Update Article
Artigo de Atualidades
Artículo de Actualidades

DOI: http://dx.doi.org/10.12957/reuerj.2020.50353

Nightingale fundamentals, human care and health policies in the 21st century

Fundamentos Nightingaleanos, cuidado humano e políticas de saúde no Século XXI

Fundamentos Nightingaleanos, atención humana y políticas de salud en el siglo XXI

Márcia de Assunção Ferreira; Priscilla Silva Machado; Marta Sauthier; Rafael Celestino da Silva

ABSTRACT
Objective: to establish relations between Nightingale fundamentals on the sustainability of human clinical care in dialogue with concepts underpinning two of Brazil's current health policies. **Content:** nursing science is grounded on a holistic approach of the human being, with a view to comprehensive health, emphasizing subjects in their physical, mental, emotional and spiritual dimensions. This principle underpins integrative, humanized care practices in proposing comprehensive care centered on the human person and a therapeutic relationship designed to promote health and wellbeing. The main sources were Nightingale's seminal work, nursing theories, and applied texts from Brazil's National Policy of Humanization and Integrative, Complementary Healthcare Practices. **Conclusion:** The basic health care principles proposed by Nightingale, reflected in current health policies, contribute to expanding the autonomy of nursing personnel in the providing care based on concepts specific to nursing, in favor of Integrative, Human Nursing.
Descriptors: Nursing Theory; Nursing Care; Humanization of Assistance; Public Policy; Complementary Therapies.

RESUMO
Objetivo: estabelecer relações entre os fundamentos Nightingaleanos na sustentabilidade de uma clínica de cuidado humano em diálogo com conceitos que sustentam duas atuais políticas de saúde brasileiras. **Conteúdo:** a ciência da enfermagem se afirma em uma abordagem holística do ser humano, com vistas à saúde integral, ressaltando a pessoa na sua dimensão física, mental, emocional e espiritual. Este princípio sustenta práticas humanizadas de cuidado e também integrativas, na proposição de cuidados integrais centrados na pessoa e relacionamento terapêutico para promover a saúde e o bem-estar. As fontes principais foram a obra seminal de Nigthingale, teorias de enfermagem, textos aplicados da Política Nacional de Humanização e de Práticas Integrativas e Complementares de Saúde. **Conclusão:** os princípios básicos do cuidado propostos por Nightingale refletem-se em atuais políticas de saúde, contribuindo para ampliar a autonomia dos profissionais de enfermagem, na oferta de cuidados baseados em conceitos próprios, em favor de uma Enfermagem Integrativa e Humana.
Descritores: Teoria de Enfermagem; Cuidados de Enfermagem; Humanização da Assistência; Política Pública; Terapias Complementares.

RESUMEN
Objetivo: establecer relaciones entre los fundamentos de Nightingale sobre la sostenibilidad de la atención clínica humana en diálogo con los conceptos que sustentan dos de las políticas de salud actuales de Brasil. **Contenido:** la ciencia de la enfermería se fundamenta en un enfoque holístico del ser humano, con miras a la salud integral, enfatizando los sujetos en sus dimensiones física, mental, emocional y espiritual. Este principio sustenta las prácticas de atención integral y humanizada al proponer una atención integral centrada en la persona humana y una relación terapéutica orientada a promover la salud y el bienestar. Las fuentes principales fueron el trabajo fundamental de Nightingale, las teorías de enfermería y los textos aplicados de la Política Nacional de Humanización y Prácticas de Atención Integrativa y Complementaria de Salud de Brasil. **Conclusión:** Los principios básicos del cuidado de la salud propuestos por Nightingale, reflejados en las políticas de salud vigentes, contribuyen a ampliar la autonomía del personal de enfermería en la prestación de cuidados basados en conceptos propios de la enfermería, a favor de la Enfermería Integrativa, Humana.
Descriptores: Teoría de Enfermería; Atención de Enfermería; Humanización de la Atención; Política Pública; Terapias Complementarias.

INTRODUCTION

In her seminal work, Florence Nightingale defines Nursing as art and claims that, in order to be art, Nursing requires exclusive devotion and rigorous preparation. In this work, Nightingale addresses women who, at that time, were the ones responsible for the care, for the health of someone, emphasizing that health knowledge was essential to safeguard people from illness or for them to recover[1].

It is observed that, in this work, Nightingale asserts that the art of Nursing should include conditions that, by themselves, would enable what she understood to be Nursing care. In addition, Nightingale makes a criticism when she writes that the art of Nursing, as it was practiced, did not contribute for the disease to play the role of being a restorative process, as thought by God[1]. In her writings, there is not exactly a concept of art, but the *art of Nursing* she repeatedly

Autor correspondente: Márcia de Assunção Ferreira. E-mail: marcia.eean@gmail.com.
Editor responsável: Sonia Acioli de Oliveira.

Received: Apr 20th 2020 – Accepted: Aug 31st 2020

DOI: http://dx.doi.org/10.12957/reuerj.2020.50353

mentioned is expressed in *what and how to do* to assist people to maintain or recover health, that is, the art of Nursing is expressed in the care practices and in the care provided.

Her work inaugurates the professional knowledge of Nursing and the principles of care supported on an environmental theory that gives consistency to the basis of her science. The necessary conditions and arrangements included in the *what to do* (care actions) and in the *how to do* (to care) is based on leaving the person in the best conditions possible so that nature can act and establish a restorative process, therefore being essential for a complete and singular care. Thus, a set of elements essential to the nurse and to care is derived therefrom, in which Nightingale speaks with a focus on the person to be cared for[1].

The care advocated by Nightingale requires the nurse's intellectual capacity to observe in depth and to properly describe what she observed, but it is also necessary for the nurse to anticipate the patients' needs, which requires that she deeply understands them[1]. Such guiding principles center care on the person and on the setting that surrounds them, requiring the management of their environment and surroundings, valuing natural elements, objects, aesthetics, and the people that give dynamism to the setting, including the ways of caring for patients and their visits; that is, it values human behaviors. Balance in care is valued, showing that both lacks and excesses are not necessary if the purpose is to promote health, comfort, and well-being.

The analysis of the environmental theory and of the basic principles that guide the nurses' work in Nursing care emphasizes natural healing stimuli, attentive and welcoming listening, bonding and integration of the person to be cared for in the environment that surrounds them, considering their influences on the care/cure/health process, in addition to considering the influences of the body on the human mind[1].

In the current historical context of the 21st century, Nursing care takes place in the daily routine of a professional practice, with a therapeutic intention, resulting from work processes aimed at alleviating, comforting, and promoting well-being and health, preventing injuries, and treating and/or rehabilitating people to (re)integrate them into their daily lives[2-3]. In the light of her principles, it is observed that, from the Nightingalean perspective, care has an integrative and ecological nature. Therefore, the fundamental principles of Nursing, coined in the 19th century, remain the basis for effective action on the environment and on the relationships that are established from it.

It is recognized that the Nursing practice, scientifically grounded, requires knowledge based on the sciences, techniques and technologies necessary to respond to situations of health and illness; however, people also expect attention, compassionate care and effective communication, which are qualities referred to as expressions of the art of Nursing[3], of the *what and how to do*. Meeting these people's expectations is valued and customizes care in meeting their biopsychosocial and spiritual needs and cultural preferences[4], corresponding to the understanding of human beings in physical, intellectual, emotional, social and spiritual components, in the light of Nightingale's writings.

In a debate on the dimensions of science and the art of Nursing, the place of scientific knowledge is recognized in the orientation of the clinical guidelines, technical competence, and evidence-based practices based on science; however, the authors note that the expression of sensitivity, lightness, affection and gentleness in behaviors and touches, the expression of emotions generate intangible actions that affect care and express its art dimension[3-5], in line with the premises of Nightingale's *Notes on Nursing*, when she alludes to the nurses' ways of caring.

This work is characterized as a theoretical essay and aims to establish relationships between the Nightingalean fundamentals expressed in the science and art of Nursing, in the sustainability of a human care clinic, and in dialog with concepts that support two 21st-century Brazilian health policies.

CONTENT

Nightingalean Fundamentals: Bases for science and application in the clinic of human care

In the second half of the 19th century and in the 20th century, Nursing was built as a science and, in the 21st century, the Nursing science has been expressing itself as a science of plural knowledge[6] and reasserting itself with a holistic approach to human beings. The Nursing theories produced until then consider human beings as integral beings, expressed in body, mind and spirit[7], located in a socio-historical and cultural context. The development of a holistic view of the human being rests on the unitary world view of the Nursing discipline, whose philosophy guides the concept of a body-mind-spirit unit to promote integrative health and human care, to achieve peace, well-being, and the cure[8-9].

DOI: http://dx.doi.org/10.12957/reuerj.2020.50353

Integrative health enables the application of human potential in its biological, psychological and social condition, in a perspective of vital balance. Thus, people contribute to social development, and health is therefore a matter of normative and bioethical law[10]. In this sense, taking care of the individuals implies taking care of society, and vice-versa. That is why it is important that the person is seen holistically and not fragmented.

Caring in Nursing requires information and actions based on knowledge, and the conceptual and theoretical developments represent or correspond to paradigmatic changes, advances in ethical, bioethical and epistemological reflections present in the area, interfering and updating in the concepts of the meta-paradigm of health, environment, person and Nursing, which compose the Nursing theories.

Such advances are important for understanding care, whose term is polysemic and needs to be contextualized in the fields of morals, ethics, philosophy and socio-anthropology. It covers the meanings of actions directed towards oneself, the other and the collective, and the maintenance of things/objects and technologies specific to the care environments[11-12]. Care that also gains meaning in solidarity, in inter-social actions, and in the moral, religious and/or spiritual obligation to reach people to help them whenever necessary[13].

The act of caring takes place in the relationship between people, built with empathy, through sensitivity and communication skills, so that there is a perception of the needs of others, in their own contexts of social, human, philosophical and spiritual values[14]. In essence, care is ethical and knowing how to care translates itself through human ethics, considered as the set of values that involve solidarity, love, and dedication in a vision of integrality, spirituality and ecology. It expresses humanity, people's moral values and principles, human behavior towards the others[15].

The biomedical and emerging paradigms are evidenced in several Nursing theories. Theories of the humanist, integrationist and complexity model highlight the processes of nature, society and history in the analysis of the health-disease-care process. From the perspective of the social production of health, the socio-cultural context gains expression, as well as biopsychosocial integrality, revealing the subjectivity in the many expressions of human beings[16], directing research studies that involve care in its epistemology and praxis.

The acts of care in Nursing require a theoretical foundation and are performed in procedural techniques, in a complex human relationship that implies inter-subjectivity, sensitive and empathic interaction among its participants, distancing itself from the biomedical paradigm focused on the disease approaching health. Furthermore, it differs from the care provided by other professionals; it covers solicitude, compassion, availability, with organized and integrated intentionality[17]. The understanding of the value of care as an act of the Nursing professional depends on the ethical conceptions of the meaning of life, which lead Nurses, as individuals and professionals, to value and respect their own existence and that of the other. Care enables nurses to accomplish their goals, to exercise their uniqueness, their way of existing, since care is, by principle and nature, ethical. The exercise of their skills and competences makes it possible for nurses to ontologically understand the uniqueness of the others and to help them to live in the light of the meanings that they attribute to their life/existence[9,18].

Taking care of people in their biological, psychological, mental, social and spiritual expressions implies applying holistic principles in the processes of health and illness; resuming the vision of a cosmology that integrates nature and the human being in defense of balance, considering the natural and social environment in the diagnoses[19], popular in current health discourses and policies.

In the conception of the fullness of being, spirituality increases and becomes a field of action, given the scientific work showing the role of religiosity/spirituality in mental health, confrontations and adaptations to health problems[20]. In addressing the spiritual needs to integrate them in patient care, it is recommended to follow sensitive paths. It is understood that meeting this dimension does not require hard technologies, requiring the genuine presence of human beings, their sensitivity and motivation.

There are theorists who discuss spirituality as a central theme (Newman, Neuman, Parse, Watson)[21], or as a peripheral theme (Levine, Roy, Leininger, Rogers and Horta) in their fundamental writings. Nightingale also highlights spirituality within the scope of human nature, being a powerful resource[21], revealing one of Nightingale's basic principles: deeply understanding human beings[1].

According to Nightingale's precept that Nursing care should help patients to regain balance in order to promote their cure, Nursing aims to help people to find harmony in mind, body and soul, so that the processes of self-knowledge, self-respect, self-healing and self-care take place, enabling diversity[22].

Seeing the other and their manifestations, as well as their human responses, in the current diagnostic language, involves knowing what to look for. In this sense, Nightingale's assertion that nurses must observe in depth and properly

DOI: http://dx.doi.org/10.12957/reuerj.2020.50353

describe what they see is reinforced. Taking a deeper look implies paying attention to what should be seen, how it should be identified, and its meanings for the Nursing clinic.

In the Nursing care clinic, there are particularities that imply considering the meta-paradigm that conceptually supports the discipline in the field of science: human beings, environment, health, and Nursing itself as a field of knowledge and practices. In the context of this clinic, the presence of those involved in care, the effective communication in the dialogical relationship that underlies the interaction, and the experience of subjectivity involved in interpersonal relationships are elements that matter and make up its conceptual framework[23] and reassert what is assumed as the dimension of art in Nursing care: technique, intuition and sensitivity[3,24], whose diverse knowledge put into action is unique and different in each nurse[24].

Nursing is a practical discipline, it is conducted in the daily action of attention and intention to others and it is the field of a science and an art of caring; therefore, working with the current resources of techniques and technologies, supported by its first fundamentals and by the knowledge generated with the advances in science; it serves the purposes of humanitarian, ethical and solidarity Nursing, a professional Nursing that seeks in studies and research the best evidence to care for people, safely, efficiently, and effectively promoting human health.

Nightingalean Principles: Interfaces with two current health policies

When reflecting on the concepts of care and placing them in the field of health, considering the basic principles of human care that encompasses the observation, description and understanding of human beings, the fundamentals of Nursing are recovered in its genuine principles, giving it a prominent place in current health policies, which contributes to expanding the possibilities of autonomy in the nurses' actions.

As an example, it is observed that the knowledge disseminated through Nightingale's environmental theory is clearly expressed in the National Humanization Policy (*Política Nacional de Humanização*, PNH), a Brazilian governmental policy created in 2003, in which the concept of environment supports care practices, in safeguarding an environment that offers conditions for the families to be present with their hospitalized relatives, in order to enable the bond and the leading role of the users, aiming at better results in the treatments offered to them[25].

The defense of care within the scope of the nurses' work linked to the natural mechanisms of healing and health recovery, mobilizing the vital forces of the human being and present in the Nightingalean speech[1], is also evidenced in another Brazilian policy enacted in 2006, the National Policy on Integrative and Complementary Health Practices. This policy has been expanding its implementation field, especially in primary health care, with a variety of health promotion practices based on inter-disciplinarity[26].

Within the scope of this policy, the Integrative and Complementary Health Practices (*Práticas Integrativas e Complementares em Saúde*, PICS) emphasize the necessary attention centered on the human being, encouraging the participation of users in care, giving them more protagonism, promoting a better therapeutic relationship, valuing the singularities, knowledge and potential for self-healing[26], requiring some qualities from the professionals so that such premises are met.

The fundamental support bases of the nurse's distinctive care practices are applied in the defense of a care clinic, in which general knowledge is applied, but the specific disciplinary language remains, so that the disciplinary guidance of Nursing aims at and gives visibility to the professional Nursing acts, not distorting it from its course[9], established since 1859.

With the intention of a humanized service, required by the PNH and by the PICS, observing in depth, properly describing, and deeply understanding human beings are skills to be developed by the nurses[1], which will require full attention and presence in care. Creating a bond and establishing a therapeutic relationship are principles of human care, from the Nightingalean perspective.

The fundamentals presented are in line with the care bases of what, in this century, was called Integrative Nursing[27], which has been mobilizing care production and practices in Brazil and in several countries, with its conceptual and practical structure directed to the person-centered care, based on building good relationships so that health of the populations is attained, users' and professionals' quality and satisfaction are achieved, with reduced costs[27], in addition to corroborating the integrality of health care.

Integrality of care, one of the principles of the Unified Health System, is possible through multidisciplinary action, and is expressed in the incorporation of attitudes of respect and citizenship by the subjects in the relationship. In favor of this integrality, it is advocated that Nursing incorporates transformative practices, converging with Integrative Nursing, which brings in its application epistemological, historical, ethical, aesthetic, empirical, personal and political advances, since its beginnings[27].

DOI: http://dx.doi.org/10.12957/reuerj.2020.50353

Integrative Nursing develops epistemologically, even rescuing from its Nightingalean training what is macro in the area. It converges with the PNH, which requires an understanding of human subjectivity, expanding the view of science, and rescuing professionals, especially nurses, from the micro context in the area.

A fundamental principle in Nightingalean thinking is the care of human beings and not of diseases, so that the former are able to live and be healthy. For this principle to be carried out, the setting and the surroundings – the environment where people are – are taken care of, paying attention to the variety, so necessary for the protection of mental health, because monotony is a triggering factor of stress; the silence and noise that can bring physical and mental discomfort[1]. Precautions are taken so that there is no psychic overload, which disrupts moods and triggers harmful reactions to organic balance, and this includes the influence of thoughts, feelings and emotions on the patients' recovery process and on maintaining their health, as well as of the harmful presence of the other, seen as detrimental visits to the patient's recovery process[1].

The concept of care is polysemic and encompasses multiple dimensions understood in the field of technique, clinic, encounters and relationships between human beings and their attitudes, of the institutional and political relationships[28]. When circumscribing it within the scope of a professional activity, as in Nursing, these dimensions will be present and supported by the Nursing knowledge patterns[6].

The strengths in the Nightingalean knowledge are updated in current discourses, revealing its visionary position in what is considered as "news" of the 21st century, in health policies in which the concepts of environment and ambience stand out in the promotion of welcoming and in the effectiveness of the treatments: the spaces for care (both physical and social) become important health allies; the mind and spirituality need to be taken care of as much as the body; biology is intertwined with the psyche, the matter with the spirit, and good personal relationships are factors that protect and promote health. Therefore, regarding its fundamentals, we acknowledge the core contents of the Nursing discipline.

Nightingalean *avant-garde* thinking and its updating, linked to the contemporary health principles, concepts and policies, evidences its contributions and its visionary position regarding health and care.

CONCLUSION

Resuming the Nightingalean discourse and reflecting on the fundamentals of care in favor of a 21st-Century Nursing is to value what is genuine in Nursing knowledge, supported by its meta-paradigm and its first proposition in which it was thought what Nursing is and what Nursing is not, inaugurating a field full of possibilities for acting in favor of human beings and of humanity.

These possibilities are also promoted by the definition of Nursing as the art and science of care. The art expressed in the *what* and *how* to do in Nursing gives us opportunities to transcend in the practice, as it adds skills, knowledge, action, awareness, perception, ideas, ideals, reason and emotion in the production of techniques, technologies and expressions. Art is a human activity that involves presence, balance, harmony, aesthetics, and sensitivity; it reflects human beings in their entire condition in a way that is not repeated; in this sense, Nursing as art has a unique and different performance that is built and (re)built at the moment of meeting the user. The promising science of the 20th century has made us advance as a discipline, and art has given us the possibility to create and transcend and thereby provide Nursing with opportunities to grow even more in the 21st century.

REFERENCES

1. Nightingale F. Notas sobre Enfermagem o que é e o que não é. São Paulo: Cortez; 1989.
2. Carnut L. Care, integrality and primary care: essential articulation to reflect on the health sector in Brazil. Saúde em Debate. [Internet]. 2017 [cited 2019 Dec 10]; 41(115):1177-86. DOI: https://doi.org/10.1590/0103-1104201711515
3. Duarte NE, Ferreira MA, Lisboa MTL. Social representations of nursing care and their relationship with learning strategies. Intervozes: trabalho, saúde, cultura. [Internet]. 2019 [cited 2020 Mar 29]; 4(2):24-35. Available from: http://www.fmpfase.edu.br/intervozes
4. Palos GR. Care, compassion, and communication in Professional Nursing: art, science, or both. Clin. J. Oncol. Nurs. [Internet]. 2014 [cited 2020 Jun 01]; 18(2):247-8. DOI: https://doi.org/10.1188/14.CJON.247-248
5. Vega H, Hayes K. Blending the art and science of Nursing. Nursing. [Internet]. 2019 [cited 2020 Jun 01]; 49(9):62-3. DOI: https://doi.org/10.1097/01.NURSE.0000577752.54139.4e
6. Jasmine T. Art, Science, or Both? Keeping the Care in Nursing. Nurs. Clin. North Am. [Internet]. 2009 [cited 2020 Jun 01]; 44(4):415-21. DOI: https://doi.org/10.1016/j.cnur.2009.07.003
7. Queirós PJP. Enfermagem, uma ecologia de saberes. Cul cuid. [Internet]. 2016 [cited 2020 Jun 01]; 20(45):137-56. DOI: https://doi.org/10.14198/cuid.2016.45.15

8. Pinto AC, Garanhani ML, França TE, Pierotti I. The concept of the human being in nursing theories: establishing a relationship with the teaching of the human condition. Pro-Posições. [Internet]. 2017 [cited 2019 Dec 10]; 28(Suppl. 1):88-110. DOI: https://doi.org/10.1590/1980-6248-2015-0164
9. McMillan E, Stanga N, Van Sell SL. Holism: a concept analysis. Int. J. Nurs. Clin. Pract. [Internet]. 2018 [cited 2019 Dec 10]; 5:582. DOI: https://doi.org/10.15344/2394-4978/2018/282
10. Watson J. Clarifying the discipline of nursing as foundational to development of professional nursing. Texto contexto - enferm. [Internet]. 2017 [cited 2019 Dec 17]; 26(4):editorial. DOI: http://dx.doi.org/10.1590/0104-07072017002017editorial4
11. D´Andrea G, Rodriguéz AMMM, Ventura CAA, Mishima SM. Right to health: A concept proposal for the operationalization of qualitative research. R. Dir. sanit. [Internet]. 2017 [cited 2020 Jan 15]; 18(1):57-74. DOI: http://dx.doi.org/10.11606/issn.2316-9044.v18i1p57-74
12. Baggio MA, Erdmann AL. The circularity of the processes of caring and being cared for in shaping the care for “the we”. Rev. Enf. Ref. [Internet]. 2015 Dez [cited 2020 Jan 6]; serIV(7):11-20. DOI: http://dx.doi.org/10.12707/RIV15012
13. Monteiro APTAV, Curado Manuel. A new epistemology of nursing: a post-human care?. Rev. Enf. Ref. [Internet]. 2016 [cited 2020 Jan 6]; serIV(8):141-8. DOI: http://dx.doi.org/10.12707/RIV15069
14. Mascarenhas YS, Cunha CN, Fernandes CL, Santos RM, Morais IF. Care and their dimensions: a bibliographic review. TF [Internet]. 2017 [cited 2020 Feb 15]; 10(1):85-106. Available from: http://natal.uern.br/periodicos/index.php/RTF/article/view/tf.v10i1.3064
15. Savieto RM, Leão ER. Nursing assistance and Jean Watson: a reflection on empathy. Esc. Anna Nery [Internet]. 2016 [cited 2020 Jan 06]; 20(1):198-202. Available from: https://www.scielo.br/scielo.php?pid=S1414-81452016000100198&script=sci_arttext&tlng=en
16. Gonçalves, AS. The eco-pedagogy care in Leonardo Boff. Revista Caminhando [Internet]. 2016 [cited 2020 Feb 20]; 21(1):115-23. DOI: http://dx.doi.org/10.15603/2176-3828/caminhando.v21n1p115-123
17. Anderson MIP, Rodrigues RD. O paradigma da complexidade e os conceitos da Medicina Integral: saúde, adoecimento e integralidade. Revista Hospital Universitário Pedro Ernesto [Internet] 2016 [cited 2020 Feb 20]; 15(3):242-52. DOI: https://doi.org/10.12957/rhupe.2016.29450
18. Queirós PJP. Caring: from condition of human existence to professionalised integral care. Rev. Enf. Ref. [Internet]. 2015 [cited 2020 Abr 14]; serIV(5):139-46. DOI: http://dx.doi.org/10.12707/RIV14079
19. Silveira DR, Gradim FJ. Viktor Frankl's contributions for the colective health movement. Revista da Abordagem Gestáltica [Internet]. 2015 [cited 2020 Feb 20]; 21(2):153-61. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1809-68672015000200005&lng=pt&tlng=pt
20. Telesi Júnior E. Práticas integrativas e complementares em saúde, uma nova eficácia para o SUS. Est. av. [Internet]. 2016 [cited 2020 Jan 5]; 30(86):99-112. DOI: https://dx.doi.org/10.1590/S0103-40142016.00100007
21. Koenig HG. Religion, spirituality, and health: a review and update. Adv Mind Body Med. [Internet]. 2015 [cited 2020 Jan 5]; 29(3):19-26. Available from: https://www.ncbi.nlm.nih.gov/pubmed/26026153
22. Figueiredo NMA. Espiritualidade no espaço do cuidado: questões objetivas no plano da subjetividade. Enfermería Universitaria [Internet]. 2016 [cited 2020 Jan 18]; 13(1):1-2. DOI: https://dx.doi.org/10.1016/J.reu.2016.01.004
23. Watson J. Florence Nightingale and the enduring legacy of transpersonal human caring-healing. J. Holist. Nurs. [Internet]. 2010 [cited 2020 Feb 20]; 28(1):107-8. DOI: http://dx.doi.org/10.1177/0898010110361779
24. Silva RCS, Ferreira MA, Apostolidis T, Brandão MAG. A conceptual framework of clinical nursing care in intensive care. Rev. Latino-Am. Enfermagem [Internet]. 2015 [cited 2019 Dec 15]; 23(5):837-45. DOI: http://dx.doi.org/10.1590/0104-1169.0501.2622
25. Queirós PJP. Reflections for a nursing epistemology. Texto Contexto Enferm. [Internet]. 2014 [cited 2020 Jul 02]; 23(3):776-81. DOI: http://dx.doi.org/10.1590/0104-07072014002930013
26. Freitas FDS, Silva RN, Araújo FP, Ferreira MA. Environment and humanization: resumption of nightingale's discourse in the national humanization policy. Esc. Anna Nery [Internet]. 2013 [cited 2019 Dec 15]; 17(4):654-60. Available from: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452013000400654
27. Tesser CD, Sousa IMC, Nascimento MC. Traditional and Complementary Medicine in Primary Health Care in Brazil. Saúde em Debate [Internet]. 2018 [cited 2019 Dec 15]; 42(spe1):175-88. DOI: https://doi.org/10.1590/0103-11042018S112
28. Kreitzer MJ. Integrative nursing: application of principles across clinical settings. Rambam Maimonides Med J. [Internet] 2015 [cited 2020 Jan 5]; 6(2):e0016. DOI: http://dx.doi.org/10.5041/RMMJ.10200
29. Alves CA. Healthcare in Brazil: spaces of creation, struggles, and challenges. Cad. Saúde Pública [Internet]. 2019 [cited 2020 Jul 03]; 35(8):e00128519. DOI: https://doi.org/10.1590/0102-311x00128519