

The knowledge in nursing and the source of this knowledge

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Nurses when assisting a patient in an emergency situation, or in any other circumstances, act putting into action, learned knowledge and experienced, personal skills such as intuition and scientific principles resulting from the research. They do it, according to the person, the situation and the context, considering the best way to do this and the possibility of implementation within an ethical perspective. When these nurses find solutions to problems that arise in a process of reflection in an action and reflection on the action, are acquiring own nursing knowledge that when systematized - in a process of reflection on the reflection in an action - shared and validated by their peers turns into nursing science.

Nursing being a human science, is a discipline oriented to the practice, established on the development of a care relationship between nurses and users, in a perspective of health and wellness¹. A practical human science with a practical-reflexive rationality (distinguished from a technical rationality), within an epistemology of practice (as distinct from a classical epistemology), whose specific knowledge turns into hermeneutical spiral processes². Recursive processes, between theory and practice, which are developed in a context of high complexity, the environments where the nursing action takes place, the relationship established between caregivers and users, and the characteristics of these interventions.

What nurses do in their action, it is to use a package of knowledge that recreate while they work, and recreating, they are able to find new solutions, new processes, or to create new knowledge. This knowledge of different kinds are grouped into patterns, which are: empirical, factual knowledge, descriptive and verifiable (scientific evidence); ethical, including values, norms and principles; aesthetic, art that is expressed through intuition, sensitivity and technique; staff, the authenticity of the reciprocal relationship with each other³; reflective, created in reflection in an action, reflection about the action, reflection about the reflection of the action⁴; socio-political and emancipatory, knowledge of the diversity of contexts and the environment⁵. This knowledge in nursing, organized in patterns, can be divided into public knowledge and private knowledge. The first ones corresponding to systematized knowledge and validated by the scientific community, and the second are related to personal knowledge put into action. These last when systematized can be validated by peers and become public⁶.

As a practical science, of action, of profession, nursing distinguishes itself by its members to take up as facilitators of transition processes for the health and well-being. Nurses facilitate the transition process, intervening, caring for people, families and communities, and by promoting or recovering the self-care ability, when assists, meeting basic human needs to the people they would if they had strength, will or knowledge to do so⁷. Promoting effective adaptive processes, considering contexts and their cultural diversity, value the action of caring and interpersonal therapeutic relationship where care is given as a condition of human essence⁸. A care process that gets the benefits, in the systematization and organization, from the contributions of a large set of nursing theories developed in the disciplinary context.

The effectiveness in facilitating the transition processes is done by the nurses through the care. The care is a characteristic and the essence of the human condition, all humans need care and are caregivers. Must differentiate generic care, professional care and nursing care⁸. This last one involves action and attitude, goes beyond the provision of care. In a combination between acting, concern, availability, compassion, it is assumed as caring, when meet the other, persuading that the other desires to be helped⁹.

The care in nursing when composed by the characteristics of the general care (essence of the human condition), but professionalized (systematized, investigated, taught, organized and intentionally directed), turns into a comprehensive full care. So we understand that nurses when providing care, do it as occupation, with (pre) occupation and solicitude. The full care is a moral obligation, where the care of the people, in its totality, is also intrinsically linked, in an inseparable manner, when taking care of the environment, a care for themselves, care for the others and care for the nature¹⁰.

The Nursing, under this understanding can be characterized as the science of care, symbiosis of a set of knowledge, which is synthesized and is justified in terms of a professional practice. Knowledges organized in patterns of knowledge, into a plurality, which flow all together, human, social and natural sciences, an open epistemological possibility in the context of postmodern science¹¹. But also, the combination of scientific knowledge, with knowledge from another magnitude (aesthetics, technique, philosophy, morality, intuition, tradition, the popular knowledge, personal experience ...), a true ecology of knowledge¹². In other words, on what epistemologically corresponds to a post-abysal thinking, overcoming the abysmal cut resulting from the double epistemological break, in the first instance between social sciences and natural sciences, and soon after, between scientific knowledge and other forms of knowledge.

Thinking about knowledge in nursing as an ecology of knowledge, is to make the conceptual framework of nursing possible, and its action - care -, as science. No longer in a positivist paradigm (strictly on a technical rationality that only values the scientific evidence), but within an epistemology of practice and a practical-reflexive rationality that considers the various forms of knowledge, in which all knowledge are important without ranking for starting, as long as they contribute significantly to the concrete action. In other words, in the context of nursing, for the full professionalized care.

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