DOI 10.18471/rbe.v31i1.21847

CARE: WORK, INTERACTION AND KNOWING HEALTH PRACTICES

José Ricardo de C. M. Ayres[1]

The theme of care is more and more becoming relevant in the contemporary world, and not only in the health area. It is also talked about care in the ethics, ecology, sociology, anthropology, work psychodynamics, feminism area, as well as the classic treatments of the individual in the philosophy area. Nursing remains one of those academic areas that comes systematically thinking, researching and publishing about care.

In each of the different areas with the discussion of care emerging, the approach will assume assumptions, characteristics, and different interests, and Nursing as well prints its profiles to the topic. Moreover, even within the scope of Nursing, we will find internal diversity regarding conceptions of care. However, it seems to be something new inside and outside of Nursing, or at least a renewing impetus, in the emphasis given to care in recent years, and revealing a certain affinity in its ethical horizons: the refusal to "materialize" the people and the relationships, the recovery of the value of spontaneous and creative social solidarity and, the search for overcoming an individualistic and individualizing vision of human actions as a corollary of previous perspectives.

This common horizon under construction has its origins and destinies in each area, it is certain. But we should not be far from the truth in seeing the sharing of some important basic ideas in these diverse movements, at least in those more reflective and critical. Among these ideas, three can be highlighted:

1) care should be a revealing way of how we, the human beings understand and manage our everyday experience;

2) this understanding and management never occur in an isolated, strictly individual way, but they are always constructed *in, with* and *for* the intersubjective interactions we are always immersed - from our immediate relationships to those we participate through the mediation of culture and institutions;

3) conceptualizing and valuing care is already a way of seeking to grasp and deal with this intersubjectivity constitutive of our existences in an active way in the "other," understood not as a passive medium or recipient of our aspirations, but noble and necessary, but as a necessary co-builder of all we can call human life.

In this sense, in a world marked by inequities, injustices, violence, suffering, it is almost intuitive to realize that taking care as a theme is a reconstructive movement (reconstruction of values, concepts, practices). In a world marked by such radical and enduring asymmetries of visibility and possibilities of expression among people, thinking care can only lead us to seek to highlight these neglected, oppressed or unknown subjective perspectives. And, it is no different in the health area, it could not be, especially in this area dealing so closely and daily with life, in its inseparable bodily, mental and

[1] Professor Titular do Departamento de Medicina Preventiva da Faculdade de Medicina da Universidade de São Paulo.

existential expressions. It becomes fundamental, especially here, where the impressive capacity for technical intervention achieved in the last century seems to show the potentials of creation, re-creation and diversification of human life in the most blatant way, while at the same time making it so selective, wicked and fragmenting, characterizing people, ordering and disciplining living paradoxically blind to their own practical sense - that is, insensitive to the inexorable linkage of any effective technical success with possibilities of practical success always built inter-subjectively.

To mark this reconstructive dimension, which crosses all reflection, knowledge, and practice in the scope of health actions (1), we will write it as Care from here on, with an initial capital. Thus, the question proposed in this editorial for reflection is: How does Care concern approach health care in general and Nursing in particular? How can Nursing research and intervention participate in the reconstruction of Health Care?

It has been pointed out the wide experience of Nursing in dealing with the issue of care and, in this process, certainly significant reconstructive impulses for Caring in health comes. Because it is an area of knowledge that historically arose from a social and technical division of health work[2], inheriting the management of care in its concrete operation, the relational aspect closely touches Nursing as an area of knowledge and the nursing technician tasks in the daily services. On the other hand, this daily practice ended up being strongly instructed by knowledge of scientific pretensions that like all modern sciences, seek a form of validation built on a subject-object polarization that ends by being abstracted exactly from this relational dimension, intersubjective, intrinsic to Nursing tasks. Thus, a great, and potentially fecund, reconstructive challenge for contemporary Nursing is created. What is the vocation of Nursing as a production area of scientific and technical knowledge? What kind of science and what research agenda can respond to the practical commitments of their technical action? As Mendes Gonçalves states[2:258]:

> Health work is not equivalent to the work of scientific research, but, like any other work, it applies the results of scientific research, and it gains potentiality with this application, losing many other potentialities due to the characteristics of scientific rationality.

Of course, this brings a whole discussion to the scope of Nursing about the difficulties that a certain crystallization and hyper-valuation of methods emanating from the empirical-analytical sciences, of the so-called natural sciences, will have to apprehend truths related to human phenomena[3]. In this sense, we follow with Mendes-Gonçalves when he affirms that such difficulty should not provoke immobility or conformism in applying science "as we can" to nursing practices[2]. However, from this same finding, it may be born the interest in refusing a

> [...] the immobilistic view of science, demystifying the ideological notion that science will bring all the necessary answers for the future of humanity, to reopen and to reconstitute it, the space of political action that science, not as a ready data, but as an open problem[2:269].

Also, it will not be difficult to agree with Mendes-Gonçalves[2] when he states that "The application of science to health work has brought more advantages than disadvantages," especially when he concludes that "[...] the best way to enjoy better these advantages and contribute to overcoming these disadvantages is through deepening the relationship between health work and scientific research"[2:269]. In this sense, he says, "operational research," an applied research practice, may offer positive responses:

> This potential capability of operational research can be grasped by examining two analytically distinguishable moments. In the first place, thought as an instrument of work capable of providing the rationally well-defined, though not absolutely true, perception of the progress of the process in its internal dynamics and in its relationships with the purposes that are supposed to be achieved, the operational research works to replace the argument of pure and simple authority by the relatively more democratic and productive discussion about what to do, how to do [...] In second place, if it is effectively incorporated into the "normal" work dynamics through its practice, the operational research can allow the development of two complementary characteristics in the collective health worker with potentialities of the idea of rearticulating work and science. It allows the gradual development of the ability to understand science, which is not at all fantastic and impossible, but neither automatic and simple. Through this possible understanding, it allows an interlocution in which scientists cease to depend only on their intuitions - they also have them - and their good intentions - they also have them - so they can

> know where they should lead the investigation, without being subjected to simplifications, and immediate demands only, which is a great means of sterilizing them[2:279-80].

However, besides the potential for reconstruction brought about by the relationship between nursing work and scientific knowledge, having the potential to guide practice in a non-technocratic way and to democratize the horizons of scientific health practice in general, the fact the "raw material" of nursing work is primarily the meeting between subjects (those who demand care and those who seek to carry out this care) makes the potentials of transformation of this area even stronger. On the one hand, because the interpretive, hermeneutical perspective, seeking not the apprehension of general laws of a given field of objectivity, but the understanding between subjects about themselves and something that unites them in a need of understanding [3] gains new vitality and dignity, producing other narratives that can compose the discursive space of the health sciences, helping to overcome the exclusivity of the positivist methods as judge of all pretension of rational agreement on the truths that interest to the practices of health.

On the other hand, the perception of this relational aspect of health work as a fundamental part of Care, for the concern to bring to the spaces of health work the legitimate voice of the other, for accentuating the central character of the dialogue as access to the practical meaning of our techniques and our sciences, Nursing carries a powerful emancipatory *telos*. Nursing care can produce from the knowledge of Nursing to new ways of bringing human diversity and the capacity of response of individuals and collectivities to the core of the works concretely operated in health, helping to make guiding principles and concepts such as integrality of attention and reduction of vulnerabilities, materialized in health practices.

Of course, there is a long way to go in this direction. Starting with the definition of research agendas that include, research on "heterodox" themes, and the traditional biomedicine-based guidelines, such as: the procedural dimensions of effectively producing Care meetings, as defined above; The facilitating or hindering forms of mutual recognition[4] of the subjects involved in care relationships; The relationship between technical success and practical success in the operation of the various technologies, care arrangements and health policy formulation; And the very development of a reflection after all, what health means and its pursuit.

We know that this transformation is not fast or easy, even because both the technical and scientific community of Nursing are submitted to cultural, institutional and power relationships that limit their autonomy and their potential creators. However, the growing presence of this area of research in the academic scene and the privileged position of its professionals, in terms of their number and their capillary situation in the daily exercise of health care (including non-university workers working under this technical perspective) certainly put Nursing in a privileged position to be one of the main spokespersons of the Care perspective in the current universe of health practices.

References

1. Ayres JRCM. Cuidado: trabalho e interação nas práticas de saúde. Rio de Janeiro: Cespesc; UERJ/IMS; Abrasco; 2009.

2. Mendes-Gonçalves RB. Trabalho em saúde e pesquisa: reflexão a propósito das possibilidades e limites da prática de enfermagem. In: Ayres JRCM, Santos L, organizadores. Saúde, sociedade e história: uma revisita às contribuições de Ricardo Bruno Mendes-Gonçalves. São Paulo: Hucitec; Porto Alegre: Editora da Rede Unida; no prelo 2017. p. 431-72. (Série Clássicos da Saúde Coletiva).

3. Gadamer HG. Verdade e método I: traços fundamentais de uma hermenêutica filosófica. 3a ed. Petrópolis, RJ: Vozes; 1997.

4. Honneth A. Luta por reconhecimento: a gramática moral dos conflitos sociais. São Paulo: Editora 34; 2003.