

## NURSING AS A HUMAN SCIENCE CENTERED CARE

### ENFERMAGEM COMO UMA CIÊNCIA HUMANA CENTRADA NO CUIDADO

### ENFERMERÍA COMO CIENCIA HUMANA CENTRADA EN LOS CUIDADOS

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#### ABSTRACT

The objective of this paper is to discuss the relationship between care, and culture to build a perspective of nursing as a human science centered care. This study is a theoretical and reflexive analysis of the concepts of care, culture, and their ontological and epistemological implications for nursing. From the care definition, and discussion of its dimensions, and its relationship with the anthropological concept of culture. The theoretical framework employed was Culture Care Diversity and Universality Theory of Madeleine Leininger. Then nursing is presented as a human science of the nature of its central object: the care. It is concluded that it is necessary to defend a view of nursing as a human science given the nature of its central and unifying domain: caring.

**Keywords:** Nursing; Philosophy, Nursing; Scientific Domains; Culture.

#### RESUMO

O objetivo deste artigo é refletir sobre a relação entre cuidado e cultura para construir uma perspectiva da enfermagem como ciência humana centrada no cuidado. Trata-se de análise teórica, de caráter reflexivo, sobre os conceitos de cuidado e cultura e suas implicações ontológicas e epistemológicas para a enfermagem. Parte-se da definição de cuidado e da discussão de suas dimensões nos marcos da Teoria da Diversidade e Universalidade do Cuidado Cultural de Madeleine Leininger, da Teoria do Cuidado Transpessoal de Jean Watson e do conceito antropológico de cultura. Em seguida, a enfermagem é apresentada como uma ciência humana dada a natureza do seu objeto central: o cuidado. Concluiu-se que é necessário defender uma perspectiva da enfermagem como ciência humana dada a natureza do seu domínio central e unificador: o cuidado.

**Palavras-chave:** Enfermagem; Filosofia em Enfermagem; Domínios Científicos; Cultura.

#### RESUMEN

El objetivo de este trabajo es discutir la relación entre cuidado y cultura para construir una perspectiva de enfermería como ciencia humana centrada en los cuidados. Se trata de un análisis teórico de reflexión sobre los conceptos de cuidado y cultura y sus implicaciones ontológicas y epistemológicas para enfermería. Se comienza con la definición de cuidado y con la discusión de sus dimensiones en el marco de la teoría de la diversidad y universalidad de los cuidados culturales de Madeleine Leininger, de la teoría de cuidados transpersonales de Jean Watson y del concepto antropológico de cultura. Luego se muestra que enfermería es una ciencia humana dada la naturaleza de su objeto central: los cuidados. Llegamos a la conclusión que es necesario defender la perspectiva de enfermería como una ciencia humana, dada la naturaleza de su dominio central y unificador: los cuidados.

**Palabras clave:** Enfermería; Filosofía en Enfermería; Dominios Científicos; Cultura.

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## INTRODUCTION

There is a broad set of approaches in the social sciences that are in line and against the concept of culture.<sup>1</sup> For this reflection, culture is understood as a material, and the symbolic system offers a matrix of meanings that individuals interpret the physical and social world around them through its signs, symbols, behavior, cosmologies, values and norms, producing meanings, and guiding their knowledge, practices, and experiences in each context. Moreover, such a matrix of meanings is constantly produced and updated by the action and creativity of social subjects.<sup>2</sup>

In this sense, the ways how individuals think, live and relate are situated within this matrix called culture. Thus, as all aspects of human life-ways, issues related to the ways of becoming ill, recovering and feeling healthy are also produced, interpreted, and updated in this universe of meanings.<sup>3,4</sup> In this way, the study of relationships among health, disease, body and culture has been considered relevant for the production of health care.<sup>5,6</sup>

Being care a complex phenomenon, its social and cultural dimensions are recurrent themes and are widely discussed, especially in the nursing area.<sup>7-11</sup> In this way, the nursing subject and profession have contributed to deepening in this debate through its theories and models.<sup>12-14</sup> However, the nursing clinic has been thought and practiced under the aegis of the anatomopathological model that produces a set of practices oriented mainly to the disease, which makes secondary the experience of the individual who becomes ill and his family, as well as their contexts of production and social reproduction. Therefore, it is necessary to stimulate reflection on these aspects to discuss on theoretical issues that have a direct impact on the production of contemporary nursing knowledge and practices.

Therefore, this essay is mainly based on the critical analysis of the work of Madeleine Leininger and Jean Watson, and the author's reflections as a professor and researcher of the nursing human sciences interface. The essay was guided by the following question: Based on the assumption that care is the Nursing subject, would it be a human science? The objective was to reflect on the relationship between care and culture to build a nursing perspective as a human science.

## CARE AS A PRACTICE AND A WAY OF BEING CULTURAL

This section is based on the assumptions by Leininger<sup>13</sup> that care is the essence and central focus of nursing as an academic subject and profession, in a way that unifies and distinguishes it from other areas of knowledge. Moreover, according to Watson,<sup>15</sup> Nursing is the science and philosophy of care. Although the nurse shares the process of caring and treating people with other members of the health professions, the nurse is the person who, immediately and directly initiates, coordinates

and executes the therapeutic care of the patients. In this sense, Nursing is the science and philosophy of care, because, besides the common actions to all health professions, the nurse performs care management.

Therefore, "nursing involves skills and sensitivity to manage the technical and non-technical aspects of patient therapy, along with a judicious combination of psychological, physiological, cultural and sociological knowledge about the process of care and treatment."<sup>7</sup> Therefore, the objective of this section is to characterize the concept of care as a human practice and way of being, maintaining an intrinsic relation to the anthropological concept of culture. A synopsis of Michael Haneke's *Amour* (2012) and the analysis by Bernhard Weicht in his book *The Meaning of care: the social construction of care for elderly people* is performed to trigger the discussion.<sup>16</sup>

The movie shows the drama of a couple of retired music teachers living in a refined apartment in Paris when Anne, her wife in her 80s had a brain stroke. This circumstance, together with progressive dementia, radically changes the couple's world. George, Anne's husband, strives to keep his promise never to let her live in a hospital or home care. However, George's dissatisfaction and disappointment with health professionals and his daughter and son-in-law gradually lead the couple to adjust to the changes and consequences imposed by Anne's health condition. With the aggravation of the disease, George's strength and the interaction between the couple become more and more challenging. Faced with this, George decided to alleviate the suffering of his wife by choking her with a pillow - an act that mixes love, care and not care.

In summary, the movie exposes the changes in the relationship of the couple and the growing dependence of the husband who marks the last days of Anne's life. The drama illustrates this dependence as an essential and inevitable part of human existence and the bonds between people, especially in old age. For Weicht<sup>16</sup>, this movie could be called *Soin* (care) rather than *Amour*. For the author, care in the movie is described as an inseparable part of the love between two people and, at the same time, love as a motivation, a guide and a restriction of George's care practices.

When discussing the different aspects, associations and images that constitute the meanings of elder care in contemporary society, Weicht<sup>16</sup> seeks to demonstrate that, while care is experienced as something deeply personal, its meanings are produced from particular social constructions and involving ideologies, ideas, attitudes that play an important role in defining the situation and understanding people about caring and being cared.

In this analysis, the reading of the movie by Weicht<sup>16</sup> shows the multidimensionality of care, its intrinsic relation with the other (relational dimension), with society and its cultural prac-

tices (contextual dimension) and, above all, care as a *sine qua non* for the human existence (existential dimension).<sup>17</sup> Such a perspective opposes the conception of the term “care” in the biomedical literature, in which it refers to activities to make everyday life bearable, such as caring for wounds, preparing food, taking medicines, practicing body hygiene, among others. Also, care is always opposed to the term “cure,” which refers to the possibility of eliminating “bad things,” disease, and misfortune through physical and moral interventions during the disease.<sup>18</sup>

Care is one of the most critical and essential phenomena for health, human development, the formation of social bonds, well-being, and survival.<sup>19</sup> In a general sense, care is an abstract and/or manifest phenomenon (concrete), and it refers to acts, experiences, and ideas directed at individuals or groups with obvious or potential needs. Its ultimate goal is to help, support, facilitate, enable or allow the development or restoration of health status, human condition, lifestyle or coping with death.<sup>19-21</sup> The discussion to achieve the objective of this section is A) care is a phenomenon that without it, we do not become individuals or people, surpassing our condition of animals of the species *homo sapiens*; B) care is a human practice, and a way of being that is intrinsically related to culture.

First, it is argued that care is a condition for our existence as human beings. Leininger<sup>21</sup> in his theory says that human care is what humanizes us, gives us dignity and inspires us to feel good and to help others. In this perspective, care needs to be meaningful, explicit and beneficial and its concept must show the interrelations between care and culture. Therefore, the fact that we are animals of the human species (*homo sapiens*) does not ensure that we are individuals or people, that is, that we are human beings - cultural beings.<sup>2</sup> We use classic examples reported in the anthropological literature to corroborate this argument, as obtained in the history of children welcomed by animals.

Up to the end of the nineteenth century in India, cases of children taken by wolves who devoured them were common, although some of them were spared and welcomed by the animals (India’s most recent wolf-boy case dates back to 1927). The most richly documented story is of the Amala and Kamala sisters due to the diary publication of Shepherd Singh’s that together with his wife, housed the girls throughout their lives.<sup>22</sup> In 1920, in the Midnapore region, the pastor spotted in the forest three adult wolves, two wolf cubs and two children (of unrecognizable aspect) coming out of their lair. The girls who behaved like wolves were captured and adopted by the shepherd’s family.

Follow the description of the children: “*The physical constitution of the children has been rich in teachings: prominent jaws, compressed and sharp teeth, long, pointed canines, strangely bright eyes in the penumbra, inflexible joints in the knees and hips. Thick callosities marked the palms of his hands, elbows, knees, and the soles of his feet. Their tongues hung with thick,*

*scarlet lips. They mimic the wheezing and yawning of the wolves, opening the jaws widely. They could see in the dark without difficulty. During the day, they took refuge in the shade or stood in front of a wall, sometimes giving a long cry, beginning with a hoarse voice and ended on a shrill note. They slept a few hours a night, heaped up, and they woke up to the least rumor. For small distances, they moved over the kneecaps and elbows. To run, they leaned on their hands and feet. They used their tongues to suck liquids and ate croutons, their faces hanging over food. For most of the day, they hunted chickens and unearthed carcasses from animals that had already been fed. They would grimace and show their teeth when one of them approached.*”<sup>23</sup>

“Wild” children illustrate the absence of the contact of the animal of the human species with the Other, and with the culture that shapes our bodies, our emotions, our ties, our language, among others. The absence of the Other prevents the marks from being produced in the “fibers” of our body. The man cannot exist without the education and care that shapes his relationship with the world and with others, his access to language and that simultaneously shapes the most intimate applications of his body. That is, the man does not exist without culture. Thus, the impossibility of these children facing the “mirror” that is the other and the practices of human care and socialization (*nurturance*) makes their growth and development as a human being impossible, inserted at a specific time and place.<sup>23</sup> These elements confirm our argument that care is a *sine qua non* for our humanity.

Secondly, we argue that what makes care a practice and a way of the human being is its intrinsic relation to culture. As will be seen, care has different expressions, meanings, functions, and references that are outlined in the context of culture.<sup>21</sup> we resort to the classical ethnographic study conducted in northwestern Zambia, southern Africa, with the *Ndembo* people in 1960s by Victor Turner to illustrate such an argument.<sup>24</sup> Turner describes the ritual *Isoma* (women’s ritual or ritual of procreation) whose purpose is to cure the married woman who suffers from “infertility” (in fact, it was a ban on her fertility exercised by the shadow of the ancestors). In this tribe, the individual had an obligation to venerate the shadows of the ancestors. Those who failed to meet this obligation were tormented by a shadow, causing several problems that were reversed through ritual practices.

The women who underwent *Isoma* had some interference with their reproductive capacity. In general, these women lived in groups divided by fights or “forgot about the shade in the liver” (here, the liver has the same representation of the heart in the western culture: organ related to affections), exposing them to the danger of having their procreative power (*lusemu*) “bound” (*kukasila*) by the offended shadow. In this context, *Isoma* had as one of its social functions “to force women to remember” those shadows that represented the structur-

al nodules of a resident matrilineal lineage. When the woman remembered the shadow that afflicted her, and from her basic duty of fidelity to her matrilineal relatives, the ban on her fertility ceased. After the ritual, she could continue to live with her husband, but with vivid awareness of the place where her fundamental loyalty and her children lie.<sup>24</sup>

Also, the performance of the *Isoma* involved a set of characters: the woman “caught” by the shadow (the patient), the husband, several healers who knew the vegetable medicine, women who have passed the ritual, matrilineal relatives, linguistically related and the expert “older” (*mukulumpi*) or “the older” (*weneni*). In spatial terms, the *Isoma* occurred near the source of a river and had vegetable medicine, white and red birds, construction of huts, burrows, songs, and drinks.

In this context, understood as a set of ritualized care practices, *Isoma* evoked the symbolic plots that covered the different ways in which individuals and their social groups sought to awaken, channel and tame powerful emotions such as hatred, fear, sadness, as well as intervene on misfortunes, deviations, illnesses, among others. Also, it showed how similar health problems were identified, interpreted, diagnosed and treated in each society: it is enough to think about the treatment that would be given to the woman who presented the same symptoms, in the 1960s (time of the research performance), in Recife, Porto Alegre, New York, New Delhi or London.

It could be continued with examples that confirm our proposition of care as a human practice and way of being. However, what matters here is to demonstrate empirically that such a claim calls for recognition of the relationship between care and culture. The different expressions, meanings, functions, and cultural references that delineate care are evidence of our plasticity and diversity.<sup>21</sup> In the nursing area, the relationship between care and culture was widely studied by American nurse and anthropologist Madeleine Leininger (1925- 2012). Leininger’s major theoretical challenge was to demonstrate, the anthropology contributions to Nursing through empirical and theoretical research, and vice versa, which resulted in the proposition of the concept of “Cultural Care” and Theory of Diversity and Universality of Cultural Care.<sup>7,8,13</sup>

For the theorist, the concept of cultural care refers to the values, beliefs, and lifestyles objectively and subjectively learned and transmitted that help, support, facilitate, enable or allow individuals or groups to maintain their well-being and their health, improving their human condition and lifestyles, and facing disease, disability or death. This concept is based on the assumption that culture and care are conceived as conceptual entities that are closely related, and the knowledge of these elements can explain, interpret and predict phenomena relevant to nursing.<sup>13</sup> In this sense, the way an individual devel-

ops his practices of body hygiene, preparing their food, washing their clothes, using medicines (medicinal plants or allopathic medicines), satisfying their leisure and distraction needs, dealing with an injury is an example of cultural care standards that will differ significantly in individuals, families, social classes, geographical regions in the same country or among countries, etc.

Leininger states that there are patterns of cultural care, as well as the conceptions and meanings of caring and care, common to different cultures and others that are particular and differ within and between cultural groups. The studies and research developed by Leininger and other researchers have sought (and still seek) to answer the question: what is universal and what is diverse in human care? In this way, the research in Transcultural Nursing (subarea of Nursing created by Leininger) referenced in the Cultural Care Theory and the method of qualitative research Ethno-Nursing, also developed by the theorist, have offered more than 175 transcultural care constructs concepts in more than 58 cultures. These data prove the relationship between care and culture, postulated by the theorist and defended in this essay.

Table 1 shows some of the different values and meanings of the care of adults aged between 20 and 85 years old and of different contexts and cultural backgrounds, obtained in studies of Transcultural Nursing.<sup>21</sup>

The transcultural concepts of care presented above attest to the deep relationships between care and culture. They do this as they exhibit the different ways in which human care practices are engendered and shaped in the cultural broth that characterizes us as humanity and as population groups that resemble and diversify. If we accept the hypothesis that human care is the essence and central focus of nursing,<sup>13</sup> making it a science and a philosophy of care,<sup>15</sup> and that care is a human practice and way of being, intrinsically related to culture, the nature of nursing knowledge assumes the characteristics of the human sciences.

## NURSING AS A HUMAN SCIENCE CENTERED IN CARE

In this section, it is intended to approach Nursing as a human science. Based on the outlined perspective, the object of Nursing study demands a type of knowledge whose nature is inserted into the epistemological matrix of the human sciences. The human sciences are characterized by the rejection of the methods of natural science and the assertion, from the beginning, that the lived experience, the way the world is experienced, meaning and understood are aspects of a single process of human life and cannot be described, explained or adequately analyzed through objectification, measurement and reduction.<sup>25</sup>

Table 1 - List of cross-cultural care concepts

Cultural group	Cultural values and meanings of dominant care	Meanings and ways of action for cultural care
Anglo-americans (mainly the middle and upper classes of the United States of America)	<ol style="list-style-type: none"> <li>1. Individualism - focus on the self-confidence of the person.</li> <li>2. Independence and freedom.</li> <li>3. Competitiveness and achievements.</li> <li>4. Materialism (money and goods).</li> <li>5. Technology Dependence.</li> <li>6. Time and instantaneous action.</li> <li>7. Youth and beauty.</li> <li>8. Equal sexual rights.</li> <li>9. High valuation of leisure time.</li> <li>10. Trust in scientific facts and figures.</li> <li>11. Little respect for authority and elderly people.</li> <li>12. Generosity in times of crisis.</li> </ol>	<ul style="list-style-type: none"> <li>• Relieving stress with physical and emotional means.</li> <li>• Personalized acts of how to do things that you consider special or give individual care.</li> <li>• Self-confidence (individualism) demonstrated through self-confidence, self-care, and technology, and become increasingly independent.</li> <li>• Learning about how to conduct their care, based on "medical" facts.</li> </ul>
Gadsup Akuna people of the east coast of New Guinea	<ol style="list-style-type: none"> <li>1. Equalitarianism.</li> <li>2. Differences in well-defined sexual roles.</li> <li>3. Recognition of patriarchal ancestry.</li> <li>4. Communal unity (a single lineage).</li> <li>5. Maintenance of the essence of ancestral life and obligations.</li> <li>6. Have "good women, children, pigs, and gardens."</li> </ol>	<ol style="list-style-type: none"> <li>1. Surveillance (to prevent spells):             <ul style="list-style-type: none"> <li>• Surveillance of the neighborhood.</li> <li>• Keep distance.</li> </ul> </li> <li>2. Protection (male protection):             <ul style="list-style-type: none"> <li>• In the life cycles of the gadsups.</li> <li>• Obedience to taboos and cultural rules.</li> </ul> </li> <li>3. Socialization/education:             <ul style="list-style-type: none"> <li>• Ways to help people grow and survive.</li> <li>• Knowing and anticipate needs through life cycle phases.</li> <li>• Eating safe food.</li> </ul> </li> <li>4. Prevention for (avoiding breaking cultural taboos):             <ul style="list-style-type: none"> <li>• Preventing illness and death.</li> <li>• Preventing conflicts and fights in the village.</li> </ul> </li> <li>5. Physical contact.</li> </ol>
Afro-americans	<ol style="list-style-type: none"> <li>1. Expanded family network.</li> <li>2. Religious values (many of them are Baptists).</li> <li>3. Interdependence with other blacks.</li> <li>4. Daily survival.</li> <li>5. Valuing technologies like radio, car.</li> <li>6. Traditional foods (African American).</li> <li>7. Traditional healing modes.</li> <li>8. Physical and musical activities.</li> </ol>	<ol style="list-style-type: none"> <li>1. Concerning with my "brothers and sisters."</li> <li>2. Being involved.</li> <li>3. Being present (physically).</li> <li>4. Family support and family events (fraternization, for example).</li> <li>5. Physical contact.</li> <li>6. Trusting in the home and popular medicine.</li> <li>7. Believing that "Jesus will save us" with prayers and songs.</li> </ol>

Source: Extracted and adapted from Leininger.<sup>21</sup>

In this sense, in the German philosophical tradition, Dilthey established the existence of a basic difference between the study of nature (*Naturwissenschaften*) and the humanities (*Geisteswissenschaften*). In the analysis of the author, the human sciences deal with subjectivities driven by will and free consciousness, constructors of realities and worlds from the intellect and the emotion. Thus, the reduction of the object of the human sciences to natural (inanimate, external to humanity) facts or phenomena inevitably produces a loss of meaning in the human action that constructed such facts or phenomena, which would ultimately impoverish this reality.<sup>26</sup>

Such differences can be expressed in paradigmatic terms: the paradigm of the natural sciences and the paradigm of the human sciences. In Table 2, eight aspects showing these distinctions are defined.

As noted, the human sciences focus on human experience. Thus, the production of knowledge in Nursing, especially in its theories and models, is based on a perspective of understanding, humanistic, inductive and contextualized science,

because the nature of care is fundamentally relational, contextual and symbolic. Also, the experience of each with care takes place in everyday life.

It should be emphasized that the everyday life occurs in the set of heterogeneous and hierarchical relationships between man and society, in any historical time. In this sense, everyday life is the life of the whole man, that is, man participates in daily life with all aspects of his individuality and personality. In everyday life, all his senses, all his intellectual capacities, his manipulative abilities, his feelings, passions, ideas, and ideologies are put into operation.<sup>27</sup>

Also, care "happens" at the intersection of the life history, the meetings, the relationships that modulate and are modulated in our daily life. In this sense, this study coincides with the current of thought that defends Nursing as a human science. This perspective is based on the recognition of the following aspects:<sup>15</sup>

- there is a difference between the organic concept of the person adopted in traditional Psychology and Medicine and the concept of the person as a whole used in Nursing;

Table 2 - Aspects and differences between the paradigm of the natural sciences and the paradigm of the human sciences

Aspects	Paradigm of natural sciences	Paradigm of human sciences
Perspective	Objectivity, observational, measurable	Experiential, subjective, metaphysical
Description	Quantitative	Qualitative or combination of quantitative/qualitative
Conceptualization	Generalizable	Contextual
Relationships	External, usually statistically inferred	Internal, confirmed by the person
Understanding	Explanatory, predictive	Comprehensive
Emphasis	Facts, data	Meanings
Use	Technician, validation of knowledge, extension of existing knowledge	Emancipatory (new insights, theories, discoveries, knowledge)
Structure	Adherence to the paradigm	Transcending the paradigm

Source: Extracted and adapted from Watson.<sup>15</sup>

- there is a tension between the study of the whole person (and the human responses) and the caring process in nursing and the reductionist and traditional assumption of the natural and biomedical sciences;
- nursing is a relatively young subject, dating from the mid-nineteenth century; Therefore, it is susceptible to the temptation to follow the guidelines of the natural sciences without raising philosophical, epistemological, ethical and scientific questions relevant to the study of Nursing and nursing phenomena.

Regarding this last point, several authors have highlighted the historical process through which Nursing has been distanced from its humanistic character. In both the United States and Brazil, there are strong reports of nurses' "adherence" to the biomedicine "fetish," its biotechnologies and its increasingly powerful intervention processes. The authors emphasize the attempt of the nurses to approach the traditional biomedicine scientific matrix to assert as capable of performing an "intellectual work," closer to the physician's work and distanced from "manual work" performed in Brazil, mainly by nursing technicians and assistants.<sup>13,15,28</sup>

In this analysis, Nursing, as a subject and profession, launches into already unproductive crops, highlighted by the atomization of the subjects and the ontologization of the disease. To illustrate this situation, it is enough to question the structuring of undergraduate nursing curricula in Brazil. In them, education is increasingly compartmentalized in processes of illness, its severity degrees, health care levels, without addressing the theoretical and methodological aspects of care in depth and as the guidance of the teaching-learning process of future nurses.

This text defended that it is necessary for nursing to produce a body of knowledge based on a philosophical basis that allows the construction of accurate care technologies and related with its work process, but observing the paradigm of human sciences that dialogues more effectively with the nature of

its object of study from the epistemological point of view. The challenge is that care studies will require a more detailed and in-depth examination because their attributes are subtle, covert/hidden, and philosophically involved. The phenomena of care are difficult to explain, and we need different ways to study and verify them.<sup>19</sup> It has been emphasized the need for nurses to articulate a coherent philosophical basis to enable them to understand who they are, what they do, how they identify and fulfill their social role and how they communicate to others.<sup>29</sup>

## FINAL CONSIDERATIONS

The point of view presented in this article was specifically based on the relationship between care and culture to highlight a new way of knowing and doing nursing. Therefore, a nursing perspective is defended as human science given the nature of its central and unifying domain: care. This perspective allows integrating the theoretical knowledge and the practical knowledge of the profession in a common and continuous plan, emphasizing the interdisciplinary relationship with other human and social sciences.

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