

The need for a phenomenological perspective on caring in the nursing curriculum

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The need for a phenomenological perspective on caring in the nursing curriculum

■ Abstract ■

Herein, we reflect upon the incorporation of the phenomenological perspective of caring to the nursing curriculum, bearing in mind the multi-referential orientation nursing research has been adopting in recent decades. We addressed the relevance of the perception and subjective interpretation nurses and users make of the process they are experiencing in a caring relationship as a phenomenological experience. Knowing and understanding the complexity of the world of meanings, both one's own as well as that of another, will facilitate in students the possibility to provide caring situated within a meeting space between these two subjective worlds.

Key words: Nursing Care; Knowledge; Curriculum.

La necesidad de una perspectiva fenomenológica acerca del cuidado en el currículo enfermero

■ Resumen ■

En este artículo se pretende reflexionar sobre la incorporación de la perspectiva fenomenológica del cuidado al currículo enfermero, teniendo en cuenta la orientación multirreferencial que la investigación en enfermería ha ido adoptando en los últimos decenios. Se aborda la relevancia de la percepción e interpretación subjetiva que hacen los enfermeros y los usuarios acerca del proceso que experimentan en una relación de cuidado como una experiencia fenoménica.

Conocer y comprender la complejidad del mundo de los significados, tanto el propio como el del otro, facilitará en el estudiante la posibilidad de otorgar un cuidado situado en un espacio de encuentro entre estos dos mundos subjetivos.

Palabras clave: atención de enfermería; conocimiento; curriculum.

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A necessidade de uma perspectiva fenomenológica a respeito do cuidado no currículo de enfermagem

■ Resumo ■

Neste artigo se pretende reflexionar sobre a incorporação da perspectiva fenomenológica do cuidado ao currículo enfermeiro, tendo em conta a orientação multirreferencial que a investigação na enfermagem foi adotando nas últimas décadas. Aborda-se a relevância da percepção e interpretação subjetiva que fazem os enfermeiros e os usuários a respeito do processo que estão experimentando numa relação de cuidado como uma experiência fenomênica.

Palabras chave: cuidados de enfermagem; conhecimento; currículo.

Traditionally, the curricular construction of formative programs in nursing has been the classical form of linear causality, the logic of explaining cause and effect. However, in recent decades, the incorporation of phenomenology in research about the interpretation and comprehension of caring, requires registering the teaching path of caring within a comprehensive logic, more than an exclusively explicative logic as it has been until now. According to Ferrer *et al.*,¹ the explicative logic is insufficient to understand caring as a complex reality that surpasses the logic of the causal. The science of caring is evermore aimed toward the field of phenomena, of the subjective experiences of the being, in understanding the interpretation and meaning each person assigns to the experience of being ill, caring, or receiving care.² Nursing theorists like Peplau, Paterson, Zderad, Orlando, Travelbee, Wiedenbach, and King from the Interactionist School; Rogers, Newman, and Rizzo from the School of unitary human beings; Watson Leininger from the School of Caring, among others, have founded in phenomenology one of its important theoretical bases to progress in knowledge about caring.³

Research on nursing knowledge using the phenomenological method emphasizes the search for the meaning people assign to the experience lived and its comprehension, as well as knowledge and better understanding of who is the subject of caring.⁴ For Fernández

de Freitas *et al.*,⁵ disease and caring, in their diverse aspects, can be resignified by the prism of existential phenomenology by Heidegger⁶ and be phenomenologically understood within the perspective of whomever experiences these phenomena. The search to understand the multidimensional responses of individuals facing disease, considering that everyone constructs or elaborates a unique and singular mental representation of the disease, even when they share the same medical diagnosis, is a line of research that has reached scarce development in Chile and in many other countries in Latin America. The nursing curriculum, more aimed at technical formation than at practical formation, currently grants little space to understanding phenomenological experiences of the student's or patient's being. The greatest emphasis continues placed more upon the causal relationships of the processes than on completely understanding phenomena. However, it is necessary for formation centers to reflect upon the caring experience as an essentially human phenomenon, which can have multiple interpretations and to which we can arrive through different cognitive processes.⁷

Caregiving is the phenomenon of interest of the discipline to construct nursing knowledge, and it is, or should be, the core of the professional formation in any type of curriculum. Development of cognition sciences, education, and caregiving in nursing poses the challenge of a continuous critical revision on how we teach what we teach,

besides the well-known what, for what, and why. From the phenomenological perspective, the caring relationship is a setting of inter-subjective reciprocity, with complex and multiple interactions, where the multidimensional phenomena need to be understood by the nurse. The multi-referential approach with which education is currently addressed,⁸ would permit promoting diversity, transversality, amplitude, and globality in the analysis and in the interpretation of the complexity of the caregiving situations within which it is conjugated, within a sole phenomenon, the theory and praxis and in those evidencing the subjectivity of human nature.

Stemming from this multi-referentiality that considers the incorporation of multiple theoretical references, irreducible one to another, with its modes of production, with its own concepts and languages that must be respected, we must consider some concepts about the relationship between knowledge and the phenomenological experience, which in turn permit proposing that every curricular organization be able to ensure that students experience nursing integrated to their personal life project, developing an internal attitude as of the meaning they grant to said experience.

For Maturana,⁹ understanding is inseparable from the human experience, given that all the cognitive rational reordering that can be constructed, rests upon tacit premises that have been provided by immediate experience. According to Varela,¹⁰ the rational and affective planes of knowledge are inseparable domains, both originated in the human experience, the phenomenological experience; and lastly, for Morin,¹¹ complex thought offers a new perspective of relevance for the re-conceptualizing of human formation in this new century, favoring the integration of subjective and inter-subjective dynamics articulated through language, of communication and interaction and of the interpretation and understanding of perceptive phenomena. Incorporating the phenomenological inquiry about caregiving onto the formation process of nursing students will permit them to discover the meaning each individual is granting to his/her experience of being ill or dying or of

being healthy,¹² which regulates their behavior against disease, which for the result it can be from a simple compliance of the treatment to better adherence to it.¹³

For Yonteff,¹⁴ each subject's phenomenological field includes their perceptions, beliefs, and a cognition system that constitutes the structure of the ego, so in the experience of caring, the information from the perceptual-cognitive system must be heard and understood by the caregiver. According to Travelbee,¹⁵ the phenomenological inquiry done by nurses will permit them to construct a meeting space within the caregiving relationship in which along with the user or patient these can be manifested as of their own meanings about the caring experience. Oliva¹⁶ states that learning the phenomenological inquiry requires the fusion of theory and praxis as a global experience that broadens our domains. Usually, during consultations with nursing patients are not asked about the meaning they grant to their disease, to follow a therapeutic regime, attend to health controls, or start changes in life styles. The aforementioned is aggravated because – generally – all individuals construct a mental representation of the disease that is not revealed to healthcare professionals, as well as the emotions that accompany it.

The cognitive-perceptual model by Leventhal *et al.*,¹¹ about the mental representation of the disease, is based on the exploration of the meanings and interpretations found in the phenomenological field and further proposes that to accomplish adherence to the treatment, it is necessary for nursing actions to emerge from the knowledge of the patient's phenomenological field. This means knowing and understanding the processing of reactions or emotional responses provoked by the meaning assigned to the disease and implementing coping strategies to such.

In conclusion, the integration of multiple theoretical references to the field of nursing care teaching and, particularly of those taking the phenomenology as a base, comprises a network of inseparable and irreducible connections and integrations that, contextualized within a social reality, permit constructing knowledge aimed at giving meaning to the experience of caring in each student.

Using the phenomenological perspective in the approach to the caring experience, will permit students to comprehend the meaning and the interpretation the user or patient makes of the phenomenological experience of being healthy, sick, or of facing death to, thus, manage human caring; and, thereby, reach personal maturational development upon comprehending in liberty, within their own world, the meaning of caring; deploying an internal attitude as of a greater understanding of human existence and of the nurse being, evaluating the subjectivity and intersubjectivity, within a caring relationship.

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