

Nurses' perceptions of the characteristics of anthroposophic nursing care: a descriptive study

Percepción de las enfermeras sobre las características del cuidado de enfermería antroposófica: un estudio descriptivo

Percepções dos enfermeiros sobre as características do cuidado de Enfermagem Antroposófica: um estudo descritivo.

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ABSTRACT

Objective: to identify nurses' perceptions of the characteristics of anthroposophic nursing care.

Method: qualitative study carried out in Tortosa, Spain. Semi-structured online and face-to-face interviews with 23 international nurses with experience in anthroposophic nursing, about the characteristics of anthroposophic nursing. Data was transcribed between 2023-2024 and subjected to a reflective thematic analysis using ATLAS-ti®.

Results: four characteristic areas are described: anthroposophic anthropology as a salutogenic basis that values the relationship between care, nature, and human suffering; external applications as complementary therapeutic techniques; sincere nursing involvement with the patient, family and community based on therapeutic links; path of self-knowledge as a support tool in patient care.

Final considerations: anthroposophic nurses combine nursing science and anthroposophic medicine to achieve coherence and inner strength. There is a demand for research and continuing education in anthroposophic nursing and homogeneity in the theoretical and practical foundations provided by anthroposophic nursing and existing training courses.

Descriptors: Nursing; Nursing care; Anthroposophy; Complementary therapies; Therapeutic itinerary; Holistic health.

RESUMEN

Objetivo: identificar la percepción de las enfermeras sobre las características del cuidado de enfermería antroposófica.

Método: estudio cualitativo con sede en Tortosa, España. Entrevistas on-line, presenciales, semiestructuradas, a 23 enfermeras internacionales, con experiencia en enfermería antroposófica, sobre las características de enfermería antroposófica. Los datos fueron transcritos entre 2023-2024 y sometidos a Análisis Temático Reflexivo mediante ATLAS-ti®.

Resultados: describen cuatro ámbitos característicos: antropología antroposófica como base salutogénica que valora la relación entre cuidado, naturaleza y sufrimiento humano; aplicaciones externas como técnicas complementarias terapéuticas; implicación sincera de enfermería con el paciente, familia y comunidad basada en vínculos terapéuticos; camino de autoconocimiento como herramienta de apoyo en la atención al paciente.

Consideraciones finales: las enfermeras antroposóficas aúnan la ciencia enfermera y la medicina antroposófica consiguiendo coherencia y fuerza interior. Existe demanda de investigación y educación continuada en enfermería antroposófica y homogeneidad de la fundamentación teórico-práctica aportada por la antroposófica y las formaciones existentes.

Descriptores: Atención de enfermería; Enfermería; Medicina antroposófica; Terapias complementarias; Ruta terapéutica; Salud holística.

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RESUMO

Objetivo: identificar a percepção das enfermeiras sobre as características dos cuidados de enfermagem antroposóficos.

Método: estudo qualitativo realizado em Tortosa, Espanha. Entrevistas semiestruturadas on-line e presenciais com 23 enfermeiras internacionais, com experiência em enfermagem antroposófica, sobre as características da enfermagem antroposófica. Os dados foram transcritos entre 2023-2024 e submetidos à Análise Temática Reflexiva usando o ATLAS-ti®.

Resultados: descrevem quatro domínios característicos: a antropologia antroposófica como base salutogênica que valoriza a relação entre o cuidado, a natureza e o sofrimento humano; as aplicações externas como técnicas terapêuticas complementares; o envolvimento sincero da enfermagem com o paciente, a família e a comunidade com base em vínculos terapêuticos; o caminho do autoconhecimento como ferramenta de apoio no cuidado ao paciente.

Considerações finais: a enfermagem antroposófica reúne a ciência da enfermagem e a medicina antroposófica para alcançar coerência e força interior. Há uma demanda por pesquisa e educação continuada em enfermagem antroposófica e homogeneidade na fundamentação teórica e prática da enfermagem antroposófica e dos cursos de formação existentes.

Descritores: Cuidados de enfermagem; Enfermagem; Medicina antroposófica; Terapias complementares; Itinerário terapêutico; Saúde holística.

■ INTRODUCTION

Anthroposophic Medicine (AM) is practiced by physicians, therapists, and nurses, who provide complementary treatments appropriate to their cosmovision coupled with biomedical treatments. For more than a century, AM has offered a therapeutic pathway in most European countries, being present in Asia, Australia, New Zealand, and South Africa⁽¹⁾. In Brazil, AM is one of the Integrative and Complementary Practices of Health (PICS), which were introduced into the public health system in 2006. Currently, more than 14 countries in America have incorporated it^(2,3).

Anthroposophic nursing (AN) is a natural part of integral nursing care in the integrative medical system of AM. It is practiced in hospitals, primary care centers, home hospitalizations, and in different medical specialties⁽¹⁾. These professionals have an interdisciplinary work as it relates to other anthroposophic therapies (art therapy, music therapy, eurythmy, rhythmical massage, anthroposophic psychology), in a medical system that is integrated by different types of professionals to provide holistic, integral care to patients⁽⁴⁾. The World Health Organization (WHO) recognizes the practice of nurses who work with AN, and recently, it has been accepted as a nursing specialty in the European Specialist Nurses Organization. The same took place in Brazil in 2024 when it was accepted by the National Council of Nurses, ensuring its exercise and teaching had a legal basis⁽⁵⁻⁸⁾.

AN is part of clinical nursing, bringing with it the perspective of anthroposophic anthropology, and using a set of external applications to address the needs of the patient via anamnesis⁽⁹⁾. The Twelve Gestures of Care broaden care through conscious presence, being the

final elements of the therapeutic proposal of AN. These are divided into two types of gestures: enveloping or substituting; and activating or uplifting, that are applied depending on the need or intention. Applying the Twelve Gestures of Care This therapeutic proposal of wellbeing also extends to the nurse themselves, be it in the form of interior meditative work, interdisciplinary work, or via external applications to themselves^(10,11).

AN has been offering holistic, experimental training for more than 100 years, focusing on salutogenesis and in the individual wellbeing of patients, coupled with support for personal self-knowledge for the nurse⁽¹¹⁾. Still, the description of its characteristics is yet to be well addressed in academia. Our hypothesis is that AN provides therapeutic a form of care that has specific characteristics, and has AN in its most genuine center, and that this type of care brings wellbeing to patient and nurse as a protective health factor for both. In this context, the goal of this article is to identify the perception of nurses about the characteristics of the anthroposophic nursing care.

■ METHOD

Qualitative, descriptive and exploratory study. This article presents data collected from semistructured interviews about the characteristics of AN care. We followed the directives of the Consolidated Criteria for Reporting Qualitative Research (COREQ), from the Red Equator network⁽¹²⁾.

The investigators are nurses, experienced in AN teaching, research, and clinical practices, meaning they are accustomed with AN-related nurses and their environments. The main headquarters of the investigation

was in Tortosa (Spain); data was collected via intentional sampling, from several different geographical locations. The Brazilian investigator scheduled the interviews with Brazilian participants, while the Spanish, English, and German interviews were conducted by the Spanish researchers. The mother tongues of the researchers are Spanish and Portuguese, and they have knowledge of English and German. Data collection took place from October 2023 to July 2024, in different geographical locations.

The meeting between researchers and participants was decided upon with nurses in key positions of different anthroposophic medicine institutions. The first two participants were well-known and seen as key participants by the researchers, in addition to being nurses that have a relevant role in teaching AN and in the practice of AN hospital care. They were invited and accepted to participate via phone call, and the snowball method was used to recruit the other 21 nurses, all of whom were informed about the goals of the investigation. All nurses contacted showed interest to participate and accepted to be part of this study. None refused participation.

The following criteria were considered to select participants: registered nurses in their native countries; having some type of AN education, external applications, basic anthroposophic concepts, and more than one year experience in AN; working in some type of health context (hospital, outpatient clinics, private consultations, home care...); and being able to express oneself in Castilian (Spanish), Portuguese, German, or English. Participants who did not have the experience described above were excluded, even if they had concluded the appropriate graduation.

The data collection instrument was a semistructured questionnaire which had been evaluated by three judges (nurses expert in AN), whose applicability was tested in two pilot interviews in order to ascertain its applicability. The data collection instrument had the following structure: three questions for sociodemographic characterization, eight about career and workplace, four about AN management-teaching-research, ten about knowledge of anthroposophy as applied to health, three about self-knowledge or the personal path of the nurse, and thirteen about AN care.

The meetings between investigators and participants were scheduled via phone call or email. Each participated of a single interview, in person or in a virtual room, including the participant and the researcher, and lasting for 50 to 120 minutes. Interviews were recorded in audio, as authorized by the participants, who were given the opportunity to review the interviews in their original language. As soon as data saturation was reached, the recruitment was considered finished.

This study was carried out in accordance with the national and international directives of ethics, and approved by the *Comitè Ètic d'Investigació en Persones, Societat i Medi Ambient* (CEIPSA) of the *Universitat Rovira i Virgili* en España, under code: CEIPSA-2021-TD-0015.

All individuals involved in this study signed and informed consent, in writing or on-line, providing their free and informed consent. A double-key (public and private) system was used, with the main researcher being the only one with access to them. The confidentiality and anonymity of data was ensured using the prefix INF followed by a number (public key), indicating the order of the interview (Inf-1, Inf-2...), to identify the participating nurses.

For the analysis, all interviews were transcribed in the original language of the participant and later translated into Spanish by the software DeepL®, afterwards being manually reviewed by the main researcher. After revision, they were inserted into a Word file and into the software ATLAS.ti®, version 24.

A analysis of the discourse, following the operational proposal of the Reflective Thematic Analysis (TRA) by Virginia Braun and Victoria Clark, was conducted, as it is a flexible approach for the analysis of qualitative data, to identify, interpret, and analyze patterns through an interpretative observation of data and a profound immersion in the topic proposed in the study^(13,14). The investigators are familiar with AN and believe that this methodology will allow them to focus on the relevant aspects of the analysis.

The RTA suggests that the analysis be conducted in six stages: a) Familiarization with the data: a) reading the set of data and starting the identification and interpretation process of its meaning in the way it perceives the phenomena and the elements that can be relevant; b) Initial code generation: coding of characteristics that give meaning to the data and identification of

patters that will later generate the themes; c) Theme development: grouping in potential themes of codes that share unifying characteristics or describe a pattern that is coherent and significant in regard to the data; d) Revision of initial themes: verification of all themes that work with the coded extracts and the data set as a whole; e) Definition and naming of the themes: analysis of the early themes and the specificities of each theme, verifying whether they are related to the research question and the phenomena addressed by it, producing clear definitions and names for each theme; f) Development of the narrative: final analysis and description of the interpretative story of the data, such as including data extracts that will allow contextualizing codes and themes.^(14,15)

Afterwards, researchers selected the significant paragraphs of the interviews (347 quotations), from which primary codes emerged (112 codes), which were organized into four thematic areas. Later, the primary codes were summarized per thematic area, being condensed and replaced by the final codes (32 codes). 30 codes were discarded, as they were not considered relevant for the investigation. Each table in the

results, presented below, presents an area of interest, and includes the codes considered to be relevant and at least one significant quote for each code.

■ RESULTS

The nurses interviewed declared themselves to be women. The group above 50 years old had 12 participants; the group from 40 to 50 years old had 8; and 3 participants were from 30 to 40. There was an equal number of German (seven participants from Switzerland and Germany), Spanish (seven from Chile and Spain), and Portuguese (seven from Brazil) speakers, with two English speaking participants (EU). Eleven interviewees were experts in AN, while five had basic training in the field and seven were finishing the basic AN course. All participants were experienced in AN clinical practice. Five of them had experience teaching AN, and four in anthroposophic hospital management (Charts 1,2, 3 and 4). As for their field of work, eleven provided hospital care, six worked in outpatient care, four in private practices, and two provided care to persons with disabilities.

Chart 1 – Codes and narratives about Anthroposophic Anthropology. Tortosa, Spain, 2024.

Theme: Anthroposophic Anthropology	
Codes	Narratives
Corporealities of the human being Integral being	[...] to capture human beings in their totality with these four levels, the physical body, the level of vital force, the spiritual level, and also the animic level[...](Inf 08).
	<i>Anthroposophic care is really an integral and encompassing view of the patients[...]</i> (Inf 05)
To recognize the spiritual as real	[...] <i>care that recognize the spiritual as something real</i> [...] (Inf 08)
Relationship between nature and the world	[...] <i>to create a healthy relationship between people and themselves, but also with the Earth, for example, and thus to society, even more concretely</i> [...](Inf 08)
A new meaning for disease and suffering	<i>To be able to find a meaning for it (the disease) within a person's life story, their own biography. [...] It is like providing the opportunity of giving a different meaning to this suffering [...] and how one can be at peace, for this reason for what they are going through, living, despite the hardships there often is in the processes.</i> (Inf 04)

Chart 1 – Cont.

Theme: Anthroposophic Anthropology	
Self-perception	[...] affects themselves as it gives the opportunity for self-perception, for creating a space for the person to perceive themselves[...] (Inf 13)
Self-knowledge pathway	[...] the anthroposophic activity simply provides opportunities to look again and understand connections and sometimes be able to trigger them in the patient in a positive manner[...] (Inf 01)
	[...] also a more specific perception, and even more professional, of patients, so I can really justify my actions in a more precise way[...] (Inf 08)
	[...] gave me a new perspective about my professional activity, gave me a new perspective about myself as a person, and also developed a source of strength that I can use to continue my professional activity, which is not easy after all, with happiness and perseverance. (Inf 07)
One's own path and fate	[...] the patient is following their own path in their life, their own fate, whose reasons may also be related to the disease process at play[...] (Inf 07)

Chart 2 – Codes and narratives about External Applications. Tortosa, Spain, 2024.

Theme: External Applications	
Codes	Narratives
Suffering and crisis	Nursing, through its gestures, right, and the tools at its disposal, can illuminate the patient, so they can meet with themselves, seeking for an answer, right, for their crisis. (Inf 14)
	[...] addressing this suffering in another way, understanding it in another way and having other possibilities of cure. (Inf 23)
Caring for the symptoms with corporeality and caring for needs	[...] many symptoms can be relieved by anthroposophic care[...] they can be relieved better than through the use of medication. (Inf 02)
	[...] we do not focus only on that we can see in those moments from a couple of symptoms, right, that call our attention, we go a bit beyond that[...] (Inf 04)
	[...] we really focus on that which the patient needs now [...] (Inf 08)
	[...] and see people according to the structure of beings, and thus, work in their corresponding bodies [...] (Inf 03)
Levels of care and specialty	[...] we can treat medical urgencies [...] we can treat acute pain, we can treat chronic pain, we can treat urinary infections, we can treat stomach pain, diarrheas, all type of malaise[...] (Inf 14)

Chart 2 – Cont.

Theme: External Applications	
Therapeutic and intentional care	<i>I'm in a regular nursing ward. I am also a guard. I am, I am... a priest..., I am a listener, sometimes I have to make decisions. I am a judge. I am... a nurse for the patient. And... the power of the anthroposophic nursing also allows me to really be a therapist. (Inf 03)</i>
	<i>[...] the fact that the patients receive oleations, the patients are bathed differently, they get compresses, and this gives them a different relationship of trust with the nurses. (Inf 01)</i>
Individualized treatment	<i>[...]sometimes two people with the same diagnosis do not respond equally to a treatment [...] (Inf 04)</i>
	<i>Including these individual needs, this individual path, in the care. (Inf 05)</i>
	<i>[...] this is not a plan you throw the person and then you have to do this and that [...] (Inf 08)</i>
Quality of life	<i>[...] the integrity, the embracing, these care (external applications) that only nursing knows how to do, we can provide a better quality of life to the family and to the community. (Inf 15)</i>
	<i>[...] the patient notices that this is about giving support to their wellbeing, giving them relief. (Inf 01)</i>
Salutogenesis	<i>Anthroposophic nursing can serve as support to our own innate curative forces [...] (Inf 22)</i>
	<i>The nurse can monitor the patients from this (salutogenesis) point of view by providing external applications, oleations, wrappings. (Inf 10)</i>
	<i>Caring for the patient to increase their balanced wellbeing. (Inf.21)</i>
	<i>[...] give support to vital forces and encourage curative processes. (Inf 06)</i>
The use of heat	<i>[...] by applying the heat, the patient is going to acquire harmonization, to acquire awareness, and then, in their corporeality, an order can be found, they can self-health and find awareness [...] we can help the patient by stimulating their healing through heat. (Inf 09)</i>
Natural remedies	<i>[...] we use both minerals and phytotherapy, we use natural products. (Inf 15)</i>
Self-application and with the family	<i>I care for my children, for my husband, for my neighbors[...] (Inf 20)</i>
	<i>So everything that I recommend to my patients, I have used, I have done to myself. (Inf 15)</i>

Chart 3 - Codes and narratives about the relationship with patients, families, and the community. Tortosa, Spain, 2024.

Theme: Relationship with the Patients, the Families, and the Community	
Codes	Narratives
The patient as the agent of their process	<i>[...] also allow their decisions to be taken freely and that they can, for any doubts they have, let's say, ask themselves questions, continue seeking answers, which is appropriate so they can deal with the needs they have at this time and continue moving forward in their own development. (Inf 14)</i>
	<i>We try for the person to make decisions and be a bit more aware of their health. (Inf 11)</i>
Follow up the development	<i>[...] so they can resume their lives afterwards, and also teaching the patient what they can do for their health [...]. (Inf 09)</i>
Connection between Egoes and love to your neighbour	<i>[...] as a meeting of the selves[...]. (Inf 18)</i>
	<i>The love. Valuing the human being. How I see it. Loving one's neighbors, because we go deep [...]. (Inf 20)</i>
	<i>[...] is a type of relationship, of bond, that is produced with the utmost respect, but that puts the patient in a dimension... how can we say it? ... it places the patient in a much more spiritual bond with the nurse., (Inf 10)</i>
Council, support, education to families and community	<i>[...] we can provide this to the families because there are external therapies that can be carried out by a mother, for example, such as decreasing the fever of a child at home in an easy way, to a teacher at a school, the stomach ache of a child, a closer attention within the family, the school, the community [...].(Inf 19)</i>
	<i>[...] nurses are the part of the health team that listens the most, that is closer to those who are hospitalized or not, and they listen, they have a relationship with the family. (Inf 18)</i>
	<i>[...] sometimes, loved ones get music therapy, or even external applications, and we know they are part of the circle of the patient [...]. (Inf 03)</i>
Coherent meetings	<i>[...] gives the power to meet in coherence, what is the meaning of the situation in which these people are nowadays and at this place and at this time, both families and communities. (Inf 13)</i>
Interdisciplinary work	<i>[...] collaborating with physicians and therapists from other institutions or other caregivers (Inf 08)</i>
	<i>The (interdisciplinary) relationships are all horizontal and based on trust (Inf 16)</i>
Healthy relationships with the environment	<i>[...]integration with nature, knowing how to use what we have in our backyard, use cheaper, less aggressive ways[...](Inf 15)</i>

Chart 4 - Codes and narratives about the path to self-knowledge in AN. Tortosa, Spain, 2024.

Theme: The path towards self-knowledge in AN	
Codes	Narratives
Nursing coherence	[...] going, each time, to discover the reason why one decides to be where they should be and what resonates in their heart to go to work, to connect with the search for coherence. (Inf 13)
Professional responsibility	[...] and that I, as a caregiver, am willing to understand this person as well as possible, and work in my professional qualification in such a way that I am present for the best of my abilities and mental state and can do it as well as possible. (Inf 07)
	[...] the conscious professional exercise of care, that seeks in its daily exercise to bring forth this professionalism of care and of consciousness development[...](Inf 13)
Nursing meditation of patients.	... it places the patient in a much more spiritual bond with the nurse. And the nurse must give space for meditation for the patients, in which the nurse is not the protagonist, but the patient. (Inf 10)
Interior attitude and the 12 gestures of care	I believe the greatest difference is the attitude with which we meet people [...] (Inf 02)
	[...] other concepts, such as the twelve nursing gestures, for example, which are very specific and only us in anthroposophic nursing know. (Inf 08)
	[...] mainly, I think, it is an interior attitude [...] (Inf 17)
	[...] the nursing gestures are a very powerful tool to be able to bring forth, lets say, the small details [...] (Inf 12)
Anthroposophy Importance	I have the feeling that Anthroposophy calls you to be implicated by your own truth with yourself[...] anthroposophy has become very important for me, not only for my professional work, but also essential for the questions about my life. (Inf 05)
Freedom to decide	[...] feeling, inside a calm environment that allows you to experience a serene space, and thus, live in peace to allow the creation of something new from a free decision[...] is the care having freedom of decision, of time, and finding myself in these spaces for self-knowledge. (Inf 13)
Personal growth for private life	[...] the meeting with another, who is also always learning for oneself. (Inf 04)
	I would always think that this is both for their own development (that of the nurse) and from their own initiative, but on the other hand, of course, it is also the need that imposes the work [...]. For me, in my integrity, my family was also like this [...] our internal path was also a common path in the family. (Inf 03)
	[...] the important part is knowing oneself and continuing the mission that each one has to improve our society. (Inf 14)

Chart 4 – Cont.

Theme: The path towards self-knowledge in AN	
Anthroposophic activities for development	[...] I take part in the branch, in study groups [...] So that I have worked a lot, such as in biographic work, art therapy, eurythmy. (Inf 17)
	[...] I read a lot, I also meditate, I meditate regularly on the verse of the nurses, on Sundays (Inf 02)

■ DISCUSSION

Interviewees informed that anthroposophic anthropology provides a practical reference for AN, according to which the human being is seen as an integral being, formed by different corporealities, one of which being the spiritual aspect that is part of the patient's reality. This is also described in AN and AM. In these, the human being is described as having four constitutive elements: a physical body; a vitality or etheric body, which regulates the regenerative rhythms and processes of the body; an astral body, that manifests through emotion and expresses itself in language and in body and face expressions; and a spiritual I, carrier of self-awareness and individuality^(1,4,6).

Interviewees describe a world of relationships with the patient that expand into a relationship with nature and the rest of humanity. An example in anthroposophic literature states that integrative medicine, being AM considered as such, makes efforts to produce integral and sustainable systems of medical and health care, seeing human beings as integral beings that must maintain healthy relationships with the environment, which is considered regulating and salutogenic, especially in chronic disease^(4,16).

For the interviewees, anthroposophic anthropology also brings a new perspective and meaning to disease and patient suffering, as well as a possibility of self-perception and self-knowledge which opens doors for the patient to follow their own path and fate. Literature states the same, as disease processes are considered by AN as an unbalance between the different corporealities, while disease symptoms are seen as attempts of the organism itself to address such irregularity⁽⁴⁾.

Literature and the statements of the participants allow us to observe that an understanding of the different corporealities as proposed by anthroposophic anthropology provides ANs with the possibility of observing and perceiving the patient from another perspective, reaching a deeper understanding about human beings and the different physical, animic, and spiritual processes that take place in the patient, in order to provide them with the appropriate care^(1,4,10). Thus, the meaning that can be given to suffering processes is considered with an eye to the integrity of the human being and having in mind its meaning within the biography of the patient⁽¹¹⁾. Literature considers that the patient is the main agent of their process, and that nurses that work with AN can relieve their suffering and monitor them with no prejudice^(10,11).

As part of the follow up of the disease or malaise with the AN, literature states that, through external applications, based on medicine produced from plants and minerals, and using the "heart's logic", it becomes possible to take appropriate action in coherent meetings^(1,9,17).

Among the external nursing applications described in literature, the most common are rhythmical oleations (*Rhythmische Einreibungen nach Wegman/Hauschka*), in which smooth and light movements are used to influence the different corporealities, and compresses and wrappings (humid, cold, hot or dry), which use natural substances (medicinal herbs, oils, metals) directly on concrete areas of the skin, depending on the therapeutic goal, in addition to therapeutic baths⁽⁹⁾.

External Applications are described by the interviewees as a therapeutic possibility to address the suffering and the crisis, providing quality of life, seeing as they give support to salutogenesis. They explain that external applications are carried out in all levels of

care and in all specialties, caring for the symptoms in accordance with the corporeality being targeted, never forgetting the current need for care or symptom and achieving intentional and individual therapeutic care that extends from patients to their families. The use of heat with natural remedies ties together elements that are brought forth in the work with external applications. Participants also state that they do external applications on themselves and their relatives.

Different studies describe that external applications can be targeted at physical aspects (increased appetite, fatigue control in metastasized cancer processes, stimulating autonomous breathing and digestion in newborns) as well as to emotional and spiritual elements (feeling released, better sleep, perception of balance, existential suffering, traumatic stress) in patients during different cycles of life^(9,10,18–20). The application of heat, in its different forms, in addition to vegetable and mineral natural remedies, are elements of external application that are involved in several processes, such as fever, cancer, or insomnia^(1,20–24).

Interviewees considered that interdisciplinary work in the community is important, as is promoting healthy relationships with one's environment. They also consider that the patient is the agent in their process, and the anthroposophic nurse accompany their development. They explain that, through the bonds between the different selves (as they consider that each human has a spiritual Self) and with love to one's neighbor can give support, counsel, and form families and the community in coherent meetings.

Different authors propose AN attention as interdisciplinary, working in coordination with the same orientation towards salutogenesis, forming bonds with the family, the community, and the environment that favor the healthy development of the patient in their surroundings^(10,18–21).

The path towards self-knowledge gives coherence to the information in the profession and helps maintain professional responsibility. ANs consider that, through nursing medication and the Twelve Gestures of Care, the correct and appropriate interior attitude can be reached. Interviewees reported that anthroposophy, as a philosophical basis, is important in the path for personal and professional self-knowledge, since it helps free decision making. The path of self-knowledge contributes

for the personal growth of the participants, as do their participation in anthroposophic activities that push their development forwards.

Literature describes anthroposophic meditation as providing its participants with the ability to perceive subtle aspects of reality and, with practice, increasing cognitive and volitional processes for both their personal and professional growth. The maxim "The patient should feel better when the nurse comes through the door" is the starting point of AN, as it proposes that the nurse should find the concrete state of mind for their own care, and the ability to meditate patients depending on the therapeutic intention. Conducting meditative interprofessional practices is valued as a joint therapeutic work in hospitals. In this regard, a specific AN meditation is proposed, which helps nurses reach the appropriate state of mind to be there for the patient in their physical and animic pain, and to work cohesive as a professional group, with the endurance to overcome the suffering of another^(25–27).

The Twelve Gestures of Care are another tool of AN, which the nurse can also use to work on themselves in order to freely achieve the attitude and the interior strength needed for their activities, bringing something more to the care of the patients. The Twelve Nursing Gestures can be seen as something that works between two "poles": what nurses do (tangible actions) and how do nurses do it (intangible actions). This is an efficient way to raise a bridge connecting theory and practice, helping make the intangible visible and giving the nurse a way to work with conscious intention, starting with a broad understanding of human beings^(10–11).

Interviewees reported that anthroposophy, as a philosophical basis, is important in the path for personal and professional self-knowledge, since it helps free decision making. The path of self-knowledge contributes for the personal growth of the participants, as do their participation in anthroposophic activities that push their development forwards.

This investigation points at the AN as an academic specialty, with complementary and integrative nursing practices that are distinct, and broaden the traditional practices of nursing, providing them with an integral plan of care and professional and personal support to choose what is the best care to provide for patients. The implications of this study converge towards reflections

on the theme in different contexts of care, regardless of the surroundings in which it is applied. One expects that, in the near future, AN may have a central role and more expression in health services.

The nature of the snowball sampling allowed researchers to reach participants divided throughout a large geographical area. On the other hand, this method may have excluded experienced participants, who would be relevant to help this interview about the characteristics of AN.

■ FINAL CONSIDERATIONS

The reports from the interviewees show that their perspective on the world and human beings has been expanded by AM, and that external applications, which attend those with different symptoms, in addition to the path of self-knowledge proposed in AN, are tools that provide patients with care suitable for each individual. These characteristics allow nurses to find coherence, as well as the state of mind and resilience necessary to address and deal with professional challenges, and of integrating the attention with integrative and complementary health practices. It has also become clear that the characteristics described place AN as a contemporary, specific, and integrative form of care, which can enrich the practice of nursing.

The diversity of nationalities and cultural surroundings of the interviewees were not noticeable in the results, showing that their theoretical and practical knowledge was homogeneous and they had a solid foundation in regard to the contributions of anthroposophic anthropology and AN education.

This investigation is expected to help give support to health care practices, research, and teaching in AN, helping nursing professionals increase their interest about AN, and increasing its application as a specialty in nursing.

Therefore, it has become clear that further investigation and continued education in AN, through post-graduation courses, is essential to dive deeper into the knowledge about anthroposophic practices and theories, integrating them with traditional nursing practices.

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■ **Availability of data and materials:**

The data can be accessed via request to the corresponding author."

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