

FROM EVIDENCE-BASED PRACTICE TO VALUES-BASED PRACTICE

DA PRÁTICA BASEADA EM EVIDÊNCIAS À PRÁTICA BASEADA EM VALORES

DE LA PRÁCTICA BASADA EN EVIDENCIAS A LA PRÁCTICA BASADA EN VALORES

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Qualifying care and nursing interventions is a noble goal, pursued by nurses, in favor of more assertive responses to the demands of users, communities and health systems. Collectively, because it is shared by all, nurses assume the need to develop specific disciplinary knowledge.

It is desired that care is based on the best evidence available, meets the ethical standards, and in all circumstances finds the most correct, effective and the most efficient solutions.

Evidence-based practice fits within this framework of purpose and motivation. Through specific research methodologies, it is sought to find the best way, the most scientifically correct process in theory and scientific research and to base, transfer and apply it to practice. The synthesis of science is also sought through more advanced methodological processes by performing integrative and systematic literature reviews, classifying evidence, and developing guidelines. Highly specialized work that is usually allocated to or supervised by international synthesis centers for best practices, such as The Joanne Briggs Institute (JBI), among others.

Much has been done in this area. A meritorious work of synthesis of evidence, which must continue, qualifying professionals to work in these centers, disseminating knowledge, teaching the reading of best practices recommendations, improving the work of nurses.

We are in the context of concrete scientific field of nursing, around a pattern of knowledge identified in nursing as empirical pattern⁽¹⁾. Although, one can argue, and in our opinion one must, whether, when evidence is referred to, it is strictly referred to as scientific evidence, or if include other forms of knowledge, by gathering consensus and showing good options, become valid and thus also evidence for the practice of nursing. Naturally, the latter, resulting from processes of synthesis and validation are differentiated from the former. It is true, if some occur in a linear process of investigation and application, others happen in non-linear process, in hermeneutical spiral⁽²⁾.

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It will be worth surpassing this theoretical controversy, however, in our view, it makes sense to understand, deepen and consider, asking the question in different way: When nurses need to make decisions in their care processes, what knowledge are they based on, what are the sources of help.

The complexity of the moments, circumstances and people involved in caring processes is well known. The concept of complexity is in itself is quite appropriate, it refers to the great variability of the circumstances, the actors, the resulting interactions, the instability and uncertainty as an established fact.

Nurses' decision-making processes, when they think about what to do when faced with a given situation, "when the child has fallen into their hands," are embedded in knowledge that comes from diverse sources. Sources associated with processes and associated with mental operations⁽³⁾.

From the sources associated with the processes, we find the produced scientific research and that at that particular moment it becomes present. But they also make decisions based on tradition, by sifting through the best options that have been selected over time, but more so based on experience, whose relevant role is emphasized by some theorists, for example when they report that the nurses develop their competences in phases: beginner, beginner-advanced, competent, proficient and experts⁽⁴⁾.

These sources of procedural knowledge are accompanied by other sources associated with mental operations⁽³⁾ of unmeasurable value for decision making, when nurses decide what to do, such as: intuition, reflection, imagination and operations characterized as heuristics (mental mechanisms used in solving complex problems).

As we can easily see, these sources of knowledge foment specific nursing knowledge, characterized in knowledge patterns, such as empirical, aesthetic, personal and ethical⁽¹⁾, sociopolitical⁽⁵⁾, emancipatory⁽⁶⁾, or even symbolic and synoptic^(3,7).

Based on this knowledge, it appears to be correct to describe the nursing qualifying design as a values-based practice⁽³⁾ as opposed to an evidence-based practice. In values-based practice, scientific values are present, and they are essential, but they do not make sense if they are isolated. Rather, they need the company of ethical values; they benefit from the sensibility, intuition and technique expressed in aesthetics; experience, intuition and reflection expressed in personal capacities; not forgetting the knowledge and interaction with the environment and the circumstances, mirrored in sociopolitical and emancipatory patterns. It also has relevance in symbolic value, presences and absences, written and oral words, gestures and attitudes. And, all this, without leaving aside a synoptic vision, is read as a whole.

In actual fact, we are also in the presence of two rationalities and, if we wish, two epistemologies and two views of nursing. The appreciation of evidence-based practice, a technical rationality, or the appreciation of values-based practice, a practical-reflexive rationality, with a positivist epistemology or an epistemology of practice, as a background.

What we understand by advanced nursing, or by advanced nursing practice, also has to do with this. Advanced in technical skills or advanced in global skills and broadened ability to care for people and communities. But this is clearly another discussion. For the moment, let us recall the concern of some nursing philosophers, which is related to the realization and concern of "[...] the eclipse of clinical knowledge, through formal scientific knowledge"^(8:346), in that clinical knowledge encompasses the same meaning of all the nursing disciplinary knowledge patterns mentioned above, while formal scientific knowledge refers to a worrying centrality, dominance, or even exclusivity of the empirical standard.

The question is delicate and profound, it also refers to the choice of one of two paths: the deepening of professional autonomy, the development of disciplinary knowledge and the extension of the actual field of action, naturally, within a framework of autonomous and interdependent functions, with centrality in the life processes of people and communities and focus on well-being and health; or the maintenance of the nursing framework within the perimeter of the delegation of competences, protected, with the exclusive deepening in the field of scientific evidence. This second option is justified in the search for social space and legitimation, through affirmation process, conscious or not, around the

reductive imitation of the medical power and other dominant scientific powers. Not contributing to the specific disciplinary development of nursing, tends to maintain the focus on curative, hospital care. It places nurses in a position of substitute caregivers, cheap solutions to crisis systems, and at the mercy of neoliberal economist choices, forgetting that users, when they can choose, when not economically constrained, wisely choose the original and not the substitute.

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