GRADUATION IN NURSING: AN ANALYSIS OF THE CURRICULUM FROM A GENDER PERSPECTIVE

GRADUAÇÃO EM ENFERMAGEM: UMA ANÁLISE DO CURRÍCULO DA PERSPECTIVA DE GÊNERO

GRADUACIÓN EN ENFERMERÍA: UN ANÁLISIS DEL PLAN DE ESTUDIOS DE LA PERSPECTIVA DE GÉNERO

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ABSTRACT

Objective: to analyze the Nursing Course curriculum of a public university from a gender perspective. Method: a qualitative study was conducted through documentary analysis. The curricular project and the courses syllabi were used as primary documents. Results: the curriculum is organized predominantly around biological and hospital care, which contributes to a fragmented view that does not include the relational aspects of care; patients are represented in a generic and decontextualized form, and gender issues are ignored. Conclusion: the curricular organization silences aspects that are fundamental for problematizing and understanding the health and disease process in its full dimension. Descriptors: Nursing; Gender and Health; Curriculum.

RESUMO

Objetivo: analisar o currículo do Curso de Enfermagem de uma universidade pública sob a perspectiva de gênero. Método: estudo qualitativo realizado por meio da técnica de análise documental. Utilizaram-se como documentos primários o Projeto Pedagógico e os Planos de Curso. Resultados: constata-se que o currículo está organizado predominantemente em torno da assistência biológica e hospitalar, o que contribui para uma visão fragmentada, que não contempla os aspectos relacionais do cuidado; e que os sujeitos são representados de forma genérica e descontextualizada, omitindo-se as questões de gênero. Conclusão: a organização curricular silencia aspectos fundamentais para a problematização e compreensão do processo saúde e doença em sua dimensão integral. Descriptores: Enfermagem; Gênero e Saúde; Currículo.

RESUMEN

Objetivo: analizar el plan de estudios del Curso de Enfermería de una universidad pública bajo la perspectiva de género. Método: es un estudio cualitativo a través del análisis documental. El proyecto curricular, el plan de estudios y los planes de las asignaturas fueron utilizados como documentos primarios. Resultados: se observó que el plan de estudios se organiza principalmente en torno al cuidado biológico y hospitalario, lo que contribuye a una visión fragmentada, que no incluye los aspectos relacionales de la atención; y que los sujetos son representados en forma genérica y descontextualizada, se omitiendo las cuestiones de género. Conclusión: la organización del plan de estudios silencia aspectos fundamentales para la problematización y la comprensión del proceso salud y enfermedad en su dimensión integral. Descriptores: Enfermería; Género y Salud; Plan de Estudios.

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INTRODUCTION

Until the nineteenth century, Brazilian Nursing was practiced empirically by religious and laity people. Only in 1923, with the opening of the Anna Nery Nursing School, was established the first nursing curriculum. Since then, there had to curriculum reforms in 1949, 1962, 1972, 1994 and 2001.

The rescue of these reforms shows that until the 1990s the formation legitimized and reproduced the hegemonic medical paradigm of health practices with emphasis on curative and hospital-centered care.\(^1\) Given the demands of the labor market, these reforms have sought to strengthen the profession through scientification and technicality and reaffirm the teaching conservation focused on biologicist, healing and hospital-centered model in nursing graduation.

From the 90s, there were changes in the political and social scenes, leading to the change of the health paradigm, proposing the displacement of health education of the biological, technical and essentialist approach to the understanding of the health and disease process as a social, cultural and historical construction.

It is understood that a project should include curriculum goals and contents that contribute to a critical socialization of individuals.\(^2\) This concern had caused the inclusion of content related to the humanities and social sciences in the curriculum at least 1994 and was expanded in Curriculum Guidelines from 2001.

The challenge is to redirect the training beyond the acquisition of scientific knowledge and technical skills, aiming to break the biologicist vision, medical and hospital-centered, which, while limiting the subject’s vision in its full and relational dimension, reinforces the ideology of nursing subject to medical practice. In this sense, the educational process should include strategies for the development of skills and abilities that make nurses better prepared and with a broader vision for the performance at work.\(^3\)

Guided by the paradigm of critical training, this new direction contributed to the reformulation of nursing curricula, in view to developing knowledge and practices that address health care for people, considering the relational aspects, such as gender issues.

The concept of gender refers to the construction of social relations from the sexual differences that, in a dichotomous and a hierarchical way, create allegedly natural models and opposite of femininity and masculinity, in the framework of androcentrism. The knowledge around gender relations are reproduced and validated in the context of social institutions and practices, family and school.\(^4\)

Overcoming a purely technical sense in favor of curriculum design as a producer of subjectivities and identities, the curriculum is a space where differences and inequalities are (re) produced and fixed.\(^5\) Therefore, the curriculum design is related to training a certain profile of citizen.\(^6\) In this way, curriculum analysis is established as an important way to give visibility to the attachment processes of gender inequities, because the curriculum is an instrument of formation of consciousness.\(^7\)

Whereas historically Nursing has sought to enhance its value and professional autonomy through training, to question their paradigms is a way of contributing to the advancement of the training process. Furthermore, it is important to remember that nursing also historically constituted as a female profession.\(^8\) Thus, this article aims to analyzing the curriculum of the undergraduate nursing course at a public university from the gender perspective, reinforcing that such analysis offers a valuable specific contribution as critical cultural and critical knowledge, besides offering support for a reinterpretation of health and disease processes under the axis of completeness.
Article elaborated from the dissertation << Graduate nursing: a look at the curriculum under gender perspective >> submitted to the Graduate Program in Education of the Federal University of Paraíba, João Pessoa, PB, Brazil; 2011.

To undertaking the curriculum analysis in nursing education, we opted for a undergraduate course of a public institution of teaching, established in 1973, being one of the eight Northeastern courses, a total of 105, who obtained score 4 in the National Student Performance Exam, which allows us to infer that the organization of this course is in line with the desired professional profile.9

For the development of this research there were conducted three previous in-person contacts with the coordinator of the Course, in order to request authorization to carry out research and the availability of documents. The visits to the institution and the apprehention of the documents were carried out during the month of March 2010. Printed copies of the current Educational Project were available (1999) and digital copies of Plans of Courses available for the period between the years 2007 and 2010. The total of Plans of Courses was 66 documents.

The analyzed curriculum, in force since 1999, marked by Federal Law 1721 of 1994 by the Ministry of Education and Culture, was undergoing reformulation process to meet the Resolution of the National Council of Education nº 3 of November, 7th , 2001, which established the National Curriculum Guidelines for the Undergraduate Nursing Course.9,10

It was used the document analysis technique of primary documents: the Educational Project and the Plans of Courses. Although these documents present limitations, because only indicates the paths that lead to pedagogical practice, they show the elements that translate the system of ideas that guide training.

For the composition of the corpus of analysis, initially, it been read fully all information and, then, cataloged and dated in all documents. Plans of Courses repeated or incomplete filling were discarded. After the selection and organization of material, for the systematization of data on the Educational Project and Plans of Courses selected for the study, guiding forms of analysis were used, highlighting: explicit terminology used to designate the subject in the curriculum, sexist language, the academic work hours of the curricular component, the course description, content addressed and bibliography.

The material was interpreted aiming to answer the following questions: What is the predominant attention paradigm in the Curriculum? Under what perspectives are represented subjects in the Curriculum? How does the curriculum in Nursing present Gender issues? What knowledge is valued in the Curriculum? What knowledges is silenced?

Guided the analysis the concepts of Curriculum and Gender supported on the theoretical framework of Gender Studies, considering that these theoretical tools enable a further deepening of the issues intertwined in complex gender relations, power and knowledge that shape the teaching of Nursing since its origin and breeding in the Curriculum.

Regarding the ethical aspects, the study followed the precepts of scientific research. However, it was not submitted to the Research Ethics Committee, since does not involve Human Beings, in the case of research with document design, the content is of public domain.

RESULTS AND DISCUSSION

Curricular design

When inquired the main curricular focus related to the model of health care in the curriculum, it turns out that the curricular
components with predominantly biological content and developed exclusively in hospitals (Biological Bases – 792 hours, Nursing Fundamentals – 330 hours, Nursing Care – 396 hours, Supervised Internship II and III – 198 hours, Supervised Internship V - Type I - Hospital Network – 300 hours) account for 53% from a total of 3.783 hours of the bachelor’s program.

The components of Humanities and Social Bases (198h) and components requiring a variety of content understanding of health issues (Epidemiology - 66h, Environmental Health - 66h, Public Health - 99h) and which are developed in the primary care network (Supervised training V - Type I - Basic Network - 250h) correspond to 679h (18%) of the total course hours.

We stress that the components: Nursing in Child and Adolescent Health, Nursing Women’s Health, Mental Health Nursing and Supervised Internship I and IV occur in mixed scenarios (basic network and hospital network) and were not considered in this assessment by the impossibility of measuring securely the specific hours for each scenario.

Thus, it appears that the composition of the analyzed curricular course is organized predominantly around the biological and hospital care. It is inferred that the process of reorientation of nurse training is under construction to make, requiring reflection.

The minimum curriculum of 1994, parameter to build this curriculum, while preserving the matrix in the line of the medical specialties, resulting in the maintenance of training primarily focused on curative and individual assistance and retained the biological focus on training, contributing to a fragmented view of the subject and health.

In Educational Project analyzed, it is observed in the textual discourse the understanding of generalist training, with full awareness of the subject, able to act with competence and autonomy in the individual, family, social and political context. However, there is evidence of an ideal difficult to achieve, because the prevalence of the line of biomedical sciences curative is important limitation for the contextualization of health/disease/care in full perspective.

The inclusion of gender issues

To analyze the approach of the subjects adopted in the curriculum opted for the vital life cycle, even if this option represents limitations, mainly from the perspective adopted in this study. However, this choice justifies the coherence analysis, since the Curriculum investigated is organized in this way.

Directed to look to address the subject at different stages of life in order to check for related content directly to the female and male semantically, and ascertain whether specific issues related to sex and gender are explained in the pedagogical proposal and/or discipline plans.

In reading the material there were identified woman expressions, women, feminine, man, children, adolescents, elderly. The terms gender, sex and elderly were not mentioned in the pedagogical proposal and discipline plans.

In Educational Project there were identified only the terms feminine, masculine, female and male, and is related to the genitals and reproduction, in disciplines histology and embryology and women’s health.

Male and female reproductive system, gametogenesis, sexual cycle, first stage of embryonic development, establishment of the shape of the embryo, embryonic attachments, twins, congenital malformations. Histology of epithelial tissue, connective, muscular, and nervous. HISTO-functionality of systems: digestive, endocrine, cardio-vascular, lymphatic, respiratory, urinary tract, male and female genital genital. (Menu - Histology and Embryology) Pathophysiology of male and female reproductive organs. Common nursing assistance in the health process leading up to conception, pregnancy,
Note that only in the two course descriptions mentioned is explicitly the existence of two sexes. In other part of the pedagogical proposal, it has been used the masculine grammatical form as universal with reference to a subject not sexed and gendered not, decontextualized historically and culturally, nor are there references to intersex individuals, transgender or gender diversity, beyond the binary sex and gender.

In the analysis of Plans of Courses, the term woman appears in Health discipline of Women and Community Health Nursing. The Course Description of the Women's Health Course, reveals the design that reduces the understanding of the subject as potentially mother or pregnant woman:

- Politics of Women's Health Care in the SUS; Main aspects to be covered in nursing in Gynecology; Nursing care in Gynecology; Main aspects to be covered in pregnancy, childbirth and the puerperium; Nursing care in the pre-natal, childbirth and the puerperium. (Curriculum – women's health)

There is in the objectives and content of the plan to focus on content relating to bio-knowledgement and reproduction, aiming the care of women of reproductive age.

On the teaching plan of Nursing discipline in public health, reference is made to the term woman, with respect to health care policies. It is observed that the thematic focus also relates to the reproductive approach.

- Policy of attention to women's health, humanization programme of prenatal and birth, sexually transmitted infection, family planning, cancer of the cervix and breast. (Discipline plan - child health)

The contents verse, predominantly, about the attention to biological constraints of disease process, except when mentioned to the child nursing care, adolescent and family in situations of risk and violence. However, to mention the attention in situations of violence, there is no specification of the type of violence, nor the mention of specific literature on the subject, which would favor the contextualization and questioning the phenomenon mainly by admittedly be an association between violence and gender.15

The term ‘elderly’ is not mentioned in the pedagogical proposal and appears only in of women to the private/domestic sphere. This approach results in an indifferent training on issues relevant to care, such as gender relations and their implications for health.13 Moreover, silent problems related to groups still priced out of health care, such as rural workers and Black women in menopause and the elderly, disabled, lesbian, and indigenous and prisoners.14

Attention to women's health includes health and illness as phenomena closely related to social, economic, cultural and historical factors in different ways of being a woman therefore include content that expand or to challenge these views and also give priority to women's experiences constitute fundamental actions for the deconstruction of stereotypes about the female identity.

The terms children and adolescents, these appear only related to curriculum component ‘Nursing on health of children and adolescents’. From the menu is not possible to infer the focus of knowledge, because the description is too comprehensive. Therefore, we highlight the component's objectives.

- Provide students in technical and scientific knowledge about the nursing care to children and adolescents in their different phases of growth and physical development, psychic, considering the socio-economic and epidemiological profile of the municipality and the region. (Discipline plan - child health)

The organization plans of disciplines Health of Women and Community Health Nursing around, only the biological and reproductive sphere reveals the restrictive medicalization of the female body and the naturalization of gender roles, endorsing the discourse about cultural, social and professional limitations restricting the role...
the syllabus of the course in Clinical Nursing, but closely related to biological and curative understanding of the care process. This curricular gap contradicts the current need for vocational training aimed at the population from 60 years old, since Brazil will occupy in 2025 the sixth position among the countries with the largest elderly population in the world. Attention to the aging process is proposed by Decree nº 2.528/06, approving the National Health Policy for the Elderly. Among the guidelines are put to the inclusion in school curricula, especially in healthcare, disciplines that address the aging process and the demystification of senescence, as different from disease or disability, valuing the Elder and disseminating promotional measures prevention and health in all age groups. The policy also emphasizes that these actions must be guided by a gender perspective because gender inequities assume peculiar contours in the elderly, especially related to health representations that need to be explored further and discussed.

Regarding the term man, even though it appears in several passages of the educational proposal and plans, refers to generic semantically. In spite of the peculiarities of the male subject in health issues, the documents analyzed men are not considered in their socio-cultural specificities. For example, gender identities are neglected that determine infidelity and unprotected sexual intercourse and violence as virility signals. These social constructions of masculinity are strongly related to the form of exercise of sexuality that contributes to the feminization and spread of sexually transmitted diseases and AIDS, besides the violence against the woman. Hegemonic identities of masculinity that make males more vulnerable to diseases, especially the serious and chronic illnesses that cause premature deaths also are neglected.

The most vulnerable and the high morbidity and mortality rates are not reflected in the search for health services. Obstacles, mainly sociocultural, are pointed out as a cause of male distance of health services. In this sense, care for human health must include the full subject in different life cycles in its historical dimensions, cultural, generational, ethnic-racial, and sexual and gender. Therefore, vocational training processes should include the health of the man considered their differences by age, socioeconomic status, ethnic-racial, prison conditions, physical and/or mental deficiency, sexual orientation and non-hegemonic gender identities.

It is found in the analyzed material that does not mention fundamental social categories for the understanding of the dynamics of health/disease/care, such as: class, race/ethnicity, generation, gender or sexuality, revealing that the curricular composition is a generic subject and decontextualized.

Mechanistic models of Care associated with biological focus on understanding the health problems, has been a constant in nursing education. This characteristic is reflected in the profession and has been identified as fact to be overcome even in the gym. Therefore, investment in critical stance in vocational training is needed, which will enable the transformation of the factors involved in the processes of health and illness.

CONCLUSION

Integral care, proposal of training in nursing, must involve issues that transcend the biological, such as physical, emotional, social, cultural, intellectual, spiritual and professional dimensions, being able in this way to positively change the determinants of health processes and disease.

Through the analysis undertaken, it was found that in the curriculum, predominantly organized around the biological and hospital care with a focus on illness, prevails health essentialist paradigm as opposed to critical training for comprehensive care.
The emphasis on mechanistic models associated with biological approaches contribute to a partial view, fragmented and limited of the subjects (children, adolescents, women, men, elderly and elderly women) and of health.

We emphasize that the course curriculum analysis does not address gender issues as it relates to children, youth, men, women, elderly and elderly, even in the plans of specific subjects such as women’s health, nursing in public health and health nursing children and adolescents, which has negative implications for the health and care of both genders.

By valuing the knowledge from the biological approach, the curriculum silences key issues for questioning and understanding of health and disease process in its full dimension, how class issues, race, age, sexuality and gender, for example. These themes consist of, or at least should consist in a principle of health care, especially care in Nursing.

In the historic quest for scientization, Nursing approached the technical knowledge and distanced itself from its object, the care for the human person, considering his/her biological identity, but also affective, emotional, cultural, social, political and gender. It is noteworthy that these perspectives on care are not mutually exclusive, but overlap, in order to ensure the care, in fact, full.

When considering that the inclusion of gender in the training process in health is of great importance, we emphasize the importance of investment in experiments and research that address this issue in the curriculum in nursing from the perspective of teachers and students.

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Graduação em enfermagem: uma análise do

Submission: 2014/07/11
Accepted: 2015/04/10
Publishing: 2015/05/15

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