

## Philosophy, knowledge and structural racism: basis for the care of black-skinned hypertensive aged individuals

*Filosofia, conhecimento e racismo estrutural: bases para o cuidado de idosos negros hipertensos*

*Filosofía, conocimiento y racismo estructural: bases para la atención de ancianos negros con hipertensión*

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### ABSTRACT

**Objective:** to analyze how, through philosophical reflections, the Knowledge Theory can contribute to the critical understanding of the care provided to black-skinned aged individuals with systemic arterial hypertension. **Content:** the theoretical discussion links concepts of epistemology, structural racism and Nursing practice, underscoring the implications of the social determinants of health in the care provided to these individuals. The methodological strategy used was theoretical triangulation; in turn, the hermeneutic-dialectical method was employed to interpret the pertinent philosophical and scientific text materials. The results indicate that the integration between Philosophy and Nursing offers critical support to devise more egalitarian and humanized care practices, which favors overcoming racial inequalities in health. **Final considerations:** epistemological reflection favors ethical and critical Nursing care, contributing to improving quality of life in black-skinned hypertensive individuals and pointing to the importance of teaching contents about racism, ethics and social determinants of health in professional training.

**Descriptors:** Nursing; Knowledge; Aged; Hypertension; Systemic Racism.

### RESUMO

**Objetivo:** analisar como a teoria do conhecimento, através de reflexões filosóficas, pode contribuir para a compreensão crítica do cuidado de idosos negros com hipertensão arterial sistêmica. **Conteúdo:** a discussão teórica articula conceitos de epistemologia, racismo estrutural e prática de enfermagem, destacando as implicações dos determinantes sociais da saúde no cuidado desses indivíduos. Utilizou-se a triangulação teórica como estratégia metodológica e o método hermenêutico-dialético para interpretar textos filosóficos e científicos pertinentes. Os resultados apontam que a integração entre filosofia e enfermagem oferece suporte crítico para a construção de práticas de cuidado mais equitativas e humanizadas, favorecendo a superação das desigualdades raciais em saúde. **Considerações finais:** a reflexão epistemológica fortalece o cuidado ético e crítico na enfermagem, contribuindo para a melhoria da qualidade de vida de idosos negros hipertensos e apontando a importância de conteúdos sobre racismo, ética e determinantes sociais da saúde na formação profissional.

**Descritores:** Enfermagem; Conhecimento; Pessoa Idosa; Hipertensão; Racismo Estrutural.

### RESUMEN

**Objetivo:** analizar cómo la teoría del conocimiento, a través de reflexiones filosóficas, puede contribuir a una comprensión crítica del cuidado de las personas mayores negras con hipertensión arterial sistémica. **Contenido:** la discusión teórica articula conceptos de epistemología, racismo estructural y práctica de enfermería, destacando las implicaciones de los determinantes sociales de la salud en el cuidado de estos sujetos. Se utilizó la triangulación teórica como estrategia metodológica y el método hermenéutico-dialéctico para interpretar textos filosóficos y científicos relevantes. Los resultados indican que la integración entre filosofía y enfermería ofrece un soporte crítico para la construcción de prácticas de cuidado más equitativas y humanizadas, lo que favorece la superación de las desigualdades raciales en salud. **Consideraciones finales:** la reflexión epistemológica fortalece el cuidado ético y crítico en enfermería, contribuye a la mejora de la calidad de vida de las personas mayores negras con hipertensión, además de destacar la importancia del contenido sobre racismo, ética y determinantes sociales de la salud en la formación profesional.

**Descriptor:** **Descriptor:** Enfermería; Conocimiento; Anciano; Hipertensión; Racismo Sistemático.

## INTRODUCTION

Systemic Arterial Hypertension (SAH) is recognized as one of the main causes of morbidity among black-skinned aged individuals and is particularly prevalent in *quilombola* communities<sup>1</sup>. The authors identify that the social vulnerability faced by these groups (characterized by low socioeconomic levels and limited health infrastructure) contributes to the high prevalence of the disease, hindering both its prevention and adequate control.

The reality of these black-skinned individuals reflects interconnected structural inequalities such as institutional racism, educational exclusion, precarious housing and economic marginalization. When interconnected, these factors hinder access to qualified health services, impair treatment adherence and intensify the risks for SAH to worsen.

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In addition to that, structural racism plays a central role in perpetuating these inequalities, not only influencing access to health services but also the quality of the care received. Factors such as implicit knowledge and absence of public policies targeted at equality in health contribute for care dehumanization. This significantly impairs black-skinned people's quality of life. These aspects emphasize the need for interventions based on an inter-sectional approach that recognizes the influence exerted by the social and racial determinants on the health of this vulnerable population group<sup>2</sup>.

Based on the social and racial inequalities that shape the health conditions of black-skinned aged individuals with Systemic Arterial Hypertension (SAH), it is possible to establish a connection with the Knowledge Theory<sup>3</sup>. For the author, the Knowledge Theory is a discipline that investigates the grounds, limits and validity of human knowledge, focusing on the relationship between subjects (the ones who know) and objects (what is known) This relationship is always mediated by contextual and historical factors, which means that knowledge is never produced in an isolated way<sup>3</sup>. Such conception allows understanding that knowledge about health and care practices should be analyzed critically.

Social determinants such as structural racism, economic vulnerability, unequal access to education and precarious housing, for example, not only influence how the disease is perceived but also the health interventions, requiring practices that consider these structural conditions to promote fair and effective care. In this sense, the study adopts the following question as starting point: "How do the Knowledge Theory contributions, based on the Health and Nursing Philosophy fields, ease critical understanding of structural racism in the care provided to black-skinned aged individuals with arterial hypertension?". From this perspective, it is sought to show that, by integrating epistemological and ethical reflections into its practice, Nursing can transform the relationship with people, promoting more egalitarian and humanized care.

Thus, the objective of this article is to analyze how, by means of philosophical reflections, the Knowledge Theory can contribute to a systemic understanding of the care provided to black-skinned aged individuals with systemic arterial hypertension, based on a study of a theoretical-reflective nature grounded on a qualitative approach and based on theoretical triangulation and on the hermeneutic-dialectical model, aiming to discuss the articulation between epistemology, structural racism and Nursing care in the assistance provided to black-skinned aged individuals with systemic arterial hypertension.

Theoretical triangulation was adopted as the methodological strategy to articulate different philosophical and conceptual frameworks, allowing for a critical and expanded analysis of the object under study<sup>5</sup>. To such end, academic and philosophical text materials dealing with three main axes were selected, namely: (1) The Knowledge Theory and critical epistemology; (2) Structural racism and its implications for the health of the black-skinned population; and (3) Ethical-philosophical grounds of the Nursing care practice.

The theoretical *corpus* was defined according to criteria related to thematic relevance, acknowledged contribution in the academic literature and direct dialog with the study objectives. The authors prioritized were those that presented consolidated contributions in the Epistemology (such as Gaston Bachelard and Boaventura de Sousa Santos), Care philosophy (such as Emmanuel Levinas and Hans Jonas) and Racial relationships and health (such as Silvio Almeida, Lélia Gonzalez, Sueli Carneiro and Jurema Werneck) fields, in addition to current scientific productions available in national and international indexed journals, identified in a search made in the CAPES Journals portal and in the SciELO database.

The text materials were selected taking into account the following criteria: conceptual scope and theoretical depth in the topic addressed, relevance to the Brazilian context and/or to the Health and Nursing areas, timeliness (with an emphasis on the last ten years but including fundamental classical authors), and public and verifiable access in duly recognized scientific databases.

The analysis was performed according to the principles set forth in the hermeneutic-dialectical method, which allows for a critical interpretation of text materials based on the articulation between the whole and its parts, considering historicity of the concepts, the contradictions inherent to the object and the sociocultural context in which they are circumscribed [5, 595]. Following that approach, the intention was not only to describe but also to critically understand how philosophical and social knowledge can support more egalitarian care practices, especially in dealing with racial inequalities in the health care provided to black-skinned aged individuals with arterial hypertension.

The text materials selected were those published between 2010 and 2023 and that addressed themes related to the health of black-skinned population, to care epistemology and to structural racism, with an emphasis on the national production published in scientific journals and books of duly acknowledged academic relevance. The selection process prioritized papers that interacted with the Critical Nursing theoretical frameworks and with inter-sectional and anti-racist approaches to care.

## CONTENT

### Theoretical grounds of racial relationships

Discussing structural racism not only requires the specific mention of a single author but an interaction with fundamental voices pertaining to the theories of racial relationships, especially those that interconnect race, power and social body. For example, Sueli Carneiro developed the notion of the raciality device to articulate the way in which knowledge, social practices and institutional structures interact to construct the Another black as a non-being, perpetuating racial inferiorization<sup>6</sup>. For Carneiro, this device is grounded on Foucauldian biopower and on Charles Mills' social contract, configuring exclusion and epistemological silencing mechanisms<sup>6, 7</sup>. In health contexts, this device explains the way in which institutionalized care practices, protocols and flows can invisibilize or marginalize black bodies by means of norms implemented based on a racially neutral view (but racially biased in the practice).

In the international panorama of racial theories, Patricia Hill Collins contributed with the concept of intersectionality when she emphasized that racial oppression never acts in isolation but articulated with gender, class, sexuality and other forms of domination<sup>8</sup>. This perspective allows us to analyze how black-skinned hypertensive aged individuals are not only racialized but also permeated by multiple inequalities that modulate health risks, access to care and institutional welcoming. In his classical work, Frantz Fanon had already indicated that racism is both psychological and structural: by imposing black inferiority in relation to others, certain duality between the black body and the white mind is created, marked by symbolic and actual exploitation<sup>9</sup>. This view can be applied to health care to understand how epistemological "normalization" practices are frequently based on non-racialized assumptions, which cease to meet the specific needs of the black-skinned population in the practice.

Brazilian authors such as Lélia Gonzalez and Abdias Nascimento extended that point of view to the Latin American realities. Lélia reasserted that racism in Brazil has been foundational since the beginning of colonial society— not a deviation but a structure<sup>10</sup>. With his approach to the Black Genocide, Abdias Nascimento warned against the symbolic and physical extermination practices that permeate Brazilian social institutions<sup>11</sup>. These contributions help substantiate that racism is not a mere denominating incident of inequality but a constituting element of institutional dynamics and health practices. Finally, Jurema Werneck discusses anti-racist public health policies and the impacts exerted by racial status on institutional vulnerability and care<sup>12</sup>; in turn, David investigates how mental health care practices can be permeated by racial relationships, proposing mechanisms to "*aquilombate*" the services to reconstruct racialized care spaces<sup>13</sup>.

### Structural racism, aging and arterial hypertension: Neglected inter-sectionality in care

The inter-sectional impacts exerted by aging and structural racism on hypertension among marginalized population groups are deep and affect both the disease prevalence and management. Manifested through socioeconomic disparities and in access to health care, structural racism intensifies the prevalence of hypertension among racial minorities, particularly in the case of Afro-Americans. Aging further worsens these challenges, as older adults face deeper health vulnerabilities. The intersection of these factors results in higher hypertension rates and worse management outcomes in marginalized groups, which requires a multifaceted approach to effectively deal with these disparities.

In fact, the epidemiological data confirm this reality, showing that Afro-American present higher hypertension prevalence among the USA racial groups, with 40% more chances of uncontrolled blood pressure when compared to non-Hispanic white-skinned individuals<sup>14</sup>. A concrete example can be seen in Chicago, where the predominantly black-skinned communities present higher hypertension prevalence (39.9%), a condition that is directly influenced by racial segregation and by unfavorable Social Determinants of Health (SDHs)<sup>15</sup>. This dynamics is a reflection of structural racism, which, by means of historical discriminatory practices, limits access to health care and resources, contributing to inequalities in terms of hypertension<sup>16</sup>. In this context, spatial accessibility to primary care becomes crucial, as neighborhoods enjoying better access present more effective control and greater awareness regarding the disease<sup>16</sup>.

The complexity of the problem is deepened by the inter-sectional analysis, which reveals the overlapping of different oppression axes. Diverse evidence show that black-skinned men and women (as well as brown-skinned men) present higher hypertension incidence values and worse blood control indicators when compared to their white-skinned counterparts; these outcomes are also influenced by schooling level<sup>17</sup>. These challenges are accentuated by barriers such as low health literacy, socioeconomic status and eating habits, which are aggravated by structural racism<sup>18</sup>. However, promising opportunities arise to overcome those disparities. Multicomponent interventions such as culturally-congruent care and remote monitoring already showed significant improvements in

blood pressure control among Afro-Americans<sup>14</sup>. In addition, community-based programs, Telehealth and combined therapies in fixed doses are promising strategies in reducing inequalities<sup>16,18</sup>.

### Structural racism and the Knowledge Theory in Nursing

Structural racism is a system that organizes social, political and economic relationships, in a way that it perpetuates racial inequalities even without the need for individual manifestations<sup>4</sup>. This system is rooted in social institutions and practices, exerting a direct influence on the life opportunities and conditions of the racialized people. That logic is particularly evident in the social determinants of health (such as limited access to services and precarious housing conditions), factors that hinder managing SAH and reveal structural inequalities marked by exposure to environmental risks and social exclusion<sup>1</sup>.

The Knowledge Theory seeks to understand the grounds, limits and conditions of human wisdom, proposing a critical analysis of the relationships between subjects and objects<sup>3</sup>. This framework is essential to understanding how structural racism, in terms of historical oppression system, exerts a direct influence on the care provided to black-skinned aged individuals with Systemic Arterial Hypertension (SAH). For Hessen, “ideas no longer constitute a world in vacuum, [...] they are the essential forms of things”<sup>3</sup>. In other words, knowledge is not produced in a vacuum space, it is always inserted into a cultural and social context.

The knowledge about health and diseases is not neutral; it is shaped by historical and political factors that exert an impact on access to care and on its quality<sup>3</sup>. As a system, structural racism interferes in the way in which black-skinned aged individuals understand and experience SAH, affecting treatment adherence and impairing their quality of life<sup>1,4</sup>. Incorporating philosophical and inter-sectional perspectives allows enhancing what is known about the health-disease process, promoting egalitarian and socially contextualized care<sup>19,20</sup>.

In the Nursing context, it means getting involved in reflections about the conditions that can cause vulnerability in the subjects. Acknowledging the way in which these inequalities affect both how the disease is perceived and care quality is the first step to devise interventions that not only treat SAH but also promote transformations in the social conditions that perpetuate it.

### From theoretical reflection to the Care practice: Implications for Nursing

The articulation between Epistemology, Ethics and Nursing allows understanding that the care practice cannot be reduced to a technique devoid of critical reflection. The notions of alterity, responsibility for the others and social justice should be integrated to the care clinic, especially when assisting historically vulnerabilized groups. Alterity calls us to recognize others as full subjects whose existence precedes us and makes us accountable<sup>21,22</sup>. In Nursing, that conception requires active listening and an ethical stance when facing pain and social exclusion<sup>23</sup>. In this sense, when welcoming a black-skinned person with SAH, nurses should mobilize an expanded view that considers the history, territory and marks left by institutional racism.

The ethics of responsibility underscores the need to deepen the professionals' commitment regarding the human and social conditions that affect life, mobilizing ethical sensitivity for the consequences of their actions<sup>24</sup>. In the health field, this conception is linked to an expanded care perspective that recognizes the subjects' singularity and the complexity of the context where they live<sup>25</sup>. Such approach requires care that goes beyond technical procedures and turns into a practice fully engaged with human dignity. In addition, the social determinants of health (including structural racism) affect access, adherence and outcomes in health among the black-skinned population. Racial inequalities in hypertension are manifested as delayed diagnoses, therapeutic barriers and higher burden of complications<sup>26</sup>. Racism can also contribute to psychological distress, to silencing pain and to low resoluteness in the services<sup>12</sup>.

In the professional training scope, there is an urgent need to include contents on the health of the black-skinned population and about the fight against racism in undergraduate and graduate courses<sup>27</sup>. In this context, knowledge translation *implies incorporating* various knowledge areas, even those from the Black epistemologies, as grounds for emancipatory practices<sup>28</sup>. Thus, the care provided to black-skinned hypertensive aged individuals should be understood as a relational and political practice where nurses act as transformation agents.

### Study limitations

This study presents some limitations that should be considered when interpreting its results. As the research followed a qualitative and reflective approach based on a theoretical review and on a hermeneutic-dialectical analysis, its findings are not intended for empirical generalization but for critical-conceptual deepening

Another challenge refer to the thematic cross-sectionality adopted. The articulation between Philosophy, Epistemology, Structural racism and Nursing practices requires mobilizing interdisciplinary knowledge areas, which

implies methodological risks of conceptual dispersion. However, this risk was minimized by using theoretical triangulation and with the effort to preserve coherence across the thematic axes addressed.

Such limitations point to paths for future research studies that may deepen the integration between the philosophical fundamentals of care and the reality undergone by vulnerabilized population groups, such as black-skinned aged individuals with systemic arterial hypertension.

## FINAL CONSIDERATIONS

Identified as a central element of the social determinants of health, structural racism conditions life opportunities and impairs efficacy of the care practices. From this perspective, when applied to Nursing, Epistemology allows overcoming care technicity, rendering it more humane and targeted at equality.

By incorporating philosophical reflections, Nursing not only expands its understanding about structural inequalities but also positions itself as a transformation enabling field, capable of acting at the roots of social and health inequalities. This proposal is especially relevant to deal with the reality of historically excluded populations.

Based on the reflections made, it is noted that the Nursing practice needs to be permeated by some critical awareness of racial inequalities and of its structural origins. Grounded by authors such as Santos and Jonas, the care ethics reinforces the need for a view targeted at alterity, which recognizes people's singularities and values their subjective experiences. Thus, Nursing can transcend the biomedical model by integrating cultural, social and historical aspects of health interventions, which is essential to promote dignity and justice.

In addition to that, the findings arising from this reflection offer relevant aids for Nursing teaching, encouraging the incorporation of contents on structural racism, social determinants of health and care ethics into undergraduate and graduate curricula, so as to train critical professionals that are socially committed and duly prepared to promote fair practices.

It is concluded that, articulated to practical ethics, the Knowledge Theory qualifies the professionals to deal with the complexity inherent to the living conditions of vulnerable population groups, such as black-skinned aged individuals with SAH. This critical and reflexive approach allows transforming care into a political and humanizing act, reasserting Nursing commitment towards equality and comprehensive health promotion.

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#### Authors contributions

Conceptualization, E.F.M.S. and A.H.L.S.; methodology, E.F.M.S. and A.H.L.S.; validation, E.F.M.S., S.M.A.S. and H.M.P; formal analysis, E.F.M.S., S.M.A.S. and H.M.P; manuscript writing, E.F.M.S. and W.L.C.; review and editing, E.F.M.S, W.L.C, S.M.A.S, H.M.P, A.C.O.S. and A.H.L.S.; visualization, E.F.M.S, W.L.C, S.M.A.S, H.M.P, A.C.O.S. and A.H.L.S.; supervision, A.H.L.S.; project administration, A.H.L.S. All authors read and agreed with the published version of the manuscript.

#### Use of artificial intelligence tools

Authors declare that no artificial intelligence tools were used in the composition of the manuscript "*Philosophy, knowledge and structural racism: basis for the care of black-skinned hypertensive aged individuals*".