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INTEGRATIVE REVIEW ARTICLE

CHANGES IN NURSES TRAINING UNDER THE AXIS OF COMPREHENSIVE CARE: INTEGRATIVE REVIEW

MUDANÇAS NA FORMAÇÃO DO ENFERMEIRO SOB O EIXO DA INTEGRALIDADE DO CUIDADO: REVISÃO INTEGRATIVA

CAMBIO EN LA FORMACIÓN DEL ENFERMERO BAJO EL EJE DE LA INTEGRALIDAD DEL CUIDADO: REVISIÓN INTEGRADORA

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ABSTRACT

Objective: to analyze the profile of publications related to changes in nursing education in Brazil, based on the axis of Comprehensiveness. **Method:** an integrative review, in order to answer the question << How nursing training is based on the axis of Comprehensiveness? >>, held in the databases LILACS, MEDLINE and CINAHL®, from 1999 to July 2013. We selected 15 studies. For data analysis, we used the systematization of information. **Results:** in the current transition process that Brazilian nursing is going through there is an amalgamation of traditional teaching with liberating/emancipatory pedagogy. **Conclusion:** although in Brazil we have a diversification of socio-cultural realities, of public and private institutions, the challenges to be overcome and the gaps to be filled for the training of nurses in the comprehensive care axis are similar. **Descriptors:** Nursing Education; Higher Education; Nursing.

RESUMO

Objetivo: analisar o perfil das publicações relacionadas às mudanças na formação do enfermeiro no Brasil, fundamentadas sob o eixo da Integralidade. **Método:** revisão integrativa, com vistas a responder a questão << Como a formação em enfermagem está fundamentada sob o eixo da Integralidade? >>, realizada nas bases de dados LILACS, CINAHL® e MEDLINE, no período de 1999 a julho de 2013. Foram selecionados 15 estudos. Para a análise dos dados, foi utilizada a sistematização das informações. **Resultados:** o atual processo de transição que a enfermagem brasileira está passando há uma amalgamação do ensino tradicional com pedagogias libertadoras/emancipatórias. **Conclusão:** embora, no Brasil, tenhamos uma diversificação de realidades socioculturais, de instituições públicas e privadas, os desafios a serem superados e as lacunas a serem preenchidas para a formação de enfermeiros sob o eixo integralidade do cuidado são similares. **Descritores:** Educação em Enfermagem; Educação Superior; Enfermagem.

RESUMEN

Objetivo: analizar el perfil de las publicaciones relacionadas con los cambios en la formación del enfermero en Brasil, fundamentadas bajo el eje de la Integralidad. **Método:** revisión integradora, con el objetivo de responder la pregunta << ¿Cómo la formación en enfermería está fundamentada bajo el eje de la Integralidad? >>, realizada en las bases de datos LILACS, CINAHL® e MEDLINE, en el período de 1999 hasta julio de 2013. Fueron seleccionados 15 estudios. Para el análisis de los datos, fue utilizada la sistematización de las informaciones. **Resultados:** el actual proceso de transición que la enfermería brasileña está cambiando la enseñanza tradicional con pedagogías libertadoras/emancipadoras. **Conclusión:** sin embargo, en Brasil, tengamos una diversificación de realidades socioculturales, de instituciones públicas y privadas, los desafíos que necesitan ser superados y las lagunas que necesitan ser rellenadas para la formación de enfermeros bajo el eje integralidad del cuidado son similares. **Descriptores:** Educación en Enfermería; Educación Superior; Enfermería.

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INTRODUCTION

Changes in the health sector in the 80s and 90s, with the advent of the Unified Health System (SUS), required for educational institutions changes in the profile of professionals to be formed, facing the understanding of health in a comprehensive manner. Then, with the approval of the Law of Directives and Bases of National Education (LDB), innovations and changes in national education were applied, putting an end to the minimum curriculum and the adoption of specific curriculum guidelines for each course.¹

The LDB, for nursing education, became a reality with the introduction of the National Curriculum Guidelines for Undergraduate Nursing Course (DCNs/Nursing) in 2001, which emphasized the need for coordination between higher education and health, aiming to general and specific training of graduates with emphasis on promotion, prevention, recovery and rehabilitation of health. In a single paragraph, the DCNs/Nursing specify that nursing education must meet the social needs of health, with emphasis on SUS, and ensure comprehensive care and the quality and humanization of care.²

In this sense, with the advent of the SUS and the DCNs/Nursing, the courses started to have new and greater responsibilities regarding the professional to be formed, gaining autonomy to build their political-pedagogical project (PPP), in order to transform professional practices and work organization. Comprehensiveness becomes the central axis of the courses, designed both in the field of care and field of management of services and systems.³

Incorporating the DCNs in the PPP, containing the comprehensiveness as a guideline, became a challenge to educational institutions, as it requires building a new attitude toward the teaching process, an education that embraces the principles of postmodernity, that meets the human needs and focused on the development of reflective skills.

In this context of changes in health and education, there is a need to highlight and discuss, from the scientific production, how the process of change in nursing undergraduate courses in Brazil is based on the axis of comprehensive care.

OBJECTIVE

- To analyze the profile of publications related to changes in nursing education in

Brazil, based on the axis of comprehensiveness.

METHOD

Article drawn from the dissertation << **Comprehensiveness of health care in the political-pedagogical projects of the nursing courses of Santa Catarina** >> submitted to the Graduate Nursing Program, Federal University of Santa Catarina/UFSC, Florianópolis, SC, Brazil . 2012.

This study was an integrative review, of qualitative approach,⁴ aiming to answer the following question << How nursing education is based on the axis of Comprehensiveness? >>. All phases of the review were formally structured to give scientific rigour to the research, starting with the selection of the question to be studied, the definition of the criteria for carrying out the data collection, analysis and presentation of results, from the beginning of the study, based in a previously elaborated research protocol and validated by researchers of the studied theme.

The searches were performed in databases Latin American and Caribbean Health Sciences (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE) and Cumulative Index to Nursing and Allied Health Literature (CINAHL), and accessed through the link <http://www.periodicos.capes.gov.br/>, available in the University Library of Federal University of Santa Catarina.⁵

The collection period was between the years 1999 to July 2013, the choice of this period is related to the beginning of the discussion of the DCN in 1999, culminating in 2001 with its approval.

As the search strategy, the following key terms were used: "Political-Pedagogical Project"; "Nursing Curriculum"; "Change in Nursing Education"; "Curricular change in Nursing"; "National Curricular Guidelines of Nursing"; "Comprehensiveness and Higher Education"; "Comprehensiveness and Nursing".

For sample selection, we considered the following inclusion criteria: studies containing the key terms listed above in the title or abstract, and that were in English, Spanish and Portuguese languages, published from 1999 to July 2013; derivative works from qualitative or quantitative research (original articles, systematic and integrative reviews); and that met the objectives of this research.

The exclusion criteria adopted were: items that do not consider nursing; published prior to 1999 period; research and reports experiences formatted as works of completion

of undergraduate degree, specialization monographs, research reports, theses and dissertations; original articles and experience reports published in other media that were not scientific journals; articles such as letters, reviews, editorials, books, book chapters, government publications, newsletters, reports of experiences, reflection; studies that are not available online in full format for analysis.

The survey was conducted between the months of May 2011 to July 2013. The initial selection of works occurred by reading the titles and abstracts of a universe of 782 works in LILACS, 137 works in MEDLINE and 1307 in the CINAHL database. The pre-selected works were organized in the bibliographic manager EndNote®, which allowed the exclusion of repeated productions. Following inclusion and exclusion criteria, the selection of articles began with the reading of titles and abstracts and subsequently reading the work in full. We selected 15 works in LILACS and 11 works in CINAHL base. The 11 works selected in CINAHL base were repeated in LILACS database, totaling 15 jobs.

For data analysis, we used the systematization of information, structured in two occasions. At first, we identified data related to the profile of publications, systematizing in Excel® spreadsheets, containing: database, title, author and year, journal, qualis of the journal, objective, change in curriculum and/or political

pedagogical project, professional profile, teaching methods, changing needs.

In the second phase, the process of analysis was based on DCNs/Nursing. The studies were grouped and compared from six indicators: profile of publications, curriculum, professional profile, teaching methodology, evaluation of teaching-learning process, challenges in nursing training. These six indicators were organized and grouped according to convergence with DCNs, resulting in two categories presented in the discussion of data: overview of curriculum changes and inductor tools of training based on the axis of comprehensiveness. All papers used are referenced in this text.

RESULTS

With the systematization and analysis of selected papers, presented in Figure 1, we see that among the 49 authors of the studies, 33 have connection in public higher education institutions of Brazil, 15 are linked to private institutions and one researcher is a clinical nurse . These researchers are from the South (5 articles), Northeast (4), North (3) and Southeast (2) Regions. Only one study integrated researchers of the North, Northeast, Midwest, Southeast and Southern Brazil.

Journal	Title
Rev Bras Enferm	Collective construction of change in the undergraduate nursing course: a challenge. ⁶
Rev Latino-am Enfermagem	Nursing education: seeking critical-reflexive education and professional skills. ⁷
Rev Latino-am Enfermagem	The formation of critical and reflective nurses in the nursing program at the Faculty of Medicine of Marília-FAMEMA. ⁸
Rev Bras Enferm	Interdisciplinarity in undergraduate nursing course: an ongoing process. ⁹
Rev Bras Enferm	Nursing education: the interface between the curriculum guidelines and primary care content. ¹⁰
Rev Bras Enferm	Links and challenges in professional nursing education. ¹¹
Rev Gaúcha Enferm	National curriculum guidelines: academics' perceptions about their training in nursing. ¹²
Rev Bras Enferm	Education in Undergraduate Nursing course in the State of Paraná. ¹³
Rev Bras Enferm	Vocational training: changes happened in Nursing Courses, CE, Brazil. ¹⁴
Rev Bras Enferm	Curricular change: challenge of an undergraduate nursing course. ¹⁵
Interface Comunic,Saúde, Educ.	The care in the health work: implications for nursing education. ¹⁶
Rev Bras Enferm	Adherence of Undergraduate Nursing Courses to DCN. ¹⁷
Rev Bras Enferm	Nursing education: building a comprehensive care. ¹⁸
Rev Enferm UERJ	Realities and challenges of a change project: a student's view of the nursing curriculum UFRN/Brazil. ¹⁹
Rev Bras Enferm	Evaluating and building a political pedagogical project for undergraduate nursing course. ²⁰

Figure 1. Summary of selected articles regarding journal and title of the work.

The studies analyzed were published between 2003 to 2011 and show in their results an overview of the profile of the graduate professional, curriculum,

methodologies and assessment adopted in the courses and the main challenges to be overcome, shown in Figure 2.

Listed items	Results
Profile	Humanistic, critical and reflective view, interdisciplinary, general and ethical work. ^{6-15,18,20}
	Did not show the desired professional profile. ^{10, 16,17,19}
	Construction action of the integrated curriculum. ^{6,8-10,15,20}
Curriculum	Overcoming of Flexnerian model, although the curriculum remains focused on the traditional curriculum. ^{7,18}
	The use of transversal content related to care, beyond the disciplines ¹⁶ , rupture with the hospital conservatism, directed to practices in public health ⁽¹⁹⁾ , different scenarios. ¹¹
	Flexibility in curriculum design. ^{12,13}
	Increase in the supply of disciplines in human sciences with a focus on hospital area, plans for studies more oriented towards a preventive practice, of primary care. Did not make changes to the syllabus and even the introduction of new disciplines. ¹⁴
	79% of curricular changes in public higher education institutions were considered as regular; while in private HEIs, most curriculum changes were considered very good (58%) compared to DCNs. ¹⁷
	Active and problem-solving methodologies. ^{6,8,11-13,19,20}
	Traditional methodologies. ^{7,15,16,18}
	Not mentioned. ^{9,10,14}
Educational methodologies	As for the methodological adequacy, federal HEIs were considered regular (79%), while private HEIs (58%) were considered very good in relation to DCNs. ¹⁷
	Not mentioned. ^{8-16,20}
Evaluation	Training and ongoing process. ^{6,7}
	Based on memorization ¹⁸ or not corresponding to the problem-solving methodology. ¹⁹
	Evaluation process is considered as Regular (64%) in the Federal and Very Good (59%) in private HEIs in relation to DCNs. ¹⁷
	Unsystematic insertion of disciplines/content/modules in the curriculum structures only to meet the legal text. ¹³ The dichotomy between theory and practice and the difficulty in assessing professional skills. ¹¹
Challenges to be overcome	The diversity of practices scenarios and emphasis in SUS on the construction process of conceptual knowledge and curriculum. ¹¹
	Absence in the process of implementation and evaluation of PPP ¹⁵ and lack of commitment to the same degree by teachers. ^{9,20} Paucity of interdisciplinarity. ⁹
	Learning based on reality, within which the student reflects on the care process. ¹⁶
	Poor distribution of workload; few opportunities for training techniques; lack of teachers in the supervision of internship; overcrowding or lack of responsiveness of the practical fields. ¹⁹

Figure 2. Summary of major curriculum changes.

From the information obtained through review and their analysis process, two categories of discussion emerged: overview of curriculum changes and inductor tools of training based on the axis of Comprehensiveness.

DISCUSSION

◆ Overview of curriculum changes

Results show that we have been moving forward very slowly, but steady, towards the paradigmatic changes in nursing education. We start the discussion from the significant role that the Brazilian Association of Nursing (ABEn) has developed over the years, for which the publications selected here focus on the *Revista Brasileira de Enfermagem* (Brazilian Journal of Nursing) - REBEn (10 articles).

This significant number of publications shows the ABEn's efforts to monitor and meet the demands of each time, developing the role of articulator in the formulation of

collectively devised strategies to strengthen the movement of transformation in educational institutions and health care providers.⁶

In view of this strengthening, the authors with ties in educational public institutions were the ones who most reported curricular modifications of their courses, paradoxically, studies show that the lower adherence to DCNs is located precisely in these institutions.²¹ This may be related to greater freedom for discussion about current curriculum changes, causing delays in the reformulation of their PPPs and consequently in their curricula. It is noteworthy that in these articles analyzed only one researcher was a clinical nurse and the service was not mentioned.

The participation of the service in the process of formation and transformation of education is as important as the curriculum reform itself. This is because we are talking about a health training that helps to build a comprehensive care in a reflective

perspective, which is fed by the practice, which allows us to view, to reflect-in-action ("to think what it is done, while doing it"),²² to manage and again reflect the uniqueness and conflict of values experienced in everyday life, escaping from the technical rationality guidelines.

Reflective junction of teaching and service requires a professional profile that denies conservatism, uniformity of reality, which only considers the diversity of the needs of the service, that is, to worry about the plurality (social context, life history, family etc.) and forget the singularity (the innermost feelings of the users). Thus, the profile presented by courses points to the formation of professionals able to assist users in a human and comprehensive way, guided by ethical principles and in line with the DCNs/Nursing.²

It is noteworthy that forming generalist professionals is directly connected to social, political and economic issues, in which is desirable that students be able to relate health promotion and prevention actions with recovery and rehabilitation actions, not limiting themselves to just treat and prevent diseases.¹¹

As for the curriculum reorientation, there is a movement for change in traditional pedagogical concept of education, to proposals able to integrate teaching and service, theory and practice, of approximation of reality, of interdisciplinarity and the use of active learning methodologies.^{8-13,15,16,20} Many of these changes are aimed at the adoption or construction of an integrated curriculum,^{6,8-10,15,20} in which the intention is to extrapolate practices based on the fragmentation of knowledge, extinguishing the border of specialties and disciplines, seeking a comprehensive practice.²³

The use of transversal contents can act significantly to overcome the historical traditionalism of nursing education, based on the hegemony of academic disciplines. The operationalization of such content is in the meetings of the specialties, with the aim of promoting discussion, planning, implementation and evaluation of an education directed to the more holistic view and closer to the complexity of today's problems.²⁴

Cross-disciplinary is considered as the properly insert content mode, emphasizing the theme interdisciplinary.^{9,11} In addition to this, we highlight content that turn to training for SUS and should permeate the nursing curricula, as follows: ethics; reality troubleshooting; (re) knowledge and relationship with the community; solidarity;

SUS principles and guidelines; subject-subject relationship; dialogue free of prejudices; otherness and subjectivity and uniqueness of people, during the training process, not being restricted to a discipline or to specific moments of discussions on the topics. However, this requires coordination of both curriculum content, as the teachers themselves to develop this cross-disciplinary, making it a challenge for nursing schools.

The flexibility of the curriculum^{12,13} allows us to reassess failures in learning and in the curriculum itself, supplying difficulties and already ensuring early in the course the inclusion of students in theoretical and practical activities in an integrated and interdisciplinary way.

Thus, each study has demonstrated the achievement of changes in education, with some a little more forward, depicting significant curriculum changes, such as the adoption and implementation of an integrated curriculum. Others are more cautious, adding disciplines or readjusting the workload, which is likely to have the same effect as an integrated curriculum from the moment in which the subjects involved in the teaching process perceive training as a process of reflection on the complexity of society that is imbued in professional practice.

It should be noted that among the six studies that indicate the adoption of the integrated curriculum, three use active methodologies/problem-solving,^{6,8,20} one uses traditional methods (pedagogy focuses on knowledge and teacher having central role in the conduct of learning)¹⁵ and one did not mention the adopted teaching strategy.⁹ Would this be the response of the transformation process of the institutions, in which the concepts of integrated curriculum and active methods are in the process of appropriation?

In a research conducted²⁵ in relation to pedagogical approaches that guide the teaching practices in nursing education, it was revealed that both the critical pedagogies and the non-critical pedagogies are present in the practice of undergraduate nursing faculty. These results characterize a moment of transition and ownership of these concepts, given that most professors possibly have been formed from traditional pedagogies.

Added to the above, that the position on the purpose of education, addressed to the comprehensive formation of the student, involves fundamental restructuring not only in content, but also in the sense of evaluation.²⁶ Instead of discussing the significant number of works (12 works), which

for some reason did not mention the changes in the evaluation process, we decided to explore the training and ongoing evaluation found in the works.^{6,7} It is believed that this type of evaluation consists of a practice that refers to the process of reflection on reflection-in-action, that is, the future reflection on what happened, what they observed, what the meanings attributed to the action were.²² Thus, we turn to the process of learning, both of the class as of each of the students, considering their uniqueness, their perceptions of the phenomena that occur in everyday life; this means moving away from an uniform, traditional assessment, based on measurement of knowledge.

It means that we are approaching the uniqueness of individuals, a formative evaluation, concerned with the construction of new knowledge, with solidarity in which we can view comprehensive care permeating the academic space.

◆ Inductor tools of training based on the axis of Comprehensiveness

When we think of comprehensive care, we turn to the essence of its concept expressed in the Organic Law 8.080/90,²⁷ as a principle that needs to knock down many barriers imposed by years of fragmentation of the human being, of knowledge and hospital hegemony. Also, it reminds us of meanings in a broader sense, focused on otherness, welcoming, bonding, dialogue, health as expanded concept, teamwork, ethical and political use of technology, quality of care, mutual respect and subjectivity of people and support network. It is in this context that comprehensiveness gains specific meanings for each experience and becomes a polysemic concept.

It must be clear that there is no ready recipe to support the training under the axis of comprehensive care, but there are inductor tools to make that happen. These are present in the selected studies, in which the integrated curriculum is highlighted,^{6,8-10,14,15} pointed out as a tool to make the student subjects of their learning, with integral conceptions of the health/disease process and, therefore, an agent of social change.⁶ The use of active/problem-solving methodologies, present in 53.33% of the studies,^{6,8,11-13,19,20} is perhaps the feature that most approaches the comprehensive care, in the health-disease process, promoting open dialogue, creating opportunities to study the determinants of health promoting defragmentation of care, because the student himself is not seen anymore as a "receive of

knowledge " to become active subject of his knowledge. It is remembered that these methodologies should be well exploited by the teachers of the courses so that they can promote with emphasis the theory-practice approach and professional practice.¹¹

Some indicators in studies that seek to direct the formation under the referenced axis of comprehensiveness: overcoming of the Flexnerian model, identifying the fragmentation of education, and expanding the design of the health/disease process and the human being within this process;^{7,18} the evaluation of and in learning process, focused on the development of competencies established by the course;^{6,7} therapeutic projects focused on the user and caregivers actions aimed at emancipation of both the user and the community,⁸ dialogue, need for interdisciplinarity and reflection.^{8,9}

We highlight the positive results found in the service-learning integration, allowing the formation of contextualized professionals and aware of the complexity and the health education process transformations as they approach the reality of services and demands and health needs of the population.¹⁸ This approach to the field and the diversification of practice settings and emphasis on SUS are also identified as a continuing challenge to articulate the process of conceptual knowledge building with the curriculum.¹¹

There has been a search for more integrative training models and, mainly, directed to successive approximations of students to professional practice, between thought and action, in order to enhance the critical and reflective learning and committed to the reality, as well as the generation of knowledge permeates the traditional discipline.^{28,29} That is because new situations generate new demands, new ways of acting and thinking; relating to the authors' experience with the subject of comprehensive care, in which the context of each region, each educational institution and service need to be considered.

We need, therefore, to become leaders of the conceptual changes involving the service and education, to the training of professionals capable of understanding and action on comprehensive care. This can start in the university environment, collegiate or department, through the modifications of PPP and curricula; however, if it does not reach the classroom (teaching environment), turn to the reflective practice of actions and the student-teacher relationship, they will be useless changes in curriculum guidelines or the imposition of a collegiate or university.³⁰

We will be prisoners to the unsystematic insertion of disciplines/content/modules in the curriculum structures only to meet the legal text.¹³

CONCLUSION

This literature review revealed the transition process in which there is coexistence of traditional teaching with liberating/emancipatory pedagogies, evoking the reflection of the practice and the transformation of the teaching process.

The studies showed the adversities found in this transition process since the implementation of DCNs/Nursing to the present, showing the gaps to be overcome, in nursing education, anchored in comprehensive care.

Overcoming the challenges to train professionals committed to human health needs and the principles of the SUS has been a lengthy process yet, as few studies have discussed this issue. However, these studies point to a variety of curricular realities found in our country, because they focus on different regions of Brazil, but with similar challenges to be overcome.

Discussing comprehensive care as a background to the changes in training is to look at the significant transformation processes that have been occurring in educational institutions in our country. And, based on these experiences, appropriating of the reflective exercise so that one might think, particularly, on how each educational institution can contribute for the necessary collective changes are achieved in everyday practice of teachers, students and health professionals.

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