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INTEGRATIVE REVIEW OF THE LITERATURE

Cuidado e cultura: uma interface na produção do conhecimento de enfermagem

Care and culture: an interface in the nursing knowledge production

Cuidado y cultura: una interfaz en la producción del conocimiento de enfermería

Maria de Lourdes Denardin Budó ¹, Maria Denise Schimith ², Camila Neumaier Alves ³, Laís Antunes Wilhelm ⁴, Lúcia Beatriz Ressel ⁵

ABSTRACT

Objective: characterizing the scientific production related to care, nursing and culture in Brazilian journals over the past 26 years. **Method:** this is an integrative literature review. Data collection occurred in January 2013, on the data basis of Latin American Literature and Caribbean Health Sciences, Scientific Electronic Library Online and International Literature on Health Sciences. **Results:** there has been an understanding that we are sociocultural beings, whose behavior is built individually, and as uninterrupted and unfinished process, since human relationships are permanently rebuilt. **Conclusion:** the cultural interpretation of events in the health field allows us to understand their meaning and to what they relate, so that enables more meaningful qualitative experience of nursing practice for both nurses, as for the subjects under their care. **Descriptors:** Nursing, Nursing care, Culture.

RESUMO

Objetivo: caracterizar as produções científicas relacionadas à interface cuidado, enfermagem e cultura nos periódicos brasileiros dos últimos 26 anos. **Método:** trata-se de uma revisão integrativa da literatura. A coleta de dados ocorreu em janeiro de 2013, nas bases de dados Literatura Latino-Americana e do Caribe em Ciências da Saúde, Scientific Electronic Library Online e Literatura Internacional em Ciências da Saúde. **Resultados:** denota-se o entendimento de que somos seres socioculturais, cujo comportamento é construído individualmente, sendo tal processo ininterrupto e inacabado, uma vez que as relações humanas são permanentemente reconstruídas. **Conclusão:** a interpretação cultural dos eventos da área da saúde permite entender seus significados e a que se relacionam, de forma que possibilita uma vivência qualitativa mais significativa da prática de enfermagem, tanto para as enfermeiras, quanto para os sujeitos de seus cuidados. **Descritores:** Enfermagem, Cuidados de enfermagem, Cultura.

RESUMEN

Objetivo: caracterizar las producciones científicas relacionadas con la interfaz del cuidado, enfermería y cultura en revistas brasileñas de los últimos 26 años. **Método:** se trata de una revisión integradora de la literatura. La recolección de los datos ocurrió en enero de 2013, en las bases de datos Literatura Latino-Americana y del Caribe en Ciencias de la Salud, Scientific Electronic Library Online y Literatura Internacional en Ciencias de la Salud. **Resultados:** se denota el entendimiento de que somos seres socioculturales, cuyo comportamiento es construido individualmente, siendo tal proceso ininterrumpido e inacabado, una vez que las relaciones humanas son permanentemente reconstruidas. **Conclusión:** la interpretación cultural de los eventos del área de la salud permite entender sus significados y a qué se relacionan, de forma que possibilita una vivencia cualitativa más significativa de la práctica de enfermería, tanto para las enfermeras, como para los sujetos de sus cuidados. **Descritores:** Enfermería, Atención de enfermería, Cultura.

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INTRODUCTION

Historically, care did not belong to any profession; it was carried out by people, mostly women, who helped others to ensure the continuity of life, meeting their needs. Thus, care was sketched around the expression "taking care" and was focused on activities with children, pregnant women, hunting, plants and crops.¹

Women took care of children, pregnant women and the sick, while men were responsible by keeping the hunting products and ensure the group's safety. In this orientation, care passed, then, to have a social value among the peoples, and the woman to be seen as someone who cares, comprising specific meanings to this act. Care came to be understood as helping to live, learning to reconcile the diverse forces; as a source of pleasure, satisfaction, expressed in a relationship, seeking to alleviate suffering, pacifying and calming.¹

In the historical constitution of health and disease, the history of care was built to ensure the continuity of life, health, as the disease was seen as evil against men. Reflecting on this, it is known that nursing, by following the predominant biomedical model at the time, relegated to the background of the actions seeking to ensure the continuity of life, men and their reason for being.¹⁻² The biomedical model centered in sickness and in clinical description of the pathology findings propitiated encouraged health professionals to adhere to an extremely Cartesian behavior in the separation between the observer and the observed object. Thus, the intensification of the individual parts division contributed greatly to hinder the recovery of the whole.² This has created a gap in nursing care, since it did not provide satisfactory answers to many problems and, above all, for psychological or subjective components that accompanied to a higher or lesser level of any disease.¹⁻²

Caring nowadays involves a comprehensive look at the human being and covers the cultural context in which it operates, as it believes that every person has values, beliefs, knowledge and practices of natural care. Thus, caution should encompass people's health as a whole, seeking the humanization of assistance without dichotomizing it, turning only to the disease.

It is noteworthy that, when considering the cultural dimension of nursing care, you see that there are more than 50 years this profession is concerned about the differences between the professional care carried out by nurses and care required by people. About that, there is the meeting of the concepts of culture and care, proposed by the nurse and anthropologist Madeleine Leininger in her studies, aimed to support the practice of nurses, based on culture and application of nursing actions, corresponding beliefs, values, practices,

habits and customs of individuals who are cared for. This integration culminated in the construction of the Theory of Diversity and Universality of Cultural Care.³

This proposal reinforces the importance of nurses in recognizing that people have different cultures in relation to their own experiences, values and beliefs. This gives importance to the theory, to recognize the meanings, uses and functions of human care, using this knowledge to a beneficial care.³

Relating to humane care, it is understood that this is universal and experienced in different ways in various cultures, so we know the various forms of care is essential for the development of nursing care in a satisfactory and holistic manner.⁴

Nursing is a cultural phenomenon that involves the context and the process helps individuals from diverse cultures, where the person is not separated from its socio-cultural context and have their values and beliefs considered. Thus, it is believed that the relationship with the nurse cared people can occur horizontally, the sharing of experiences in being present at the hearing, in reflecting and acting consonant singled to cultural values in the care provided.⁵

Because of that, we present in this article a literature review that part of the multicenter project "Production of knowledge about nursing and culture in Brazil." The question that guides this research is "What is the scientific production of nursing in the care and culture interface, since coming to Brazil nurse and anthropologist Madeleine Leininger in 1985?" The goal is to characterize the scientific production related to care interface, nursing and culture in Brazilian journals over the past 26 years.

METHOD

In order to enable a synthesis and analysis of the knowledge produced in the field of nursing, culture and care, this study shows how the method integrative literature review, which authorizes investigate the issue at hand.

The integrative review is a bibliographical research model which aims to gather and synthesize research findings on a given theme, allowing identifying gaps in knowledge and the synthesis of multiple published studies, enabling general conclusions about a particular subject or an area of study.⁶

Data collection took place in January 2013 in the databases Latin American and Caribbean Health Sciences (LILACS), Scientific Electronic Library Online (SciELO) International Literature on Health Sciences (PUBMED), produced by NCBI's National Library of Medicine, USA (NLM). To carry out the search we used the combination of the descriptors "culture" and "nursing" and the words "culture" and "nursing" with the Boolean operator "AND", as well as their respective equivalents in English.

The timeframe was defined between 1986 and 2012 due to the presence of the American nurse Madeleine Leininger in Brazil, in 1985, when it was first introduced in our country the Theory of Universality and Diversity of Cultural Care, of her own, in First International Seminar on Nursing Theories, promoted by the Federal University of Santa Catarina (UFSC) in Florianópolis.

It was determined inclusion criteria the full articles, produced by Brazilian authors and published in Portuguese, Spanish or English. The full articles were obtained online and the Federal University library collection of St. Mary and the Franciscan University in the city of Santa Maria/RS, as well as the personal collection of the authors of the article.

That way, they met 520 productions evaluated according to the inclusion criteria. There is the use of Endote Software for organizing bibliographies, totaling 100 articles that were read and which form the corpus of this research.

The collected material was identified in six empirical categories. This article presents and discusses the categorized items in productions related to “culture and care”, considering its contribution amount for nursing care marked by cultural perspective. In this category the corpus of empirical analysis included 38 productions.

Data analysis was based on grouping of issues, which allowed the construction of two analytical subcategories according to the themes found, namely: Health and culture from the perspective of nursing and care and culture from the perspective of people and their caregivers. To this end, there was a systematic reading material organized in advance and the categorization of the constituent elements of the subject.

RESULTS AND DISCUSSION

To organize the articles selected for the analysis of the data, it was elaborated a summary table containing the identification of the article, the educational institution, from the state of publications and the years they were published. Analysis of these data resulted in Table 1, which presents an overview of publications.

Table 1 - Distribution of publications about nursing, care and culture.

Educational Institution	Number of articles	Percentage
Federal University of Santa Catarina	9	23,68
Federal University of Santa Maria	8	21,05
Federal University of São Paulo	3	7,89
Federal University of Ceará	3	7,89
Federal University of Paraná	2	5,27
Federal University of Rio de Janeiro	2	5,27
State University of Londrina	2	5,27
State University of Rio de Janeiro	2	5,27
Federal University of Rio Grande do Sul	1	2,63
Fluminense Federal University	1	2,63
State University of Maringá	1	2,63
Federal University of Mato Grosso	1	2,63
Federal University of Pelotas	1	2,63
Federal University of Sergipe	1	2,63
College Pequeno Príncipe	1	2,63
Total	38	100

The predominance of publications related to educational institutions are the Federal University of Santa Catarina (UFSC) and the Federal University of Santa Maria (UFSM). Regarding the home state, ten are studies in Rio Grande do Sul and in Santa Catarina nine. According to the years of publication, these began in 1993, four studies in 2006 and 2008.

After reading the publications and organization of studies built up the corpus of this article, which presents the discussion of the following analytical categories.

Care and culture from the perspective of nursing

This category includes matters that emerged referring to the cultural perspective that underlies conceptually nursing care. In the selected productions there were met concepts about culture, health and nursing.

It is understood the culture, health and nursing as fundamental elements and overlapped to achieve care. Culture comprises the servants lifestyles and transmitted between generations, its members or a particular society, and involves the elements acquired socially by men, such as beliefs, customs and knowledge.⁷

In a study⁸ which deals with the culturally corresponding care provided by nursing, the importance of professional it is significant to be sensitive to issues that culturally shape the individual, because they define the modes of action, choices and possibilities of those involved in the care process. The culture is presented as an element for guiding the care of individual or collective world views that should be recognized by the nurses.⁷

Nursing is a science that works with the human being, subject of its care, so it is necessary that the dynamics of personal life and society which this human being is bound to be for her understood.⁹ In this line of thought the study confirms that deals with the process of caring correspondingly, in which there is recognition of families as generation, transmission and modifying the system of symbols and meanings that make up the cultural fabric.¹⁰

In another study¹¹, which sought to understand the directions given by nurses to research activities, it is clear that the investigative research is valued by nurses as it allows them to realize the importance of the results of their research to improve care and professional development. In this case, according to the authors, there is a resumption of professional cultural values hitherto forgotten because of the everyday practice of doing without reflection.

Nurses for their care actions, they need to approach the understanding of the cultural reality of the subject who cares, since the act of caring is directly linked to culture.¹² Thus, we can perceive the care as a time of acting with zeal and attitude of occupation to be careful, that is the concern, accountability and the emotional involvement between being a caregiver and the being who gives care. On this way of thought, study¹³ that sought to characterize the culture of professional care provided to elderly residents in long term care facilities reinforces the importance of careful actions based on maintaining functional capacity of the elderly. Moreover, points out that the attention and continuous follow-up by the promotional health practices, preventive and curative, should combine professional knowledge and popular of institutionalized elderly.

A survey¹⁴ that aimed to characterize the socio-cultural context and nurses know how their experiences and pain senses influence in child care identified that there is a relationship between the pain experiences of nurses and their impact on the care they provide to children. The authors conclude that respecting the cultural and social characteristics of patients and their families is essential in pain management.

In a study that discusses the nursing care in the area of obstetrics, it is considered that the environmental factor, from conception, birth and parturition have important implications for the growth and development of the newborn as a citizen.¹⁵ In another study, we are

noticed that the intention is to distinguish the nursing care provided to individual needs and specific to each subject, and concerning their culture, when it comes to sexuality corroborates.¹⁶ A study presents sexuality dealt with by nurses, which in cultural perspective it is an invisible matter, which implies the need to produce studies for your understanding and for our nursing practice.¹⁷

It is understood that deconstruct this invisible vision of the bodies set up by the nursing, it is a challenge and a complex breakthrough for these professionals. Historically nursing seeks to conceal the bodies, using coats and shunning social relations that enable the expression of sexuality care bodies and caregivers.¹⁶⁻¹⁷

The reflections made in a study¹⁸ nurture the disappointment for the realization of humanized care in relation to sexuality as one of the elements inherent in every human being and each with its own specificities. In this same light, it is understood that the humanization of care is effective in cultural careful when it favors the investment in professional and on soft technologies, allowing the qualification of humanization and user access to services.⁸

This perception of the cultural aspect of the care is based on the fact that the cultural background influences many aspects of people's lives, interfering heavily in their health and care.¹⁹ Thus, the corresponding cultural care, becomes a position and an attitude of professionals, transforming the cold reality of services on legitimate spaces of health production.⁸

Even if a nursing theory has focused on the culture of the people, some nursing professionals still feel the need to share knowledge for the realization of a differentiated practice.²⁰ The perception that people have of care is inherent to their needs and monitors their way of life in order to establishing dialogues and aiding relationships, while performing the actions that involve nursing care are ways so that we can meet each other and meet our expectations.²¹

In one study²² reflecting on the use of the concepts of Transcultural Theory Disability with patient care met the possibility from the theory, to create a competency self-assessment tool for nurses about the person's care with disabilities. It was emphasized that the use of this instrument can contribute to the qualification of culturally competent nursing care for the disabled person.

For cultural care Leininger, it is understood that the size of culture and respect for human beings, when interlaced in care, tend to reduce inconsistencies and cultural conflicts. One may notice, too, as the main core meaning of "care", the qualifying attributes such as humanism and be close, as a permanent feature of the cultural image as well as scientific knowledge as increasing transient stroke, and permanent perspective the view of man as a being integrated.²³

It is thought, in accordance with the studies presented, that nursing has a primary role in the care of the human being, being essential to involve the knowledge of the sociocultural context of who is taken care of. For this, the nurse should guide his actions in listening activities, observation, attention, affection, care and to provide a humanized and comprehensive care dialogue.

Care and culture from the perspective of the people and their caregivers

In this category publications refer to the cultural perspective of care practice, under the aegis of care to individuals and their caregivers.

In studies that deal with pain related to cultural influence, this is expressed in feelings (nervousness, anxiety, sadness, depression) and behavior.²⁴⁻⁵ The health care professional who meets these individuals often have difficulty understanding and therefore comply with their culture, underestimating or overestimating their demonstration against the pain. So perceive pain in a cultural perspective is essential for health professionals, since they have a very close relationship in the care of people along with their families.²⁶

Concerning this, the study concludes that for a comprehensive care, it is necessary to propose strategies for congruent care to the real needs of patients and caregivers, making them partners, for dialogue provides the shared construction of care.²⁷ For nursing care, in relation to the autonomy of the subjects to happen, it is necessary that nurses in their clinical practice consider the interactions that occur in the family group, which, in its dialectical movement, modulates and is modulated by culture.²⁸

Family members and caregivers often seek complicity with the nursing staff and other health professionals, establishing a social network that sometimes is not seen by them, being something that must be overcome.²⁹ It is essential that the dialogue and the relationship human are valued and used as tools to arouse sensitivity and understanding of the other.³⁰ For that work with families requires vision and professional action in accordance with the cultural, social and economic contexts of each group because it denotes that each of them have their own way of living and to administer health care concepts.³¹⁻² Thus, when considering the experience and the socio-cultural context of each family, we can turn them into true partners, with bilateral learning considering the knowledge of health professionals and family.³³

It is noteworthy that, to provide the care, with the concept mentioned above, it needs to understand each individual as a unique being. This is highlighted in a study that deals with breastfeeding and socio-cultural aspects that influence this practice, stressing the incorporation of new customs society, which often imposes breastfeeding, even before hearing the opinion of the mother woman and her family. However, it is necessary to change, to negotiate and to rethink the culture of not suckling and having to suckle, remembering that the risks and benefits come with an express dictatorship for other cultures that are interlaced, without forgetting wanting or being able to breastfeed.³⁴

Another example cited in studies found in our study, refers to the cultural influences in the process of birth and calve.³⁵⁻⁶ These studies report that women are highly regarded values during these times, causing them to suffer major influences of popular knowledge than knowledge professional.³⁵ emphasize the need to understand the context and the social life of the couple and family influences the significance of these processes.³⁵⁻⁶ The perception of childbirth should not be understood only as a biological process nor as a baby withdrawal technique, but a family/social/cultural event involving the partner, the family, reflecting on a satisfying moment.³⁶ Thus, when a link between health professionals and their patients as well as respect for their choices, expectations and culture is provided safety and reliability to women and their caregivers, confirming the relevance of cultural understanding of this event.³⁷

It visualized that some caregivers often need acceptably symbolize the situation they are living so that they can overcome the daily obstacles, building a number of meanings regarding the diagnosis.³⁸ Many go counter to the explanations of medical knowledge, as they seek to identify the way of life and the elderly context the mechanisms that led them to become ill. The therapeutic practices at home are eminently cultural, considering socially constructed beliefs and values.³⁸ Faced with this type of situation required the expansion of the nurse vision, an open horizon on the daily life of care by providing a more harmonious careful about the patient's perspective, caregivers and family. Providing opportunities even to professional, constant reflections, inducing them to change when it is necessary.³⁹⁻⁴⁰⁻¹

It stood out in the study that the practice of caring for the elderly and their families make up in one exchange ratio, where values and beliefs of both parties are preserved, accommodated and restandardized, permeated by an interaction between both parties.⁴² Thus, the nursing practice should be guided by the use of proximity spaces with the elderly and their caregivers, so that is the context of recognizing moments of the elderly and their caregivers, exchange of knowledge, actions that qualify care.³³

As well as in the care of the elderly and their family, in the care of the patient with cancer is essential to recognize the anthropological social dimension, amplifying the look beyond the disease and the importance of the disease meant for people. It is within this perspective that health professionals, especially nurses, need to understand the experience of falling ill.⁴³

It should be noted that the identification of beliefs and understanding how these influence human behavior before a health problem can determine the share of services and how this action should take place.⁴⁴

CONCLUSION

From the results presented, it is evident the characterization of scientific nursing productions published in Brazilian journals in the last 25 years, whose theme addresses the interface nursing, care and culture.

In the analyzed studies, print the understanding that we are socio-cultural beings, that is, how to act, think and feel express the meanings, according to the world view of the subject. In this sense, human behavior is built, historically, per person, with such uninterrupted and unfinished process, since human relations are permanently rebuilt.

Culture is understood as an essential element to achieve care in order to promoting health and quality of life. Thus, care, when performed in the cultural perspective, values the meanings of being careful and mutual senses unties between self-care and the caregiver. This promotes the approach of professional knowledge and popular. Therefore, culture is

presented as an element for the care and as a possibility for understanding the human being, in the realization of his way to take care of.

Also, studies showed that the professional cultural values are reflected and taken care of in practice. Similarly, they point out that careful understanding is diverse and its interpretation is according to the worldview of each individual, both as caregivers, and as a subject carefully.

In addition, some studies show that care, in relation to specific events of human beings, such as sexuality, birth of the process, childbirth, breastfeeding, care for the elderly, for patients with cancer, patients with pain it becomes humanized when the specifics of care are to be valued. This is because culture influences every aspect of human life, what distinguishes the subjectivity of each individual. It highlights the importance of health care professional, considering the culture of this subject, because its meanings and symbolization may vary according to their cultural perspective.

It was emphasized that nursing has a primary role in the care of human beings, need to incorporate, in this care, understanding the sociocultural context of the subject carefully. It is necessary to understand every being as unique. Understand its uniqueness, beliefs, values, symbolism, perceptions, because it humanizes care, qualifying it for those who care and those who are cared for.

It is understood that these concerns express some meaning, interpreted in relation to the topic under study, and it is expected that this promotes and encourages new perspectives to the practice of nursing care. The cultural interpretation of health events allows us to understand their meanings and that relate; It gives opportunity to express different worldviews present in the cultural complexity of the context; it allows accepting differences; and enables a more meaningful qualitative experience of nursing practice, both nurses, and for the subject of their care.

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