

## A dialectic historical perspective in training to teach nursing care

*Uma perspectiva histórico dialética na formação para ensinar a assistência de enfermagem*

*Una perspectiva histórico-dialéctica en la formación para la enseñanza de la asistencia de enfermería*

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### ABSTRACT

**Objective:** to understand how university professors, in teaching Nursing Care, conceive the dialectical historical process framed by the Praxis Theory of Nursing Intervention in Public Health. **Method:** Convergent Care Research was applied in 2017 with 17 professors on the nursing course, organized into three convergence groups. The analysis comprised, synthesis, theorization and data transfer. **Results:** the discoveries that emerged included epistemological misconceptions about the philosophical, theoretical and methodological concepts addressed, as well as possibilities and challenges for historical dialectical care in the teaching of nursing care. These phenomena run through the decision among the participants to reorient the course. **Conclusions:** in order to apply this frame of reference it is necessary to invest in training, with teachers playing a leading role in a more horizontal relationship with students, and to review the desired teaching competences and offer training in philosophy, with a view to achieving a philosophical attitude when forming perspectives on nursing care.

**Descriptors:** Nursing; Education, Nursing; Nursing Theory; Public Health.

### RESUMO

**Objetivo:** compreender como professores universitários concebem o processo histórico e dialético inscrito no referencial da Teoria da Intervenção Prática de Enfermagem em Saúde Coletiva para o ensino da Assistência de Enfermagem. **Método:** Pesquisa Convergente Assistencial desenvolvida com 17 professores do curso de enfermagem organizados em três grupos de convergência, no ano de 2017. Na análise elaborou-se síntese, teorização e transferência de dados. **Resultados:** emergiram enquanto descobertas equívocos epistemológicos sobre as concepções filosófica, teórico e metodológicas abordadas e possibilidades e desafios para o cuidado dialético histórico no ensino da assistência de enfermagem, fenômenos estes que atravessam a decisão de reorientação curricular do curso entre os participantes. **Conclusões:** para operar-se o referencial deve-se investir na formação com protagonismo docente e horizontalização da relação com o estudante, rever competências almejadas para o ensino, exercitar-se formação filosófica visando atingir-se uma atitude filosófica ao se perspectivar o cuidado de enfermagem.

**Descritores:** Enfermagem Educação em Enfermagem; Teoria de Enfermagem; Saúde Pública.

### RESUMEN

**Objetivo:** comprender cómo los profesores universitarios conciben el proceso histórico y dialéctico inscrito en el marco de la Teoría de la Intervención Práctica de Enfermería en Salud Pública para la enseñanza de la Asistencia de Enfermería. **Método:** Investigación de Asistencia Convergente desarrollada con 17 docentes del curso de enfermería, organizados en tres grupos de convergencia, en el año 2017. En el análisis, se elaboraron síntesis, teorización y transferencia de datos. **Resultados:** Surgieron, como descubrimientos, los equívocos epistemológicos sobre los conceptos filosófico, teórico y metodológico abordados y las posibilidades y desafíos del cuidado dialéctico histórico en la enseñanza del cuidado de enfermería, fenómenos que atraviesan la decisión de reorientación curricular del curso entre los participantes. **Conclusiones:** Para poner el marco en marcha se debe invertir en la formación con protagonismo docente y horizontalización de la relación con el alumno, revisar competencias deseadas para la enseñanza, ejercitar una formación filosófica con vistas a lograr una actitud filosófica al mirar el cuidado de la enfermería.

**Descritores:** Enfermería; Educación en Enfermería; Teoría de Enfermería; Salud Pública.

## INTRODUCTION

Nursing education in Brazil focuses on the structure of the Unified Health System (*Sistema Único de Saúde, SUS*), which generates expectations regarding its role in public policies and in responding to the population's health needs. Representing the largest contingent of health professionals in the SUS, Nursing must build critical science about the economic, political, cultural and social aspects in the context of Brazilian society<sup>1</sup>. Therefore, investigating the Pedagogical Projects of the Nursing Courses (PPCs) and the philosophical, theoretical and methodological frameworks that support the teaching of Nursing care is a way to unveil the convergences and gaps between education and practice and to think about training strategies articulated with the contemporary demands<sup>2</sup>.

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However, in an institutional reality where professors are discontent with their own pedagogical practices and their consequences, dissonant in relation to the philosophical and theoretical basis of the SUS, namely Dialectical and Historical Materialism (DHM), the researchers of this study, members of the aforementioned faculty in a federal undergraduate Nursing course in southern Brazil, proposed in a Course Collegiate Board, based on a study on the PPC, a focus on Emiko Yoshikawa Egry's Theory of Praxis Intervention in Collective Health Nursing (*Teoria da Intervenção Prática de Enfermagem em Saúde Coletiva*, TIPESC), whose intervention in the health phenomenon is guided by a world view extracted from historical and dialectical materialism<sup>3</sup>, in order to outline a proposal for reorienting the teaching of Nursing care.

In this context, the study guiding question is the following: How do Nursing professors from an Undergraduate Nursing Course conceive TIPESC's historical and dialectical materialism as a possibility to support the teaching of Nursing care? Therefore, this study aims at understanding how Nursing professors see historical and dialectical materialism inscribed in the TIPESC framework for teaching Nursing care.

## THEORETICAL FRAMEWORK

TIPESC's philosophical, theoretical and methodological framework<sup>3</sup> sheds light on objective reality, bringing to awareness the contradictions inherent to the life and health process in interface with the historical relations of society, from the perspective of the dialectical and historical materialist world that structures the intervention of Nursing in a dynamic, dialectic and participatory way<sup>4</sup>.

For operationalization of the framework, five stages are proposed: capturing the objective reality, which delineates the event in the dimensions of the structural, particular and singular reality; interpreting the objective reality, which proposes dialectical possibilities of the event; the intervention proposal in the objective reality, which presents the intervention plan; the intervention in the objective reality, which occurs shared between those involved in the event; and the reinterpretation of the objective reality, which assesses the changes that have occurred<sup>3</sup>.

Publication of the TIPESC as a theory for the Nursing practice took place in 1996 at the Graduate Program in Nursing at the University of São Paulo Nursing School. The framework inspired the organization of a specific discipline in the program's curriculum and has been the object of systematic studies that are concerned with analyzing the objective realities in the primary care setting, expanding the perspective about the model of health care provided. From exploration of its method of application, the theory has contributed to new readings of these realities guided by the principles of historicity and dialectics, reaching, in a collective movement, the status of necessary critical reflections that tend to enable structural transformations in health services in need of change<sup>4</sup>.

## METHOD

A Convergent Care Research (CCR) study which proposes surveys that are initiated from a scenario of reality to give meaning to it and carry out a critical reflection, reconsidering and getting involved in the challenge of proposing strategies and transforming it<sup>5</sup>. The research setting is the Undergraduate Nursing Course of a federal university in the Brazilian South region.

The study participants are all nurses who are professors of the course and the selection criteria were as follows: being an effective professor at the university and participating in all three meetings of the convergence groups proposed by the research. Those on leave at the time of the study and those who did not accept the research terms were excluded. Thus, of the total of 25 nurse-professors, 17 took part in the research. They were all civil servants who had passed the public sector recruitment examination, with academic background and origin from different Brazilian regions, with predominance of the South Region and ages between 27 and 55 years old; six had Master's Degrees (three attending PhD Programs) and 11 were PhDs.

Data collection took place between February and April 2017 through three convergence groups entitled "Analysis groups of TIPESC and historical and dialectical materialism as a philosophical, theoretical and methodological framework for teaching Nursing care", mediated by the researchers who presented to them the chapters of the work of TIPESC's author, Emiko Egry<sup>3</sup>. The meetings to discuss the framework lasted from two to three hours and were conducted once a month.

The linked stages of CCR were operationalized: dialogicity, expandability, immersibility and simultaneity<sup>5</sup>. After the conversations about conceptions and structure present in the framework about historicity and dialectics, the group was induced to expandability, that is, to exploration of the content worked on in dialogicity. The immersibility and simultaneity stages followed, when the participants abstracted and discussed the TIPESC in relation to the practice of

teaching Nursing care, devising strategies for its operationalization based on historicity and dialectics, a fundamental stage to propose a change in the philosophical, theoretical and methodological framework and redirect the PPC to the desired teaching. The audiovisually-recorded conversations were transcribed in full and analyzed according to CCR.

Regarding the analysis, the apprehension and interpretation CCR procedures were followed, presenting three stages: synthesis, theorization and transfer<sup>5</sup>. At the end of the analysis, the elaboration of meanings and discoveries contextualized in similar situations and aiming at socialization of the results takes place, justifying innovations and/or adaptations in the research context. Transfer does not simply occur with the practical application (in this case, pedagogical) of what was found in the research, which covers two classes of results: the first, linked to the research problem in focus, and the second, linked to “resignification” of the conceptions and qualification of the work process developed within the scope of CCR<sup>5</sup>.

The following findings for discussion emerged from the analysis: epistemological misconceptions about the philosophical, theoretical and methodological conceptions that govern the content approached and the challenges for the development of Nursing care based on historical and dialectical materialism.

Data collection was initiated after approval of the project by the Research Ethics Committee of the Higher Education Institution. The participants who agreed to take part in the research signed an informed consent form and were identified by code names consisting of the letter P, followed by numbers from 1 to 17 (P1 to P17), to ensure their privacy and anonymity of the answers.

## RESULTS AND DISCUSSION

In order to structure the teaching of Nursing care based on historical and dialectical materialism based on the TIPESC, the nurse-professors participating in the convergence groups initially mobilized themselves seeking adherence between the SUS health care model and the TIPESC. At the center of their teaching concerns, mistaken or limited links were evidenced about adherence between the SUS and the TIPESC, shown as those present made an effort to find the DHM framework in ready/protocol strategies of booklets and procedures inherent to the National Humanization Policy (*Política Nacional Humanização, PNH*) and other Ministry of Health (*Ministério da Saúde, MS*) policies.

*We need to think in the framework that is used to guide the practice, and that is what the MS proposes. If we are educating for the SUS, this is the proposal, educating for the SUS, which comes with the baggage of DHM. That we take over these documents that the MS makes available. We don't need to invent anything, such as welcoming, humanization, the expanded concept of health, comprehensiveness and everything that the Ministry proposes for health. The PNH, for example, points to the fulfillment of comprehensiveness and identification of the health needs of individuals and populations in all the biopsychosocial instances, and offers a unique therapeutic project. (P13)*

*Our intention is to learn more about Emiko Egry's framework, DHM and health needs. Our proposal is that there is a combination so that both spaces (Basic and Hospital Care), all spaces, are served by our framework. It is then necessary to approach everything we have in the SUS. Perhaps a question we should ask ourselves is: How do the principles that we intend to adopt from the TIPESC relate to the conceptions of the SUS? And I go further: based on the framework used in our region in hospital care, if we think about it, Horta, despite being labeled as Cartesian, has a lot that matches our policies! (P2)*

*It can be said that the PNH is a policy, a concept that is transversal to all others; it speaks of welcoming, it has a series of concepts that are intertwined with the issue of dialectics, in order to be able to articulate with the health needs. (P8)*

The trap involves the confusion between the strategy proposed in the scope of the health policies, for example, welcoming, as if this were equivalent to the philosophical theoretical framework that structures it; welcoming is proposed by the PNH under the logic of Person-Centered Care<sup>6</sup>, already intertwined in the dialectical and historical paradigm, but the intriguing question is how it is developed in the daily health practice: whether the person who employs it, as a humanization strategy, investigates and manages the contradictions that cross the subjects at the moment they are welcomed by the institution in the face of a historical situation or whether the welcoming strategy remains as an exclusively procedural technician screening practice<sup>7</sup>.

Seeking to materialize these considerations about welcoming, what is seen in the health care routine are professionals and professors immersed in the biomedical model in such a way that the challenge is to offer welcoming that goes beyond the act of caring or approaching with empathy through qualified listening. The challenge is to offer welcoming in the direction of the dialectical and historical paradigm, effectively meeting the needs or demands of the supposedly-welcomed person. Undeniably, the efforts implicit in the structuring of the PNH, in the unique therapeutic project, and other devices that intend to humanize the professional/institution/individual/community care relationship,

create bonds, welcome and materialize comprehensiveness<sup>8</sup> are based on DHM, but these strategies are not DHM by themselves.

Thus, this false impression that compliance with the actions prescribed by the SUS guidebooks necessarily implies the adoption of a dialectical and historical posture tends to sustain the epistemological mistakes that impact on the teaching and care practice in Nursing.

In this sense, it would be unlikely to symbolize a concept of a complex and expanded nature such as DHM in a one-dimensional relationship, as proposed by the participants when trying to see SUS policies as strategies to operate TIPESC's DHM and Horta's framework. From this perspective, Horta's and Egly's frameworks appear at the same level as complementary, despite their paradigmatic incompatibility. This perception of the participants expresses a contradiction, as Horta symbolizes the practices of the operationalization of Nursing care in Brazil, historically based on positivist practices (Biomedical Model), while DHM brought about by Egly in the structuring of the TIPESC is engendered in a model of expanded person-centered care guided by Social Epidemiology<sup>9</sup>.

Following the analysis, the participants directed their attention to the Nursing intervention based on dialectical materialism and its (im)possibilities by reporting experiences in the teaching practice. It is the dialectical historical perspective that proposes to be included in health actions, which underpins equality, a popularized principle, although not always perceived in its greatness or discussed in the SUS routine<sup>10</sup>. Equality materializes DHM insofar as it values inequalities at the individual and collective levels, in the planning and prioritization of health actions, providing opportunities for the flexibility of daily activities and the relativization of protocols, for example. The provocation to professionals is the structuring of a Nursing practice in whose interventions it is possible to glimpse the dialectic, especially in this contemporary context of social crisis and in the health sector, which exacerbates contradictions of all kinds.

*For us to be able to work this Emiko Egly model, we need to understand the bases of this model; It's true that, if we don't understand the bases, we won't be able to move forward, so these meetings have been decisive (P12).*

*The greatest effort is to think about this at the training level, how we are able to understand, operationalize, build the path and that it is possible to include the student in this axis (P10).*

*It will take a long time for us to be able to say that we have started to work from this perspective. It's for this reason that I objectively think that we must have a monthly meeting for discussion (P16).*

*To go back, review, resume, discuss how we are doing this in the classroom, in the practice, what is working, what the implications are, all of this is extremely important, because sometimes our greatest anguish is to structure an instrument (P17).*

*Even inviting the students to the debate (P9).*

*We train individuals who are going to take care of people. And taking care of those we are going to educate with this perspective? Then we are going to tell them that the process they are going to learn here, that this course is going to seek the dialectical process, of training, of round-trip transformation. But they are not seeing this in training (P11)!*

*I think that the beginning of this transformation is precisely this, it is for us to start interconnecting within the course and show that this care is possible within the course (P1).*

Despite the advances in the last thirty years, the current social situation reveals a complex reality. The watchwords are: scrapping and disqualifying the public health services, resulting in precariousness of work in the sector, a situation orchestrated by the influence of a neoliberal model, which drives the professional towards market determinations and interests<sup>11</sup>. The desired transformation for Nursing involves facing and recognizing these issues. This political and economic context imposes deep reflections about the training model of undergraduate or graduate courses on the Higher Education Institutions (HEIs).

Therefore, improvement of the conditions of the profession must occur with the transformation of the current social reality and, in two ways, the social reality can be transformed by a Nursing workforce committed to its appeals. Social changes can contribute to positive transformations in Nursing, facing a scenario that shows, in a banal and exuberant way, a multitude of contradictions in the field of health in a very worrying historical context<sup>10</sup>.

In this scenario, bonding/welcoming, the unique therapeutic project, matrix support, incorporation of interdisciplinary work devices, co-accountability and co-management of care<sup>12</sup> and articulation of the network may be strategies of dialectic care, as well as busy with its historical performance. Thus, the role of Nursing transcends to reflective education under the ethical-political and humanized dimension to lead transformations in this scenario and enable changes in the realities<sup>13</sup>. Added to the life journeys and experiences of each person, these are the basis for structuring performance and consolidating a professional identity<sup>14</sup>.

In applying the TIPESC framework, a number of studies show that the reading of reality must be objectified in such a way that the health phenomenon is captured from the perspective of dialectical and historical materialism. If this approach to the health phenomenon is not structured based on this world view, if the information collection instruments do not contain elements that allow the professional to sensitively capture aspects that will contribute to the elaboration of an analysis, an interpretation of the reality with exposure of historical and contradictory elements of the health phenomenon, in this case, it will not be feasible to design a historical and dialectical intervention<sup>15-17</sup>.

In view of this, it is discussed that, given the availability of the group to structure teaching for Nursing care that encompasses the intrinsic conceptions of DHM, a number of obstacles overlap. In this sense, it is stated that Marx's dialectical method in relation to Nursing education shows an antagonistic interface between the socially-constructed roles of educator and student: the first holds knowledge/power and the second adopts a passive position to receive this knowledge, evidencing the centralizing profile of the professor and encouraging them to develop a dialogic competence that encourages the student to seek and produce their own knowledge, reflecting what is presented to them<sup>18</sup>.

It is conjectured that, currently, the teaching interest in making changes in the teaching and learning process is linked to the academics' ability to mobilize and aggregate emancipatory initiatives and with a leading role in knowledge<sup>2</sup>.

In this way, the Nursing care teaching process requires that the educators explore different strategies so that students can critically and reflectively understand the epistemological essence of the framework that supports the SUS principles<sup>19</sup>.

An integrative review shed light about the scarcity of studies indicating use of DHM in the field of Nursing, even though there is an intrinsic relationship between the Nursing work process and the DHM theory, as it is an area that faces countless challenges and is in constant transformation<sup>20</sup>.

From this, it is possible to establish the teaching challenge to inscribe care guided by DHM in the teaching and learning of Nursing care. Active and innovative teaching methodologies instrumentalize<sup>21</sup> the dialectical methodology applied to teaching, even though these methodologies are not sufficient by themselves, the philosophical contextualization of the frameworks being essential so that the students can identify, as protagonists, the logic of dialectical teaching-learning<sup>2</sup>.

The struggles to make the teaching of Nursing care compatible with the social demands and with the SUS philosophical guidance are shaky grounds that cause discomfort, a feeling of powerlessness and anxiety, and can fuel resistance that keep educators in the comfort zone, that is, in conventional education, criticized by them as reductionist and insufficient to determine social changes and comply with the SUS precepts. This teaching-related movement of problematization and criticism about the praxis, guided by the SUS ideals, of motivation for the transformation of education, contrasts with the structural reality of the health and education fields, as well as with the social reality and resistance to face this situation, resulting in a dialectical cycle of frustration, potentially causing illness among educators and nurses<sup>2</sup>.

## CONCLUSION

CCR allowed the nurse-professors to see new perspectives regarding philosophical, theoretical and methodological frameworks for Nursing care. TIPESC is a choice that aligns the SUS conceptions, which brings comfort to the professors, as they see themselves walking in a coherent direction. However, they feel challenged to structure the Nursing intervention based on DHM.

They conclude that knowledge must mature through improvement and discussions and they realize that the path to reach the desired status they wish for is long. However, the concern that motivated them to trigger the change initiative minimizes and is replaced by the concerns about how to implement, how to include in the professional and teaching practice, a health care model for which they envision real possibilities of change for the problems relentlessly detected in the field of health.

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