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RESEARCH

Habilidades e destreza manual: tratando da criação no ensino de semiótica na enfermagem

Skills and hands ability: dealing with the teaching of semiotics in nursing

Habilidades y destreza con las manos: tratamiento de la creación en la enseñanza de la semiótica en enfermería

Paulo Sergio da Silva ¹, Ricardo Luiz Ramos ², Karinne Cristinne da Silva Cunha ³, Nébia Maria Almeida de Figueiredo ⁴

ABSTRACT

Objective: Production of ideas from incentive to imagination that may indicate troubleshooting identified by nursing students and presenting ideas and potential products resulting from their imagination. **Method:** Cartographic qualitative. The institutional research scenario is a public university in the State of Rio de Janeiro. Sixteen Nursing students were part of this study. **Results:** Twelve images were produced by Nursing students (73,4%), while only four students (26,6%) did not elaborate any image. The produced data came from three moments: “tracking to play”, “playing to land” and “landing to reconize”. **Conclusion:** There were identified problems resulting from experience with the families, to the creation of ideas into products or procedures involving innovations soft-hard technologies and building applications, tablets for hospitalized clients. **Descriptors:** Teaching, Higher education, Nursing care.

RESUMO

Objetivo: Produzir ideias, a partir do estímulo à imaginação, que possam indicar solução de problemas identificados por estudantes de enfermagem e apresentar as ideias e os possíveis produtos decorrentes de suas imaginações. **Método:** Cartográfico de natureza qualitativa. O cenário de investigação institucional consiste em uma universidade pública localizada no estado do Rio de Janeiro. Participaram deste estudo dezesseis estudantes de enfermagem. **Resultados:** Foram produzidas doze imagens por estudantes de enfermagem (73,4%), enquanto que apenas quatro estudantes (26,6%) não elaboraram nenhuma imagem. Os dados produzidos foram trabalhados em três momentos, intitulados: “rastreado para tocar”, “tocando para pousar” e “pousando para reconhecer”. **Conclusão:** Identificamos problemas resultantes de experiência com familiares, às criações das ideias transformadas em produtos ou processos envolveram inovações de tecnologias leve-duras e criação de aplicativos, tablets para clientes internados. **Descritores:** Ensino, Educação superior, Cuidados de enfermagem.

RESUMEN

Objetivo: Producir de ideas del estímulo a la imaginación que puedan indicar la solución de problemas identificados por los estudiantes de enfermería y presentar ideas y productos potenciales resultantes de su imaginación. **Método:** Cualitativo de naturaleza cartográfica. El escenario de la investigación institucional era una universidad pública en el estado de Rio de Janeiro. Dieciséis estudiantes de enfermería participaron en este estudio. **Resultados:** Doce imágenes fueron producidas por estudiantes de enfermería (73,4%), mientras que sólo cuatro estudiantes (26,6%) no produjeron ninguna imagen. Los datos producidos se trabajaron en tres momentos titulados: “rastreado para jugar”, “jugar para posar” y “posando para reconocer”. **Conclusión:** Se identificaron los problemas derivados de la experiencia con la familia, de las creaciones de ideas en productos o procesos involucrando innovaciones de tecnologías suave-duras y la creación de aplicaciones, tabletas para clientes hospitalizados. **Descriptores:** Enseñanza, Educación Superior, Atención de enfermería.

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INTRODUCTION

Twenty years ago teachers of Primary Nursing Department of Alfredo Pinto Nursing School began to investigating on different subjects in studies whose methodology has involved encouraging awareness always believing that it takes some time in the school of nursing, put students to imagine, learn the reverie is stimulating motor in the production of scientific knowledge.

Every day we live the experience of teaching and put ourselves as apprentices, especially when we think nursing care, we realize, as responsible for the education of the various difficulties that nursing students have to create and reflect on the thinking of your doing and what they do.¹

It is in this context that teachers responsible for Fundamental Nursing knowledge area of the Alfredo Pinto Nursing School, more specifically involved in the disciplines of Semiotics I and II, Semiology, History and Ethics, seeking teaching-learning strategies to develop their way of content flexible, democratic and mostly able to stimulate creativity in the face of current contexts and phenomena.

We emphasize the surveillance that we as teachers should have with regard

[...] creating strategies of deconstruction of a party and rational. This isn't because they devalue this human dimension, rationality, but to articulate other dimensions to it, namely: spiritual, emotional, sensitive, ecological, political, etc. That's the challenge, if there is a desire that they develop an intelligence that gives them the faro, the wit, the forecast, the lightness of spirit, resourcefulness, the constant attention, and sense of opportunity for creating.^{2:4997}

Among the various pedagogical strategies we tried walking the roads of creativity aiming to stimulate psychomotor skills and cognitive and relational skills, by way of illustration, we highlight the dramatic games, simulations scenes by nursing students, simulated jury, watched movies and accompanied by collective discussion, among others.

By adopting these teaching strategies that nurture the development of creativity in graduate students and postgraduate have the explicit intention to train skills such as:

[...] look/see, feel/reflect, extend the interest beyond the attention to the signs and symptoms of the disease, and also carry out procedures for the implementation of nursing care and organization and maintenance of the environment to the customer subject to nursing care.^{3:168}

Thus, teachers of basic nursing department who minister Nursing Semiotics subjects I and II when they enter the classroom space transform it into a living laboratory research because there (re) create teaching strategies for the nursing students to experience emotions and feelings similar to those of clients receiving nursing care, simulate scenes

with professional ethical implications for care, reflect on the technological innovation of speech as current today, think in view of the expansion of basic nursing instruments, among others.

When we mention the term *vivo* research laboratory we have in mind that beyond scientific arsenal produced in the level of knowledge we become more able to imagine, teaching, thinking, researching and learning involving all actors present there, so as to advance and better understand the profession Nursing each day unfolds in a practice of caring science.⁴

Several studies have been published in books or texts produced depicting the need to imagine and create things, or at least ideas that every day over disappear experiences in education and nursing practice. Imagine or stimulate the imagination, has slowly gone the need to learn, think and know. Only a few teachers continue to try, because is to create art and not science that produce science, as many think.

Teaching to imagine and create things will become aware that if you want to be in this twenty-first century when is strong and the discourse and the practice of technological innovation. Create is the word of the contemporary order, is the triggering driving force of the mind ideas that should result in products used and absorbed by the market economy.

This does not seem so hard to do in the areas of engineering, agricultural science, environment, biology, architecture, among other areas. However, there are many difficulties in the health sector, especially in nursing, because most or almost all the technologies we use in the hospital area are discovered and established. The products are, or have been created by engineering, for pharmaceutical companies, for aesthetic laboratories, textile industry, we are left with now innovate.

Place nursing students to imagine in the classroom, we are talking about active imagination, the first of many we call social, symbolic and typical here. Exercising the mind, move it as if it were a muscle. But, you need to create spaces and creating actions for students to deconstruct the idea that create the ability and manual dexterity is to manipulate care of things, handle syringes, devices, ability to apply an injection, making a bath or simply decorate the steps and the particular technique of steps performed by nursing professionals.

All this authorize us to define that the determinations of the subject matter to be learned in this investigative experience are: the creative imagination in teaching nursing semiotics by students in the classroom.

Consistent to the particular object, the question that guides this experience was, when sensitized students are able to imagine and create ideas about problems when in the classroom learn about manual skills and dexterity?

In the face of questioning, present as proposed objectives: I - produce ideas from stimulus to the imagination that may indicate troubleshooting identified by them. II - present ideas and potential products resulting from their imaginations.

Experience is justified because it is part of many other developed for us as we have stated and has contributed in the production of scientific knowledge about teaching strategies learning through creation and what is produced from them.

Why with this experience we are back to basic procedures: skills and manual dexterity, not to let them how to put in a cast, believing that ability should be exercised as mental to create, to think, to dream, to communicate, to get out of situations and find solutions to problems, ability to imagine, leaving the stable, secure and venture in several waves/life movements.

When portraying manual dexterity, do not understand it only as "homo faber," ie, sustained the notion of strictly reproductive techniques man, but we want to expand and transform the nursing students in "homo sapiens-demens-ludens-imaginarius" ie, subject wise, crazy with freedom to imagine from a play situation psychomotor skills.⁵

Then we can expand and review the nursing fundamentals taught to a practice and not just to the subject that is being formed for the practice. Strengthen the integration of students in the living laboratory to imagine situations and create consistency in products with the discourse of technological innovations makes us believe that go with new teaching and learning strategies, is a pedagogical way able to make them more free to create.

Theoretical Foundation

Living everyday situations with nursing students in the teaching-learning scenarios guided by the (de) construction and (re) modeling the scenes of teaching nursing semiotics, leads us to create two large nuclei of theoretical support for this study.

The first group deals with the Fundamental Nursing. Here portrayed as an area

[...] that does not have a specific field of action, itself, articulate, as it permeates nursing in its entirety-its concept and its practice-as if the transcended in the metaphysical sense (in whole or in part), as if he were present, latent, or subsisting in all possible fields of action and sectors of performance and of all professional. So fundamental is the tonality or that unique character, which is the essence of a thing (the representation serves to delimit and guide reference); and, therefore, what gives you consistency, in a plot of relationships and adhesions of intent Gnosiological.^{6:667}

In other words is the area that underlies all professional practice, why is responsible for teaching the history, ethics, semiotics of the body and all semiotics directed to him; taught the basic procedures portray, "nursing records, the development of skills and manual dexterity, the methodology for troubleshooting beyond the proper scientific research".^{7:7202}

We complement the basic instruments listed nursing; observation, creativity, communication and interview. However, we have investigated and determined that the first instrument is the body, for projects in the field of action and without it there is no direct and indirect care.⁸

This body understood in its theoretical aspects as part:

[...] the science of care, minimum space that is human-free, human-active, owner of his own ideas, opinions, values, ambitions and worldview. Historical body being source and mediation of knowledge and knowledge through memories of him fixed. Place of expression and creation of meaning and representations, of listening-mythical, of cognition, the production of images. Power and products of subjectivities; established and establishing, which makes political movements for change. Real body-emotional (objective and subjective). Body-memory because we are what we remember. Thus, the body is flesh-memory, ethics, alive, pulsating.^{3:169}

When mentioning the body as a place of expression and creativity we are sure that we are in the second theoretical core of this study which deals with the imagination and creation in nursing education.

Believe that nursing students should be encouraged to create, can be a path articulator between science that gradually builds together to act-actions of caring and art.

When we mention the word "science that gradually builds" because:

[...] You can't overlook that nursing is still understood epistemically as "a-science-in-way-to-be-do". Please bear in mind, however, that this does not imply the same meaning unregarded. On the contrary, yes, this is a typical challenge of the pace of progress of science, which manifests itself in all areas. A corresponding challenge the ephemeral character of modernity of science".^{9:389}

We believe that the creative process stimulates the inquiring spirit and can stimulate the desire for freedom to speculate, ask, discuss, ask, imagine and processes to leverage progress of science in nursing.

Creativity is the process of evolution of development change in the organization of subjective life.¹⁰ It is a fundamental condition for a breeder face both your inner emergence as before every change that happens during development, the artist as every person of our time, you must address the problems that arise for anyone and the like, but with the difference that it anticipates and how to be anticipated.¹¹

Finally, it takes imagination to create, unimaginative knowledge is useless. Imagination is that of life to knowledge. Imagination and creativity are the driving forces behind the change, adaptation and evolution.¹²

METHOD

The method of choice for this investigative experience was the cartographic, which has peculiarities of qualitative orders and here oriented to work with the creative imagination of nursing students in the teaching of semiotics discipline.

The cartographic method towards pathways, implications for production processes, network connection or rhizomes and brings in the experience of mapping the subjectivity, agency and micro desire.¹³

We emphasize that instead of rules to be applied this method propose slopes of ideas to guide the research work, ie connecting lines and references, through the use of four varieties of attention: tracing, touch, landing and recognition in cartography.¹³

When initially quoted the study is qualitative, have in mind that this method involves

[...] improvising solutions to research problems, feeling free to invent the methods capable of answering your questions. The choice of theories that guide research also is contaminated by the preferences and difficulties of the researcher, since an organization or group can be seen in many different ways, none of them is right or wrong, since they are possible alternatives and perhaps

complementary. It is not possible to formulate precise rules about qualitative research techniques because every interview or observation is unique: it depends on the theme, the researcher and researched.^{14:57}

Another theoretical aspect contained in this methodological option is the possibility of qualitative analysis requirements bring greater visibility and greater density to the object of this study which provides in the field of meanings explain the findings.¹⁵

The institutional research scenario consists of a public university in the state of Rio de Janeiro for the formation of professional nurses. The micro space selected for production data was to take care of dependencies factory program, to create models and health technologies where classes of semiotics and semiology in nursing happen; considered by us a living laboratory for production data, as well as students learn content, are invited to produce scenes/technologies to target what is and what not inherent in their professional sphere.

The study was submitted to the Ethics Committee in Research (CEP) of higher education institution for the due fulfillment of the legal and ethical issues involved in research with human beings, where he obtained the opinion "OK" by the memo number 685 - 11, which enabled us to work in the field and meanings in terms of images produced after consent of the subject-object involved in this study.

The subject-object were sixteen university students of the fourth period, enrolled the discipline of Semiotics II of the Fundamental Nursing Department, who agreed to participate in the construction and presentation of nursing products resulting from their imaginations and skills.

All nursing students accepted to be photographed and have their registered speeches, from signing a consent form and clear, allowing the text to be used for scientific purposes.

We emphasize that some pictures were lost or their outlines were not as crisp and we chose to describe the creation, the result of manual ability of nursing students.

The strategy for data production at the meeting was initially think nursing students to the basics of care, more specifically, ability and manual dexterity, which should be a stimulus for imagination and creation activity.

The word or phrase to start inducing the activity triggered by the teachers was: imagine and create an image on an issue that interests them solve. Students could use of the modeling clay or collage drawing from the material available in the environment. Please be advised that they had thirty minutes and after that they would present their ideas to the group.

RESULTS AND DISCUSSION

We had a preoccupation with organizing the data from three great moments that were titled "tracking to play", "playing to land" and "landing to recognize", following listed below:

- First: tracking to play.

Screening is the location of procedural tracks, and monitoring the changes of position, velocity, acceleration, and pace. The attention of the cartographer is in principle open unfocused, and the concentration is explained by a fine tuning with the problem.¹³

At this time of imaginary induction of nursing students had the worry of finding clues to meet their skills and leads us to print a theoretical rate that expands the care instruments guided in the body of understanding as basic to feel.

The feel is necessary to print the bodies of nursing students or the masses modeling and possible solutions for problems pens they once experienced in real life scenarios and now the university is projected as intercessor point in learning the role of being a nurse.

In our experiences of teaching nursing, either with modeling activities or with their own student body, we feel what we feel when we start, we broke into another's body with our procedures sometimes uncomfortable and painful. For a long time we learn and teach, insisting with a commonplace term: "put you in the place of the sick". It was from much thought we decided that students could model the nursing care and/or live the experiences customers live that are put up on his situation".^{8:213}

In this sense, we started playing and to invest in plastic-visual representations, understood as images of the bodies of knowledge of nursing students who can lead us to organize and classify their products taking into account their affinities and their tensions.¹

- Second: playing to land.

Play to land, says respect initially haptic perception as sensory modality whose receptors are located throughout the body and has the quality of being a near-reception, and its equivalent perceptual field to the contact zone. Reveals a time of issue of the reference (the teaching of ethics and the staging of care situations), the limits and boundaries of mobility attention. Here you create a dynamic attention. This is objectified create the proposed use windows that are related to cognitive, technical and cultural.¹³

At this time we put ourselves in a more sensitive dimension of rational and that we risk as teachers with the nursing students to weave the fruits products of the creative imagination expressed by the skills and abilities manuals on the images that from now on will be interwoven to their meaning in the order they were explained by students who received increasing ordinal numbering.

Nursing student 1 showed Figure 1: thought of a book for hospitalized children that guides about nursing procedures to be performed, as part of the understanding that children are afraid of health professionals and what they will do with them for the care actions. Follow shown in the following figure willing:

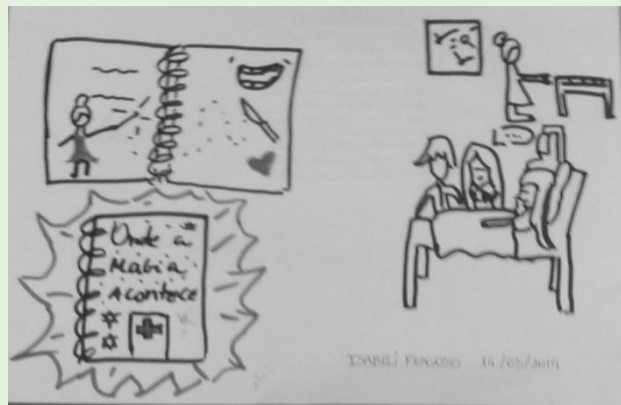


Figure 1: The image is divided into two hemispheres, the left the playful book for children and on the right the scene to care, containing the child hospitalized.

Nursing student 2 follows the description of creation: thought of a custom syringe for children who are hospitalized with superhero drawings.

Nursing student 3 follows the description of creation: thought of clients admitted to long stay in the intensive care unit who deserve a digital picture frame or a computer to communicate with family and monitor how their extra things hospital walls.

Nursing student 4 follows the description of creation: he could not imagine anything; your image is an empty mind that not realized meets the proposed activity.

Nursing student 5 follows the description of creation: portrayed a personal experience with her grandmother in a surgery that had the tactile aspects of compromised body.

Nursing student 6 follows the description of creation: from the experience with her grandmother on CTI thought of creating a sensor for customers and how to capture and report messages via computer attached to the head, and this can indicate symptoms to be met.

Nursing student 7 follows the description of creation: created IDs for beds for risk prevention and a device (tablet) so that in each bed customers to communicate and distracted by news and information, keeping them active and attuned to the world abroad.

Nursing student 8 had Figure 2: set up a booth in 6D interactive so that the person admitted for a long time to check on your plants in the garden or pots and or your pet.



Figure 2: Hospitalized client is placed in a cabin that offers the possibility to view the factors inherent in his life outside hospital.

Nursing student 10 had Figure 3: to take care of her elderly grandmother think of a type of diaper with two compartments able to separate feces from urine in two compartments (previous and later) to prevent urinary infections and other complications in addition to providing the comfort.

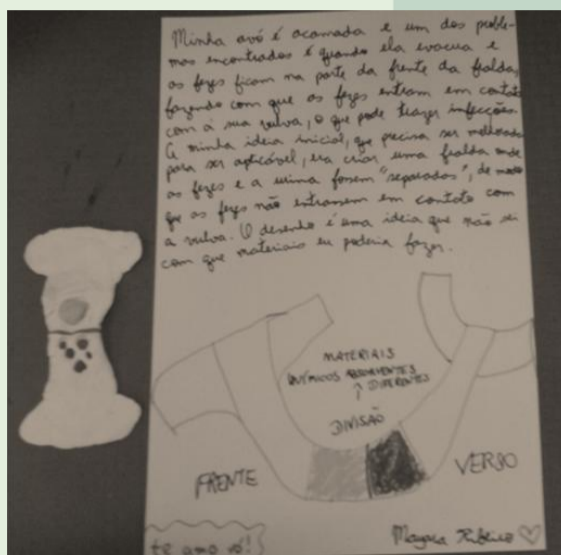


Figure 3: The lower plan is drawn the diaper with two independent compartments.

Nursing student 11 follows the description of creation: thought in an environment rescuing Florence Nightingale, which comes to light and protection.

Nursing student 12 follows the description of creation: Creates a syringe modeled with pet pets as a piggy talking with the child and that after the injection is with her to play (care device becomes a toy).

Nursing student 13 follows the description of creation: think an application to inform the client and his family about the hospital, the professionals who serves on the possible queue and the measures to be taken.

Nursing student 14: as well as students 4:09 could not imagine anything.

Nursing student 15 follows the description of creation: created a bracelet for venous access parenteral pump.

Nursing student 16 presented not figure: as nursing students 4, 9 and 14 could not imagine and create some technological device to care or portray possible experiences of care.

At this time we landed with the certainty of recognizing and listed images that were produced by a total of twelve nursing students (73,4%), while the other four (26,6%), and failed to elaborating any image.

- Third moment: landing to recognize.

Recognize is a different way of attention and is very close to what we do when we landed, that is when the territory is reconfigured. The time to ask again: what can be shown on the drawings and modeling performed by nursing students? Students when sensitized were able to imagine and create ideas about problems when in the classroom learn about manual skills and dexterity? It is an investigative attitude Mapper: let's see what is happening and how was to follow the process of producing the data.¹³

To reorganize the images with their meanings them coming, we identified problems that were linked to experiences of care with relatives, which reveals that nursing students are surrounded by former experiences in the care field and that may have been a determining factor in the choice professional.

The choice of a profession is a dynamic process that undergoes constant influences and can be traversed by caregiving experiences, struggles, hopes, anxieties, conflict, fear, pleasure, anxiety, and other internal and external factors that give unique traits to the individual.^{16:73}

In this sense, when invited to produce and submit ideas stemming from his imagination decode an implicit message that is closely linked to the desire to care, experienced previously with the family.

Another aspect recognized after landing in the creations of students with regard to the ideas being turned into products or processes. In this regard the creations involving soft-hard technology innovations and applications produced and tablets for hospitalized patients only.

In the contemporary world guided by the phenomenon of globalization we are sure that the speeches in advance of technologies, here contextualized with care, come day after day contaminating nurses and students that are projected in the nursing profession.

When identified the problems and alternatives to the process of caring, nursing students walked by the discourse of the machines, computers, tablets, mobile phones and others who currently are devices capable of minimizing distances between subjects. In the sphere of care, especially when it comes to clients hospitalized communication technologies and information and can already design as an alternative to enable that other human spheres of customers are met.

Recognizing these creations made by students is to have in mind that they permeate through five stages of the creative process. The first step is the preparation, where the problem is identified and with the set of challenges; was moved; are life situations that prompt us, frighten and depend on our help. It is the stage of data collection, when all possible solutions spread before us.¹⁷

The second stage called frustration begins with the vision of alternatives that surprise us. The creative process includes long period of confusion, chaos and, most of all ambiguity, which is essential in the creative process. The end of that time the subject creator enters the third stage, called incubation, where the problem is seen with serene attention and time. He's there in front of us - or maybe near the perception. At this point, the conscious energy is not being spent in trying this or that solution. We leave the data floating around the main issue freely and without structure.¹⁷

We call attention here for four impossibilities to imagine where four nursing students to be induced, presented as a product an empty image of the mind, which did not meet the proposed activity. This leads us to believe that they stagnated in the second stage and plastered the imagination which made it impossible to progress to the next stages of the creative process.

The fourth stage called inspiring, propose creative advance following the development stage. At this stage enters the action; widens the analytic way of thinking, categorized and determined by the time, the left hemisphere of the brain. This is called

transposition stage - carry from one place to another (translation of an idea, a technology, domain). Finally the design is the result of the idea and its communication. It is the presentation of the results that need to be used and view.¹⁷

Portray the creation in nursing education, specifically the semiotics of discipline, taking into account the manual skills such as: necklace, cut and shape, leads us to state that these teaching strategies are able to train thick and thin psychomotor skills coordinated by nervous system.

It is therefore crucial that nursing students, "train" motor skills and emotional in order to acquire manual dexterity to make rational procedures - preparation of materials for the procedures that requires organization, as well as knowledge of anatomy, physiology and answers emotional or physical that customers express when care.⁸

CONCLUSION

It was found in this investigative experience the need to rethink nursing education grounded in creative processes that together with scientific rationality are capable of producing technological innovations.

We know that teaching strategies used in the classroom scenario is still guided in vertically integrated relationships towards the teacher to the student, concentrated in a knowledge with hierarchical value. Whenever you walk through different tracks to teach nursing perceives the fear in the face of new possibilities, either to the subjects they learn or those who teach.

By working the body as a basic instrument of manual skills and abilities, we were surprised by the discourses of nursing students who created soft-hard technology innovations and applications produced and tablets for hospitalized patients. Another aspect of the creative activity pervaded the problems already faced by them when they had before experience of care with members of their families.

It follows that the validity of this experience was stated when each participant began to produce or produced troubleshooting in the field of singularities have been experienced by each of them, is when cared or thought about the care of their future professional practice.

So we hope that this study is able to drive new teaching strategies as possibilities to expand what we understand as basic nursing instruments, including students as active elements of the lessons from the perspective of transcending the biological discourse, for operative subject forms, sensitive and on creative craft of caring.

REFERENCES

1. Tavares R, Figueiredo NMA organizadores. Arte e Saúde: Experimentações pedagógicas em enfermagem. São Caetano do Sul: Yendis; 2009.
2. Costa EM, Silva RCL, Figueiredo NMA, Silva CRL, Tonini T, Louro TQ. Paradigmas do saber: uma linha de fuga no ensino de enfermagem. Rev enferm UFPE on line. [periódico da internet] 2013 [acesso em 2014 apr 01];7(esp):[aproximadamente 7 p.]. Disponível em: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/3197/pdf_3079
3. Figueiredo NMA, Tonini T, Santos I, Handem PC, Lopes LRF. Cuidado de enfermagem: espaço epistêmico de vivências de ensino a partir do ser cliente. Rev. enferm. UERJ [periódico da internet] 2012 [acesso em 2014 apr 01];20(2):[aproximadamente 5 p.]. Disponível em: <http://www.facenf.uerj.br/v20n2/v20n2a05.pdf>
4. Figueiredo NMA, Tonini T, Tavares R, Araújo WF. Enfermagem e o Jogo Dramático: Reflexões de enfermeiros sobre o cuidado da enfermagem através da imagem. Revista de Enfermagem Referência [periódico da internet] 2010 [acesso em 2014 apr 01];3(2):[aproximadamente 8 p.]. Disponível em: <http://www.scielo.gpeari.mctes.pt/pdf/ref/vserlln2/serlln2a07.pdf>
5. Morin E. Rumo ao abismo: ensaio sobre o destino da humanidade. Tradução de Edgard de Assis Carvalho e Mariza Perassi Bosco. Rio de Janeiro: Bertrand Brasil; 2011.
6. Carvalho V. Enfermagem fundamental: predicativos e implicações. Rev Latino-am Enfermagem [periódico da internet] 2003 [acesso em 2014 apr 01];11(5):[aproximadamente 7 p.]. Disponível em: <http://www.scielo.br/pdf/rlae/v11n5/v11n5a15.pdf>
7. Silva PS, Figueiredo NMA. Arte e saúde: reflexões para o ensino de enfermagem na perspectiva teatral. Rev enferm UFPE on line. [periódico da internet] 2013 [acesso em 2014 apr 01];7(spe):[aproximadamente 8 p.]. Disponível em: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/4418/pdf_4326
8. Figueiredo NMA, Machado WCA organizadores. Tratado de Cuidados de Enfermagem - Médico Cirúrgico. São Paulo: Roca; 2012.
9. Carvalho V. Para uma epistemologia da enfermagem - tópicos de crítica e contribuição. Rio de Janeiro: EEAN/UFRJ; 2013.
10. Kneller, George F. Arte e ciência de criatividade. Tradução: Jose Reis. 8ª ed. São Paulo: IBRASA; 1978.
11. Pichon-Riviere E. O processo de criação. Tradução: Claudia Berliner. São Paulo: Martins; 1999.
12. Dilts RB, Epstein T, Dilts RW. Ferramentas para sonhadores - estratégia para criatividade e a estrutura da inovação. Tradução: Hilda Pareto. Rio de Janeiro: Rocco; 2004.
13. Passos E, Kastrup V, Escóssia L. Pistas do método da cartografia: Pesquisa-Intervenção e produção de subjetividade. Porto Alegre: Sulina; 2009.

14. Goldenberg M. A arte de pesquisar: como fazer pesquisa qualitativa em ciências sociais. 8ª ed. Rio de Janeiro: Record; 2004.
15. Minayo MSC, Deslandes S, organizadores. Caminhos do pensamento: epistemologia e método. 1ª ed. Rio de Janeiro: FIOCRUZ; 2002.
16. Silva PS. Efeitos dos cenários de ensino nos estudantes de enfermagem na perspectiva do teatro: um ensaio sobre as respostas do corpo que aprende. [dissertação]. Rio de Janeiro (RJ): Programa de Pós-graduação em Enfermagem, Universidade Federal do Estado do Rio de Janeiro; 2012.
17. Robbins L. O despertar na área da criatividade. Tradução: Bárbara Theoto Lambert. São Paulo: Gente; 1995.



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