

## NURSING CARE IN THE PERSPECTIVE OF COMPLEXITY FOR NURSING PROFESSORS

Diéssica Roggia PIEXAK<sup>a</sup>, Dirce Stein BACKES<sup>b</sup>,  
Silvana Sidney Costa SANTOS<sup>c</sup>

### ABSTRACT

The complex nursing care is essential for understanding the human being as unique and multidimensional. This study aimed at knowing what nursing care means to nurse-teachers in the perspective of complexity. It is a qualitative research, carried out with seven nurse-teachers of a nursing school from central Rio Grande do Sul, Brazil. Data were collected in November 2011, through focus group, from three meetings, systematized with themes which considered the objective of this study. Discursive text analysis was used for data analysis. Results evinced nursing care as unique construction that goes beyond a technical-prescriptive, punctual and linear care. It is concluded that nursing care cannot be conceived as a reductionist action, but as a unique construction, which involves interactions, reflections and self-knowledge.

**Descriptors:** Nursing care. Nursing research. Nonlinear dynamics. Nursing.

### RESUMO

*O cuidado de enfermagem complexo é condição essencial para a compreensão do ser humano como singular e multidimensional. Assim, objetivou-se conhecer o significado do cuidado de enfermagem para enfermeiros docentes, na perspectiva da complexidade. Trata-se de uma pesquisa qualitativa, realizada com sete enfermeiros docentes de um curso de enfermagem de nível superior da região central do Rio Grande do Sul, Brasil. Os dados foram coletados no mês de novembro de 2011, por meio do grupo focal, a partir de três encontros, sistematizados com temáticas que contemplassem o objetivo deste estudo. Para a análise de dados, foi utilizada a análise textual discursiva. Os resultados evidenciaram o cuidado de enfermagem como construção singular que vai além de um cuidado técnico-prescritivo, pontual e linear. Conclui-se que o cuidado de enfermagem não pode ser concebido como ação reducionista, mas como construção singular, que envolve interações, reflexões e autoconhecimento.*

**Descritores:** Cuidados de enfermagem. Pesquisa em enfermagem. Dinâmica não linear. Enfermagem.

**Título:** Cuidado de enfermagem para enfermeiros docentes na perspectiva da complexidade.

### RESUMEN

*El cuidado de enfermería complejo es esencial para la comprensión del ser humano como único y multidimensional. Se objetivó conocer el significado del cuidado en enfermería para los enfermeros docentes en la perspectiva de la complejidad. Se trata de una investigación cualitativa, realizada con siete enfermeros docentes de un curso de enfermería de nivel superior en la región central de Rio Grande do Sul, Brasil. Los datos fueron recogidos en el mes de noviembre de 2011, a través de la técnica de grupos focales, a partir de tres encuentros, sistematizados con temáticas que contemplan el objetivo del estudio. Para análisis de los datos fue utilizado el análisis textual discursivo. Los resultados mostraron el cuidado de enfermería como construcción singular que va allende un cuidado técnico-prescriptivo, puntual y lineal. Se concluye, que el cuidado de enfermería no puede ser concebido como acción reduccionista, sino como construcción singular, que abarca interacción, reflexión y autoconocimiento.*

**Descriptores:** Atención de enfermería. Investigación en enfermería. Dinámicas no lineales. Enfermería.

**Título:** Cuidado en enfermería para los enfermeros docentes en la perspectiva de la complejidad.

a Nurse. PhD student, Nursing Graduate Program Federal University of Rio Grande (PPGEnf/FURG). Scholarship CAPES/REUNI. Rio Grande, Rio Grande do Sul, Brazil.

b Nurse. PhD in Nursing. Nursing Undergraduate Program Professor at the Franciscano University Center (UNIFRA). Santa Maria, Rio Grande do Sul, Brazil.

c Nurse. PhD in Nursing. Gerontology. School of Nursing (EEnf) Professor at the Federal University of Rio Grande (FURG). Rio Grande, Rio Grande do Sul, Brazil.

## INTRODUCTION

We live in an era of pursuit of knowledge, this is not an isolated and disconnected form of the whole, but from complex relationships with the environment from where we belong. Therefore, it is essential to look at the human being and the environment as broad and complementary, since one depends on the other. Moreover, it is necessary to face the challenge of complexity and realize the human being as being singular in their essence. Understanding the human being by not separating him/her from the universe, but to place them in this space, with a view that all knowledge is relevant only when contextualized with its object<sup>(1)</sup>.

Regarding this issue, it is worth noting that nursing has the focus/reason for its existence in the comprehensive care for human beings, regardless of social, economic, racial or gender condition, in many diverse spaces of being and existing of humans<sup>(2)</sup>. Thus, it becomes necessary for nursing professionals to understand the being that is cared in a comprehensive way, with multiple social relations, which are enhanced by natural and social environment<sup>(3)</sup>.

For a larger view of nursing care, it is necessary to overcome traditional linear models, which primarily focus on the disease, instead of the being who hosts it. The biomedical model, for example, rooted in the health/disease process, visualizes the human being as a set of organs that may sicken and when they do get sick, an isolated assistance prevails, with a single purpose, to treat the affected organ<sup>(4)</sup>, devaluing, in many cases, the multidimensional human being, ie, physical, biological, psychological, social, cultural, spiritual and historical being<sup>(1)</sup>.

Thus, nursing care is increasingly acquiring new meanings, influenced by different values, cultural beliefs and new approaches. Therefore, care should be understood as a complex phenomenon, driven by interactions and systemic associations, ie, developed from interaction networks of various knowledge of human action expressed by the shared work, inter/transdisciplinary. Therefore, care from the perspective of complexity allows us to understand that, in order to comprehensive care for the a human being, it is essential the connectivity of the knowledge and actions of the various healthcare professionals in order to contemplate

and value the multiple dimensions of every human being involved<sup>(5)</sup>.

It is known that nursing professionals are people who provide most of their time to care for others, to be with others. Thus, one of the essential activities of nursing, in the context of health care practice, is care. Such care is understood as a complex system, as a dynamic phenomenon which is circular and integrating<sup>(2)</sup>.

In this understanding, the complex nursing care is essential to considering the human being as singular and multidimensional. This being understood as that care that transcends the technical-prescriptive, punctual and linear actions and reaches issues that involve caring for others and for the environment in which they are inserted by valuing the uniqueness of humans in an attempt to discuss the care broadly and contextualized, justifying the conduction of this study.

In this sense, we ask: What is the meaning of nursing care from the perspective of complexity? How care is being discussed by nursing professors? Thus, this study aimed to know the meaning of nursing care in the perspective of complexity for nursing professors.

## METHODS

Exploratory-descriptive research of qualitative approach, which is used as an opportunity to deepen the understanding of the phenomenon under investigation, with emphasis on processes experienced and meanings given by the subjects<sup>(6)</sup>. Conducted in a private institution of higher education, Franciscano University Center (UNIFRA), located in the central region of Rio Grande do Sul, Brazil.

The UNIFRA nursing course started its activities in 1955. It has a total workload of 4811 hours, divided into eight semesters, working full-time. The faculty consists of 34 professors, 95% with exclusive dedication. The program aims to train nurses with global and systemic view, based on competences, technical-scientific skills and humanistic, to act reflexively, proactive and entrepreneurial in different scenarios of human health care<sup>(2)</sup>.

The inclusion criteria for the selection of participants were restricted to: be professors of the UNIFRA Nursing undergraduate course and have availability and be interested in participating in the focus group meetings. For the selection of the

participants, we used the method of non-probability sample of convenience. The participants were selected through a draw, via the institutional bond number and according to their presence and availability in the focus group meetings. Based on these criteria, seven UNIFRA nursing professors from the Nursing undergraduate course agreed to participate.

For data collection, performed in November 2011, we used the focus group technique, based on theoretical framework<sup>(7)</sup>. We chose this technique for its dynamism, which provided moments of reflection and discussions on care, as it was the objective of this study. The researcher acted as coordinator (moderator) and another nurse, invited for this purpose, as an observer. The speeches of the participants were registered on a digital recorder and were later transcribed authentically. It was also considered, the notes recorded by the observer during the performance of groups. Three meetings were developed with a focus group with a maximum time of 1h 30 minutes at each meeting.

In the meetings, initially, we conducted interactive dynamics, followed by reading, reflection, discussion and collective deals/agreements. Each focus group meeting was guided by a specific theme, based on the complexity of Edgar Morin<sup>(1)</sup>. The first meeting had the following objectives: to briefly present the biography of Edgar Morin and discuss a text entitled "Complexity and complex thinking"<sup>(8)</sup>, by which it sought to expand our understanding of nursing care from Complexity. In the second meeting, we considered the synthesis of the previous meeting and discussed Edgar Morin's seven principles of Complexity<sup>(1)</sup>, as they had been shown previously. At the third meeting, in addition to the considerations of the synthesis of the previous meeting and ideas from the first meeting, it was extensively discussed the meaning of nursing care from the perspective of Complexity<sup>(8)</sup>.

Data were analyzed according to the discursive textual analysis<sup>(6)</sup> organized around the following points: Dismantling of texts or unitarization; Establishing relationships; categorization process; Capturing the new emerging; A self-organizing process. Thus, the discursive textual analysis is characterized as a cycle consisting of factors described above, which are presented as a movement that allows the emergence of new understandings based on self-organization called metaphorically "storm light", since emerging through the chaotic

and cluttered, become "flashes" fleeting ray of light, illuminating the phenomena investigated, enabling, through an intense communication effort, to express new understandings reached during the analysis<sup>(6)</sup>. The choice for this analysis was the approach focuses with its complexity.

Ethical considerations were respected, with participants being informed about the objectives of the research and their form of participation by signing the Consent Form. Anonymity of participants was further guaranteed, identifying them by the first letter of the word "professor" followed by a number: (P.1), and so on. The project was approved by the Ethics Research Committee in the Health Area from the Federal University of Rio Grande (CEPAS/FURG), No 173/2011 and the Coordinator of the UNIFRA Nursing undergraduate course signed an authorization for conducting the research in accordance with Resolution 196/96 of the National Health Council<sup>(9)</sup>.

## RESULTS AND DISCUSSION

The understanding of complex nursing care as singular construction goes beyond a technical and prescribed care, because it involves the perception of humans beings as singular, knowing the context/environment, understanding reflection as potentiator of care and self-knowledge as a condition for singular care, representing the dynamics of the multiple interactions and associations of care.

The following are subcategories that delimit the category **Complex Nursing care as singular construction**.

### Realizing the human being as singular

Nursing care for professors begins at the moment when the nurse perceives the other as a singular human being, as someone who is different. This difference is not seen as a problem but as an opportunity to build care for others, from the needs of others. In this perspective, they understand they will not be ready to perform the best care, because such care is dynamic and built in the encounter/relationship with others, as the following discourses:

*The care begins the moment that I realize the other person and understand their needs, in different contexts [...] (P.5). We need to be ready to develop care and I think this doesn't exist, it is something that is very dynamic.*

*[...] It happens at the meeting, at the moment, we try building the best care [...] it is a very unique question, right [...] (P.4).*

The construction of nursing care from the encounter/relationship with the other person raised questions in one of the professors, which were shared with the other members of the group:

*This issue of closeness, how can you go for a class today with a closed concept? How are you going to give a perfect answer to the student? [...] If care is very dynamic, how do you get to work with some closed concept of care? (P.6).*

It was evident in the speech of professors that nursing care from new approaches transcends the punctual care as an act in itself, at all times, transcending professional training and continuing education. Still, we envisioned reflections and discussions performed with students, it may be strategies to learn the singular care and it must be initiated in the first semester of the undergraduate course. Students need to understand that nursing care is a complex process of singular construction, made possible by meetings/relationships of exchange with one another.

It is necessary, in this perspective, to overcome traditional practices of welfare and nursing care to understand it as a complex phenomenon<sup>(2)</sup>. It is understood here, by complex, the union between unity and multiplicity, "what was put together", ie when "*different elements are inseparable constituent of the whole and there is an interdependent relation, interactive and inter-retroactive between the knowledge object and its context, the parts and the whole, the whole and the parts and the parts between themselves*"<sup>(10)</sup>. Thus, care shall be characterized as an attitude, way of being and perceiving the human being as singular and multidimensional<sup>(11)</sup>.

Accordingly, in order to establish a relationship between the person who is being cared and the being who is the caregiver, both knowledge as nursing care are widened, this is because care will be constantly (re)constructed in its dynamic and transforming process<sup>(12)</sup>.

One of the professors looked for a fact that occurred in the field of theoretical/ practical internship course, which was perceived as being a nursing care focused on singular complex reality, as follows:

*I was with students in an Intensive Care Unit and we were with a patient who was awake, lucid, she was walking [...]. Then a student asked me: " - Gosh, staying 24 hours in the ICU staring at the ceiling, why isn't she reading a magazine, a book?" So we went to talk to the patient and she said she had the desire to read and, in short, the other day she was reading a book. (P.3).*

Professors recognized that much has been changed for some nursing actions perceived as linear, which were only reproduced and slightly reflective, but corroborated in a changing world and it is imperative to constantly change, consistent with the emerging needs. They revealed that this change is a challenging process, but it is imperative to rethink the new methods and strategies for teaching/learning, paying attention to the fact that nursing students are singular individuals and who also need to be cared to have the ability to transcend linearity of care.

They realized that the nursing care developed required not only welcoming others as singular, but also perceive the student as being singular and both perceive themselves as singular beings, seeking to accommodate the uniqueness in diversity, which requires thinking and also in the context/environment of humans.

The teaching of nursing care must walk in the light of complex thinking, seeing the student as a singular being that needs to be cared to transcend linear care. It should be clear that humanity needs to know, as close to reality as possible, to educate and educate us<sup>(13)</sup>. Education should prepare every human being to understand themselves and each other, through a better knowledge of the world<sup>(14)</sup>.

A study performed aiming at reflecting on the challenge in the process of teaching/learning in nursing care emerged as a possible way to transcend the hegemonic hyper-rationality in teaching, the rescue of sensitivity, proposing strategies that enhance the recognition of the human multidimensionality, rescuing the complexity of human existence as subjects of care, as well as the students themselves<sup>(15)</sup>, which agrees with the present study.

Human understanding is reached, when they feel and conceived humans as subjects. This human subject is complex by nature and definition, constitutes a cosmos in themselves, they have in-

ner multiplicity, although the individual subject is singular, we are not alone because the other and we live in it<sup>(16)</sup>.

### Knowing the context/environment

Professors understood that in addition to perceiving humans as singular, it is essential to know their context/environment, trying to contextualize it:

*I didn't have this vision that I have today, the issue of the environment, to link the patient to the environment [...] many times, I realize that it does not help perceiving only the patient, because the problems also come from his/her environment (P. 1).*

Furthermore, they believed that in order to develop a nursing care it is needed to:

*Know that landscape is what the subject who is before me has about life, health, sickness, death, finally, what he/she brings on these issues, because I also have my representation on these issues. It is a moment of encounter between my world and the world that this subject, from this moment on we will try to build together the best care, for him and not for me. (P.4).*

They also understood that:

*Care should be based on the biopsychosocial context of the human being to be thought of, developed, rethought and reevaluated in order to be effective [...] (P.3). If you manage to see the context, socioeconomic status, environment, these parts, you will be able to see better the individual and this is also part of our care, consider these determinants of health. (P.2).*

By highlighting the need to know the context/environment of the human being, the professors understood that from this situation, they can better understand this human being, embracing its multiple dimensions and thus promoting a dynamic, circular and reflective care.

Complexity has the task to connect all that is disjoint, it is the construction of a multidimensional knowledge that enhances complex thinking of restarting over simplistic and reductionist thinking. It is a thinking able to consider all influences: internal and external<sup>(1)</sup>.

The relevant knowledge is the one able to locate any information in its context and, if pos-

sible, in the set that is entered. You could say that knowledge progresses by the ability to contextualize and cover it<sup>(1)</sup>. Therefore, nursing care, realizing the human being as singular and seeking to contextualize him/her in their environment, expands knowledge, providing opportunities for singular and multidimensional care, as the needs of others in their real and complex context.

### Understanding reflection as care potentiator

Professors believed that reflection enhances care, as well as care feedback reflection, from a circular and dynamic movement. In this perspective, it is essential to discuss issues that permeate teaching/learning, because professors do not detach the nursing care from the training process.

They understand that teaching/learning is an unfinished process, it is a construction that involves deconstruction and reconstruction, and it can already see changes in attitudes and behaviors in some students to undertake comparative “yesterday” and “today”:

*Today we are managing to make students to think and rethink practice [...] Students are questioning and many of them are no longer accepting closed concepts, they are already creating their own concepts from the reality that they have. What is written in the book in biologicist way is no longer being so well accepted as a few years ago. (P.3).*

However, professors revealed that today the student “learns” to think in a fragmented way, “learns” to take care in decontextualized way, triggering actions and reproductions of care devoid of reflection, which ultimately disregard the human singularity and plurality.

Professors corroborate that in order to develop teaching/learning, it is essential to create strategies according to the demands of the students involved, and that, moreover, it is imperative that professors have a theoretical framework that enable enlarge the way of being and doing. The search for these approaches should also be instigated in students, so that they realize the need for reflection to enhance nursing care.

Thus, it creates possibilities not only for reflections, but also for changes in nursing theoretical/practical fields, highlighting that the role of the University is complex and requires constant reflec-

tion, and sometimes, the development of scenarios of changes in curricular internships, site of action of students and professors.

*We, as professors who are responsible for teaching care, by stimulating this process in some way, by bringing strategies, and then I ask myself, are we effecting some strategies? Because it would be nice to get to this nurse [responsible for the place where they perform curricular internships] and try to involve them in teaching actions. I know it's very challenging, but I think we have reached a point that we no longer have to go to the field [Theoretical/practical curricular internship], we take the student to act, observe and not get involved with the nurse who is there, who also participates in teaching (P.7).*

Professors understand that little is done to be in the fields of theoretical/practical curricular internships, just as a group of college students disjointed from other professionals working on site, understanding as indispensable relationship for possible changes.

It is essential to develop a complex thinking able to increase the autonomy of thinking and conscious reflection of human beings, in order to build up and have the opportunity to foresee their own black holes through dialogue between theory and practice<sup>(10)</sup>. In this perspective, it is essential to provide an environment of reflection to extend care, as teaching, based on singular attention to every human being, seeking autonomy and well-being<sup>(6)</sup>.

The constant reflection of practice should be encouraged throughout the nursing undergraduate course, in order to graduate critical and reflective nurses, able to care in a contextualized, valuing objective and subjective dimensions<sup>(17)</sup>. Thus, the autonomy and responsibility of a professional depends on how much they can reflect on and about their action<sup>(18)</sup>.

As demonstrated in this study, in addition to the reflection, articulation and interaction of nursing student and professors in fields of curricular internship with the other professionals involved in these scenarios of nursing care and health are important, so possible changes can take place. An example of this articulation is the development of health actions in conjunction with the Basic Health Units (BHU), in which nursing students and UNIFRA professors

accompany families in the community and return health information to BHU, talking and seeking to create strategies with the health team to solve the problems encountered.

In this sense, a study conducted to understand the experience of nursing professors with nursing students in the clinical practice, demonstrated that integrating teaching/care is constructive and facilitator element of the teaching/learning process, seeking Nursing professional training that incorporate in its actions, the foundation of authentic care<sup>(19)</sup>.

The integration teaching/care can be understood as the development of a collective work, in which the professor does not remain isolated from the group of curricular internship in a particular unit. It is necessary that these professors articulate the work of local health staff working with nursing students, promoting dialogue and making changes as experienced.

### **Recognizing the self-knowledge as a condition for the singular care**

In the opinion of the professors, self-knowledge is a necessary element for the construction of singular care:

*We cannot forget that to know the other person I need to know myself. In health care, particularly in nursing, we should work somehow the self-knowledge, if I do not get to know myself, I won't be able to meet anyone else [...] I can only take care of the other person from the moment I get to know the other person and it is implied that before that I got to know myself. (P.5).*

One participant questioned the group: How am I going to know someone from my staff or any student if I do not know myself? (P.6). This questioning led the group to reflect and reveal that self-knowledge is emerging, but which constituted a great challenge, since they are not prepared to understand and confront their limitations and difficulties facing life. They highlighted that as professors, they need self-knowledge to create opportunities for teaching/learning this self-knowledge to students in order to propitiate singular care.

It is increasingly important to rethink the articulated human being in the world. More than that, it is imperative that health professionals, especially

nurses, rethink their understanding of the world, of human beings, to care for human beings, and the questions surrounding their self-knowledge as potentiator of new knowledge<sup>(2)</sup>. However, these aspects need to be discussed in the process of nursing training, because nursing students, being understood as human beings, in their multiple dimensions, may acquire skills and competencies for self-caring and for caring the other person<sup>(17)</sup>.

Recognizing the nursing student as a singular human being, enabling them to recognize themselves to create opportunities to meet the other person, in order to develop the other person's uniqueness and effective care, it is necessary to create strategies for the development of future nurses, so they are able to invest in their own self-knowledge, being creative and with diverse knowledge towards humans and the world<sup>(20)</sup>.

## FINAL CONSIDERATIONS

In this research it was possible to know the meaning of nursing care for nursing professors, in the perspective of the complexity, which was characterized as a singular construction that goes beyond a technical-prescriptive, punctual and linear care. Thus, nursing care cannot be conceived as a reductionist action, but as singular construction, which involves interactions, reflections and self-knowledge.

Participants revealed that it is not only possible but necessary to expand nursing care, revealing that previously practices missing reflections are changing as it is becoming increasingly present.

Furthermore, signaling strategies were highlighted for constructing nursing care expanding the relationship professor/student, since they understand that in order to teach/learn care is also essential to take care of the student and the constant action-reflection-action is crucial in various scenarios of human health care.

This research has limitations regarding the number of participants. As a contribution of this research to Nursing, we expect to sensitize and mobilize nursing professors and nursing students to the importance of (re)considering the issues surrounding care from complexity, strengthening the being and doing of Nursing in a broader perspective interdependent and complementary. It is suggested that further investigations continue addressing this issue.

## REFERENCES

- 1 Morin E. *A cabeça bem-feita: repensar a reforma – reformar o pensamento*. 17a. ed. Rio de Janeiro: Bertrand Brasil; 2010.
- 2 Backes DS, Erdmann AL. Formação do enfermeiro pelo olhar do empreendedorismo social. *Rev Gaúcha Enferm.* Porto Alegre, 2009; 30(2):242-8.
- 3 Backes MTS, Erdmann AL, Büscher A, Backes, DS. Desenvolvimento e validação de teoria fundamentada em dados sobre o ambiente de unidade de terapia intensiva. *Esc Anna Nery (impr.)* 2011;15(4):769-75.
- 4 Ribeiro LF. *Cuidar e tratar: formação em enfermagem e desenvolvimento sócio-moral*. Lisboa: EDUCA; 1995.
- 5 Erdmann AL, Sousa FGM. de, Backes DS, Mello ALSF de. Construindo um modelo de sistema de cuidados. *Acta Paulista de Enfermagem.* 2007;20(2):180-85.
- 6 Moraes R, Galiazzi M do C. *Análise textual discursiva*. 2a. ed. Ijuí: Editora Unijuí; 2011.
- 7 Dall'Agnol CM, Trench, MH. Grupos focais como estratégia metodológica em pesquisa na enfermagem. *Rev Gaúcha Enferm.* Porto Alegre. 1999; 20(1):5-25.
- 8 Piexak, DR. Significado de cuidado de enfermagem complexo para docentes de uma Instituição de Ensino Superior [dissertação]. Rio Grande: Escola de Enfermagem, Universidade Federal do Rio Grande; 2012.
- 9 Ministério da Saúde (BR), Conselho Nacional de Saúde. Resolução 196, de 10 de outubro de 1996: diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos. Brasília (DF); 1996.
- 10 Morin E. *Os sete saberes necessários a educação do futuro*. 6a. ed. São Paulo: Cortez; 2002.
- 11 Falcon GCS, Erdmann AL, Backes DS. Significados do cuidar na promoção da saúde. *Rev. Latino-Am Enfermagem.* 2008;16(3):419-24.
- 12 Eunyoung E. The model of cultural competence through an evolutionary concept analysis. *J Trans Nurs* 2004;15(2):93-102.
- 13 Morin E. Complexidade e transdisciplinaridade: a reforma da universidade e o ensino fundamen-

- tal. Trad. de Edgar de Assis Carvalho. Natal: Ed.UFRN; 2000.
- 14 Delors J. Educação: um tesouro a descobrir. Relatório para a UNESCO da Comissão Internacional sobre Educação para o Século XXI. 8a. ed. São Paulo: Cortez; 2003.
- 15 Prado ML, Riebnitz KS, Gelbcke FL. Aprendendo a cuidar: a sensibilidade como elemento plasmático para formação da profissional crítico-criativa em enfermagem. Texto Contexto Enferm. 2006;15(2):296-302.
- 16 Morin E. O método 5: a humanidade da humanidade. Trad. de Juremir Machado da Silva. 2a. ed. Porto Alegre: Sulina; 2003.
- 17 Silva AL, Freitas MG. O ensino do cuidar na Graduação em Enfermagem sob a perspectiva da complexidade. Rev Esc Enferm USP 2010;44(3):687-93.
- 18 Perrenoud P. Prática reflexiva no ofício de professor: profissionalização e razão pedagógica. Trad. de Schilling C. Porto Alegre (RS): Artmed; 2002.
- 19 Betancourt L, Muñoz LA, Merighi MAB, Santos MF. Nursing teachers in clinical training areas: a phenomenological focus. Rev. Latino-Am Enfermagem. 2011;19(5):[08 telas].
- 20 Esperidião E, Munari DB, Stacciarini JMR. Developing people: didactic strategies to promote self-knowledge in the nurse education. Rev. Latino-Am Enfermagem. 2002;10(4):516-22.

---

**Author's address / Endereço do autor /  
Dirección del autor**

Diéssica Roggia Piexak  
Rua Vinte e Quatro de Maio, 264, ap. 05, Centro  
96200-003, Rio Grande, RS  
E-mail: diessicap@yahoo.com.br

Received: 26.07.2012  
Approved: 25.04.2013