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## ORIGINAL ARTICLE

### NURSE'S EDUCATION REGARDING HEALTH POLICIES IN HIGHER EDUCATION EXPANSION

#### A FORMAÇÃO DO ENFERMEIRO EM RELAÇÃO ÀS POLÍTICAS DE SAÚDE NA EXPANSÃO DO ENSINO SUPERIOR

#### LA FORMACIÓN DEL ENFERMERO CON RELACIÓN A LAS POLÍTICAS DE SALUD EN LA EXPANSIÓN DE LA EDUCACIÓN SUPERIOR

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#### ABSTRACT

**Objective:** to analyze nurse's education in the context of the expansion of Nursing courses and the interrelations with health policies in Brazil. **Method:** descriptive, exploratory, and qualitative study. The research scenario consisted in 18 undergraduate Nursing courses in the state of Minas Gerais, Brazil. Focus groups were conducted with professors and students and data underwent Content Analysis. The study was approved by the Research Ethics Committee of the Federal University of Minas Gerais (UFMG), under the protocol ETIC 435/2008. **Results:** in the context of expansion of the undergraduate Nursing courses in the state of Minas Gerais, the Nursing schools have incorporated, on an early basis, the theme of health promotion and disease prevention as components of nurse's education. **Conclusion:** the changes that took place in education, with further interaction between theory and practice, have not been able to change the rationale of nurse's education, yet. **Descriptors:** Nursing Education; Public Health Policies; Brazilian National Health System.

#### RESUMO

**Objetivo:** analisar a formação do enfermeiro no contexto de expansão dos cursos de Enfermagem e as inter-relações com as políticas de saúde no Brasil. **Método:** estudo descritivo, exploratório e qualitativo. O cenário de pesquisa consistiu em 18 cursos de graduação em Enfermagem no estado de Minas Gerais. Foram realizados grupos focais com professores e estudantes e os dados foram submetidos à Análise de Conteúdo. O estudo foi aprovado pelo Comitê de Ética em Pesquisa da Universidade Federal de Minas Gerais (UFMG), sob o protocolo ETIC n. 435/2008. **Resultados:** no contexto de expansão dos cursos de graduação em Enfermagem em Minas Gerais, as escolas de Enfermagem têm incorporado precocemente a temática da promoção da saúde e prevenção de agravos como componentes da formação do enfermeiro. **Conclusão:** as mudanças ocorridas na formação, com maior aproximação da teoria à prática, ainda não foram capazes de alterar a lógica de formação do enfermeiro. **Descritores:** Educação Em Enfermagem; Políticas Públicas De Saúde; Sistema Único de Saúde.

#### RESUMEN

**Objetivo:** analizar la formación del enfermero en el contexto de expansión de los cursos de Enfermería y las interrelaciones con las políticas de salud en Brasil. **Método:** estudio descriptivo, exploratorio y cualitativo. El escenario de investigación consistió en 18 cursos de graduación en Enfermería en el estado de Minas Gerais, Brasil. Se llevaron a cabo grupos focales con profesores y estudiantes y los datos fueron sometidos a Análisis de Contenido. El estudio fue aprobado por el Comité de Ética en Investigación de la Universidad Federal de Minas Gerais (UFMG), bajo el protocolo ETIC 435/2008. **Resultados:** en el contexto de expansión de los cursos de graduación en Enfermería en el estado de Minas Gerais, las escuelas de Enfermería han incorporado, de manera temprana, el tema de la promoción de salud y la prevención de enfermedades como componentes de la formación del enfermero. **Conclusión:** los cambios en la formación, con una mayor aproximación de la teoría a la práctica, aún no han sido capaces de cambiar la lógica de formación del enfermero. **Descriptor:** Educación En Enfermería; Políticas Públicas de Salud; Sistema Único de Salud.

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## INTRODUCTION

The 1970s and 1980s, in Brazil, were marked by debates and preparation of proposals that have been incorporated in the 1988 Federal Constitution. In this context, the VIII National Health Conference, held in 1986, stood out by contributing to create a project to reorganize the health sector, embodied in the proposal of the Brazilian Health Reform.<sup>1,2</sup>

Through the current Brazilian Constitution, promulgated in 1988, the Brazilian National Health System (SUS) was instituted with the principles of universality, comprehensiveness, and equity in the access to health programs and services as its basis. SUS was regulated by the Organic Health Laws (Laws 8,080 and 8,142), enacted in 1990<sup>3,4</sup>, which were later supplemented by other regulations.

By decentralizing health management, SUS was designed as a way to reduce inequities, betting that bringing local reality closer to the formulation of public health policies might enable relevant responses to the population's needs. Through the redistribution of power between the three government spheres, the implementation of health policies is a responsibility of the municipality with a co-participation of the state and federal governments.<sup>5</sup>

In the reform process of the Brazilian health system, other worth mentioning strategies are the program of community health workers (CHW), created in 1991, and the Family Health Program (FHP), created in 1994, which were formulated aiming at the transformation of the health care model. These programs were defined as priority strategies for reorganizing primary care, establishing a new way to provide and require health services, focused on the family and the community.<sup>6</sup>

After more than 25 years of SUS' implementation, we face challenges regarding its consolidation. Among them, we highlight the need for professionals and managers qualified to achieve the proposed targets in terms of transformation of the current health situation in the country.<sup>7</sup>

In this sense, change processes in the health system, especially in the ways how health care is provided having the reorganization of the work process as a basis, must be grounded in professional education and continued training of health workers with a "profile" that meets SUS' requirements.<sup>2,8</sup>

It can be said that through SUS and the health policies prioritizing primary health care, there are changes in the professional education demand and an increased number

of courses, as well as focus changes concerning the education and profile of graduated students.

Thus, we see the need to induce changes in the education of professionals, especially because it is recognized that the education reforms had a late connection to the Brazilian Health Reform<sup>2</sup>, leading to mismatches between the health system driving guidelines and the education guidelines.<sup>9</sup>

In the interconnection movement involving the education and health sectors, the publication of the Brazilian national curriculum guidelines (DCNs) for courses in the health field represented an attempt to bridge the gaps derived by the rapid changes that took place. The Brazilian national curriculum guidelines of the undergraduate Nursing course (DCNs/ENF) evidence the need to ensure the comprehensiveness in care actions proposed by SUS. The DCNs/ENF define as fundamental principles the education of critical, reflective, professionals working in a certain historical and social context, guided by ethical principles, able to intervene with the problems/situations involved in health care.<sup>10</sup>

The Brazilian National Program for Reorientation of Professional Education in Health (Pro-Health) and the Program for Education through Work in Health (PET-Health) represent the proposals adopted, they have enabled us to change the rationale of health professionals education, also nurse's education, making it more appropriate to understand the health system regarding its limitations and challenges.<sup>11</sup>

In Nursing education, we live along with an exponential increase in the number of courses, especially in the last 15 years, reflecting a democratization in the access to Higher Education and the weak regulation of Higher Education in Brazil, favoring an increase in the number of private education institutions, supporting the market rationale<sup>12</sup>, which does not necessarily consider the health system demands.

Given the increased number of undergraduate Nursing courses and the premise that the education of these professionals should enable them to consolidate and improve SUS, this study aimed to analyze nurse's education and its interrelations with health policies in the context of the expansion of undergraduate Nursing courses in Brazil.

## METHODOLOGY

This is a descriptive, exploratory, and qualitative study, anchored in dialectics as a

reference. This theoretical and methodological approach makes it possible to understand pedagogical practices, educational activities and, especially, the relations between school and social context.<sup>13</sup>

The scenarios of this study consisted in 18 undergraduate Nursing courses in the state of Minas Gerais, Brazil, out of which 13 are offered by private institutions and 5 by public institutions. In each scenario a focus group

was conducted with professors and there was a focus group with students, totaling 36 groups with participation of 109 professors and 149 students. The material was fully transcribed and these transcripts were coded to represent the focus groups with professors and students and the order of the courses under analysis: “FG professors Course 1-18” and “FG students Course 1-18”.

Institutions	Administrative nature	Time when the Nursing course is offered	Number of focus group participants
N1	Private	Night	Students: 8 - Professors: 4
N2	Public	Morning + afternoon	Students: 7 - Professors: 9
N3	Private	Night	Students: 13 - Professors: 5
N4	Private	Afternoon and night	Students: 10 - Professors: 8
N5	Public	Morning and afternoon	Students: 9 - Professors: 8
N6	Private	Morning and afternoon	Students: 9 - Professors: 3
N7	Private	Morning and night	Students: 4 - Professors: 5
N8	Public	Morning + afternoon	Students: 7 - Professors: 6
N9	Public	Morning and afternoon	Students: 5 - Professors: 5
N10	Public	Morning + afternoon	Students: 8 - Professors: 5
N11	Private	Morning and afternoon	Students: 10 - Professors: 7
N12	Private	Morning and afternoon	Students: 7 - Professors: 4
N13	Private	Night	Students: 4 - Professors: 5
N14	Private	Night	Students: 8 - Professors: 5
N15	Private	Night	Students: 8 - Professors: 5
N16	Private	Morning and afternoon	Students: 11 - Professors: 10
N17	Private	Night	Students: 12 - Professors: 6
N18	Private	Afternoon and night	Students: 9 - Professors: 9

Figure 1. Characterization of institutions participating in the study.

The focus groups had the following guiding question: “Describe how you notice that nurse’s education at this institution prepares you for working in health taking into account the current health policies”.

The interviews were fully transcribed and they underwent Content Analysis.<sup>14</sup> Thus, there emerged empirical categories that depict the usual education aspects in the various scenarios, namely: Health policies: concepts and education approach; Changes in education in face of the health policies; and SUS: the ideal and the real.

This study complied with the precepts of Resolution 196/1996, from the Brazilian National Health Council (CNS) and it was approved by the Research Ethics Committee of the Federal University of Minas Gerais (UFMG), under the protocol ETIC 435/2008. The subjects were informed about the study objectives and purposes and they confirmed participation by signing the free and informed consent term.

RESULTS

The presentation of results is organized into three empirical categories: Health policies: concepts and education approach;

Changes in education in face of the health policies; and SUS: the ideal and the real.

◆ Health policies: concepts and education approach

The results indicate that professors and students recognize there is a need for education aimed at the current demands of the health system, focusing on collective health and the Family Health Strategy (FHS).

Recurrent information in the discourses was that nurse’s education is aimed at the collective health axis, with an approach to the policies within a set of disciplines from this axis. Participants report the existence of disciplines with specific themes on the FHS, namely, the privileged space and, in some cases, exclusive for approaching the health policies in nurse’s education:

*There were also the disciplines named collective health I and II, two semesters, we had disciplines on collective health. So, it was completely aimed at SUS. (FG students Course 13)*

*Within the health policies, in practice, we make too much effort in the Family Health Strategy to include our student on an early basis, from the first semester to the eighth semester, and mainly come back to working*

*with health promotion and health education. (FG professors Course 5)*

In some scenarios, the path to approach health policies was marked by the influence of the labor market, especially regarding the recognition of professors and students that the current jobs available for a nurse are focused on primary care with the FHS.

*This issue of education aimed at the health policies, in the past, what happened here? The study focused on the student who graduated here and went to work in private institutions. This has changed a lot. [...] our disciplines are rather focused on study, knowledge, analysis, and in-depth approach to these health policies. (FG professors Course 12)*

Some speeches were permeated by the conceptual difficulty concerning the health policies, seen as these legal provisions, programs and projects by the Ministry of Health (MoH), the Secretary of State for Health, or the health department in municipalities where the courses are inserted. In this regard, participants reported the use of manuals and protocols, particularly concerning public health, as a bibliographic reference in the courses' disciplines:

*I think we bring it in our disciplines, there is this concern to always bring the updates, the issue that all manuals and protocols from the Ministry of Health and the state policies in Minas Gerais are brought into the classroom. There is always this concern that we bring into the classroom what has actually happened in health centers, hospitals, in primary care, wherever something takes place, right? (FG professors Course 10)*

Data analysis enabled us to identify, too, that the study participants recognize the Pro-Health and the PET-Health as significant strategies to address health policies in nurse's education:

*Now we have walked a little further in relation to SUS. There are important projects by the Ministry of Health and the Ministry of Education that aim at bringing the academy closer to the scenario of services. And the university, referring specifically to the Nursing course, has been inserted into various projects, for instance: Pro-Health, PET-Health, Executive Primary Health Care Plan. (FG professors Course 8)*

#### ◆ Changes in education in face of the health policies

It has been evidenced that in face of the scenario constructed through the increased number of undergraduate Nursing courses and the need to address health policies in nurses' education, the education institutions have deployed strategies such as the early insertion

of a student into the practice in order to bring students closer to the reality of services. The bet on an interconnection between theory and practice was revealed, in search of a critical and reflective education as cause and consequence of the approach to health policies in education:

*They sought to include us in the hospital practice and in the FHP actions on an early basis, too. In the third semester we were already attending FHP centers. They did not addressed only theory first and then brought us within the field. They put us to work together, theory and practice, this is something that make a difference for us. (FG students Course 9)*

*We will work to develop a critical sense in order to see if these policies are really effective regarding the reality of each community and also work to make health more human. (FG professors Course 10)*

*As the political and pedagogical project has a teaching and learning process based on action-reflection-action, from the very first moment, our undergraduate student is inserted in the community, he experiences a given reality through a systematic observation of such reality, it is discussed in the classroom. By means of the problem raised we seek developing along with them an intervention strategy. (FG professors Course 4)*

In this way, the results also showed that schools of Nursing have already incorporated in the first semester of the undergraduate course the theme of health promotion and disease prevention as components of nurse's education:

*In college, we hear more than ever to talk about prevention and health promotion. So, the college already lead us to take this viewpoint, you know, not only to care for the disease when it is already installed, but to avoid it, making things much cheaper within public health. (FG students Course 3)*

#### ◆ SUS: the ideal and the real

The insertion into the real scenarios of health services leads us to recognition and analysis of challenges faced by the health system. In this way, the study participants indicate a mismatch between what is wished and actually observed when addressing the network of services, where they do not find the innovations proposed by health policies. The difficulties of teaching the ideal, which does not match the reality experienced in the daily practice of services, is a discourse shared by professors and students:

*The internship field, the health service, does not keep pace with the evolution of knowledge that we bring to the university, the policy the government advocates. So, until what is recommended gets into the*

*practice, the student faces this disadvantage, because he sees something here that cannot be seen in the practice. (FG professors Course 2)*

*You learn it right, but when you go into an institution, mainly a public facility, you start seeing errors, failures, it is missing this, it is missing that, then you have to improvise, if you do not learn to improvise in there, within that institution, it will become very difficult for you to work. (FG students Course 18)*

*[...] this causes some disappointment to the student, because here we taught something and when he got there, it was completely different: "Oh my goodness, is it just like this?" (FG professors Course 1)*

There was a prevalence of the claim that the school teaches the "ideal" SUS and that students find within services the "real" SUS, which does not work. So, the real SUS is a space of confrontation between theory and practice, which must be worked on during nurse's education, improving the transformative role played by students as subjects of change:

*There is a central axis of education, which is a duty of this professional who has been inserted into the service, change perception, and we rather work with education, reconstruction of perceptions, positions, and the population's viewpoints. This is also a great challenge for us, right? (FG professors Course 4)*

*At least here, it [the school] provides you with that awareness of what is right or wrong and why something has worked. So, I think this is what may change there. That is, you get there not in order to try doing something that is not feasible, but showing that it may be done differently, why, and what for! (FG students Course 12)*

However, there was a prevalence of the understanding that changes in the education processes have not been able to influence changes in the service, yet, stands out on the professors and students' perspective a sense of discouragement and, sometimes, frustration regarding the system's trends.

Participants emphasize that SUS is a complex and "well-designed" system, however, its consolidation and advances are challenging. In some scenarios, it was possible to identify the professors and students' perception of the influence of social determinants, regional differences, and the broad scope of the system, which influences on its consolidation. During the focus groups conducted, we discussed issues such as the "novelty" of SUS, its "short" history, and its complexity as components that must be analyzed and discussed in nurse's education:

*SUS is still under construction, professors have been trained, and we are included in this process, this very movement, trying to figure out how every day, right? This point of education there, in practice, where things happen, it is very difficult, indeed... (FG professors Course 5)*

*SUS is under construction and we are adapting to such a training. But how is it? We are adapting to experience this scenario. (FG professors Course 12)*

It was possible to identify severe criticism to the health system, given the gap between its doctrinal principles and the operation of its services. Participants highlighted the inadequate infrastructure, with services installed in inappropriate places, lack of material and equipment for providing care, problems related to municipal government and management of health facilities, professionals without the required qualifications. Therefore, students' perception regarding the health services is that a nurse has to adapt and improvise:

*It is an improvement in the way how I am going to work in that situation and try to be as creative as possible, because you cannot fail to address a patient's needs, he is there in need of care and you do not do anything because you do not have the material, so, whether you like it or not, you have to be creative at that moment, you have to be quick so that you perform the procedure even if the material is missing, because we will not always find what we expected, what we have learnt, and thing just how we have learnt about them. (FG students Course 3)*

*Most of the times, the secretary of health is appointed by the mayor. Usually, he is a person who has no specialized education, he has no expertise in relation to health issues. (FG students Course 1)*

In some scenarios, professors and students indicate changes that might be implemented in the services where they work in order to improve health care quality.

*In all disciplines, it is even an internal discussion of professors, discussing how we can work on with the student to get out of this passive position and move towards a proactive position, indeed, change, intervene, indeed. I say this a lot to the student, it is very easy to make contact to the practice and criticize those who are there, then, you will come back, discuss, and introduce an intervention within the real context. (FG professors Course 18)*

*We arrive there and see too much mistakes and try to change something and it is like this, we have to show that we are able to change that, as we have studied and we are pretty good to try changing so many wrong things we see, I think this is the biggest*



*challenge, this impact we will have.* (FG students Course 12)

## DISCUSSION

SUS, in its implementation process, has encouraged qualitative and quantitative changes in the health workforce, thus guiding strategies and care modes in the field of health promotion, disease prevention, treatment, and individual and collective health recovery. Moreover, it has caused major changes in the actions and teaching and learning ways.<sup>15</sup>

This way, this study sees a relation between health policies and nurse's education marked by consensus and contradiction. While there is recognition of the need for education aimed at the health system's demands, we notice the conceptual difficulty about health policies, they are regarded as legal provisions, government programs, and projects by the MoH, the Secretary of State for Health, or the health department in municipalities where the courses are inserted. Thus, some understanding on the health policies' theoretical and methodological frameworks and an approach to them in Nursing education is still not apparent in the discourses.

Nurses' education seeks to meet the human resources demands aimed at the consolidation of SUS, especially for primary care in the FHS. Therefore, the approach to programs and projects by the MoH and legal provisions during the professional's education may drive the knowledge construction process to the population's new health demands.

It is worth highlighting that the initiatives developed in undergraduate Nursing courses through the interconnection of programs such as the FHS, Pro-Health, PET-Health, in nurse's education have contributed to the approach to health policies, turning the health services into teaching and learning facilities, they express the inseparability between health care, management, and education and provide new education models consistent with the health system context.<sup>2</sup> In this way, Pro-Health, created in 2005 by the MoH and the Brazilian Ministry of Education (MEC), aims to promote changes in professional training and stimulate education-service interconnection, ensuring that rather qualified professionals will meet health needs.<sup>16</sup>

Despite the advances, it was possible to recognize that changes in the political-pedagogical projects of Nursing courses, with further interaction between theory and practice, early insertion into the services, have not been able to change the rationale of nurse's education, making it more suitable for

understanding the health system in terms of its limitations and challenges. Even if the proposal of the political-pedagogical project meets the requirements requiring professional education for SUS, there are still challenges and constraints that hamper its deployment.<sup>17</sup> Thus, we can see that the education institutions provide the nurse with multiple readings on the generalist, critical, and reflective education as described in the DCNs. This fact becomes a matter of concern, since adherence to concepts and perception with no guidance may produce a mismatch between the official curriculum and what is taught in the courses.<sup>18</sup>

The results indicate advances in education with the transition from a hospital-driven model to an education whose focus lies on collective health, incorporating in this process the discussion of disease prevention and health promotion as themes in Nursing courses. Thus, the inclusion of health promotion in the education implies transforming the teaching practices, overcoming the biologicistic model that characterizes health professionals' education.

Thus, there is a construction of new knowledge and practices that improve the population's quality of life and some understanding of the health-illness process. However, there is a lack of strategies for interconnection between professor/student-service-community as a condition for the sustainability of the change process in nurse's education, even considering that student insertion in the reality of services and communities has taken place.<sup>19,20</sup>

Therefore, it is worth highlighting that a work interconnecting the health system and the education institutions is crucial for a proposal of transformative action in the organization of services and education processes, the health practices and the pedagogical practices.<sup>21</sup> The teaching-service interconnection is a strategy that allows reflecting on the reality of providing health care and the need to change the current health care model, covering the transformation of professional practices.<sup>22</sup>

Data analysis allows inferring that the education process must address SUS according to its demands and needs as the source of guidance for training health professionals, as recommended by the DCNs, and not only as a practice field or an internship scenario.<sup>23</sup> It is of paramount importance establishing relations to deploy actions to interconnect teaching and service capable of changing the rationale of the training, education, and clinical processes.

In the context of Higher Education expansion in Nursing, there is a need for discussions on the demand of professionals, the insertion facilities, the reorganization of practices within the various professional categories in the health system. In the case of Nursing, we must take into account the technological redesigning of nursing work in SUS, through the incorporation of new technologies, embracement, case management, home care, intersectoral action, and in non-traditional spaces, such as demands to be taken when focusing education again.<sup>11</sup> However, these aspects have not been thematically addressed in nurse's education, yet.

What has been observed is criticism to the system, in face of the mismatch between theory, what is taught in the classroom, and what is experienced in practice, in the services. Such a mismatch is due to the different periods of change in education and service that need to be better understood to strengthen the consolidation of SUS.<sup>24</sup> SUS is observed from an idealized perspective. It was not possible to visualize in the discourses some understanding of the contradictions inherent to the historical and social construction process of SUS. Also, it was not possible to show the propositional role played by Nursing courses in building a virtuous cycle of changes in SUS, though in some scenarios participants indicate contributions by professors and students with specific changes in the services where they work.

The results allow us to recognize that education and health policies are marked by different "times". The reality of services is more dynamic than the perspectives of change, which occur in education<sup>25</sup>, something which may contribute to the mismatch. As advances concerning the education process in health are slow, there is a need to advance in terms of providing the professional with an active, critical, and reflective education. Thus, the education process must include active teaching methods and the teaching/service sectors must be interconnected.<sup>26</sup> As a consequence, an effective teaching-service connection is aimed, capable to impact simultaneously the two spaces, there is a need to enhance the development of research, university outreach, and education associated with the student's inclusion into the public health system.

There needs to be an interconnection between the political and social demands to achieve a good quality and successful health care. This implies rethinking many aspects, such as: commitment of the various groups

included in the education and health processes; the relation between professional education in Nursing and the society; and, particularly, their space and responsibility in the context of public health policies and education.<sup>27</sup>

## CONCLUSION

We conclude that the changes taking place in health education in Brazil, with further interaction theory/practice and teaching/service, have not been able to change the rationale of nurse's education, yet, making it more appropriate for understanding the health system in terms of its advances, limitations, and challenges. Thus, the real SUS is a space of confrontation between theory and practice, which must be worked on during nurse's education, improving the transformative role played by students as critical subjects and agents of change. Given the Higher Education expansion, still remains the challenge of incorporating new technologies for health work to redesign nurse's education.

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