



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

SCENES OF CARE SITUATIONS AND ETHICAL IMPLICATIONS: AN EXPERIENCE WITH UNDERGRADUATE STUDENTS IN THE TEACHING SPACE

CENAS DE SITUAÇÕES DE CUIDAR E IMPLICAÇÕES ÉTICAS: UMA EXPERIÊNCIA COM ESTUDANTES DE GRADUAÇÃO NO ESPAÇO DE ENSINAR

ESCENAS DE SITUACIONES DE CUIDADO Y LAS IMPLICACIONES ÉTICAS: UNA EXPERIENCIA CON ESTUDIANTES DE PREGRADO EN EL ESPACIO DE LA ENSEÑANZA

Eva Maria Costa¹, Paulo Sérgio da Silva², Thiago Augusto Soares Monteiro da Silva³, Ana Luísa Teixeira da Costa Durante⁴, Nêbia Maria Almeida de Figueiredo⁵, Teresa Tonini⁶

ABSTRACT

Objective: to introduce simulations of care situations as an academic activity of the subject Ethics. **Method:** cartographic study with a qualitative nature. The institutional research scenario consists in a public university located in the Rio de Janeiro state, Brazil, aimed at providing professional nurses with education. This study had 22 students as participants. The study was submitted to the research ethics committee of the Higher Education institution and approved under the Opinion 685-11. **Results:** imagistic production of 5 simulated care situations followed by discussion and indication of themes that, reorganized, led to 3 analysis cores: ethical implications for care; ethical implications for teaching; and ethical implications on technological aspects. **Conclusion:** the strategy of producing simulated scenes is a feasible pedagogy, which leads students to various ways of thinking, learning, and positioning themselves in an ethical manner during care situations. **Descriptors:** Education; Higher Education; Ethics in Nursing; Nursing Care.

RESUMO

Objetivo: apresentar simulações de situações de cuidar como atividade acadêmica da disciplina Ética. **Método:** estudo cartográfico de natureza qualitativa. O cenário de investigação institucional consiste em uma universidade pública localizada no estado do Rio de Janeiro, destinada a formar profissionais enfermeiros. Participaram deste estudo 22 estudantes. O estudo foi submetido ao comitê de ética em pesquisa da instituição de Ensino Superior e aprovado sob o Parecer n. 685-11. **Resultados:** produção imagética de 5 situações simuladas de cuidar seguida de discussão e indicação de temas que, reorganizados, deram origem a 3 núcleos de análise: implicações éticas para o cuidado; implicações éticas para o ensino; e implicações éticas nos aspectos tecnológicos. **Conclusão:** a estratégia de produção de cenas simuladas é uma pedagogia possível, que provoca nos estudantes diferentes formas de pensar, de aprender e posicionar-se de forma ética nas situações de cuidar. **Descritores:** Ensino; Ensino Superior; Ética em Enfermagem; Cuidados de Enfermagem.

RESUMEN

Objetivo: presentar simulaciones de situaciones de atención como una actividad académica de la asignatura Ética. **Método:** estudio cartográfico con un carácter cualitativo. El escenario de investigación institucional consiste en una universidad pública ubicada en el estado de Río de Janeiro, Brasil, diseñada para capacitar a enfermeros profesionales. Este estudio tuvo 22 estudiantes como participantes. El estudio fue presentado al comité de ética en investigación de la institución de Enseñanza Superior y aprobado bajo la Opinión 685-11. **Resultados:** producción de imágenes de 5 situaciones de cuidado simuladas seguida por discusión e indicación de temas que, reorganizados, llevaron a 3 núcleos de análisis: implicaciones éticas para la atención; implicaciones éticas para la enseñanza; e implicaciones éticas acerca de aspectos tecnológicos. **Conclusión:** la estrategia de producción de escenas simuladas es una pedagogía posible, que hace que los estudiantes tengan diferentes formas de pensar, de aprender y de posicionarse de una manera ética en situaciones de atención. **Descriptores:** Enseñanza; Enseñanza Superior; Ética en Enfermería; Atención de Enfermería.

¹Nurse. Professor at the Alfredo Pinto Nursing School. Ph.D. from the Graduate Program in Nursing and Biosciences of the Federal Rio de Janeiro State University (Unirio). Rio de Janeiro (RJ), Brazil. Email: evamariacosta@ig.com.br; ²Nurse. Ph.D. student in Nursing and Biosciences at the Unirio. Rio de Janeiro (RJ), Brazil. Email: pssilva2008@gmail.com; ³Nurse specialist in Clinical Oncology. MS student in Nursing at the Unirio. Rio de Janeiro (RJ), Brazil. Email: thiagoams@bol.com.br; ⁴Nurse. Specialist in Palliative Care and Neonatology. MS student in Nursing at the Unirio. Rio de Janeiro (RJ), Brazil. Email: aninha_durante@yahoo.com.br; ⁵Nurse. Ph.D. in Nursing. Professor at the Unirio. Rio de Janeiro (RJ), Brazil. Email: nebia@unirio.br; ⁶Nurse. Ph.D. in Collective Health. Professor at the Unirio. Rio de Janeiro (RJ), Brazil. Email: ttonini@terra.com.br

INTRODUCTION

For over twenty years, professors in charge of the field Fundamental Nursing at the Alfredo Pinto Nursing School, specifically those involved in the subjects Semiotécnica I and II, Semiologia, História, and Ética, seeking teaching-learning strategies to develop their content in a flexible, democratic, and rather creative manner. Above all in Ethics, when it is usual to hear from undergraduate students this is a not very stimulating subject, it is hard to study and discuss, learn standards and laws, it is difficult to understand and contextualize with life scenarios where the nursing practice actions shape each other.

It is in this context of understanding Ethics by Nursing students that we have looked for pedagogical strategies that arouse interest, which we name as scenes of aesthetic productions, dramatic games, simulated jury, geomythical spaces, movies watched and accompanied by collective discussion, whose content resulting from its application are published in several scientific journals having a national and international audience, in addition to originate books in the field, such as, for instance, *Art and health: pedagogical experimentation in Nursing*.¹

The guiding point of everything we do, think, and write lies on nursing care, customer and professional safety, meeting customers' needs in many clinical care situations; paying attention to the environment mediated by prevention of its risks, the body, and the flow of meanings expressed through it, to the physical and spiritual comfort and continued challenges of teaching and learning nursing care.

Most of the time, nursing care is expressed through our manuscripts, either as a study object or as the theoretical framework. Herein, our viewpoint lies on teaching nursing care from an ethical perspective to think through the care experiences we have shown.

In addition to the difficulties mentioned on an early basis by nursing students, the options of our own to teach also emerge as problems, and we come to believe that certain teaching-learning strategies might be emancipators of the students' expressions on certain terms involving reflections, emotions, unlike learning dates, clinical care management behaviors applied to health and illness situations.

An education that is no longer concentrated only in the professor as a character, an education that becomes

streamlined in a two-way teaching-learning flow in the character of students who learn the care craft. We may claim that professors must be facilitators of the teaching-learning process, an assumption that should be practiced, investigated, and assessed.

Helping nursing students to learn, think, criticize, dream, create is a must. Hence, we must push them towards changes in the thinking and acting ways. In this sense, thinking a well-settled mind does not imply teaching more, but believing that teaching to rethink thought, un-knowing what is known, and putting into questions the doubts of one's own may be the only way to start believing in something.²

Such a thought must be encouraged by movements focused on creating and daring to experience situations that generate unexpected scenes, involving professors and students who will experience everyday situations that represent care, as well as its ethical principles, something which provides a significant learning that is able to settle in the Nursing students' minds. Thus, a well-settled mind is better than an extremely full head, and the latter has some knowledge that is accumulated, piled, and it does not have a solution and organization principle that provides it with meaning; instead of accumulating knowledge, it may be claimed that it is more important to have the same time to identify and deal with problems, i.e. adopt organizing principles that make it feasible to relate the knowledge kinds and use them according to the context involved.²

Among the alternatives to break with the maintenance of what is established in education and in the ways of teaching Nursing, which sometimes may express itself as having no freedom and lacking creativity, our proposed change of thinking means not being afraid of the links established between students and professors, taken by us as partners in the teaching-learning process.

We need to provoke students so that they wish to learn differently on a continued basis, think differently, do differently, and be different. From this perspective, we seek to walk through educational scenarios with pedagogical possibilities that make changes easier: change in the teaching ways and methods, creation of new teaching movements, procedures, and flows, above all in the classroom.

An education that covers the subjects of rational, emotional, human, and legal fields and does not prevent pedagogical strategies can be created to trigger in the body of Nursing students a free and authentic

expression, rather than keeping them on the plaster, bound to the curriculum, redundant, anesthetized with regard to their ways of personal, social, and political expression.

Such issues included in the proposed changes concerning the way how to think Nursing education are based on the theoretical assumption that the classroom is understood by us as a laboratory for experimentation aimed at teaching. We, as researchers, can create, try through body and mind alternative emancipating pedagogies with a view to leaving strict models of teaching, learning, researching, and producing scientific knowledge. In this context, the classroom as a scenario turns into a powerhouse of texts and it is set up in stimulating a political-pedagogical positioning of adversities and, at the same time, a powerhouse of scientific knowledge production. We assume entering into the group production gear, in the institutional space, sure to be all engaged in an unprecedented, unique, and bold academic or university experience.¹

The study is justified because it addresses reflections on strategies for teaching and scientific knowledge production that has as a starting point what we understand as innovative pedagogical strategies, in which the student is not a mere receiver, but a partner of professors, regarded as active with regard to the production and presentation of themes that emerge from their experiences of living and creating.

These experiences, in addition to being significant, because they are based on the singularities experienced by Nursing students, are indicative and stimulators of the expression of thought, action, intervention; expressions staged by them, who are authors and characters of the text itself and they may change the teaching of Ethics.

Apprehending knowledge on Ethics entails finding lightness in content that has malice, negligence, malpractice, and omission as key issues for the Nursing practice, where often, or even most of the times, students cannot be interested or even know what represents each of them and identify in the practice what seems to be more difficult and complex for them.

Theoretical Ethics classes can, by using emancipating pedagogical strategies, because they are revealed in the Nursing students' body, become indicative of reflection, understanding of what happens, not only in Nursing, but in politics, economics, relationships, and the environment where each of them lives.

They may also look at the nursing care they learn, not only as the development of procedures, steps to do things, but as the ethics that goes through all actions of living along with each other in a cross-sectional manner, in the family, community, work, and education and that needs greater objectivity with regard to the teaching and learning actions.

Finally, we expect students to train using their body language to participate, respond, and learn better through simulations of scenes created by them as an impossible experience of forgetting. This is so because, there is no doubt, they are able to set their imaginary, thought, and body. When recalling simulations of the scenes created, they will remind the latter as being similar to the reproduction of reality that unfolds during a professional practice.

Based on these premises, we understand that the object to be grasped in this study refers to simulations of care situations as a strategy for learning and apprehending knowledge on Ethics. These are the questions that guide this theorized experience: are Nursing students able to create simulations of scenes of care situations from the ethical perspective? Can these scenes induce reflections on the care practice?

Out of these questions there emerge the following objectives:

- Introducing the simulations of care situations as an academic activity of the subject Ethics;
- Identifying in the simulations of scenes ethical implications for customers and the Nursing profession.
- Discussing the implications for care teaching and practice.

METHOD

For this study, we chose the cartographic method, which by nature is qualitative and herein it is aimed at the production of scenes of care situations. The choice for the cartographic method does not concern, in addition to walk through invention and, at the same time, be rather open, monitor processes, and its crucial nature is an intervention. Cartography means monitoring pathways, implications for production processes, network connection or rhizomes, and it brings up to the experience subjectivity cartography, agency and the micropolitics of desire, observed in scene simulations.³

We highlight that instead of rules to be applied, this method proposes ideas of clues to guide the research work - connecting and

reference lines upon four varieties of attention: tracking, touching, landing, and recognizing in cartography.³

Tracking means locating procedural clues, monitoring changes in position, speed, acceleration, pace. Cartographer's attention is, at first, open and unfocused, and concentration is explained by a fine-tune to the issue: teaching Ethics. As for touching, this involves haptic perception as a sensory mode whose receptors are spread throughout the body and it has the quality of being a close-reception, its perceptive field is equivalent to the contact zone. Landing consists in the reference time of the issue (teaching Ethics and staging of care situations), the borders and boundaries of attention mobility. Here, an attention dynamics is created. This creation is objectified in the proposal to use windows related to the cognitive, technical, and cultural practices.³

The fourth attention variety mentions recognition, a different attention way, very close to what we do when landing. That is when the territory is reset and when we must ask again: What can be shown in the scenes? Can we think of Ethics by considering the simulated care scenes? This is an investigative attitude by the cartographer: let us see what is going on and how it was to follow the data producing process.³

When we initially mention the study has a qualitative nature, we had in mind that this method intends to know motivations, representations, and values contained in the scenes that may be justified.⁴ In this study, more specifically, we will be paying attention to looking for ethical issues observed in care experiences, represented in the scenes.

Another theoretical aspect of this methodological option is the possibility the requirements under qualitative analysis provide greater visibility and greater density to the object of this study, something which allows us to explain findings in the field of meanings.⁵

The institutional research scenario was a public university located in the Rio de Janeiro state, designed to provide professional nurses with education. The microspace selected for data production was the classroom, regarded by us as a living laboratory, as it is where teaching Ethics in Nursing takes place and through it students participate in the content by producing scenes to objectify what is and what is not ethical.

It is worth stressing here that the study was submitted to the research ethics committee of

the Higher Education institution, in compliance with the legal and ethical issues involved in research with human beings, and approved under the Opinion 685-11, something which enabled us to work in the field of meanings and in terms of images produced after obtaining the consent of those who participated in this study.

The participants were 22 students who agreed to participate in the construction and presentation of scenes created just by them, without any interference of professors, whose function consisted in making the process easier and discussing the scenes produced in simulations as a final activity of the subject, since the triggering phrase: care spaces and ethical implications. All Nursing students agreed to be filmed and photographed after signing the free and informed consent form, authorizing the text to be used for scientific purposes, turning them into co-researchers and authors of the scenes.

The strategy adopted to produce data was named as simulation of aesthetic production scenes, understood as a teaching and specific research strategy, whose theme for analysis was: ethics in care teaching.

In this thinking way, the natural space of the professor changes so that students act on it, definitely taking hold of the situation and "teaching us" how to build the scenes of a practice whose role is played by the professors. According to rather conservative professors, giving up the power to decide, command this experience, may be chaotic, because it provides students with the opportunity to change the game, i.e. change the rule, by reversing the roles involved in the teaching-learning process.

RESULTS

In tracking, first cartographic intentional gesture, Nursing students, when producing the scenes, performed a scan, seeking to know, learn, approach Ethics as a theme and care situations, getting acquainted with the classroom as a new territory, where they can discuss, talking, instead of listening, being the focus of interest, while professors listened, and act out something that they created without knowing in fact the actual situation. As cartographers, professors changed their position to allow students to take over this place.

Four scenes were staged by students and recorded by professors, who took turns between authorship, playing, and contemplation of the scenes, participating in the discussions of each of them. Below, we

introduce what have been done as gestures 2 and 3.

The second attentional gesture is touching: at this time, we get students to attend their performances, focusing our attention on body language, speech, and text in the scenes. We sharpen our senses as professors and then we knew their senses were sharper than ours.

We photographed the scene with the most delicate machine: human eye. We pressed our eyes to create a sense of zoom and see them better, we pressed our eyes a little more, sharing space with them. We became spectators.

The third attentional gesture is landing, when we see in the scenes produced and staged the ethical issues and care situations were there, pulsating, in the movements of Nursing students who aimed something initially designed. Scenes rich in sensory

modalities and thinking of teaching and rethinking of care practice. We found that students who still would get into the hospital environment showed scenes known to us, broadcast by the media, and having themes as elements beyond care.

◆ The first moment: staging of simulated scenes and identification of their implicating themes

At this moment, we stopped to talk to students and highlight the guiding themes of recognition, as the fourth attention of the cartographic method, resulting from simulations already contextualized. The main implicating themes identified in simulations of care situations by Nursing students are displayed in Figure 1.

Scenes	Text	Implicating themes highlighted
First scene Worried female customer asks the female nurse to not telling her mother about family violence.	Customer arrives limping and reports to be in pain and she repeats ten times to be in pain. She is accompanied by her mother. Two female nurses rushed to put her on a stretcher and ask what happened, but they are not interested in listening. They call a female doctor to do a X-ray, without much talk. In radiology, a female nurse talks about the fall and investigates how this happened; she demonstrates through her body language to not believe the history and keeps insisting until the customer reports it was family violence. The customer shows up distressed and asks the nurse to not telling her mother, who waits outside, but the female nurse does not comply with her request and she runs to tell her mother. Mother and daughter immediately start discussing and they leave the hospital before appropriate care is complete without the X-ray results. Our visual receptors touched and identified the problems of this situation, shown in the figures.	Lack of care. Lack of ethics as for professional secrecy. Professional indifference. Domestic violence.
Second scene A female nurse is authoritative towards customers when faced with a prominent chest projection. Taking a dominant body language, she says: "I command here."	This is a hospitalized female customer that calls several times the nurse to say she is uncomfortable after urinating and getting wet. Nurses stay at their station, talking about various subjects and all of them are paying attention to the cell phone. They are indifferent to customer's call, who keeps calling them. To each other, nurses claim the customer is annoying and one of them says: "Never mind, she is complaining unnecessarily, she is wearing a diaper, there is nothing to complain about." One of them caused trouble and the head nurse is called, who is not concerned about what the nurse tells her. In fact, her biggest concern is about the cell phone. Irritated by the continued request to go talking to the patient, she asks the nurse for information, but does nothing. She decides to bring another person to care for the patient and keeps look at the cell phone, she says it is better to put it aside, justifying there is little staff to provide customers with care. With an eye on the phone, she does not let it go	Abandonment. Arrogance. Exaggerated attention to the cell phone. Lack of commitment. Lack of staff to provide care. Incompetence. Unkindness. Irresponsibility.

	anyway. The patient remains lacking care and silent.	
Third scene Nurses on strike are demanding better pay and working conditions. “Macnurse” - Machine female nurse, she does not look at the customer, only at the upper limb or the procedure to be performed: representation of mechanized care, where many nursing professionals become machines that break down the client’s body into pieces.	At the same time that a female customer arrives accompanied by her family complaining of pain, there comes a group of female nurses on strike, complaining of wages, labor, poor conditions, asking for more civil service examinations. The customer remains sitting, surprised, astonished. The director, owner of the hospital, is called and, faced with nurses’s complaints, those who have failed to meet the customer’s need, fires two nurses, who leave crying. Amid the trouble, the director meets a representative of a company that sells computerized nurses model “Macnurse” and convinces her that robot nurses do not complain, do not strike, do not need to be paid. The hospital director is negotiating the purchase of a nurse and keeps saying that the hospital’s goal is to make profit, she does not want to lose money due to nurses who do not want to work. “Macnurse” (caring machine) arrives, moving in programmed control: “Care! Pain! Medicine! No strike! Care! Pain! Medicine! No strike!” Suddenly, it stops and then repeats again and again: “No strike, no strike, no strike.” The hospital director calls the company and complains the nurse “crashed down.” The woman responsible for the company tells her not to worry, because maintenance will be provided and those machines with defects will be replaced: “I will send you two more and bring the spoiled one back here.”	Special attention to technology. Assessment. Dehumanization. Economics. Machine nursing. Research. Politics. Claim.
Fourth scene Florence Nightingale suddenly appears and asks the female nurses about what has been taught at the university.	Someone arrives accompanied by a family member and says to be in pain, showing an arm with a wound in poor conditions. The nurse’s approach is: “What are you doing here?”, as if she was irritated. The female customer shyly shows the wound. She and a colleague looking at the cell phone speak at once: “What a bad thing! You did not do a wound dressing?” A colleague asks: “Have you written about the wound?” And the other replies: “Ah! Do it first.” Then, she gets a used bandage from her pocket and starts wrapping the wound. Suddenly, Florence Nightingale appears and both of them, in chorus, say frightened: “Florence! Florence!”, and the latter asks: “Is this what has been taught at the university? That is not what I taught. You should practice nursing the right way,” and she leaves saying to have plenty to do.	Nursing education. Questioning. Reflection on the care practice.
Fifth scene The nurse complains to the customer’s companion.	A woman arrives feeling sick. The nurse complains and says she will miss the soap opera. She asks the customer to calm down, taking a strict and powerful attitude. She tells the customer to be going home, because she is very tired and leaves without providing care.	Abandonment. Disengagement. Lack of care. Unpreparedness to provide emergency care.

Figure 1. Themes implying Ethics derived from simulations of care situations staged by Nursing students.

◆ The second moment: organizing and analyzing the scenes

Given the themes highlighted in the scenes, having the speeches and situations staged as a basis, we made an analysis that culminated in three content cores for recognition and discussion named, respectively, as ethical implications for care; ethical implications in the teaching aspects;

and ethical implications on the technological aspects.

In this fourth attentional gesture, we are already sure that we have landed and we will address the recognition, regarded as the moment of final stop of attention to recognize what we have tracked, time at which we landed to develop

Costa EM, Silva PS da, Silva TASM da et al.

Scenes of care situations and ethical implications...

scenes of care situations authored by Nursing students, then as actors.

They left their desks to take for themselves the professors' scenes, who authorized such an exchange in order to think of pedagogies that involve art and subjectivities when teaching Ethics. Our attitudes in this regard turn us into investigators, trackers, and cartographers of the teaching process.

The position was "Let us see how it goes," because this is not an automatic recognition of the target and action, i.e. recognizing the object and knowing how to use it, but a position of going through care situations, known to us, created by students, and paying close attention as for the object selected.³

What is interesting concerning this care is that we, cartographers, must not seek an automatic recognition, as, in principle, the aim is to map a territory we inhabit - shooting simulated scenes where we do not know ourselves.³

By recognizing the core contents defined herein, we show the unique contours of what we have seen in simulated scenes set in the images and in our memories, which indicate to us there are ethical implications for care decoded in the themes: lack of care, indifference, failing to comply with secrecy, and we recognize that these are intersection points between Ethics and Nursing.

They show images broadcast by the media, captured by students, which are real, not imagined, and, simulating them, they started then and there, at that space, a renovation provided by the pedagogical teaching of freedom, in order to think through the scenes and the way how to position themselves not only as apprehension, but also as knowledge for action. This refers to a teaching that is not for broadcast, but for a culture that allows us to understand our condition, it helps us to live and favors, at the same time, an open and free way of thinking.²

It is from the ethical perspective that we intend to look at Nursing students on the scene and, in doing so, we try to look at them as unique beings, individuals, who constitute our immeasurable heritage. As for the lack of care in every scene, this is a network of discourses, actions, procedures, creative knowledge and wisdom that maintain conditions and ecosanitation situations in inadequate environments, spaces, and contexts, unsatisfactory, harmful to comfort, well-being, safety, and development of people, communities, and societies.⁶

As for the second core content, which concerns the ethical implications in teaching born in the scene where Florence Nightingale appears in face of an approach involving non-care/lack of care and she asks "Is this what has been taught at the university? That is not what I taught. You should practice nursing the right way."

The emergence of Nightingale at the scene frightened and caught the attention of professors and students in face of the reaction imagined for her, especially when she leaves the scene, visibly

irritated. At that moment, we realized that students were before a scene to learn and start experiencing care situations in which they also learn and that are part of the actual daily lives of nurses, who were also puzzled.

Such an understanding makes us think of education in order to cause the student to create an inner and deep state, a sort of polarity of mind that guides her/him towards a sense defined for her/his whole life.²

In the pedagogy of staging, when they looked at Florence and tried to answer to her question, they found a "sensation" contained in the scene (an inadequate wound dressing, neglect while providing care) that enabled information by means of some knowledge they have learned in the subjects Semiotécnica I and II and they believe it was possible to improve their expertise to provide a better answer to Florence.

Regarding the third and final core content, which deals with ethical and technological implications, we observed the scene where the human being is replaced by technology, when the director, who is the hospital owner, decides to "hire" female machine/robot nurses, because they do not speak or claim, they obey, and when they "crash down", get sick (tired of so many struggles, in the case of human nurses).

Machines need maintenance and, when they break down, become waste. In this scene, many others emerge and mix, such as: politics, economics, claiming, research, assessment, emotion, resulting in a simple action - replace the human being by technology.

What the students showed in the scene was actual, usual, because they are alienated in the world that revolves around and constantly changes according to technology. They are not indifferent to the directions that may interfere with their choices, their profession, which involves many intervention technologies, the way how they will meet so many care needs involving techniques and expressiveness.

We need, in this overwhelming contemporary context, above all with regard to nurses' education, to be aware of the crucial elements of professional practice, since this area preserves the teaching of Ethics, of body semiology, and the whole semiotécnica aimed at it; there is a need to worry about the "nursing records, the development of skills and manual dexterity, the methodology to solve problems, in addition to scientific research itself."^{7:7202}

After these activities, when leaving the classroom, regarded as the most appropriate ones, which have been, despite a change of discourse, conservative and a knowledge stockroom, it seems that a freedom pedagogy is created. By including a robot nurse, named as "Macnurse," they become influenced, unaware of the ongoing technological innovation movement discourse and financial investment and threatening insistence to invest in it, either in undergraduate or graduate courses at the universities.

This new reality, where science loses its authority in the order of knowledge, nature, and landscape becomes definitely human; ultimately, what is at stake in the modes of knowledge production and power in contemporary societies is the internationalized network of satellites, atomic particles, computers, new materials, biotechnology and stock exchange, the very possibilities of a collective management of society, and students are not indifferent to it all.⁸

Nursing students make up this society and they are located in the “health tribe,” tuned in their care practices, pointing out possibilities of being run over by machines that will take their job. Will this come true?

CONCLUSION

Our feeling, as professors immersed in this pedagogy of simulation to show care scenes, is that we are providing Nursing students with ways to reflect, experience, and appropriate from the perspective of Ethics, and that Ethics, technique, and technology ethics are interconnected in care.

It may be a viewpoint, seen from the classroom perspective, stage for playing care situations, and,

especially, professors and students concerning this strategy, herein replicated, which have provided themes and tensions, regardless of who plays each role, who watches the scene, time, and space.

This is a strategy that makes debate easier, as well as the discussion of a group in the initiation process, “beginners of care,” who recognize the weight of what has been assigned as the care setting, the implications summarized in the final image of this study.

There is no doubt that, at a short timeline in the classroom as a teaching and learning pedagogy, Nursing students were able to implode the usual class and turn it into an expression class, pointing out themes-issues involving care, ethics, and technologies.

Our conclusion is that the strategy of simulation and production of (aesthetic) scenes to discuss the object simulations of scenes with care situations is a feasible pedagogy, capable of causing the undergraduate Nursing students to take different ways of thinking, learning, and positioning themselves. To illustrate what has been said, we provide a synthesis of the simulations/scenes and their various implications in Figure 2.

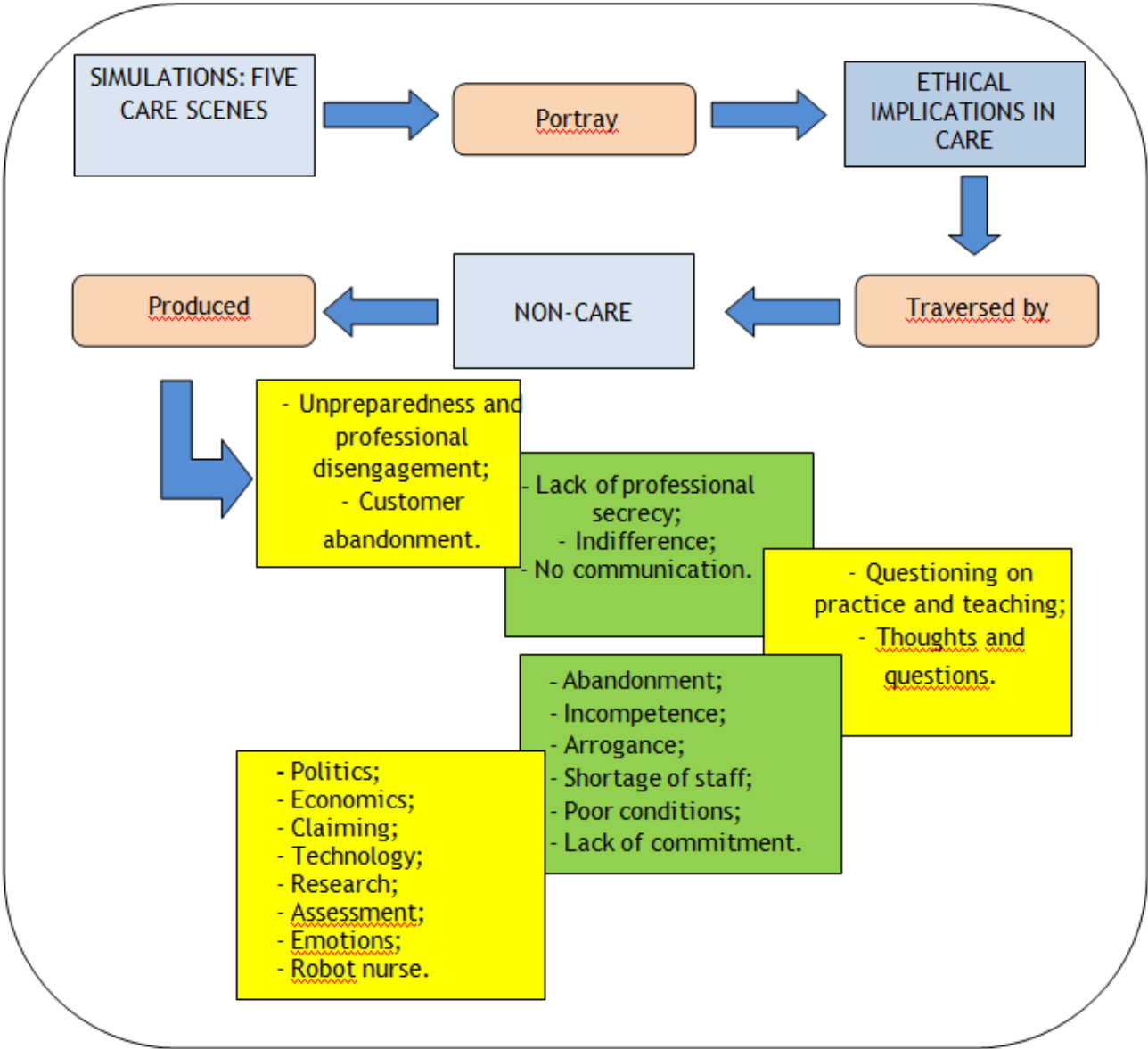


Figure 2. Synthesis of the ethical implications identified in staged simulations by Nursing students. Source: Prepared by the authors.

REFERENCES

1. Tavares R, Figueiredo NMA, organizers. Arte e saúde: experimentações pedagógicas

em enfermagem. São Caetano do Sul (SP): Yendis; 2009.

2. Morin E. A cabeça bem-feita: repensar a reforma, reformar o pensamento. 3. ed. Rio de Janeiro: Bertrand Brasil; 2001.

3. Passos E, Kastrup V, Escóssia L. Pistas do método da cartografia: pesquisa-intervenção e produção de subjetividade. Porto Alegre: Sulina; 2009.

4. Laville C, Dionne J. A construção do saber: manual de metodologia da pesquisa em ciências humanas. Porto Alegre: Artmed; 1999.

5. Minayo MSC, Deslandes S, organizers. Caminhos do pensamento: epistemologia e método. Rio de Janeiro: Fiocruz; 2002.

6. Figueiredo NMA, Machado WCA, organizers. Corpo e saúde: condutas clínicas de cuidar. Rio de Janeiro: Águia Dourada; 2009.

7. Silva PS, Figueiredo NMA. Arte e saúde: reflexões para o ensino de enfermagem na perspectiva teatral. J Nurs UFPE on line [serial on the internet] 2013 [cited 2014 Apr 1];7(Spec):7200-8. Available from: http://www.revista.ufpe.br/revistaenfermage/index.php/revista/article/view/4418/pdf_4326.

8. Araujo HR, organizer. Tecnociência e cultura: ensaios sobre o tempo presente. São Paulo: Estação Liberdade; 1998.

Submissão: 16/05/2014

Aceito: 27/07/2015

Publicado: 15/08/2015

Corresponding Address

Paulo Sérgio da Silva
Av. Alberto Torres, 111
Bairro Alto
CEP 25964-004 – Teresópolis (RJ), Brazil

Português/Inglês

Rev enferm UFPE on line., Recife, 9(Supl. 7):9000-8, ago., 2015