

THE MEANING OF THE CONCEPT OF HEALTH FOR NURSES AND ITS APPLICABILITY IN NURSING CONSULTATION: A PHENOMENOLOGICAL APPROACH

O SIGNIFICADO DO CONCEITO DE SAÚDE PARA ENFERMEIROS E SUA APLICABILIDADE NA CONSULTA DE ENFERMAGEM: UMA ABORDAGEM FENOMENOLÓGICA

EL SIGNIFICADO DEL CONCEPTO DE SALUD PARA LAS ENFERMERAS Y SU APLICABILIDAD EN LA CONSULTA DE ENFERMERÍA: UNA APROXIMACIÓN FENOMENOLÓGICA



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ABSTRACT

This qualitative study, based on Alfred Schütz's Sociological Phenomenology, investigated the meaning of the concept of health for nurses during consultations in an outpatient clinic at a teaching hospital in Rio de Janeiro. The objective was to understand how nursing professionals apply the concept of health in consultation practice, specifically in the Basic Care Unit (BCU) of the São Francisco de Assis Teaching Hospital (HESFA/UFRJ). Seven nurses with at least two years of experience in nursing consultations participated. Phenomenological analysis of the interviews revealed that the meaning of health for nurses involves adapting to the client's needs and the available tools, aiming for problem-solving and teaching-learning. The concept of health was understood as the possibility of achieving physical, mental, and social well-being, adapting to the environment as a citizen. The study showed that nurses seek to go beyond technical skills, using multidisciplinary team actions, demonstrating the relevance of Alfred Schütz's comprehensive sociology for nursing care and teaching.

Keywords: Nursing Consultation. Health Education. Phenomenology. Alfred Schütz.

RESUMO

Este estudo qualitativo, fundamentado na Fenomenologia Sociológica de Alfred Schütz, investigou o significado do conceito de saúde para enfermeiros durante a consulta em um ambulatório de um hospital de ensino no Rio de Janeiro. O objetivo foi compreender como os profissionais de enfermagem aplicam o conceito de saúde na prática da consulta, especificamente na Unidade de Cuidados Básicos (UCB) do Hospital Escola São Francisco de Assis (HESFA/UFRJ). Participaram sete enfermeiras com experiência mínima de dois anos em consultas de enfermagem. A análise fenomenológica das entrevistas revelou que o

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significado de saúde para as enfermeiras envolve a adaptação às necessidades do cliente e às ferramentas disponíveis, visando à resolutividade e ao ensino-aprendizagem. O conceito de saúde foi entendido como a possibilidade de alcançar o bem-estar físico, mental e social, adaptando-se ao meio como cidadão. O estudo evidenciou que o enfermeiro busca ir além das competências técnicas, utilizando ações da equipe multidisciplinar, mostrando a relevância da sociologia compreensiva de Alfred Schütz para a assistência e o ensino em enfermagem.

Palavras-chave: Consulta de Enfermagem. Educação em Saúde. Fenomenologia. Alfred Schütz.

RESUMEN

Este estudio cualitativo, basado en la Fenomenología Sociológica de Alfred Schütz, investigó el significado del concepto de salud para las enfermeras durante las consultas en un ambulatorio de un hospital universitario de Río de Janeiro. El objetivo fue comprender cómo los profesionales de enfermería aplican el concepto de salud en la práctica clínica, específicamente en la Unidad de Atención Básica (UCB) del Hospital Universitario São Francisco de Assis (HESFA/UFRJ). Participaron siete enfermeras con al menos dos años de experiencia en consultas de enfermería. El análisis fenomenológico de las entrevistas reveló que el significado de salud para las enfermeras implica adaptarse a las necesidades del paciente y a las herramientas disponibles, con miras a la resolución de problemas y la enseñanza-aprendizaje. El concepto de salud se entendió como la posibilidad de alcanzar el bienestar físico, mental y social, adaptándose al entorno como ciudadanos. El estudio demostró que las enfermeras buscan ir más allá de las competencias técnicas, utilizando acciones de equipo multidisciplinarias, lo que demuestra la relevancia de la sociología integral de Alfred Schütz para la atención y la formación en enfermería.

Palabras clave: Consulta de Enfermería. Educación para la Salud. Fenomenología. Alfred Schütz.



1 INTRODUCTION

Throughout history, the concept of health has undergone remarkable changes, reflecting the progression of care practices and the influences of cultural, social, political, and economic elements. According to Motta (2003), in the Greco-Roman period, health was linked to mysticism and superstition. However, with the contribution of Hippocrates (460-367 B.C.), health began to be perceived in a more scientific and impartial way, based on evidence-based observations and diagnoses.

During the Middle Ages, health was once again seen in a mystical way, however, it was during the Crusades that health care began to be structured in a more organized way, through the foundation of Christian hospitals aimed at the care of the needy. Since the sixteenth century, with the construction of the first Holy Houses of Mercy, care for the sick has been established in European standards, contributing to a more comprehensive structuring in health care and driving crucial progress for the practice of nursing.

Carraro (2001) points out that, in the beginning, health was seen only as the absence of diseases, however, over time, it expanded to include physical, social and mental well-being, being seen as a crucial resource for personal and collective advancement. Therefore, health has come to be considered an essential component of quality of life, being affected by various political, economic, social, and cultural factors. In this scenario, health promotion goes beyond medical care, encompassing conditions conducive to human growth, such as education, nutrition, and a healthy environment. Goldim (2002) highlights that "the concept of health has evolved to a more complex perspective, including psychological and social elements, which has broadened the understanding of the origins of diseases and the recovery process", leading to a holistic perspective of health. This perspective resulted in the definition of health as a state of physical, mental and social balance. However, this view was still restricted, since it did not see health as a constant process of preservation and adaptation to existence.

The development of the concept of health resulted in a more dynamic perspective, where health came to be perceived as a right and a social obligation. Health is no longer an individual problem and has become a criterion of citizenship, covering not only health professionals, but the whole society, as Terra (2000) emphasized. Therefore, health promotion is interconnected with stability and health potential, notions that encompass physical, psychological, and social balance, as well as the ability to adapt to the environment.

Beginning in 1945, with the contributions of Henry Sigerist, health promotion expanded to encompass aspects such as quality of life, adequate working conditions, education, and entertainment. The Ottawa Charter, promulgated in 1986, emphasized these principles,



emphasizing basic health needs such as peace, education, housing, income, social justice, and equality. These guidelines highlight the relevance of a holistic and integrated approach to health, not only understanding it as the lack of diseases, 16 but as an essential human right that encompasses access to decent living conditions and the promotion of the well-being of all individuals.

Thus, the evolution of the concept of health demonstrates a change from a static and restricted perspective to a broader perspective, which recognizes "the interconnection between the individual, the community and the social environment". The contemporary conception of health highlights the relevance of health promotion and social responsibility in the formation of a fairer, more balanced and healthier society.

Reflection on the concept of health is a pillar in nursing education and practice. Scientific evolution and new technologies drive the need to develop skills that meet the demands of populations. The concept of health in Brazil is complex and represents the integration of physical and mental health, being influenced by political and social factors and life experiences (MEIRA, 2001).

The term "nursing consultation" was established in 1968 and recognized as an exclusive task of nurses by the Professional Practice Law No. 7,498/86 (Brasil, 1986). At the XXXI Brazilian Nursing Congress, held in 1979, the Nursing Consultation Committee defined it as a task performed directly by the nursing professional to the patient, where health/disease problems are detected and nursing procedures are prescribed and performed that help in the promotion, protection, recovery or rehabilitation of the patient, as highlighted by Campedelli (2000).

Advances in diagnostic methods have enabled healthcare professionals to listen more carefully to patients before intervening. However, the growing demand for laboratory and imaging tests has generated challenges, such as reducing the time available for a detailed anamnesis and for performing a complete physical examination. This underscores the need to balance technology and humanized clinical practices.

During the period of Florence Nightingale, nursing already showed a concern with theoretical advancement. The writer argues that the knowledge of nursing should be different from that of medicine. The nursing professional's performance should be based on a detailed understanding of the person, their lifestyle and the environment in which they lived, taking into account how these variables could positively or negatively impact the health of individuals (Nightingale, 1989).

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Thus, Malgordo notes that Florence was concerned with the practice of nursing, which was often immediate, intuitive and centered on the biomedical model, focused on the pathology and not on the individual.

According to Souza (1984), this perspective resulted in the stagnation of nursing for several decades, since the profession developed an excessive dependence on external knowledge, which imposed practices without reflection on the "why" and "when" to perform such actions.

Hickmann, cited by George (2000), highlights the evolution of nursing theories from the 1940s onwards, driven by the introduction of psychosocial studies, culminating in nursing care as an interpersonal process. During the 1950s, educators in the United States identified the need for a resource that would help students improve critical thinking to guide their care practices. This gave rise to holistic nursing care, which considers the patient as a single person, with needs to be met.

This period of reflection was shaped by the changes of World War 20, feminist movements, and progress in the sciences and education, at which time nursing began to search for its own identity.

Souza (1984) highlights that North American nurses recognized the importance of making the profession less subordinate and more autonomous. This reflection drove the need to improve nursing education, aiming to raise the quality of care offered to the population. It



was in this decade that a new approach to nursing emerged, which began to enrich care focused on biological systems with an emphasis on the person and their integrity. This vision sought to meet the affected needs, with the aim of minimizing or correcting health imbalances.

Authors such as Hildegard Peplau, with the Theory of Interpersonal Relations in Nursing (1988), Faye Glenn Abdellah, with Twenty-One Nursing Problems, and Dorothea Elizabeth Orem, with the Theory of Self-Care, highlighted the role of nurses in meeting the needs of patients, suggesting nursing diagnoses distinct from medical diagnoses.

In Brazil, the work of Wanda Horta, at the end of the 1960s, encouraged professionals to become interested in the Systematization of Nursing Care (NCS). In the United States, this period marked a new phase for nursing, with theorists seeking, through critical reasoning, to relate facts and structure comprehensive care plans.

Wanda de Aguiar Horta stood out as the first Brazilian nurse to discuss the application of the theory in professional practice. Based on Abraham Maslow's Theory of Human Motivation, she developed the Theory of Basic Human Needs, which proposed systematized care for Brazilian nurses. This approach introduced a new perspective for nursing practice in Brazil, valuing the integration of theoretical concepts with care practice (Horta, 1979).

The nursing procedure is structured in previously defined phases, including: information collection, nursing diagnosis, prognosis, planning, care execution and evaluation of the objectives achieved.

At the end of the 1980s, studies on the Systematization of Nursing Care (NCS) began to gain relevance in Brazil, driven by Decree-Law No. 94.406/87, which establishes the norms for the professional practice of nursing and establishes as "the exclusive activity of the nurse the elaboration of the nursing prescription" (Brasil, 1986). From the 1980s onwards, Brazilian universities and hospital institutions began to intensify efforts to implement the Systematization of Nursing Care (NCS), using the terminology of nursing diagnoses from the North American Nursing Association (NANDA).

The current movement in these institutions seeks to adopt specific theories in NCS, valuing the role of nurses and improving the quality of patient care. According to the Law of Professional Nursing Practice No. 7,498/86, regulated by Decree No. 94,406/87, nursing consultations are an exclusive activity of nurses, and their delegation is prohibited. This practice, based on the scientific method, enables nurses to identify health problems and prescribe specific interventions with the objective of promoting health, preventing diseases and supporting the patient's recovery, according to the Resolution of the Federal Council of Nursing (COFEN) (BRASIL, 2006).



The Code of Ethics for Nursing Professionals guides professional practice, emphasizing that it must be based on scientific and technical knowledge, integrating ethical and social aspects to ensure quality care, adapted to the needs and context of each individual. COFEN Resolution No. 240/2000 reinforces this commitment, highlighting that nursing is committed to the health of the population, acting in an integral way in the promotion, protection and rehabilitation of health.

The act of caring, often neglected by the rush of everyday life, is fundamental both for nursing practice and for the humanity of professionals. This care represents a commitment to the other and to oneself, requiring an attentive look, an ethical and reflective posture that must overcome the demands of the capitalist market.

As the first and last contact in many moments of patients' lives, health professionals, especially nurses, play a central and irreplaceable role in each individual's journey. Nursing care goes beyond techniques, as it is based on human acts of care, full of feeling and based on knowledge. It is characterized by interpersonal relationships, based on empathy, help, and mutual trust. This care process is developed based on humanistic values and technical-scientific knowledge, as highlighted by Santos and Mendonça (n.d.).

The nursing consultation provides several advantages for the patient. According to Vanzin and Nery (1996) and Rosas (1998, 2003), this practice is a method of care for the individual, the family and the community, performed systematically and constantly by the nurse, with emphasis on health promotion through early diagnosis and treatment, always focusing on the individual. Rosas (1998) emphasizes that the consultation needs to be individualized, guided by particular needs, and consider the uniqueness of the patient and the meaning that the consultation has for him. The appreciation of nursing consultations by society has increased, consolidating the role of nurses in this context.

However, in order to perform high-quality consultations, the nurse must exhibit professionalism, especially in places where there is not always an appropriate space for practice. According to Castro (1993, cited by Javorski), the nursing consultation originated from follow-up consultations conducted by nurses in government health programs. This practice was officially regulated by COFEN Resolution No. 159/92, which defines rules and requirements for this practice. Throughout the consultation, there is a direct interaction between the nurse and the patient, where communication plays a crucial role, promoting the exchange of information and consolidating the therapeutic bond. This procedure includes context and perception, since, according to Silva (1990), it is crucial for nurses to understand the patient's universe in order to provide care that goes beyond technique, including a rich context of interpersonal interaction.



Also according to Silva (1990), perception is essential for nurses to understand both their own world and that of the patient, and it is fundamental, in nursing, to capture the patient's experience. For this, it is necessary to listen to the client and consider the nursing consultation not only as a technical procedure, but as an interaction enriched by an interpersonal relationship.

Since 1982, the Ministry of Health has trained nurses to perform consultations and prescriptions in various conditions, including acute respiratory infections, diarrhea, STDs, diabetes, hypertension, tuberculosis, skin diseases, worms and others, according to specific protocols. Carraro and Westphalen (2001) highlight that the nursing consultation is a personalized practice, requiring knowledge, skill and responsibility from the nursing professional, since he has the autonomy to evaluate the patient and develop interventions aimed at restoring his health. In addition, the authors suggest guidelines for effective interpersonal relationships, which include:

- Talk "to" the patient, maintaining two-way communication.
- Call the patient by name to personalize attention.
- Avoid a superior position to the patient to facilitate understanding and reduce anxiety
- Prefer the use of "we" instead of "I", promoting joint action.
- Introduce new topics only after addressing what the patient already knows.
- Consider the patient's nonverbal communication.
- Listen patiently and willingly, keeping an eye on what the patient says and observes.
- Demonstrate technical competence to convey safety to the patient.
- Use accessible vocabulary without interrupting the flow of dialogue.
- During the interview, keep the focus on the patient, avoiding fixation on records.
- Avoid value judgments about the patient's speeches. These components ensure an efficient consultation, in which the patient feels appreciated and protected, reinforcing trust and connection in the service provided.

The prescription of care and guidance through the Nursing Consultation was regulated by COFEN Resolution No. 271/2002, with legal support in programs of the Ministry of Health, which recognize the essential role of nurses.

However, this prerogative has been the subject of debates in nursing forums and among other health professionals. This Resolution establishes that: Article 5: The Nurse can receive the client to perform the nursing consultation, with the objective of knowing/intervening about health problems/situations/disease. Article 6: Based on this consultation, the nurse will be able to diagnose and solve identified health problems, integrating nursing actions with multiprofessional actions. Article 7: The curricula of



undergraduate nursing courses should prepare students for this reality, given that the practice of these actions is already a routine in the labor market. These points highlight the importance of the Nursing Consultation as a systematic, individualized and patient-centered practice, valuing the nurse's role in health promotion and recovery.

The nursing consultation plays a crucial role in preparing patients and caregivers for the end of life, a period in which there are no more therapeutic options. In this scenario, the objective is to offer comfort and ensure a dignified death to the patient, through personalized and individualized care, which satisfies the demands of both the patient and the caregiver. To ensure the highest quality of life, nuisances are eliminated and safe conditions are established for those who care.

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The nurse must employ an understandable vocabulary and maintain a receptive and close attitude. Rosas (2003, p. 12) reinforces this conception when he states: "Empathy must be exercised throughout the care, so that we can establish person-to-person interaction and provide care in which the care provided by the nurse (...) can offer the necessary comfort; and this will only be possible if there is trust and respect (...)" The nursing consultation is an important moment for both the nursing professional and the patient, characterized by a rich exchange of experiences.

This sharing, wrapped in symbolic narratives and cultural influences, favors the increase of the patient's self-confidence, who feels understood and with his concerns duly clarified at the end of the consultation. The nurse's attitudes during the consultation demonstrate her competence in solving problems, always taking into account the fragility of the patients. This empathetic and effective care not only favors patient satisfaction, but also promotes recognition and appreciation of professional nursing practice.

2 METHODOLOGY

This research adopts as its methodological basis the Sociological Phenomenology of Alfred Schütz, born in Vienna in 1899 and died in New York in 1959. Schütz became interested in the work of Edmund Husserl and Max Weber, and published a total of thirty-two



titles. After his death, four more essays were published, and between 1962 and 1966, 25 volumes of Collected Papers appeared, which brought together most of his writings since 1940 (Capalbo, 1979)

The sociological phenomenology proposed by Schütz presents some ideas that help to understand social action, including: the experienced, the meaning, the subjectivity, the intersubjectivity, the singularity and the intention of the action. The meaning of the interactions in the nursing consultation is captured through the subjects' verbal expressions, enabling an approximation to the world of typicality and intersubjectivity they experience. This experience involves both clients and students who follow the practice, highlighting the richness of interpersonal relationships and the sharing of meanings that emerge in this care context (Rosas, 2003). Schütz (1974, p. 39) describes the process of typicality:

"[...] What is experienced in the actual perception of an object is transferred, perceptibly, to any other similar object, which is perceived, simply, as of the same type. Actual experience will confirm or not my anticipation of typical conformity with other objects. [...]"

Capalbo (1979) states that each individual has a unique life trajectory and a singular set of knowledge that shapes their perception of the world, regardless of their will. This personal context results in an attitude towards life, described as an innate attitude. This attitude is influenced both by the events and perceptions that impact each person's "world of life" and by their biographical situation, configuring a singular perspective of interaction with reality.

According to Schütz (1972), the phenomenological approach to social action aims to understand social behavior in a specific and concrete way, considering it a human conduct guided by a subjective intention. This intention is determined by the motives that underlie and characterize the action, revealing the unique perspective of those who carry it out. Schütz argues that the meaning of an action is intrinsically connected to time and experiences, which, when endowed with meaning, shape a project of action. He states that only the individual who has lived a certain experience is capable of defining his own project, since every action is directed to the future and rooted in the deepest layers of lived experiences. These layers, accessible to reflection, represent the origin of the phenomenon of meaning and understanding, allowing the action to be interpreted and understood in the context of those who perform it.

Jesus (1998) explains that, in Schütz's perspective, social action is divided into two parts considering temporality: the action "because" and the action "for". The "why" action is linked to the events of the past, representing the baggage of experiences inherited from our predecessors, which influence the way we act. Action "for" is future-oriented, representing



the existential projects and intentions that shape goal-directed behavior. Thus, Schütz distinguishes two types of motivations in social behavior: the "why" motives, related to the experiences lived and that underlie the action, and the "for" motives, which concern the purposes and results expected by the action performed. From Schütz's reflections, it is understood that the life history of each individual is shaped by their condition in the world, their experiences and the culture in which they are immersed.

This set of factors establishes the basis for the subject's position in his reality. Simultaneously, the social environment in which the individual lives plays a fundamental role in defining behaviors and expectations, configuring a scenario in which human conduct is influenced by norms, values, and social interactions. Thus, the individual's action in the "world of life" reveals itself as a social construction, evidencing his dynamic and interdependent relationship with the social network in which he is inserted.

Leopardi (2002) points out that phenomenology differs from the methods of the Natural Sciences by rejecting experimental control over the phenomenon, valuing the direct and immediate description of its essence. In this context, quantification is used only to identify the frequency of invariant aspects, i.e., common characteristics in the observed phenomena, without establishing causal relationships. This approach emphasizes the reflective relationship between subject and object, where reality is prioritized and understood in its fullness before any inference or generalization.

According to phenomenology, working with reality means approaching phenomena that have an essence, which must be intuited and experienced, and not simply discovered by traditional methods of investigation. Nietzsche and Leopardi (2002) point out that phenomenology goes beyond a purely psychological approach, offering a detailed description of the intrinsic structure of the phenomenon. The phenomenological method does not concern itself with the conditions of veracity of a judgment, but focuses on the meaning of what happens in consciousness when judging, dreaming, affirming, and living.

The main task of the phenomenological method is to reveal phenomena in their essence, making them understandable and visible. This process involves describing phenomena as meaningful, enabling a deeper and more reflective understanding of the human experience in its entirety. Considering the study theme — the meaning of the concept of health in the nurse's understanding — methodological support was sought in the qualitative approach.

According to Minayo, apud by Deslandes (1994):

"Qualitative research answers very particular questions, it is concerned, in the social sciences, with a level of reality that cannot be quantified. In other words, it works with



the universe of meanings, motives, aspirations, beliefs, values and attitudes, which corresponds to a deeper space of relationships, processes and phenomena that cannot be reduced to the operationalization of variables"

It is stated that this research is descriptive, since, according to Polit and Hungler (1995), descriptive research is "studies that have as their main objective the accurate portrayal of the characteristics of individuals, situations or groups, and the frequency with which certain phenomena occur."

However, an analysis of the literature (VHL, LILACS, SciELO) reveals a gap in studies that specifically deal with the understanding of the concept of health and its implementation in the practice of nursing consultations. Therefore, this research seeks to answer the following question: how do nurses conduct nursing consultations, considering the concept of health in an outpatient clinic of a university hospital? The objective of this study is to investigate the meaning of the concept of health for nurses and its use in consultations, based on the current concept of health and professional standards.

This is a qualitative, descriptive research, with a sociological phenomenological approach by Alfred Schütz. The study was carried out at the outpatient clinic of the São Francisco de Assis School Hospital (HESFA/UFRJ), a teaching hospital in Rio de Janeiro.

Seven nurses who worked in the outpatient sector, with at least two years of experience in nursing consultations, participated in the study, selected by convenience. The exclusion criteria were no show of interest or absence from the practice scenario for leave or other reasons.

Data collection occurred through unstructured phenomenological interviews, recorded in audio and guided by a script with the following guiding questions: "How do you understand the concept of health to plan and execute the Nursing Consultation in the Teaching Hospital?" and "What do you have in mind about the Concept of Health when, in the Nursing Consultation, does he see the client at the HESFA outpatient clinic?".

The interviews were transcribed and categorized according to the comprehensive phenomenology of Alfred Schütz (1979). The analysis followed the steps of apprehension of the speeches, immediate transcription, careful reading to transform the subjective into objective, grouping into categories and analysis of the subjects' intentionality through the "Reasons For". The project was approved by the Research Ethics Committee of the EEAN/HESFA/UFRJ (Protocol No. 067/2011), and all participants signed the Informed Consent Form.



3 FINDINGS

The analysis of the nurses' statements revealed two central categories that describe the experience and intentionality of their actions.

Category I: Adapt the current Health Concept, implementing its activities according to the client's needs and the tools available in the service

The nurses demonstrated an expanded and humanized understanding of health, which goes beyond the absence of disease. They recognize that illness is influenced by factors such as lack of care, professional reception and difficulties in accessing services. The speech of one of the participants illustrates this view:

"In my view, the concept of health goes beyond the absence of disease. Current health is in need of more attention; it is precarious, deficient. When I see my patients, I don't just follow what's in the books or protocols. I perceive other needs." (Esmeralda).

The participants also pointed out the difficulty in applying the ideal concept of health due to structural and resource limitations of the system, which generates a gap between theory and practical reality.

"I believe that the concept of health is exactly what is defined, but I see fewer and fewer tools to achieve it, which makes everything more difficult. [...] we face many limitations; There are sectors in the hospital to which I cannot refer patients." (Amethyst).

Category II: Achieving Problem-Solving Through Intentional Action, Nursing Consultation and Thus Enabling Teaching and Learning to Those Who Teach and Those Who Learn

The nurses highlighted the importance of listening, humanization and health education during the consultation. They see themselves not only as caregivers, but as educators, promoting the patient's autonomy and the joint construction of care.

"I listen, talk and try to give attention and respect to patients. I am often accompanied by residents or undergraduate students, which requires a humanized approach. The pedagogical exchange is constant [...]. It is important that the patient understands that he is in a teaching hospital." (Esmeralda).

Practice in a teaching hospital imposes challenges, such as the need for constant updating and sensitivity to deal with patients in the presence of students, balancing student learning with patient comfort and individuality.

"It is necessary to teach nursing students how to improvise and adapt care according to the patient's level of understanding. [...] With time in service, we develop the sensitivity to realize that people don't open up easily when there are many students present." (Topaz).



4 DISCUSSION

The results show that nurses understand the concept of health in a holistic way, aligned with the definition of the World Health Organization (WHO) and with the principles of documents such as the Declaration of Alma-Ata and the Ottawa Charter (CARTA DE OTTAWA, 1986). They recognize health as a dynamic process, influenced by internal and external conditions, and seek to promote the physical, mental, and social well-being of patients.

The nurses' practice is based on an intentional action that aims not only to meet health demands, but also to promote the humanization of care and the exchange of knowledge in the teaching environment. The humanization of care, education for self-care and problem-solving capacity were recurrent themes, showing that the nursing consultation is a space for care and transformation, as recommended by Horta (1979) and Rosas (1998).

The difficulties faced, such as the lack of resources and the limitations of the system, highlight the distance between theory and practice. However, nurses demonstrate a commitment to overcoming these challenges, using interdisciplinary collaboration and creativity to ensure the best possible care, reinforcing the importance of Nursing as a science and art of care.

5 CONCLUSION

This study allowed us to understand that, for nurses, the meaning of the concept of health transcends the absence of disease, representing the search for the integral well-being of the individual in their social context. The nursing consultation proved to be a complex intentional action, which articulates care, teaching and humanization.

Alfred Schütz's sociological phenomenology was a valuable tool to unveil the meaning of nurses' action, showing that professional practice is shaped by their experiences, values and the context in which they work.

It is concluded that nursing plays a fundamental role in health promotion, going beyond technicality and affirming itself as a human and intersubjective practice. It is essential that health and educational institutions offer the necessary support so that nurses can fully apply the concept of health in their practice, contributing to more qualified care and to the training of professionals who are more aware of their social role.

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