

The potential of health as a theoretical framework for nursing



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ABSTRACT

It proposes a nursing theory based on Health Potentials. This reference works with the humanistic, phenomenological and existential issues of nursing from a post-modern perspective. It aims to be a reference for nurses and nursing students to develop the Systematization of Nursing

Care (SAE) based on a simple, far-reaching reference, centered on the demands and expectations of clients, families and communities. It is hoped that this framework will be a facilitator, due to its uniqueness and simplicity of understanding and description, so that nursing can understand the importance of systematizing nursing care based on a theoretical reference focusing on the subjects in their own contexts of life and existence. The theoretical proposition, as well as its paradigms and mataparadigms, meet the ideological determinants of the Brazilian health system, promoting the inclusion of clients, families and communities in their therapeutic plans, overcoming the hard biomedical model and promoting care where the subjectivation of the subjects is the central axis of all actions, values and concepts.

Keywords: Nursing, Theory, Health potentials.

1 INTRODUCTION¹

Living the experience of Nursing for forty years in various fronts of action such as hospital units and specialized services, made me observe the itinerary of clients and users through the health system, since a time when there was no talk of values and concepts that today are more transversal and discussed such as comprehensiveness, humanization, equity, and others that are so fashionable in health discussions, whether in academia or health services.

Living these experiences means not only observing, but being directly affected by them, whether as a professional or as a client/user. Such affectation refers to the fact that some conditions and situations experienced marked me in an effective and direct way, offering me the opportunity to carry out a conjunctural analysis in search of answers to questions that have always bothered me in the health sector, such as the power relationship that is established between professionals and users, the indifference in relation to individuality that is certainly present in the various behaviors presented by these users, their conditions of adaptation and responses to the various extreme conditions to which they are subjected and, mainly, about the potential that each user has to deal with the adversities that appear to them throughout their life cycle and the health/disease process.

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2 PURPOSE

In the medicalized society in which we live, we perceive a model of health care centered on the disease and health needs that have as their central focus the expectations, practices and knowledge of health professionals. In this model of care, the center of the therapeutic process is the professional, leaving aside the clients' expectations, their knowledge, their potentialities, their self-knowledge and their life experiences.

This model reinforces the idea of dependence and incapacity of clients, who are positioned in the health system as mere objects of health practices, incapable of participating, deciding, choosing and giving their opinion on the ways of living that are more peculiar to them and more in accordance with their realities. It is quite common to see this alienation of health practices when we notice that health care is prescribed without considering the potential that clients have to follow therapeutic plans, whether for cultural, social, physical, emotional or economic reasons.

Since the emergence of the clinic in the eighteenth century (Foucault, 1977), the hegemony of therapeutic actions has been singular in the sense of reinforcing a prescriptive model – like a cake recipe – where the professional holder of medical or biomedical knowledge dominates the client with a proposal that places him, most of the time, in an inferior condition in all senses. which ends up generating attention to the logic of compassion, as shown by Caponi, 2000)

The logic of compassion, and the alienation of health practices, have their origin in modernity, when Enlightenment thought included scientific thinking in the health agenda as a criterion of social justice and a path to the search for social well-being. Despite the reactionary "good intentions" of Enlightenment thought, which sought a way of living and organizing society in a more humanistic way, we can see that much has been lost of the original idea of equality, liberty and fraternity, with the emergence of the industrialization process, which forced health care to be organized around collective needs. This loses the character of the individual uniqueness of health practices, as a way of attending to the organization of large cities that expanded around the industrial centers that emerged at the height of the industrialization era.

The process of industrialization brought the benefits and facilities of technologies, but on the other hand, it brought the loss of individualization, of the singularization of subjects, and of the Human being as the center of the processes, which became the means, and not the end.

Nowadays, after the entire movement of the Brazilian health reform, the issue of health care has strong allies such as the expanded concept of health, comprehensiveness, humanization and the strengthening of the ties between health and social well-being. This alliance, already firmly celebrated between the large area of health and social issues, can be observed in the transit that occurred in the midst of the reformist movement, between medical sociology and sociology of health, placing social issues on the health agenda in a more effective and systematized way (NUNES, 2006)



In contemporary times, social issues related to health care are pointed out and permeated by three essential points: The facts of health, the values and concepts that permeate these facts, showing that care should be treated contextually and not only from a structural point of view with the use of norms, routines and the use of heavy technologies (MERHY, 2002), (LISS, 2003).

Liss (2003) argues that these elements (facts, values and concepts) should be the mainspring of the approaches given to the issue of health care. This makes us think that a new cultural posture is emerging in the health scenario, which removes the weight of the duty to do as a mission of modernity (Maffesoli, 2001), and incorporates a new paradigm of health dictated by the transformations of postmodern thought, such as bonding, flexibility and the new social order that directs the health sector towards a new proposal. From the logic of social relations and the new organizations of society.

Thinking about the flexibilization of health practices, and a new paradigm that can sustain this thought, we can immediately elaborate on the need to relativize the idea of dependence to which users, clients, families, groups and communities are subject in the current model of health care. This dependence characterizes a certain magical thinking, to which users are attached and certain that only the health professional can and has the potential to transform their health, effectively denying any responsibility or potential they may share in the search for a healthier existence.

When we think about health potential, we are talking about delegating to the other a certain amount of responsibility, commitment and even willingness to become a subject of the health and disease processes in their own existence. In this logic, the potential for health needs to be thought of as something archetypal and innate to human beings. Existentially, we need to believe that human beings are capable of taking charge of their demands and needs, and corresponding together with the health and nursing team decision-making, choices and attitudes that are more compatible with a fuller, healthier and more fulfilling existence.

To practice nursing based on this principle is to believe in the inherent capacity of each human being, respecting, of course, their personal singularities. It is to share the humanities present in each person. It is to contribute so that each individual, family, group or community can be an effective agent of transformation of their reality, adjustment of their potential and development of their humanistic aspects.

Human potential, thought of as an opportunity for nursing care, is, therefore, a new way of thinking about practice. It is a sympathetic look at the other who seeks help, helping them to perceive themselves "with the world and not only in the world (Freire, 1982)". It is a new way of taking care of oneself, which begins with valuing the other as a whole, competent and existentially capable person. It is also to think about nursing practices based on the ideological principles of the Unified Health System, whose parameters rescue the right to social well-being as one of the main characteristics, and



is therefore a theory related to the reality of the Brazilian health system that can collaborate with the materiality of its principles.

No matter how bad the health situation of individuals, families, groups or communities may seem, there is always something to value as a potentiality, as a becoming, which can be stimulated, valued and understood as a new way out, as a new opportunity for the most diverse human, cultural and/or biological situations and conditions.

In this way, we will revisit the prescriptive, drug-based, hospital-centric and alienating model from another perspective, which effectively places the critical subject at the forefront of their existence, knowing as caregivers the existential reality of each one, avoiding fanciful prescriptions, discrepant with the reality of the other. Before any prescription is ready, we will have to think about the possibilities that are involved for the prescription to be effective. Before any consideration of disability, we must value what is healthy and then move on to solving problems.

Of course, in our alienating culture, so accustomed to receiving things ready-made from the top down, with years of colonialist, slave-owning and militarizing experience, this attitude surprises and can even frighten us. That is why working with the potential for health is to be in favor of the active, creative and responsible subject in the process. For Brazilian nursing, this model of social division of labor and delegation of practices is a unique opportunity to relight the lamp, to reorganize our practices, our training, and to offer society a unique opportunity to participate, to be an active subject and to be an existential authenticity.

Working in the logic of health potential is not just believing in the potential of the other, in their demands and needs. First of all, it is to believe in the capacity of nursing itself to adopt a less reductionist, less dependent and more problem-solving posture, based on the subjects themselves in their own contexts of existence, life and death. Thus, we will realize that nursing will also be affected by the potential of the other. It will be more dynamic, more involved, more responsive, and more dialogical in the search for health care and attention.

Nursing as a health potentiality does not deny dependence, disease and needs. It just doesn't overvalue these elements, giving greater emphasis to the other variables that are usually hidden, undervalued, not perceived in the context of care. The potentialities inherent to each situation will be revealed by this new look, by this new possibility of thinking about care that begins with the set of beliefs and values linked to solidarity and humanistic aspects of nursing actions, pointing to the social responsibility of the profession, as it stimulates the growth and personal maturation of clients and nurses.

As a proposition of a theoretical framework for nursing, the constitution of the health potential framework was elaborated following the recommendation of McEwen and Wills (2009:104), whose components are described below.



3 THEORETICAL FRAMEWORK

3.1 HUMAN POTENTIAL IN ABRAHAM H. MASLOW

Maslow (1962:26) in his work *Introduction to the Psychology of Being* was emphatic in arguing that human potentialities should be encouraged and expressed in favor of a search for happiness, self-fulfillment, and happiness. The author states that the search for the realization of the potentialities of his human contributes to automatic solutions of many personality problems of the future, as shown in the paragraph below in his work:

"Perhaps we will soon be able to use as our guide and model the fully developed and realized human being, the one in whom all his potentialities are reaching full development, the one whose inner nature expresses itself freely, instead of being perverted, distorted, suppressed, or denied."

Thus, the author already points out to us the importance of valuing human potential as a response to a new model of understanding human nature. A proposal that values the available potentialities more than the observable or noticed restrictions, as usually happens in health care, where we are always, or almost always, stuck to deficiencies and limitations to the detriment of what is healthy.

For Maslow, by devaluing his potentials, man runs the risk of ceasing to be what he could be, devaluing his natural talents and potentialities, losing the authentic path to a dynamic and effective existence. Also contributing to the author's ideas is the fact that in the logic of health, the valorization of human potentiality collaborates in the improvement of life, existence and in the formation of more complete and complex human beings, and points out that this valorization should be more efficient than asking: "how not to get sick?".

"Not getting sick" may seem like a proposal of the healthy, the desirable; But as we have already discussed, such a statement or proposition values disease as a certain kind of natural state of man, from which he has to flee in search of being healthy as something unnatural or abnormal.

To propose the valorization of the potentialities of the human self as a basis for health is, on the contrary, to consider human nature with its diversities as natural and archetypal; It is therefore characteristic of human existence, where disease arises as a rupture of this natural state. The focus then should be on the natural state of things. Normality, potentialities, physical, emotional and affective skills as the background of existence.

Maslow (1962:28) points out in his work that there is a certain awareness of man in relation to his potentialities, what he calls "intrinsic consciousness", as being "unconscious or preconscious perception of our own nature, of our own destiny or of our own capacities, of our own 'vocation' in life".



Thus, the author refers to the possibility that human beings have already internalized the necessary conditions for the recognition of their values and capacities that are possible paths to better conditions of life, existence and, therefore, health.

Maslow points to yet another important face of human potential. That of co-responsibility. This is equivalent to thinking that each human being in his existence is responsible for the development of his potentialities, and must bear the variables inherent to his development. Therefore, such existential variables involve dedication, choices, decisions and attitudes that must be part of human existence from which one cannot escape without losing the potentialities that are precisely developed in this exercise.

In this logic of thought, Maslow shows us that it is internally, that is, within us, that this exercise is located and this development occurs. In the self, in the purely individual existence where experiences are accumulated and require a dynamic exercise of overcoming for human development.

In his reflections on human potentiality, Maslow points out a human existential paradox inherent in modern capitalist societies, where what he calls the gap between what human beings are, what they would like to be, and their potentialities will coexist. Thus, Maslow reports that a person is the sum total of his reality and his potentialities.

Maslow also refers to the question of human potential as a path or proposal for old humanistic and existential questions that have been the target of questioning over time, such as the interest in the construction of the ideal, authentic and perfect human being. According to the author, to think about these variables is to think about human potential and human development. Maslow points out the importance of this exercise, since it allows the human being to transcend the process of cultural categories, leaving a space for the authenticity of the being, a space for him to be more connected to issues of his species than of his local groups, showing the essence of human existence.

Such an essence, which is intimately related to existence, also shows us an important way to access human potentiality in Maslow's view. He reports that it is necessary for us to immerse ourselves in people's philosophy of life so that we are able to see the world through their eyes. Hence the existentialist character of human potential in its essence, where a certain solitude is necessary for each one to get in touch with their own philosophy and existence. On these aspects, Maslow points out the importance of systematizing concepts such as expectation and potentiality, as a way of seeking meanings and meanings to terms in relation to their objectives in the process of human development.

The search for these senses and meanings are correlated with the ideas shown by Maslow (1962:36), that "Only the flexibly creative person can truly dominate the future, *only* the one who is able to face novelty with confidence and without fear." Clear and objective assumptions of human potentiality.



Maslow also comments on the contribution of other thinkers such as Fromm and Horney, who bet that even neurotic processes are distortions of human potentiality in the pursuit of human growth and development. For Maslow, the search for the development of human potential is also a form of pleasure and satisfaction, where the human being finds fulfillment in enjoying his own growth and the positive consequences of it.

Among Maslow's (1962:44) reflections on human potential, we can highlight the motivational theme in its strict relationship with that of potentialities, as we can see in the following excerpt:

"With regard to motivational status, healthy people have sufficiently satisfied their basic needs for security, sonship, love, respect, and self-esteem, so that they are primarily motivated by tendencies toward individuation (defined as the process of realizing potentials, capacities, and talents, as the full fulfillment of one's mission (or vocation, destiny, appeal), as a fuller knowledge of, and acceptance of, one's own self. intrinsic nature of the person, as an incessant tendency toward unity, integration, or synergy, within the person himself)."

Thus, we can infer about the importance of human potential in relation to the development of human nature and in the fulfillment of the human being in his own existence. When we think about human potential, we also think of something positive, constructive and that is directly related to human fulfillment and consequently to health in its broadest concept.

Maslow, when referring to basic human needs, places on a higher plane the development of human potential as something superior together with tendencies, capacities and talents. Such attributes are inherent to the human being in his existential process.

This is the basic idea that underlies the theory of health potentials. A human attribute inherent to one's own being that seeks its improvement and development. An existential human process that needs to be more valued and stimulated in the search for healthier attitudes and behaviors, which I call in this proposal Health Potentiality.

4 CONCEPTUAL DEFINITIONS

4.1 PHILOSOPHICAL AND CONTEXTUAL BACKGROUNDS

4.1.1 Postmodernity, nursing and health

Modernity built on the pillars of work, the traditional bourgeois family, religion and school; With its traditionalist values linked to rigid physics and social laws as a product of modern functionalism, it does not function effectively today as a generator of societal fecundity, which in one way or another ends up translating into a kind of social mutation of language, and of the ways of thinking and signifying things. We can call this movement Post-Modernity (MAFFESOLI, 2012:2)

This movement of mutation or transformation always leads us to fear and dread, as happens with all theoretical and existential conformism (Maffesoli, 2012). An epistemologically and methodologically conformed fear that freezes us in the face of the new and the resignification of things.



The body, for example, as the most punctual target of the health sector, leads us to an idea of control, of anatomical, of formal, of normal, and everything that escapes from this idea frightens and is almost immediately interposed in the idea of control and, consequently, of incapacity, submission and absence of autonomy.

In this new particular logic of Postmodernity, in a very particular way, the valorization of the body emerges very strongly, in an innovative *body ethics*, in which the *consumerism of the body* presents the narcissistic fixation of contemporary society. The health sector shows itself in a social imperative related to the new order, exchanging an elementary "value" for a de facto and de jure (efficacy) enforcement. (TEIXEIRA, 2010)

In this postmodern effervescence, the body is elevated to the category of psychically narcissistic and of duty in the space of the new order. A body that until then served only the pillars of modernity, now finds itself grappling with other possibilities. From Symbol to Sign. From work as duty to work as satisfaction. From God outside to God within. From the necessity of practice to its meaning, to its meaning. Thus, practice is thought of as something that has a meaning in itself, a greater intrinsic meaning, which we can call praxis. (KOSIK, 2011).

When we think about health and nursing practices in this way, we are distancing ourselves from all the expurium that comes from the hegemonic traditional biological medicine, bringing it to the encounter with the body and the subject of the body, now personalized; reintegrated, a new order and a new humanistic possibility of man's interaction with his demands, choices and decisions. Thus, we can think of therapeutic objectives of fact, order and agreed judgment with the new languages and expressions that society has been seeking, bringing things from the outside, from appearances, to the inside and to the essences.

Much has to do with nursing to benefit from this new order. A new logic that enables nursing and nurses to free themselves from an archetypally masculine model of care, which imposes on them a duty to do and a duty to be, which distances them from the primary purpose of acting with the patient in the sense of their own science, object and social intentionality. After all, what is care? What is Nursing? There are many answers. Few are those that have an origin in their own pure essence of nursing, contaminated as they are by the masculine universe of hard technology and the medicalizing and alienating model of care.

Nursing in postmodernity finds a way out of the constant dilemmas that always disturb professionals in their work, as she points out (WATSON, 2004):

- The awakening to a critical awareness of the archetypal feminine essence as the pure practice of nursing
- A transpersonal and therefore significant science of nursing
- Valuing the essence of human phenomena



- Existential performance in nursing practices
- Expansion of concepts, values and intentionalities in nursing praxis
- Means of ensuring the comprehensiveness of humanistic aspects in care
- Revitalize the ontology of nursing care in existential and dialogical actions

In favor of this "disorder" of postmodernity, of the lack of identity, of growing idleness, of the lack of noble and progressive ideals that make individuals seek their dreams of duty, have their ideals, and in the opposite direction of modern thought, which has always praised family, work, spirituality and great ideals as pillars of society, We find human existence as the most important target for the creation of freedom, individuality and a paradigm that values concepts and values as elements underlying the facts of health, contextualizing practices and favoring placing at the center of health attention the subject, free and autonomous, critical and reflective, powerful and sovereign with regard to his own existence, who should be the main character of health and nursing practices and actions.

4.2 EXISTENTIALISM AS A METAPARADYGM:

Existentialism is a set of philosophical essays that value the observation of the human being in his relationship with the world in which he lives, contradicting the traditional philosophies that created ideals in relation to the condition of the human being (COLETTE:2009)

Existentialism can also be understood as an expression of culture, whether individual or collective, which had its peak in the French movement from the post-war period until the mid-1960s, and which encompassed lifestyle, fashion, the arts and also political activism. (COLETTE:2009)

The French philosopher Jean-Paul Sartre (1905-1980), the greatest defender of existentialist philosophy, defended the following assumption: existence precedes essence. From this, he infers that man first exists in the world, and then realizes himself, defines himself through his actions and what he does with his life.

For Meleis (1985), existentialism is a philosophical current that seeks to understand life in its existence. He considers that the subject is a unique and singular being, who faces several possibilities of choices that determine the meaning and direction of his existence. For her, existentialism does not aim to find the causes of human existence and experiences, but rather only describes what is, emphasizing and valuing the freedom of decision and choice and, as a consequence, the responsibility for existence.

Existentialism perceives subjects as being capable of self-perception, freedom and critical responsibility, and therefore experience situations of fear, anxiety and difficulties in the face of their own existence (GEORGE, 1993).

And it is precisely on these aspects that nursing benefits from this theoretical proposition, with existentialism as a metaparadigm and as a worldview for professional practice. In a vision more



committed to the expectations of customers, their ways of life, their existential culture; Nursing then seeks to find the necessary resources for individuals, groups, families and communities to enhance their own existence based on the possibilities that are already available in various degrees of criticism and awareness, always seeking to make each choice, each decision, each advice, each help and each human response in an advance in favor of their own existence in an increasingly lucid and planned way.

Nursing conceived in this way existentially, with the health potential as its goal, collaborates directly so that individuals, families, groups and communities are increasingly strengthened towards the choices made with a view to self-realization and the continuous development of their diverse potentialities.

4.3 THE HUMAN BEING IS RESPONSIBLE FOR HIS/HER EXISTENCE

If we think that the human being first exists and that in this existence he is built through his existential experiences lived in his day-to-day life, it is worth understanding that he also becomes responsible for his choices, decisions and decision-making in his life.

There is a freedom here that allows the human being to give a certain meaning and significance to his life and existence. He cannot escape this responsibility. This filament of thought is what allows us to understand the humanistic aspects that are present in the existentialist current, and that need to be assumed by health care models.

There is so much talk about humanization, but the central axis that is directly related to the topic is missed. To humanize, then, would be to collaborate so that the human being assumes his role as the subject of his own existence. It is to allow them to take charge of their lives, their choices and decisions, favoring the growth of their potentialities in a conscious, critical and reflective way, so that such decisions are increasingly adequate to their internal demands.

Allowing others to be free to decide and choose, considering their potentialities and expectations, is a new paradigm that emerges as a possibility of inversion of the current care model. When the health professional relinquishes part of his or her controlling power over the body and life of the other, and enables a full, whole and integrated existence. To believe in this possibility is to value the potential that each one has. It is to understand human existence as an intrinsic possibility of self-knowledge and personal growth, giving greater value to the various ways in which the other uses their own experiences to improve others that are less improved, generating lack of health, diseases and existential distortions.

Nursing, as a social practice, which is historically constructed, needs to accompany this human growth through sharing, being together, dialogue and the detection of human potentialities that have not yet been optimized and consciously lived in favor of healthier existential behaviors and behaviors.



There is a variety of human potentialities that are specific to the subjects and that may be unconscious, and therefore do not collaborate effectively for this subject to grow and develop in an existential way.

The nurse can effectively raise these potentialities, highlight them in a critical and conscious way with the individual, families, groups and communities and from there start a new existential journey shaped by the potentials and possibilities of change and existential transformation.

4.4 THE IMPORTANCE OF FREEDOM AS A THERAPEUTIC ACTION:

Considering that every human being is born free and full in their potentialities, we can infer that it is existence that considerably reduces their ability to access their potentialities from social, family and institutional conditioning, which unconsciously shelve their potentials, suppressing the humanistic capacity to choose and decide freely, fragmenting the existence that starts to be lived in favor of social or socio-family interests.

In this sense, the individual loses his ability to deal with his existence in a constructive, critical and conscious way. He subordinates himself to the duty to do and the duty to be, oppressing and repressing his existential vitality, becoming only in the world, living in this world in a certain way in a random way, based on the choices he could not make, the decisions he could not make, and he begins to believe in his perennial incapacity, which is reinforced in him at every moment. at school, in the family, in society as a whole, at work in almost all its life cycle. He is in the world, but not with the world; which would result in a more participatory and, therefore, free attitude (FREIRE, 1982).

In this sense, freedom comes to be understood as a fundamental practice, as a therapeutic action of nursing. An authentic freedom, conquered, critically deliberated, consciously planned in accordance with the subject's expectations and existential vitality. Freedom to assume one's own existence, through the enrichment of one's potentialities through the dialogue lived existentially and consciously with the nurse, remembering that the existence of one subject will collide with the existence of a second subject, and this existence must acquire a borderline condition from the social and behavioral point of view, but by a decision in solidarity with the existence of others, and not normative and punitive.

5 THEORETICAL STATEMENTS

5.1 EXISTENTIALISM AND NURSING

In the 1980s, nursing focused on phenomenological thinking, denouncing the positivist and reductive view of living and health conditions and the relationship of individuals with their adverse conditions of existence. (Paterson and Zderad:2003)

Existentialist thinking applied to nursing practice values dialogue, the experiences of individuals and the exploration of humanistic experiences. (Paterson and Zderad:2003)



Nursing based on existentialist thinking proposes an approach to understanding life and human existence, and all the potential of "becoming" that the risk of existing imposes on human beings in their existential plan. Thus, in the understanding of nursing as an action for human beings, existentialism understands individuals as having the ability to choose, to decide, to fight for their self-realization, in search of a meaning for life, and to develop all their potentialities for this (GEORGE, 2015)

Therefore, at the level of existentialist nursing, the potentialities of individuals, groups, families and communities need to be intensely lived and expressed, experienced by complex dialogues, between the nurse who cares and the client who seeks the meaning and significance of their own existence, or the answers to the existential situations they are experiencing at a given moment. This search for their potentialities, however, is not always consciously available and ready to be put into practice for various physical, emotional, socio-familial, economic, cultural and spiritual reasons.

Therefore, it is up to nursing to collaborate so that this potential is expanded and is consciously recognized and used as a basic foundation for the responses to the health and disease conditions for which subjects, groups, families and communities are living existentially in a given space of life time.

This consciously expanded potential needs to be worked on systematically in a planned way, and directed to the various reactions that the subjects need to present as favorable responses, which will facilitate their promotion, prevention and rehabilitation of health conditions, enabling a more authentic existence in relation to their choices and decisions regarding their ways of life and of existing in the world.

The expansion of health potentialities adds to the existence of the subjects competencies and managerial skills not only for their ability to decide and choose, but also significantly favors their predisposition for therapeutic interventions to have more efficient responses and committed to the expectations of these same subjects.

Nursing actions directed to health potentialities effectively mark human variables that cannot be controlled by the nurse, because it is inherent to the very existence of the subjects, but they also consolidate some assumptions inherent to the health policies themselves, such as the comprehensiveness of care, the humanization of care, the individuality of care and the centrality of health actions in the subject.

At the same time, the nurse who is able to collaborate with the expansion of the health potential of a given subject experiences professional self-fulfillment, and consolidates her professional identity, since it will bring greater resolution to the health demands of the subjects and society as a whole.



5.2 HEALTH POTENTIAL

Health potential is a condition that is present in human beings, and that is accumulated with their existential experiences throughout their life cycle. This potential may be present in your conscious attitudes and behaviors, or it may be obscured by momentary stressful conditions that prevent you from having conscious access to these potentialities. The health potential is an inherent component of human existence, which can be evidenced, stimulated, perceived and made aware of its specific health needs and existence.

5.3 NURSING AS A HEALTH POTENTIAL:

Nursing is an action directed by scientific evidence, which directs its actions to human beings in order to help them perceive and find their potentialities, as a way of actively collaborating in the maintenance and rehabilitation of health conditions, considering the interaction of human beings with their potentialities in relation to the responses they can give to their social demands. mental, physical, spiritual and cultural aspects, as a way to promote expanded well-being, which is compatible with their quality of life, and which is in accordance with their existential expectations.

5.4 THE HUMAN BEING AS A POTENTIAL FOR HEALTH:

The human being is a being endowed with existential experiences that are built and acquired throughout his life cycle, and that accumulates with such experiences, capacities and potentialities that make him the subject of his life history. A subject capable of making decisions, making choices and options in relation to their living and health conditions. A being who, based on his potentialities, can promote the changes and transformations necessary for his social, mental, physical, spiritual and cultural well-being in order to meet his expectations of life in an existential way, based on the references of his own life trajectory, which can move from naïve consciousness to the taking of a critical consciousness in favor of a fuller existence, meeting your personal goals and accomplishments. (FREIRE, 1982)

5.5 HEALTH CARE AND POTENTIAL:

Human care can be directed to health potentialities, as a way of systematically collaborating so that human beings perceive, discover, interact and make the necessary exchanges that correspond in a directive way to their health needs expressed or perceived, consciously or unconsciously, as an individualized way of intervening in these needs, and collaborating so that the human being himself can modify what is necessary. or be more receptive to other health interventions that are necessary for their social, mental, physical, spiritual, and cultural well-being.



6 EXISTENTIAL STATEMENTS OF HEALTH POTENTIAL FOR NURSING

6.1 SUPPLEMENTARY HEALTH POTENTIALS

- Human beings are capable of learning healthier existential ways
- Human beings are capable of changing and transforming their behavior throughout their life cycle
- Human beings are capable of practicing self-care according to the planned and organized recognition of their potentialities
- Human beings are able to accept themselves in a certain existential condition when they perceive the relationship between their condition and the moment of their life cycle, through a conjunctural analysis of their health condition
- Human beings are capable of perceiving themselves in a given reality and in their context of life when they are faced with real conditions of existence that are peculiar to them
- Human beings are capable of directing affection to significant people and to themselves when they consciously perceive the reciprocal in other human beings
- Human beings are able to participate actively, making decisions, making choices and giving their opinion in their existing situations, when they feel safe and perceive openness to their position
- The human being is capable of maintaining his self-control when the conditions for understanding the moment lived and the understanding of his existential condition are clear and offer him security
- The human being is capable of adapting to adverse conditions to which he is subjected, when such conditions are clarified and the moment lived offers conditions to adapt according to his existential expectation
- Human beings are capable of self-realization socially, mentally, physically, spiritually and culturally, when they perceive ambivalence between their expectations and the opportunities that arise in favor of their fulfillment

6.2 ESSENTIAL HEALTH POTENTIALS

- Every anatomical-physiological function has the potential to self-regulate, considering the appropriate conditions that guarantee its integrity
- Every process that involves bodily systems of respiration, circulation, locomotion, absorption, thermal regulation, sensitivities, eliminations, and reproduction is capable of being enhanced by the activation of health potentials not yet perceived and involved in the health-disease process



- Any process that integrates psychic, emotional, affective, cognitive and intellectual activities is capable of being enhanced by the activation of health potentials not yet perceived and involved in the health-disease process
- Any process that is correlated with social, relational, communicational and gregarious activities is capable of being improved by activating health potentials not yet perceived and involved in the health-disease process

7 OPERATIONAL RELATIONAL STATEMENTS

7.1 THE HEALTH POTENTIAL AND THE NURSING PROCESS

The health potential can be captured and perceived through the nursing process in an existential way, when the process is directed to obtain data related to individual ways of life and culture, as a resource to bring out the potentials that are obscured by stressful conditions of the human life cycle. benefiting the awareness of the favorable conditions for the development of potentialities that will benefit the individual himself and the society in which he is inserted, including the environment, the social environment and the family.

Thus thought, the nursing process should be conducted existentially, considering the human being as the center of the process. The phases of the nursing process should be directed in such a way as to create an opportunity to rescue, perceive and apprehend the health potentialities that clients, families, groups or communities may have, and to use a propositional methodology so that such potentialities are clarified, creating conditions for potential patterns to be determined and classified according to their characteristics.

The grouping of potential patterns according to their characteristics should be the basis for the elaboration of the care plan and nursing prescriptions, which will have as their central goal the stimulation and motivation for the development, awareness and clarification of each potential, triggering a feed-back between the potentialities, the health demands and the clients' responses. groups, families, or communities.

The central objective of the application of the nursing process should be the optimization of health potentialities, so that each potential becomes increasingly objective, clear and can be the main starting point for all nursing actions. The use of this systematization of health potentialities makes individuals, groups, families or communities recognize their individual or group competencies and abilities as a way to promote the necessary modifications and transformations in their social, physical, emotional, spiritual and cultural well-being.

The development and improvement of health potentialities will trigger a process of recognition of self-sufficiency and a sense of added value, strengthening the conditions on which the health/disease process is being worked on by the nurse as a whole with their clients, groups, families or communities,



strengthening the links between their potentialities and the real capacities of health consolidation in the sense of promotion. prevention or rehabilitation.

In the data collection phase, the nurse detects the health demands and, in return, establishes the corresponding standard of health potential, through which she will define her care plan and nursing prescriptions, always aiming at expanding the potentials until the client, groups, families or communities are able to respond favorably to the proposed interventions. In this case, we can understand health potentials as the basis of care and, at the same time, it is the energy itself that will be mobilized to produce responses to nursing interventions.

7.2 THE HEALTH POTENTIAL IN YOUR RELATIONSHIP WITH NANDA. NIC AND NOC

The theory of health potentials can be easily applied to the nursing process when using NANDA's diagnostic taxonomies and patterns of nursing interventions and outcomes. In the case of the application of NANDA nursing diagnoses, the nurse must correspond the factors related to the established diagnoses with the standards of health potentials that are capable of optimizing nursing actions that aim to solve the nursing problem perceived or apprehended.

Once the standards of health potentials have been established, the next step will be to optimize them so that their systematization, clarification and awareness can be the basis for the propositions of the solutions that will be proposed by the nurse. The same should occur with the patterns of nursing interventions and outcomes, which should also be correlated with their patterns of health potentials previously established in the diagnosis phase, where the nurse will evaluate each intervention and each result, according to the standard of potentialities previously established, verifying whether there has been an expansion of potentialities. This will lead to an improvement in the perceived problem situations, if there is a need for greater reinforcement of the standard of potentialities, or even a change in the pattern.

7.3 STANDARDS OF HEALTH POTENTIALS APPLICABLE TO THE NURSING PROCESS

- **LEARNING POTENTIAL:**

In this concept, interactions play a crucial and determining role. To define real knowledge, Vygotsky suggests evaluating what the subject is capable of doing alone, and the potential of what he can do with the help of another subject. Thus, the level of richness and diversity of the interactions that will determine the potential is determined. The richer the interactions, the greater and more sophisticated the development.

- **POTENTIAL FOR BEHAVIOR CHANGE:**

It would be interesting to point out that active behavior is interfered with by the dynamics of individuals' lives (work, bodily aspects, psychological factors, beliefs and knowledge)



and environmental factors (safety, housing, economic aspects, basic health, education, transportation and places) that may have a determining relationship for population involvement in physical activities. This interrelationship between personal factors and environmental factors explains adherence to an active, attitude-based lifestyle throughout life. The perspective of changing population behavior is linked to interferences from personal and environmental barriers, and personal barriers are more easily modifiable than environmental barriers, which initially allows lifestyle changes.

- **POTENTIAL FOR SELF-CARE:**

The term capacities means, in the context of theory, that which a person is capable of accomplishing by himself and for himself. From the point of view of the concept, it refers to the knowledge, skill, and experience that people need to obtain for the accomplishment of self-care.

- **POTENTIAL FOR SELF-ACCEPTANCE:**

To accept yourself is to honor the being that you can be on your journey. It is saying yes to oneself, without waiting for the other person's yes, as often happens. Accepting yourself as you are, when you get it right, when you get it wrong, and with all your problems, indicates respect for yourself, love for yourself, and commitment to yourself. It is an accelerator of change, because contrary to what many think, the attitude of acceptance does not mean an inability to not want to improve, but that one has a commitment to self-improvement. It is the acceptance of all aspects of who you are, which allows you to grow integrally. So say yes to yourself.

- **POTENTIAL FOR SELF-PERCEPTION IN THE CONTEXT OF LIFE:**

This concept, this perception of oneself, of one's own potentials, of limits, and especially of one's desires, will be stimulated throughout our lives, through the various relationships we establish. This means that our family influences the way we perceive ourselves, but does not determine it. Psychological maturity can also be measured by our ability to feed ourselves emotionally, moving from the need for confirmation to just the desire to be accepted.

- **AFFECTIVE POTENTIAL:**

Affectivity is the innate potential that guarantees the preservation of life. Life becomes sacred because we love it. We live in an existential void that we try to fill with the incessant search for youth, beauty, comfort and consumption, distancing ourselves from the essentials

- **PARTICIPATION POTENTIAL:**



The concept of participation comes from a Latin word: *participare*: "to make known", which means the possibility of *communicating, being an integral part* of something or *associating through thought*. This means that when we participate in some fact, we intend to take part in decision-making or solving some problem.

- **POTENTIAL FOR SELF-CONTROL:**

Self-control is the preference for a greater reward that will occur in the future, rather than a lesser reward that is available in the present. This definition seems useful, because it portrays well what can be understood as self-control in everyday life.

- **POTENTIAL FOR ADAPTATION:**

Behind the apparent naturalness of their existence, not only complex relationships between beings stand out, but also adaptations to the environment in which they live. In other words: no being inhabits a certain place by chance. To survive, this being must possess characteristics that allow it to adapt to the environment in which it lives.

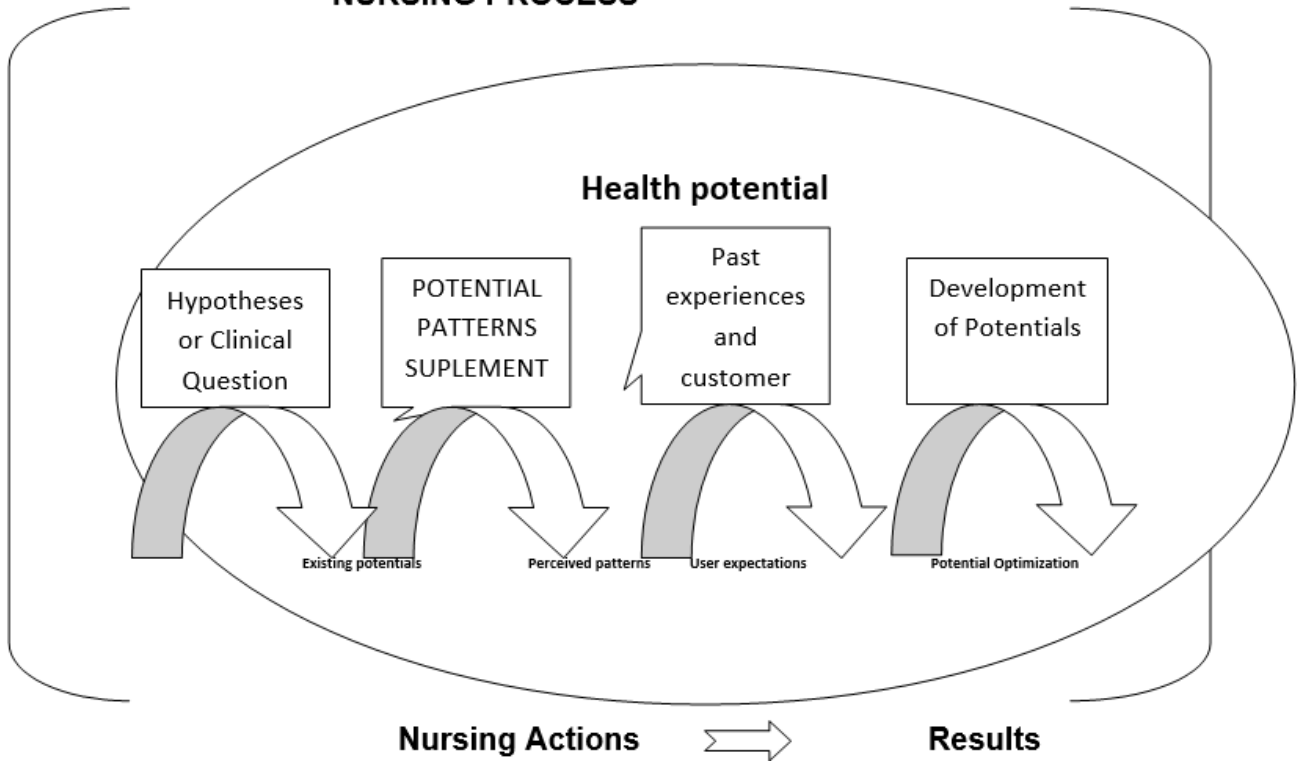
- **POTENTIAL FOR SELF-ACTUALIZATION:**

The concept of *self-realization*, modernly identified as the achievement of satisfaction, success, pleasure, has been increasingly valued, and at the same time, misunderstood. The search for fulfillment is directed to partial aspects of man, to the point that 'fulfillment' is often conceived as synonymous with professional fulfillment, status or success arising from professional practice. Those who have achieved their objectives or are in full development of the plans established for themselves are considered to have been accomplished; Achievement is conceived as the result of commitment and mastery over reality, in order to achieve previously established goals.

7.4 THEORY DIAGRAM



NURSING PROCESS





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