraduate stages, the student experiences situations that are beyond the reality of the profession, such as providing care to a single patient, feeding the idealized vision of direct assistance with the temporal sufficiency for the development of systematized actions. Only at the end of graduation does the student have a more realistic notion about the work of nurses, being under their responsibility a larger number of patients and some care management activities.

Educators should promote clinical thinking throughout the nursing curriculum and emphasize it as an important tool for safe patient care.

It is recognized that such experiences are necessary for the student's gradual learning, but must be considered the requirements of the labor market in which the student will be in the future, with units or even entire hospitals under his supervision, then, his management skills will be taken into consideration. In this sense, it is necessary to consider the understanding of students about nursing care from the experiences that undergraduate provides them, in order to provide subsidies for the approximation between teaching and service.

Given the above mentioned, the object of this investigation was to address the meanings of nursing care to nursing students from the last graduation semester.

This research was justified by the following reasoning: 1) the restriction of the systematization of nursing care as a unanimous practice in environments where the nurse works; 2) the dichotomy that may exist between what the student expects from the labor market and its formation and 3) the need for care to be provided with quality, individualization, and resoluteness.

The study’s aim was to address the meanings of nursing care from the nursing students' viewpoint.

**Philosophical and methodological frameworks: Phenomenology in the Heideggerian perspective**

Phenomenology allows a return to things in themselves, knowing the phenomenon as shown by consciousness and through discourse allows unveiling the daily life of the world of being, making reality what makes sense to the subject.

The expression “phenomenology” means, first of all, a concept of method. “It does not characterize the what of objects, but their mode, their how.” It is a letting and seeing for oneself what one shows oneself as one shows oneself. This is the formal meaning of the research which bears the name of phenomenology.

In the movement established in search of the sense of being, of the questioning of the entity arise the possibilities of its unveiling. From the investigation itself it follows that the methodological sense of the phenomenological description is the interpretation.

It was structured in three stages, as follows: 1) Testimony through an open interview guided by the question...
“Tell me how you provide care in nursing practice”. As a way of access to the being, the interview was developed as a meeting, uniquely established between the researchers and each researched participant.9 Full transcript of the interviews and 3) Comprehensive-interpretative analysis.

The following procedures were adopted: taking several readings to capture the way of being a nursing student in the world of training; selection of the meanings presented in the speeches; approximation and union of units of meaning for the construction of ontic-ontological unifications from the perspective of Heidegger’s existential phenomenology.

METHODS

Qualitative research, in the phenomenological perspective of Martin Heidegger that sought to comprehend, describe and comprehensively analyze the meanings of nursing care for nursing students attending the last graduation semester at a Nursing School of a University located in the countryside of the Minas Gerais State, which annually qualifies 80 new professionals for the Brazilian marketplace.

The project was registered in PlataformaBrasil and submitted to the Research Ethics Committee from the Universidade Federal de Juiz de Fora. The collection of information started after the approval of the committee under the Legal Opinion No. 1.237.235, and complied with all ethical and legal aspects of research involving human beings.10

The period of the field stage comprised the months of November and December 2015, with the participation of 12 students from the last semester of the Nursing Graduation Course. As a way of establishing an empathic conversation, the field stage required an approach with the deponents. We have also chosen a quiet and pleasant meeting place to foster an environment conducive to expressions of trust and sincerity.

Inclusion criteria were the following: being a student of the last graduation semester in nursing from a public federal university, accepting to participate as an unpaid volunteer, expressing their acquiescence by signing the Informed Consent Form (ICF) and being older than 18 years old were considered criteria for not participating in the research those academics who did not have psychological conditions to answer the guiding question.

To identify the subjects, the researchers chose the names of theorist nurses who have theoretical/philosophical conceptions for nursing care, and to ensure their anonymity was offered the opportunity to choose that name with which they wanted to be identified.

The contents of the statements had full audio recording. During the phenomenological meeting, the non-verbal speech of the deponents was carefully observed in order to capture expressions, gestures or other manifestations that could, together with speech, compose the meaning attributed by the deponent to what object of study. Nonverbal and paraverbal contents were recorded and documented in the field diary. Sometimes, it was possible to perceive speech without expression and at other times to capture the expression that is of the deponent, in his being that is unique.

Immediately after each meeting the testimony was transcribed, heard, read and reread as many times as necessary, seeking the fidelity of the deponent’s language in the phenomenological meeting, in order to ensure faithful thinking and the capture of essential structures.

After transcribing each of the statements, the first moment of comprehensive analysis was treated as vague and median, according to the method used:

Vague and median understanding may also be imbued with traditional theories and opinions about being, so that such theories are secretly sources of dominant understanding. What is sought in the questioning of being is not something entirely unknown, although it is, at first glance, something completely unintelligible.8:41

Bearing this in mind, what is being sought as an essential structure must consider the accidental and value what is linked to meaning. For the philosopher, the essentials are the structures that remain ontologically determinant in every actual being of presence.8

Hence, the analytical movement made it possible to emerge the essential structures from which it was possible to grasp the significant structures grouped into Meaning Units, from the convergence of the statements of the deponents with the approximation of the ways of meaning nursing care by nursing students.

Subsequent to this first understanding, the guiding sequence that culminated in the concept of being was conquered. It led towards the second methodical stage of meaning interpretation or hermeneutics.

RESULTS

For nursing students, nursing care means:

Putting yourself in other’s shoes, give love and affection

Empathy, putting yourself in other's shoes, give love, affection. Nursing is you putting yourself in other's shoes. It is as if you are going through this as well, as if you were a family member not only seeing him as a sick person, but as a simple sick person in that bed. (Madelaine Leininger)

It is a care that thinks about what he feels, what he will feel. (Callista Roy)

Putting yourself in the family's place is important. We create a lot of bond with the patient. (Vilma de Carvalho)
Seeing the patient as a whole

It is as a whole, seeing the patient as a whole. It is a very broad care that covers all stages of the human life cycle. It is a very wide care. (Maria Tereza Leopardi)

It is a much broader thing; providing care involves many other things. It involves everything, it is much more total. It is holistic. (Hildegard Elizabeth Peplau)

Holistic care, that is to see this patient as a whole, as a person who participates in a society, which is inserted in a cultural and social context. (Ida Jean Orlando)

Looking at him as a whole. It’s looking like this: looking at the patient. He just has it or just doesn’t. (Martha Rogers)

Covering all spheres, this is the very care that you will seek beyond his physical. Really look at that patient’s needs not just for treatment. (Vilma de Carvalho)

This is why we take care of every dimension of the person. (Wanda de Aguiar Horta)

Providing care that goes beyond the mechanic and the technician. He doesn’t even think about the disease or whether the patient is feeling good or bad. It is the complete care, an integral care that encompasses the person. The care that sees him as a person and not just as a disease. (Callista Roy)

I think that care goes beyond physical care even with the patient. (Dorothea Orem)

It’s not just a dressing, a probe or something. Nursing does not deal with the disease. It deals with the patient, with the person. (Betty Neuman)

Knowing the theory to put care into practice

For me nursing care is at the same time more professional care. We graduate for this at both the technical and higher levels. You know your patient, exchange experiences with him, and provide care that goes beyond the mechanic and the technician. (Leopardi)

Nursing care is very much a scientific view involved in the process. When we do nursing, we want to seek greater knowledge precisely to provide care with higher quality, more specificity. (Imogene King)

You have to know the theory a lot before putting this caution into practice. (Ida Jean Orlando)

During graduation, they focus a lot on this part of care, humanization. It’s being humanistic to people. The theory we have during college is essential and scientific indeed, this part of theory we have in college is essential for this care. And, I think to have a good care you have to have this theory first. Put into practice what you have learned, read in articles, etc. (Dorothea Orem)

The nurse itself is a care specialist. Seeks care in a way to bring, study benefits of care, educational actions that will guide the person. (Florence Nightingale)

Knowing the theories, the right practice, being based on a larger theory that we seek in college. One must research beyond the techniques. The theory we will have, thank God, we always seek even more and this search continues to specialize, to seek new technologies, new articles to have knowledge even to know how to deal with the patient. (Vilma de Carvalho)

Providing assistance by using certain means and instruments

It involves you supervising if care is being provided. See that he arrives, look at the team first, look at the patient, visit, but not just visit and progress the patient. It is to visit, then wait to see the dressing as it is, see the bath, see if the patient is walking, eating and then you will progress him. (Hildegard Elizabeth Peplau)

Medical care, which you deal with the patient directly, then depends on practical technique for you to exercise it. Also, there is the administrative care, which is nonetheless nursing care. (Ida Jean Orlando)

It is to provide support, to be able to meet the needs of the patient at that time. (Betty Neuman)

In graduation I could learn a lot about how to provide a service, have a service routine, to be able to perform a schedule. I think you have to have a reason why you are doing that, using all the means you have around, since the environment and materials that the person has, so this person will have to exercise care and act directly with himself. (Dorothea Orem)

Using certain means that you have to be able to try to recover that person using the instruments you have around. (Florence Nightingale)

Logical sequence to do everything correctly. (Vilma de Carvalho)
DISCUSSION

In a comparative research on the behavior of nursing students and nurses, they concluded that nursing colleges could apply in the day-to-day teaching-learning process more factors that nurtured students regarding the importance of care, establishing a caring environment, and understanding. For them, this environment of care and attention will strengthen and enable these students, as graduates, to be able to practice applying quality and effective human care.11

Herein, it was noticed that the research participants unveiled the way of being of concern and occupation. For Heidegger, occupation is when they engage in daily care/technical tasks with patients. And concern is when they worry about their patients, caring for them and giving them affection and attention.1 The deponents demonstrated difficulty in separating these two modes. Therefore, they can only conceive care linked to occupation and, possibly, concern. When perceived only in the mode of concern, they are lost not conceiving nursing care in this situation.

This is also due to the fact that in vocational training, managerial skills are more required of nurses than those of direct patient care. The very division of nursing work proposed by Florence Nightingale reinforces the differentiation of care and administrative activities, overestimating the latter and corroborating the dichotomy between knowing and doing, which must be superseded since management must be developed in favor of caution.12

We must overcome the training process dominated by the hospital-centric training model. The new health dynamics need nurses capable of daily developing an action-reflection practice on each of the different work contexts.13

The professional to be trained is, above all, an ethical human being, capable of criticizing the professional care daily life and transcending the purely technical and therefore reductionist nursing care. Considering this framework,

It is vital that we perceive the world around us, arouse intellectual curiosity and the development of the ability to communicate, especially in the socio-professional interaction in nursing work, which aims to provide the nurse with knowledge inherent in interpersonal relationships and interpersonal skills.14,15

The curricular internship activities could facilitate this view if the practices integrated teachers, academics and nurses in the same space, in order to share knowledge through problematizing the reality experienced and apprehended by the various actors, essential for the education of nurses.16

The impact of the university in this context is known, especially in times when nurses are required to discuss and enlist care practices that consider citizenship, ethics, respect for differences and global health for the benefit of the individual, family and community. To this end, it is necessary to increase these themes in the curriculum beyond the traditionalist model of mostly clinical teaching.17

Bearing in mind this thought, the mode of impersonality was unveiled when academics transform care as a common activity for all, not paying attention to the particularities of each being cared for. Impropriety and impersonality thus make authentic care difficult.

In developed research it was found that there is a need to link the process of vocational training to the development of criticism of students so that they are able to articulate their thoughts and ideas, validating their importance in the human community and their posture in the praxis of care. Professional training should also, according to the authors, enable students to self-care so that they can self-care as caregivers, thus expanding their knowledge of the technique, science and excellence of care provided.18

The nursing student has signaled in his speeches that he knows how to behave and act in the hospital, even before reaching it. This comes a little from the talk, the curiosity and the ambiguity in what you have heard from your educators, although sometimes not either perceived or were aware.

FINAL CONSIDERATIONS

By opening the senses of nursing care for nursing students of the last graduation semester through hermeneutics, it was possible to fulfil the interpretative understanding in regard to
caring about others for the nursing students. It proved to be without a paradigm that anchored a model of care, oscillating between the dichotomy of knowledge and practice and between the fragmentation of being and its understanding from a holistic/welcoming and humanistic discourse.

It was possible to understand that care was meant as a fragmented process, although in their testimony there is an attempt to veil its impossibility to gather and give a new meaning to care as they have experienced over their academic education.

This research brought as contribution some reflections that reaffirm the relevance of the curricular changes underway in the research scenario that enable the instrumentalization of care for nursing students. It was considered during their academic education in a singular conception capable of modulating, regarding the binomial user, the bases for meeting to individualities and for professional empowerment.

REFERENCES