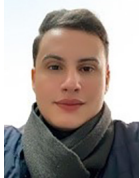


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Popular knowledge and the democratization of nursing care

Saberes populares e democratização do cuidado em Enfermagem

El conocimiento popular y la democratización de la atención de enfermería

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How to cite this article (Vancouver):

Paula WRFF, Bonato ST, Barros MF, Melo Filho PL. Popular knowledge and the democratization of nursing care. Hist Enferm Rev Eletr. 2026;17(Esp):e001. <https://doi.org/10.51234/here.2026.v17.512>.

ABSTRACT

Objective: to reflect on the articulation of popular, academic, and interdisciplinary knowledge in favor of an emancipatory nursing practice committed to the democratization of care. **Methods:** this is a qualitative theoretical-reflective essay, developed through an analytical-interpretative approach guided by emancipatory education, public health, and critical nursing frameworks, which conceive of care as a social, ethical, and political practice marked by power relations and a plurality of knowledge. **Results:** scientific knowledge, while considered essential, does not encompass the full complexity of care. An emancipatory nursing practice and democratized care are built through horizontal dialogical relationships, not from hierarchical structures. **Final considerations:** the articulation between popular, academic, and interdisciplinary knowledge fosters an emancipatory and democratic nursing practice by integrating sociocultural dimensions into care and promoting horizontal dialogue. This process strengthens a critical, reflective, and equity-oriented practice. **Descriptors:** Knowledge; Nursing Care; Nursing; Community Participation; Interdisciplinary Placement.

RESUMO

Objetivo: refletir sobre a articulação de saberes populares, acadêmicos e interdisciplinares em favor de uma prática de enfermagem emancipatória e comprometida com a democratização do cuidado. **Métodos:** trata-se de ensaio teórico-reflexivo de natureza qualitativa, desenvolvido por meio de uma abordagem analítico-interpretativa orientada por referenciais da educação emancipatória, da saúde coletiva e da enfermagem crítica, que concebem o cuidado como uma prática social, ética e política marcada por relações de poder e pela pluralidade de saberes. **Resultados:** o conhecimento científico, embora visto como essencial, não contempla toda a complexidade do cuidado. Uma prática de enfermagem emancipatória e um cuidado democratizado são construídos por meio de relações dialógicas horizontais, não a partir de estruturas hierárquicas. **Considerações finais:** a articulação entre saberes populares, acadêmicos e interdisciplinares favorece uma prática de enfermagem emancipatória e democrática, ao integrar dimensões socioculturais ao cuidado e promover diálogo horizontal. Esse processo fortalece uma prática crítica, reflexiva e orientada pela equidade. **Descritores:** Conhecimento; Cuidados de Enfermagem; Enfermagem; Participação da Comunidade; Práticas Interdisciplinares.

RESUMEN

Objetivo: reflexionar sobre la articulación de conocimientos populares, académicos e interdisciplinarios en favor de una práctica de enfermería emancipadora y comprometida con la democratización del cuidado. **Métodos:** se trata de un ensayo teórico-reflexivo cualitativo, desarrollado a través de un enfoque analítico-interpretativo guiado por marcos de la educación emancipadora, la salud pública y la enfermería crítica, que conciben el cuidado como una práctica social, ética y política marcada por relaciones de poder y pluralidad de saberes. **Resultados:** el conocimiento científico, si bien se considera esencial, no abarca toda la complejidad de la atención. Una práctica de enfermería emancipadora y una atención democratizada se construyen mediante relaciones dialógicas horizontales, no desde estructuras jerárquicas. **Consideraciones finales:** la articulación entre el conocimiento popular, académico e interdisciplinario fomenta una práctica de enfermería emancipadora y democrática al integrar las dimensiones socioculturales en la atención y promover el diálogo horizontal. Este proceso fortalece una práctica crítica, reflexiva y orientada a la equidad. **Descritores:** Conocimiento; Atención de Enfermería; Enfermería; Participación de la Comunidad; Prácticas Interdisciplinarias.

INTRODUCTION

Nursing is going through a historical moment in which the complexity of care demands not only technical and scientific competency, but also sensitivity to recognize popular knowledge and engage in dialogue with diverse fields of knowledge. Integrating popular, academic, and interdisciplinary knowledge is essential to consolidate an emancipatory practice based on democratization of nursing care⁽¹⁾.

Academic knowledge in nursing, anchored in evidence, protocols, and formal training, has been widely valued. However, studies indicate that the exclusive application of this knowledge tends to create a disconnect from communities' real-life experiences, compromising care comprehensiveness⁽²⁾. This finding reinforces the urgent need to recognize and value other forms of knowledge.

Popular knowledge, built up over generations, within communities' culture and collective practices, offers a fundamental counterpoint to biomedical rationality. In this context, popular health education (PHE) presents itself as a critical strategy that questions structures of oppression and encourages legitimate social participation and community knowledge, providing more equitable and democratic care practices⁽³⁾.

In turn, interdisciplinarity broadens the dialogue between different areas of health, enabling integrated approaches that consider individuals in their entirety. Care ceases to be fragmented and purely technical, incorporating human, social, and cultural dimensions in a more comprehensive manner⁽⁴⁾.

When interdisciplinary teams recognize and articulate academic, popular, and professional knowledge, different threads of knowledge are interwoven into a network of care, consolidating a nursing practice guided by an emancipatory ideal. This perspective is closely linked to democratization of health, based on access, participation, and social justice⁽³⁾.

However, the path to this integration still presents challenges. Nursing professionals' clinical practice often applies fragmented knowledge standards, privileging some and neglecting others, and weakens nursing's transformative potential⁽¹⁾. These barriers reflect hierarchies of knowledge rooted in institutions and professional training.

Critical reflection emerges as a tool for articulating these different forms of knowledge. Through it, professionals make their values, beliefs, and knowledge visible, while simultaneously integrating academic and community knowledge. In contemporary nursing, it is urgent to evolve from reflection on practice to action that translates thinking into critical and transformative practice⁽⁵⁾.

The Ministry of Health and the World Health Organization recognize, in their guidelines, the relevance of traditional knowledge and popular practices in building a more universal, equitable, and culturally sensitive healthcare system. This political and epistemological universe legitimizes nursing's commitment to the democratization of care^(6,7).

Given this scenario, this essay proposes to reflect on the articulation between formative processes, institutional routines, care models, and power relations, presenting itself as a relevant axis for understanding this practice. Through an examination of the intersections between these fields of knowledge and their implications for professional practice, this work reflects on the possibilities and challenges of strengthening a nursing profession that, in addition to providing care, can contribute to the emancipation of individuals, communities, and healthcare systems guided by principles of justice and democracy in care.

OBJECTIVE

To reflect on the articulation of popular, academic, and interdisciplinary knowledge in favor of an emancipatory nursing practice committed to the democratization of care.

METHODOLOGY

This is a theoretical-reflective essay of a qualitative nature developed from an analytical-interpretative path guided by emancipatory education, collective health, and critical nursing theoretical-conceptual frameworks, which understand care as a social, ethical, and political practice, traversed by power relations and multiple forms of knowledge production.

The reflection is guided by the principles of Paulo Freire's emancipatory education, especially regarding dialogicity, the valuing of popular knowledge, and the collective construction of knowledge. It also incorporates contributions from Brazilian public health and nursing, which discuss democratization of care, social participation, interdisciplinarity, and care production as a relational practice.

The reflective process was constructed from the articulation between three sets of sources: national and international scientific productions on popular knowledge, nursing practices, interdisciplinarity, critical reflection, and democratization of care; official documents, especially policies, guidelines and regulations related to PHE, social participation, and care organization; and the authors' empirical knowledge, derived from their academic, formative and professional experience in nursing and public health.

The selected materials were not intended to be exhaustive or systematically synthesized, but were mobilized as theoretical-reflective devices capable of supporting the problematization and argumentation developed throughout the essay. The reading and interpretation of these materials were guided by the following guiding question: how can the articulation between popular, academic, and interdisciplinary knowledge contribute to the construction of an emancipatory nursing practice committed to the democratization of care?

Since this is a reflective essay, review by a Research Ethics Committee was not required. Despite this exemption, the authors declare that they followed ethical guidelines when accessing the information presented here. Furthermore, the evidence and empirical data supporting the results are presented in the article itself.

DEVELOPMENT

Making care a fabric woven from multiple threads of knowledge

In light of Paulo Freire's principles of emancipatory education and contributions from public health and critical nursing, the following discussion addresses the relationship between popular, academic, and interdisciplinary knowledge in nursing care production.

For nursing to advance toward truly emancipatory practices, we must recognize that, while essential, academic knowledge alone is insufficient to encompass the full complexity of care. Although science offers important technical and scientific support, when mobilized in isolation, it tends to disregard the cultural, symbolic, and relational dimensions that permeate the act of caring⁽⁶⁾. In this regard, the articulation between popular, academic, and interdisciplinary approaches to knowledge brings us closer to the concept of culturally competent care, recognizing that effective health practices depend on dialogue with the values, beliefs, and ways of life of individuals and communities⁽⁹⁾.

Popular knowledge, produced in communities' daily lives, preserves experiences, beliefs, and unique ways of understanding the health-disease process. By recognizing them as legitimate, nursing breaks with the verticalization of knowledge, establishing relationships based on dialogue and active listening. This approach favors culturally sensitive practices, in which care ceases to be imposed and becomes collaboratively constructed, strengthening individuals' social participation and autonomy⁽⁶⁾. Initiatives such as adapting professional language, respecting traditional care practices, and negotiating clinical procedures exemplify concrete applications of this perspective in the daily routine of services⁽⁹⁾.

Interdisciplinarity emerges as a structuring axis of this process. The interaction between different areas—such as health, social sciences, education, and psychology—enables more comprehensive and contextualized approaches. In this scenario, nursing occupies a strategic position by mediating different rationalities and translating technical-scientific knowledge into culturally accessible practices, increasing the effectiveness of care and strengthening co-responsibility between professionals and users⁽¹⁰⁾.

However, the integration of different forms of knowledge still faces historical and epistemological obstacles. The predominance of the biomedical model perpetuates hierarchies that favor scientific knowledge over popular knowledge, hindering the incorporation of culturally competent practices into healthcare services⁽¹⁾. This arrangement perpetuates power imbalances by limiting users' and communities' active participation in the care process.

In this context, critical reflection on practice emerges as a fundamental strategy for overcoming these barriers. The literature indicates that reflective practice fosters the recognition of one's own beliefs, values, and professional limitations, encouraging openness to other ways of knowing and caring⁽¹¹⁾. This movement contributes to the consolidation of a nursing practice that is critical and sensitive to cultural differences capable of articulating scientific knowledge and community wisdom in an ethical and contextualized manner.

Reflective practice also enhances empathy, active listening, and appreciation of subjectivity—central elements of culturally competent care. These aspects become particularly relevant in contexts where care is shared with families and communities with diverse cultural traditions, requiring flexibility, respect, and negotiation skills from professionals⁽¹²⁾.

Interdisciplinarity, by promoting collaborative work among professionals, strengthens care comprehensiveness and expands the possibilities of responding to users' cultural needs. Interdisciplinary experiences favor shared decisions and more inclusive practices, in which nursing acts as a link between technical-scientific and popular knowledge, contributing to the democratization of care⁽⁴⁾.

In professional training, it is essential that nursing curricula incorporate dialogue between different areas of knowledge and critical reflection on the political role of care. Emancipatory education, inspired by Paulo Freire, guides pedagogical practices that encourage autonomy, participation, and the collective construction of knowledge, preparing professionals to act in a culturally sensitive and socially committed manner⁽¹⁾. In

turn, interprofessional learning emerges as a powerful tool for integrating knowledge and strengthening collaborative practices in healthcare services⁽⁵⁾.

In daily practice, the articulation between different areas of knowledge manifests itself when nurses adapt protocols to users' cultural realities, recognize traditional care practices, and build negotiated therapeutic strategies. These actions strengthen bonds, promote trust, and encourage individuals' co-responsibility in the care process, configuring concrete examples of culturally competent care⁽¹³⁾.

However, the implementation of these practices requires favorable institutional conditions, such as spaces for continuing education, valuing social participation, and public policies that recognize cultural diversity as an organizing principle of care. Guidelines that encourage the integration of knowledge are fundamental to supporting democratic and transformative practices⁽⁶⁾.

Nursing's emancipatory practice is directly related to citizenship in health, as it promotes the leading role of users and communities, overcoming authoritarian attitudes in care. This perspective broadens professionals' sensitivity to the social and cultural inequalities that permeate the health-disease process, strengthening commitment to equity and social justice^(12,14).

Valuing diverse forms of knowledge requires ethics, respect, and epistemological humility. Dialogue with popular knowledge should occur in a non-hierarchical manner, avoiding appropriation and recognizing the legitimacy of community experiences. From this perspective, scientific knowledge serves the community, contributing to the construction of truly human, culturally competent, and democratic care⁽¹¹⁾.

FINAL CONSIDERATIONS

The articulation between popular, academic, and interdisciplinary knowledge fosters an emancipatory nursing practice committed to the democratization of care by integrating different dimensions of knowledge. Popular knowledge, built in communities' collective and cultural practices, offers a holistic understanding of the health-disease process, making care more sensitive to local realities and needs. The integration of this knowledge with academic knowledge allows nursing practice to move away from a purely technical approach and begin to consider individuals' social, cultural, and subjective dimensions. In this context, interdisciplinarity stands out as a mediator, creating a space for exchange between different forms of knowledge and strengthening the comprehensive understanding of the human being.

This intertwining broadens our understanding of the social determinants of health that influence care and promotes open, egalitarian dialogue between professionals and communities, reaffirming nursing's commitment to the principles of equity and social justice. The intersection of these areas of knowledge strengthens nursing practice as a critical, reflective, and transformative action capable of building more democratic and accessible care. In this context, individuals become co-authors of decisions related to their health.

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Submission: 12 Nov 2025

Reformulation: 15 Dec 2025

Approval: 28 Jan 2026

Editor-in-Chief: Deybson Borba de Almeida

Scientific Editor: Maria Itayra Padilha

Associate editor: Rodrigo Nogueira da Silva

Ad hoc reviewers:

Márcia de Assunção Ferreira

Pacita Aperibense

AUTHORS' CONTRIBUTION

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Data analysis: STB, MFB

Manuscript writing: WFFF, STB, MFB, PLMF

Critical revision for important intellectual content: PLMF