

The epistemic gaze of education in the healthcare setting: human needs caught amid contrasting perspectives

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Every action we perform, whether in life, work or study, is driven by an epistemic gaze, which defines the essential stance that people sometimes choose intentionally and at other times adopt unconsciously, based on common sense, their cultural background or their professional training. These can be considered that “worldviews that define the nature of the world, the individual's place in it and their possible relationships with it” (Guba et al., 1994).

Within the natural and social sciences, the positivist view has gradually been replaced by other approach: interpretative, critical-emancipatory, participatory and post-critical.

The positivist perspective, which emerged within the scientific method defined by Galileo Galilei, observes reality as something that can be known by an individual who is capable of neither influencing nor being influenced by it in any way. For years, this perspective has influenced the pedagogical approach to education and training and today it continues to dominate the epistemic gaze of political and health governance bodies that view innovation and growth (in knowledge and profit) as the only values to consider (Giroux, 2018).

However, thanks to the interpretative paradigm, another perspective on reality has emerged able to see the world not as something given and existing independently of humans, but as something humans contribute to by giving it meaning. Within the constructivist perspective, the individual's view 'deals with the development of subjective meanings and understandings of one's personal experiences concerning specific topics based on their social and historical background’ (Siti et al., 2019). In this way, people construct and interpret their understanding of the world. Within the interpretative paradigm, phenomenology enables us to observe reality differently, considering it as a set of phenomena that people can grasp as the appearance of an essence which can only be described and understood through interpretation as it appears.

Reality thus becomes 'subjective perceptions depending on a person's previous experiences, social position, and cultural background' (Burnett et al., 2016). For this reason, reality differs from person to person, emerging from the way we view the world, our life and our chance to flourish in it. After all, 'a human being is not just something you automatically are, it is also something you must try to be and you must take a reflexive approach to re-living and appropriating any meaningful experience day by day' (Van Manen, 1990, p. 36).

The critical, emancipatory perspective that emerged within the critical thinking tradition of the Frankfurt School observes social reality as a permanent theatre of power dynamics, seeing the opposition between individuals who are oppressed by others in terms of their will and their ability to be and fulfil themselves. Starting with analyses by the Frankfurt School's founders, Adorno, Horkheimer and Marcuse, and continuing with Freire's critical pedagogy, this perspective investigates and reveals the reality defined by common sense and unwritten norms. It also aims to make the oppressed aware of their oppression, stimulating them to make emancipatory choices (Giroux, 2020).

Another perspective is the participatory approach, which guides individuals to recognise inequalities and injustices in society, encouraging them to challenge the status quo. This approach is somewhat provocative, yet humble, and fosters a sense of shared responsibility, enabling people to engage in political participation through collaborative action (Mertens, 2007). People 'seek ways of working with specific human communities to identify and respond to issues that matter to them'. They do this by breaking down the boundaries between researcher and researched (Bastian, 2017).

The post-critical approach of Polanji proposes an epistemology that see world starting from the fiduciary basis of all knowing, rooted in the inescapable personal and tacit coefficients of knowledge we possess which dispels any doubts, as theorised by the critical gaze.

In the health care settings, education and training appear to define contexts of action and encounter characterised by a marked contrast between opposing perspectives. On the one hand, there is a strictly positivist approach that views education as the simple transfer of knowledge from doctor to patient according to a rational, quantitative logic. On the other hand, training is seen as a functional tool for improving operator performance and increasing the profit of social healthcare companies. Other approaches, such as constructivist, emancipatory and participatory ones, recognise and examine the processes of co-constructing knowledge,

understanding, rules and human values in the dialogue between people. The post-critical paradigm attempts to attribute significance to the understanding skills of human beings, transcending any dogmatic structure of reality.

The main objective of these perspectives is therefore to change the way illness is seen and conceived, turning it into a life experience of a tacit knowledge for those who suffer from it, and for those who must care for them, rather than an object to be measured and optimised by reducing its costs to the national health system.

However, we must reflect on the most appropriate stance to take to address, understand, improve and support the complex social and healthcare realities of our industrialised countries, where the neoliberal, profit-driven perspective contrasts with the increasing demand for empathy and understanding expressed by patients and healthcare professionals. Furthermore, we should ask ourselves how we will ever be able to sustain healthcare expenditure, which is largely due to an ageing population — a desirable but difficult-to-manage side effect resulting from medical and scientific knowledge that has turned many once-fatal diseases into chronic conditions.

Taking these reflections into account, the May 2026 issue of HCEinP will focus on educational contributions that provide some theoretical, methodological or empirical input to the construction of knowledge about illness and disease. A situated, participatory, biographically based knowledge which can consider the point of view of patients, healthcare professionals and, more generally, the governances that decide how healthcare spending is allocated. This is not just a private, personal or ideal issue, but also a concrete, public issue of political significance that we, as pedagogists, educators and trainers, cannot fail to take responsibility for.

The deadline for submitting abstracts is **10 February 2026**.

Abstracts of no more than 1,000 characters should be emailed to hcep.fisppa@unipd.it.

Include the first and last names of the authors and their affiliations, as well as the email address of the corresponding author.

Authors whose abstracts are accepted will receive instructions for writing their article, which must be submitted to the journal by **26 April 2026**.