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ORIGINAL ARTICLE

UNVEILING THE MEANINGS OF WOMEN-NURSES ABOUT THE CHILD ACCORDING TO HEIDEGGER AND WATSON[1]

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ABSTRACT

Objective: To unveil the meanings originated, by female nurses during their normal-physiological birth. **Method:** Research with a qualitative approach based on phenomenology as a theoretical-methodological-philosophical contribution according to Martin Heidegger and Jean Watson. Interviewed in depth was performed with nine nurses living in Minas Gerais who opted for a normal birth. The snowball technique was used in phenomenological meetings (June to August/2016). **Results:** There were units of meaning: 1) The experience with normal childbirth: learning and benefit; 2) Being alone with the professional and being-with your loved one; and 3)Woman-nurse and normal-physiological birth.The female nurses unveiled the meanings that emerged from normal childbirth showing their possibilities and behaving with authenticity when dealing with normal-physiological childbirth and giving birth, with insufficient knowledge/scientific evidence of training as a professional for them to show themselves at the moment of delivery, with aptitude. **Conclusion:** From the perspective of Watson's theory, the inconsistency between being woman-in-normal-physiological childbirth and being a woman-nurse sensitized them to a new professional position in caring. This study fills a gap and contributes to reflections on methods of care in an ontological conception of women applicable to the care practice and training of human resources in a perspective of authentic care.

Keywords: Nursing. Natural Childbirth. Women's Health. Qualitative Research.

INTRODUCTION

The delivery process and the press period, as physiological phenomena peculiar to the woman's life cycle, is a unique and special moment for those who give birth to a child. During this period, the woman's body naturally prepares to generate a new being and undergoes physical, emotional and social changes, a fact that can trigger fantasies, idealizations, insecurities, anxieties or achievements that permeate the outcome of the pregnancy and make the moment of delivery a remarkable event[1,2].

Analysis about women's during the birth process allows identifying changes in the conception of how it occurs, going from a natural event held at home to a biomedical practice, in which there are protection and the smoothness of bodies focused in the professional activities to the detriment of the empowerment that must exist for the parturient woman[3,4]. Taking women from the main role of their birthplaces them as passive subjects of interventions and culturally instituted practices that aim to reaffirm the hegemony of health professionals and reject practices based on scientific evidence[5,6].

From professional performance, the challenge is to assist the parturient in her subjectivity, considering her knowledge, her individuality, her desires and her will, as long as it is a safe pregnancy[7-9]. This is because the birth process, when understood by the woman who simultaneously has the female perspective of childbirth and the technical-scientific knowledge

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arising from nursing education, acquires peculiarities[10,11] that need to be unveiled for the understanding of the nurse's contribution in individualized care and the uniqueness of being-woman and being-woman-nurse and who, when giving birth, experiences the birth of their child[11], going through the normal birth process.

Because of the concern to unveil the hidden meaning present in the behaviors, attitudes and feelings of women nurses, we chose to use a qualitative approach based on the phenomenology of Martin Heidegger[12] and the theory of Jean Watson[13].

The choice of such references is because of their compatibility, in addition to making it possible to access the facets of being-there-woman who goes through normal-physiological childbirth, understanding the being-woman-nurse who has professional knowledge and practices arising from her training as a nurse; because it is a stage of life peculiar to the female context, which requires an understanding of the singularities of being-in-the-world through the description of the phenomenon, from the perspective of those who have gone through the experience, moving beyond the factual dimension of Being[12]; and for reconciling such contents in a philosophical-scientific perspective centered on care, from which nursing practice can be explained[12,13].

This study is justified by a gap in the (inter)national literature that concomitantly addresses the experience of normal-physiological childbirth in its singularities, by giving them speech, using the Heideggerian and Jean Watson references, a fact that sets it apart from other investigations and adds to its originality.

In this sense, when raising questions about the possible difficulties and facilities found by nurses in the experience of their delivery, the following questions arose: How is the coping process in the face of normal-physiological childbirth? How did they understand this moment? In this way, with aview on the existential dimension, the understanding of the normal delivery of women-nurses appears in the light of Martin Heidegger[12] and Jean Watson[13], and the objective of unveiling the meanings emerged by women-nurses during their normal physiological birth.

METHODOLOGY

Qualitative research, with the phenomenological approach and theoretical-methodological-philosophical framework according to Martin Heidegger and based on Jean Watson's theory[12,13].

The Heideggerian perspective for the understanding of the woman-nurse regarding her normal delivery sought to explain her attitude and her way of thinking and seeing the world[12], interrogating the entity (parturient nurses) to access the sense of being, the ontic and the ontological, allowing the being-there-woman-nurse to show their perception about normal-physiological childbirth[14,15].

Thus, it was necessary to "and back into it again", take a look at the women-nurses and help them to emerge in their world and their memories about how the birth was in the pursuit of the meanings they attribute to such a physiological event, expressed by words from a phenomenological encounter, in which the interviewer suspends judgment, giving space for the entity for free expression[12; 14,15].

The choice of using Jean Watson's Theory is based on structured care in a quality transpersonal relationship from a humanistic and scientific perspective based on the 10 care factors and is therefore known as the Transpersonal Care Theory[13]. In this conception, care transcends the dimensions of time, space and matter, and is based on the dialogical relationship that is established between the person and the professional. The goal is the creation of a harmonic system between them, whose integrality is built by the harmony resulting from sharing and the search for well-being/health[13].

Through the approximation of Watson's theory to the phenomenological approach of Martin Heidegger, it is possible to assume the transpersonal care that occurs from the I-you relationship, whose process can be transforming and enhancing for singular care, as it contemplates dimensions beyond the physical-material or mental-emotional[12]. This is equivalent to saying that the Theory of Transpersonal Care enables the understanding of care for women-nurses who go through normal-physiological childbirth from an analysis of that

moment in the perspective of the unveiling of being[13].

The scenario of this investigation was a School of Nursing in Minas Gerais. Inclusion criteria were: being a woman and a nurse, having a child and/or abortion(s) through an exclusive vaginal route and having undergone at least one normal-physiological birth. Exclusion criteria were: being unable to reach (phone or e-mail) through contacts available or postponing the interview on more than four occasions.

A qualitative sample was used for typicality, outlined based on the research attribute, which allows access to the experience of the participants in having gone through a normal-physiological birth as an outcome of pregnancy, which corresponds to the people who present convergence to the research focus[16].

Telephone contact was made with the women referred by peers inviting them to participate in the research, with a compatible day and time scheduled for the researcher-deponent dyad. They were recruited using the snowball technique, which consisted of the initial indication by pairs (master's students in nursing) of female nurses who experienced normal-physiological birth exclusively, and subsequently, the participants indicated other potential members among their peers.

The data collection process took place from June to August/2016 at the participants' homes. It was carried out by an expert interviewer in the area of obstetrics who used the environment in privacy and triggered the meeting based on the question: How was your delivery(ies)? It is worth mentioning that the discursive contents were recorded in a field diary, expressions, meanings and non-verbal and paraverbal messages, as well as what was said and what was not said, observing its different forms of discourse such as silence, gestures, reticence and pauses in the statements of the interviewees, the data being recorded immediately after each meeting[13-16].

The interviewees' discourses were documented by using an audio recording that varied from 40 to 190 minutes. The phenomenological encounter was reached, that is, the individual interview presented spontaneous and in-depth discursive content. The researcher used the *époque* (suspension of assumptions and values), mediating her performance through empathy and intersubjectivity, which provided the opportunity to build the necessary bonds to conduct an interview whose collection of information from the interviewees is consistent with the phenomenological approach[12-15].

This fact made it possible that, in nine women, the "singularities and meanings" of the studied phenomenon were intensely captured by accessing symbology, senses, meanings, behaviors and practices linked to it, characterizing the interviewee's "interiority" and accessing her "social configuration" external to the point of referring to the "interactions and intercommunication networks" that it has, which ensures the presence of recidivism, complementarity and unique information of the discursive contents (theoretical density). This allowed mapping, explaining and understanding the empirical picture, adding scientific aspects and scope for the "aspects that make them specific" and possible converging points[16].

Participants were nine women-nurses who had a normal delivery; the number of deponents was not predetermined, being defined by the procedural action of reflecting on the discursive contents and their analysis, a number consistent with that recommended for phenomenological research, as long as it allowed the unveiling of the phenomenon under study[16,17].

The analysis occurred jointly with the collection of testimonies, which were transcribed in full in Word for Windows. The data treatment process met two methodical moments: comprehensive analysis — vague and median — and interpretative analysis — hermeneutics[12,14,15].

The deponents' historiography was carried out, contextualizing the who of the being-woman-nurse-in-the-experienced-of-own-birth and understanding the world that surrounds it, in its singularities and stories to subsidize the analysis of its being-in-the-world[12, 14,15], one of the criteria that involves the active reflection process and that justified the quantitative of the sample design[16].

In the comprehensive analysis, also called vague and median understanding, there was a description of the phenomenon experienced from the perspectives of the interviewees obtained

with attentive readings arising from the phenomenological encounter, seeking (by inductive method) the meaning of normal-physiological childbirth for women-nurses to responding to the concerns expressed in the study objective. Based on the essential structures that presented similarities, convergence and divergence of meanings, it was possible to gather such content in Units of Meaning, thus forming the development of the conducting thread[12].

In the hermeneutic analysis, occurred the unveiling of the being. The process allowed us to conduct the interpretation of meanings (first methodical moment) and made it possible to understand the Being that was still hidden, using interpretive reflections (by deductive method) that helped in the unveiling of the senses that until then were veiled[12].

The results were presented by historiography, units of meanings followed by fragments of testimonies from the participants and discussed in the light of Watson's theory and scientific evidence.

All ethical and legal criteria for research involving human beings were followed according to current resolutions. This manuscript is part of a matrix investigation entitled "Being-woman-nurse in the experience of giving birth in the perspective of Martin Heidegger" whose project was approved by the UFJF Ethics Committee (CAAE: 353661715.9.0000.5147 and opinion 1.556.346/2016). The investigation was carried out in three approaches with women nurses: exclusively with those who underwent a cesarean section[11]; those who had a normal-physiological birth (present manuscript); and with those who went through both processes simultaneously. To guarantee the anonymity of the participants, codes (letter "N" followed by a sequential number) were used to represent the participants.

RESULTS

Nine nurses participated, whose historiography was characterized as follows: age between 24 and 54 years (mean 35.4 years); the number of pregnancies ranged from one to four, all had at least one child by normal physiological birth and two had an abortion each; two had a delivery and seven had two; all reported having done prenatal care, with seven self-reported receiving guidance on normal birth, while two, did not; four planned the pregnancy and four participated in groups of pregnant women; the time since the deliveries ranged from months to 20 years; six had graduate degrees, one was a specialist and two had only a higher-education degree.

From the comprehensive analysis, the first methodical moment, three Units of Meaning emerged: 1) The experience with normal childbirth: learning and benefit; 2) Being alone with the professional and being-with your loved one; and 3) Woman-nurse and normal-physiological birth. These Units emerged based on the meanings expressed from the real movement of the parturient woman-nurse when giving birth through normal-physiological birth, in professional and family relationships during childbirth and in the parturition process.

The experience with normal childbirth: learning and benefit

The interviewees reported that normal childbirth is a painful experience, but that, at the same time, it is a unique, pleasurable moment that brought benefits for her as a woman and for the baby:

> The experience of normal childbirth was better, because my son didn't even need to be pulled out. Even from my professional experience, to see how the evolution of childbirth was going. **N1**

> Thank God, it was all as I expected. It was delivery as I wanted it. Of course, it was painful. Contractions are painful. But it was a great discovery process. I found myself much stronger than I imagined. I say it was a unique experience and there is no way to describe it. **N2**

> The fear of normal childbirth. Which doesn't fit because it's very good, it's all right. Yes, there is pain, but I say it is the best pain in the world. It is a matter of medicating. **N5**

> After you go through childbirth, when you can, you say: no, now I can handle anything. In the first delivery, this is what remained: wow, I am powerful, I am a warrior, I went through this pain, now I am a lioness, I will raise my daughter, I will take care and everything. A very different experience. **N6**

> It was a very inexplicable thing, it was magical, wonderful. (Second pregnancy). **N7**

> I think normal birth, it hurts! Really hurts! At the time, it is painful, yes. It is a lie to say that it doesn't hurt. It really hurts! (laughs), but it was something that was there at the time and it ended. And since it's fast, I'm lucky it was fast. So,it's all right. Normal delivery is very, very good. **N8**

> I liked it because they respected me a lot, I was a little afraid, but they respected me a lot and it was a very good birth because, after he was born, he put him on my lap and I tried to breastfeed him. **N9**

Being alone with the professional and being-with your loved one

The interviewees explained the importance of monitoring by qualified and humanized professionals for the best outcome of childbirth, in addition to the positive impact of having the support of the partner at this time, as stated in the following speeches:

> I had the pleasure of having my partner by my side, it helps a lot! It strengthens us to have a person you know who loves you, who is there, who wants to see your good. **N1**

> My husband participated in the whole process with me. He helped to breath, told me to rest. He was fine. Which also gave me peace of mind. And having this friend of mine by my side was also important, because, in addition to being a friend, she was a professional**. N2**

> There was an excellent nurse who was "douling" me the whole time, my husband was also an angel, the two took turns in the massage, shower, ball, position. The doula said: 'this is your home' and it gave me a boost again. To be active, to fight, to achieve, to fight for this birth, and that is what I think saved me. **N3**

> The welcome, the affection of a person you know is ideal. Both my mother and my husband did the massage to relieve the pain, it may not even be the massage that relieved the pain, but rather that company, that touch of a known person. Because I wouldn't feel so comfortable if I were onlywith a doctor, technician, nurse, professionals in general. **N4**

> He stayed by my side, watching and filming the child, participating in the care of the baby inside the room. I think it is very important for anyone. **N5**

> I had two obstetric nurses by my side, my midwife and I had an obstetric nurse who was in the role of doula, so I had "douling" directly from an obstetrical nurse and an extremely caring nursing technician, a partner for the whole time. **N7**

Woman-nurse and normal-physiological delivery

The experience of the woman-nurse during normal-physiological delivery revealed two dimensions. From the first perspective, being a nurse in the process of childbirth made a difference and contributed to making this moment go easily, receptive to treatment and to foster a critical view of childbirth care in a conception of integrality. From the experience of contractions, childbirth and the birth of the child, it was possible to resize and value this moment from the perspective of caring for the other.

In the second dimension, the phenomenon of normal-physiological childbirth was intense, influencing the interviewees who let themselves experience the moment, showing themselves essentially as women so they would experience the intensity of giving birth, which allowed them to distance themselves from knowledge and techniques to take over the singularity that childbirth gave to them.

> I said that, after the experience I had, now living on the other side of having a normal birth child, I want to watch a childbirth, the whole process so I can see how it is, for people to appreciate the woman's suffering. That we often do not know, we not really appreciate what the person is feeling. On the one hand, it was very pleasant. **N1**

> Going back to nursing, I sometimes even argued with the doctor (laughs). Being a nurse contributed to the positive sense, since I already know when the moment is close to delivery, the time of contraction. I think that gave me the peace of mind of knowing how I wanted my childbirth to be. So, that little bit of criticism I had because I was a nurse. Because we're a nurse, but we don't know everything about life and health. Andas a nurse, I felt that they were not so prepared. As anin hospital structure, it is like this: no one is prepared for a normal delivery. People, they are very prepared for the cesarean section, but not for a normal delivery. **N5**

> When we are receiving care, we are equal, we forget, I felt it. We have no idea what is going on. I didn't have a clue of what was happening to me as a nurse, I was the patient at that time. I felt a difference in the treatment that others gave me, because they knew that I was not ignorant of the subject. They were more careful to explain, to talk. I couldn't have a critical opinion of how many people were entering the room, whether they were serving me well or badly. I had no idea of that. If there was an error or if it was my fault at the time. We lose track because emotion mixes with reason and you cannot evaluate things. **N6**

> I cannot even use myself as a parameter because I am an obstetrical nurse, I am more mature, not only regarding training, information, but in the experience matter, life. I keep thinking a younger woman, who doesn't have so much experience and who is so fragile at that moment, and who in a situation like mine, in the second childbirth, gets desperate, because she has no support from anyone. **N7**

> This thing of being guided about the type of delivery, breastfeeding, I don't know if it's because I am a nurse at Casa de Parto, they even asked me something about breastfeeding. But now, on Monday, no one has given any recommendations. I said that I was a nurse, they already assumed that I knew everything. If I didn't ask things, some doubts, because when we become a patient, we forget a lot. If we didn't ask or say anything, it implies that we know everything just because we are nurses. **N9**

DISCUSSION

To offer women the possibility of experiencing labor and the expulsion phase of the fetus, as a physiological process, suggests and rescues their autonomy in the process and respect for their time, the child's birth space and meets the physiology of the female body, giving the woman a voice for planning the act of giving birth[18, 19].

The Prenatal and Birth Humanization Program (PHPN) in Brazil confirms the need to improve access, coverage and quality of prenatal care, assistance in childbirth and the puerperium for pregnant women and the newborn. The concept adopted is that of ensuring citizenship rights, fight for the humanization of obstetric and neonatal care as an essential condition for the adequate monitoring of childbirth and the puerperium[18-20].

The quality of care provided to the mother-child dyad during pregnancy, childbirth, the puerperium and the experience of this cycle can affect the lives of both. Naturally giving birth is a unique experience and, when experienced in a humanized approach, provides to the mother and the newborn the respect, dignity, and privacy necessary at that moment and the mother's autonomy regarding the way of giving birth[9].

However, the decision for this type of delivery also comes from information and dialogues between the parturient and health professionals, regarding scientific evidence and indications about the best conduct in a given situation[4,21,22]. In an environment of high rates of cesarean delivery, the recommendation on the delivery type is compromised by the medicalization culture and myths surrounding childbirth and neglect of safety in normal situations [9;21]. In a study carried out in Jordan that aimed to find out the reasons that motivated women to request an elective cesarean delivery without medical indication, the influences of sociodemographic, economic conditions and cultures based on fear of the vaginal delivery process were identified; concerns about future sex life; the need for humanized delivery; personal reasons and decision-making process[2].

The false perception of safety attributed to cesarean delivery, even when severe maternal complications are rare during pregnancy and childbirth, explains the recommendation that the cesarean delivery should be lower than 15%[5,23]. This fact is confirmed by a study with 4,244 puerperal women carried out in Pelotas that concluded that cesarean section was "associated with a 56% higher risk of early complications, 2.98 times higher risk of postpartum infection, 79% higher risk of urinary tract infection, 2.40 times greater pain, 6.16 times greater headache and more than 12 times greater anesthetic complications, when compared to vaginal delivery"[5]. Another correlational study carried out in Spain with the participation of 406 women (204 attended in the biomedical model and 202 in the humanized model) concluded that, in the humanized model, women's satisfaction indexes were obtained and better results during labor, birth and postpartum period - immediate birth

when compared to the biomedical model (*p*-value=0.0005)[21].

The humanistic value system of Watson's Theory points out that care also leads people to make changes in their health, to become versatile and to take back control over their bodies. According to the interviewees' statements, after going through the pain of childbirth and the fear that surrounded that moment, they realized that they were able to deal with a natural and physiological process that is peculiar to the woman's body. The interviewees rediscovered themselves as stronger, more empowered and capable women [13; 22,23].

In Watson's Theory, the client's autonomy and freedom of choice are prioritized as a path to self-control and self-knowledge. Watson points out that care based on altruistic behaviors and humanistic values can be developed through the client's points of view, beliefs, cultures and experiences [13;24].

A study that aimed to describe the (dis)respectful care received by women when being assisted by midwives in two Tanzanian hospitals recorded unspoken abuse by women, but, observed in clinical practice, included physical and psychological abuse, non-confidential and non-consented care, and abandonment of care. Respectful care was based on positive interactions between midwives/women, when the care was private, delivery was considered safe, there was an opportunity to choose the modality, the woman was actively involved in the care process and there was encouragement for the mother-baby relationship, with a recommendation for the permanent education of the team, improvement of the working environment and conditions, encouragement for the empowerment of pregnant women and strengthening of health policies[23,24].

In line with Watson's conception of interaction, the I-you relationship was portrayed. We could observe the transpersonal relationship that the professionals who assisted with labor, delivery and postpartum established with the parturient, which enabled the creation of a bond in which the dyad was shown as a unit[13, 22-24].

In a study carried out in Mato Grosso (Brazil) that aimed to evaluate the care provided inchildbirth (before, during and after) after the inclusion of obstetric nurses, when evaluating 701 births that occurred in two years, it was concluded that the inclusion of obstetric nurses contributed to qualifying the care provided, during labor and delivery, and reduced the number of cesarean sections and episiotomy[4].

This fact refers to the moment when care is achieved and the connection between caregiver and care is established, defining a moment when they are synchronous to the dimensions of physical and emotional care. There was an understanding that the parturient is not just the sum of parts that establish it, but a mind-body-spirit unit, just as the nurse showed to be careful with nuances of technique/skill, sensitivity and emotion[14].

Watson's conceptions allowed us to understand that transpersonal care is transposed into the lives of those who are involved in the care relationship, such as the partner and the woman-friend who were present during the births, as stated in the speeches[14].

In another study conducted in Tanzania that identified the perception of professionals (midwives and obstetricians) focusing on their professional practices that contribute to the humanization of childbirth, the following barriers were identified: the lack of space and limited facilities, guidelines, practices and limiting and disrespectful beliefs for family participation in childbirth, for choosing the birth position and not meeting mother desire for the type of delivery, except when there is a mother and/or fetal risk[25].

The presence of the partner and the woman-friend was also revealed as a positive thing at the time of delivery, establishing a help-trust relationship with the parturient, in line with the conception of the presence of the one who cares according to Watson and considered by her as one of the care factors capable of establishing careful harmony[13,22-25].

Watson's care factors link professional experience with daily teaching-learning, associating this experience to the recognition of humanity that exists in the professional. According to the interviewees, this bond and previous knowledge as nurses enabled, at the time of their childbirths, a reflection on the care for a person in the process of childbirth, a fact supported in the literature [13].

The understanding of the experience of others was explicit. The interviewees, after going through the experience of childbirth, showed sensitivity to being-with women during this process. Watson points out, as elements of care, to cultivate and deepen self-knowledge, which is an intrinsic movement that provides nursing professionals with the ability to put themselves in the other's place and contribute to their growth[13,18].

The nurse, while being questioned, unveiled herself as a woman-parturient who feels pain, who has her experience in the singularity of the being. The state of authenticity is when the being shows him/herself in his/her way to the point of leaving the state of the public world and assuming oneself as the protagonist of the process, in which there is no separation between the being and the world, corresponding, therefore, to the singularization of existence, to the appropriation of oneself expressed by becoming aware of the being-there that opens up to a world of possibilities[12].

The announcement of the delivery process allowed the woman-nurse to be revealed as an authentic person capable of making decisions about her delivery, focusing not on the professional activities, but rescuing her position in the centrality, shedding light and rescuing the autonomy and empowerment of her delivery process through choices. The interviewees revealed how to be able to make choices giving meaning to their existence[12]. The presence of contractions, childbirth pain and pleasure after the expulsion period was revealed as moments specific to the interviewee when they became protagonists of the process.

Fear as an expression of uncertainty, insecurity of being-there and overcoming the threat was expressed by the request to be sent to the operating room, which revealed the interviewee's encounter with the frightening of fear and the expression of the confrontation *in face of what* was represented for the immediacy that the birth would recall for her. On the other hand, the being-woman-parturient revealed itself through the overlap of the woman-in-delivery process over the woman-nurse in a movement of learning, growth and appropriation of the being-woman-parturient-who gives birth[12].

At the time of childbirth, the interviewees showed themselves as "being-there-with" the professionals, with family members and with companions. *Dasein'*s (being-there) relationship with others is something inherent to being that, when meeting with the other, is available, being the pre-senceof respect and involvement, allowing *dasein* to be concerned with those with whom onerelates[12-15]. As a parturient woman, the "being-there-with" enables the creation of bonds of involvement, mutual help, respect, trust and security when she into the delivery process.

The fear came up when the interviewee recognized the value of the support of the partner who was able to bring her strength in the face of her "weaknesses". The companion's pre-senceunveiled the fear of the woman-nurse-in-labor who did not want a cesarean section and, sometimes, neither an episiotomy nor the use of oxytocin. The deponents' preference, then, was for a normal and natural birth. At that moment, the interviewee was with her partner and/or professional, feeling safe, accompanied and supported. The phenomena comprised of contractions until birth were supported, assisted in a welcoming manner in a pre-occupation movement[12].

Pre-occupation consists of occupying (in the conception of dedicating yourself to doing something for someone) with people, characterizing a movement of showing oneself as a Being-with-one-another in a non-solitary way, but supported and encouraged to deal with the contractions and the process of the birth of his/her child in the temporality and the possibility of *ekstases*, in the sense of, in the future, being a woman-mother-who experienced normal birth[12-15].

According to Watson, the experiences of recent or remote ancestry can cause for the woman and for the nurse-woman concepts and energy flows that converge to the present moment, influencing the way they deal with a situation. This explains how different ways of coping with the delivery process, parturition and the puerperium period take place and whose exchange and sharing of energy and impressions between the dyad woman in normal-physiological/professional nurse delivery can favor or hinder quality assistance and/or influence the choice of the type of delivery[13], a

fact supported with statements by the interviewees N5 and N9.

The desire to be a woman-parturient was achieved and grounded as being in the exercise of femininity-motherhood, and being-nurse was shown to be inauthenticity insofar as being-woman-nurse was not enough to support her in an existential movement (ontological)[12].

FINAL CONSIDERATIONS

The woman-nurse participants unveiled the senses emerging from normal childbirth, showing their possibilities and behaving with authenticity when dealing with normal-physiological childbirth and the act of giving birth. However, the scientific knowledge/evidence from her training as a nurse was not sufficient for them to show themselves at the time of delivery, with aptitude.

In the perspective of Watson's theory, the inconsistency between being a woman-in-normal-physiological-childbirth and being a woman-nurse sensitized them to a new professional position in caring for those who go through normal-physiological childbirth, starting to exchange energetically and to contribute so that the uniqueness of the moment is fully experienced, to the point of meaning for the adoption of behaviors that redirected her to the way of caring and assisting the woman-in-childbirth process from a perspective of being-there-with the woman in her uniqueness at the moment of delivery.

The uniqueness of the research participants does not allow the generalization of the results of this investigation to other scenarios, although the findings of this study contribute to reflections on methods of care in an ontological conception of women applicable to the care practice and training of human resources. The concepts of Heidegger and Watson proved to be coherent and similar to the possibility of use in authentic care and favoring a conception that equips the professional for the *able-to-betypical* of the woman-nurse who experiences normal-physiological birth and that assists other women.

DESVELANDO OS SENTIDOS DE MULHERES-ENFERMEIRAS SOBRE O PARTO SEGUNDO HEIDDEGGER E WATSON

RESUMO

Objetivo: Desvelar os sentidos emanados por mulheres-enfermeiras durante seu parto normal-fisiológico. **Método:** Pesquisa de abordagem qualitativa delineada na fenomenologia como aporte teórico-metodológico-filosófico segundo Martin Heidegger e Jean Watson. Foram entrevistadas em profundidade nove enfermeiras residentes em Minas Gerais que optaram pelo parto normal. Utilizou-se a técnica de bola de neve em encontros fenomenológicos (junho a agosto/2016). **Resultados:** Foram unidades de significados:1) A experiência com o parto normal: aprendizado e benefício; 2) O estar só ao lado do profissional e o estar-com seu ente querido; e 3) Mulher-enfermeira e o parto normal-fisiológico. As mulheres-enfermeiras desvelaram os sentidos emanados do parto normal mostrando suas possibilidades e se comportando com autenticidade ao lidar com o parto normal-fisiológico e o ato de parir, sendo insuficientes os conhecimentos/evidências científicas da formação como profissional para que elas se mostrassem no momento do parto, com propriedade. **Conclusão:** Na perspectiva da teoria de Watson, a inconsistência entre o ser mulher-no-parto normal-fisiológico e o ser-mulher-enfermeira as sensibilizou para um novo posicionamento profissional ao cuidar. Este estudo preenche uma lacuna e contribui para reflexões sobre métodos de cuidados numa concepção ontológica da mulher aplicável à prática assistencial e de formação de recursos humanos numa perspectiva do cuidado autêntico.

Palavras-chave: Enfermagem. Parto normal. Saúde da mulher. Pesquisa qualitativa.Experiência vivida.

DESVELANDO LOS SENTIDOS DE MUJERES-ENFERMERAS SOBRE EL PARTO SEGÚN HEIDDEGGER Y WATSON

RESUMEN

Objetivo: desvelar los sentidos emanados por mujeres-enfermeras durante su parto normal-fisiológico. **Método:** investigación de abordaje cualitativo basada en la fenomenología como aporte teórico-metodológico-filosófico según Martin Heidegger y Jean Watson. Fueron entrevistadas a fondo nueve enfermeras residentes en Minas Gerais, Brasil, que optaron por el parto normal. Se utilizó la técnica de bola de nieve en encuentros fenomenológicos (junio a agosto/2016). **Resultados:** fueron unidades de significados:1) La experiencia con el parto normal: aprendizaje y beneficio; 2) El estar sola al lado del profesional y el estar-con su ente querido; y 3) Mujer-enfermera y el parto normal-fisiológico. Las mujeres-enfermeras desvelaron los sentidos emanados del parto normal mostrando sus posibilidades y comportándose con autenticidad al lidiar con el parto normal-fisiológico yel acto de parir, siendo insuficientes los

conocimientos y las evidencias científicas de la formación como profesional para que ellas se mostraran en el momento del parto, con propiedad. **Conclusión:** en la perspectiva de la teoría de Watson, la inconsistencia entre el ser mujer-en-el-parto normal-fisiológico y el ser-mujer-enfermera las sensibilizó para un nuevo posicionamiento profesional al cuidar. Este estudio colma una carencia y contribuye para reflexiones sobre métodos de cuidados en una concepción ontológica de la mujer aplicable a la práctica asistencial y de formación de recursos humanos en una perspectiva del cuidado auténtico.

Palabras clave: Enfermería. Parto normal. Salud de la mujer. Investigacióncualitativa. Experiencia vivida.

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