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ORIGINAL ARTICLE

THE POLITICAL COMMITMENT THAT PERVADES TRAINING IN NURSING: THE STAGE IN QUESTION

O COMPROMISSO POLÍTICO QUE PERMEIA A FORMAÇÃO EM ENFERMAGEM: O ESTÁGIO EM QUESTÃO

EL COMPROMISO POLÍTICO QUE PASA POR LA FORMACIÓN DE ENFERMERÍA: LA PASANTÍA EN CUESTIÓN

Claudielly Ferreira Silva¹, Moêmia Gomes Oliveira Miranda², Ana Karinne Moura Saraiva³

ABSTRACT

Objective: to analyze the political commitment that permeates the formation in the Nursing College of the State University of Rio Grande do Norte/FAEN/UERN. **Method:** documented study of a qualitative nature, the analysis of material refers to the corresponding reports of the academic semesters 2010.2 and 2011.1, prepared on the occasion of supervised training. **Results:** the intervention stage is based on the uni design and/ or multifactorial health /disease; the knowledge and practices are still grounded in the Flexnerian and technical model, marked by the centrality of technical and scientific knowledge, however, some interventions approach the concept of social determination of the health / disease process, consisting in a potential training for building political commitment. **Conclusion:** the formalization of a conception of social determination of the health / disease process does not ensure its materiality, since the area for training is characterized by the plurality of concepts that produce contradictory and divergent social commitments. **Descriptors:** Educacion Nursing; Education Continuing; Politics.

RESUMO

Objetivo: analisar o compromisso político que permeia a formação na Faculdade de Enfermagem da Universidade do Estado do Rio Grande do Norte/FAEN/UERN. **Método:** estudo documental, de natureza qualitativa. O material de análise refere-se aos relatórios correspondentes aos semestres letivos 2010.2 e 2011.1, elaborados por ocasião do estágio supervisionado. **Resultados:** a intervenção no estágio toma por base a concepção uni e/ou multicausal de saúde/doença; os saberes e as práticas ainda continuam alicerçados no modelo flexneriano e tecnicista, marcado pela centralidade do saber técnico-científico, contudo, algumas intervenções se aproximam da concepção de determinação social do processo saúde/doença, se constituindo em uma potencialidade da formação para a construção do compromisso político. **Conclusão:** a formalização de uma concepção de determinação social do processo saúde/doença não assegura a sua materialidade, uma vez que o espaço da formação se caracteriza pela pluralidade de concepções que produzem compromissos sociais contraditórios e divergentes. **Descritores:** Educação em Enfermagem; Formação; Política.

RESUMEN

Objetivo: analizar el compromiso político que pasa por la formación en la Facultad de enfermería de la Universidade do Rio Grande do Norte/FAEN/UERN. **Método:** estudio documental de naturaleza cualitativa, material analítico se refiere a los informes correspondientes a los semestres de escuela 2010,2 2011.1, elaborados por ocasión de la pasantía supervisada. **Resultados:** la intervención en la pasantía se pasa a cargo de la concepción uni y/o multicausal de la salud/enfermedad; los conocimientos y prácticas están todavía ancladas en el modelo técnico, marcado por la centralidad del conocimiento, científico-técnico, sin embargo, algunas intervenciones se acercan de la concepción de determinación social del proceso salud/enfermedad, se constituyendo en una capacidad de formación para la construcción del compromiso político. **Conclusión:** la formalización de una concepción de la determinación social del proceso salud/enfermedad no asegura su materialidad, una vez que el espacio de formación se caracteriza por la pluralidad de conceptos que producen compromisos sociales contradictorios y divergentes. **Descritores:** Educación en Enfermería; Formación; Política.

¹Nurse, Lecturer. Master in Health and Society, State University of Rio Grande do Norte/UERN. Mossoró (RN), Brazil. E-mail: claudiellyferreira@hotmail.com; ²Nurse, Lecturer, PhD in Education, College of Nursing, State University of Rio Grande do Norte/UERN. Mossoró (RN), Brazil. E-mail: moemiagomes@gmail.com; ³Nurse. Master in Education, College of Nursing, State University of Rio Grande do Norte/UERN. Mossoró (RN), Brazil. E-mail: anoka_20@hotmail.com

INTRODUCTION

The need for a new conception of health/disease contemplating the production of services and training of health/nursing professionals was evidenced in the 1980s, social movements effervescence period in Brazil, among them, the Brazilian Sanitary Reform Movement (BSRM), materialized in the construction of the Unified health System (UHS), health and participation Movement (PM) in nursing. In this scenario, health is now considered not as an absence of disease, but as a historical process, insert the ratio of product of individuals in times of social production and reproduction.^{1,2} This way of conceiving health/disease requires health intervention considering the needs of individuals, materialized in health problems and their determinants.

Faced with the new standards, the country's undergraduate nursing course intensified the movement around the building guiding guidelines for the training of nurses committed ethically and politically with care and the real health needs of individuals. This position was expressed and formalized in Florianópolis Charter considered by the category as the political-pedagogical project for brazilian nursing.⁴

The Letter content cited was materialized in the National Curriculum Guidelines for the Nursing Undergraduate Course - NCGNUC, CNE / CES # 3 of 7 November 2001.⁵ Although the guidelines have not been covered in full, the will and the thought of Brazilian nursing, expressed in the Florianópolis Charter, constituted a significant achievement of the category and, consequently, in reference to the collective construction of political-pedagogical projects - PPP.⁶

The NCGNUC define principles, fundamentals, conditions and procedures for nursing education and propose the general education in nursing, with a humanistic vision and meet social demands according to the principles of UHS.⁷⁻⁸

Inserted in this scenario and taking into account the guidelines of NCGNUC ⁸, the School of Nursing of the State University of Rio Grande do Norte (FAEN / UERN), (re) build's from 1986 and implements from 1996, the current institution PPP , which is in a process of formation rooted in the ideas of the UHS, the theory of social determination of the health/disease process and consequently in nursing as a social and political practice.^{6,7}

The PPP FAEN / UERN incorporated the concept of Social Health Process Determination/disease in an attempt to

overcome the uni and multicausal design that supports the Flexnerian model of organization of health education that fragments the subject, society, and the construction of knowledge. Importantly, this new PPP is the product of reflection of various social actors, among which we mention students, teachers, service nurses and others.^{6,7} This explicit incorporation, the social and political commitment advocated by FAEN / UERN with the transformation of living and working conditions of the subject from the perspective of social justice.⁹⁻¹¹

In the intervening moments in reality, most of the students, turn to the exercise technique, and the student is charged the ability to carry out procedures, reproducing a practice of na essentially curative nature, with fragmenting and individual actions that do not allow intervention in problems and determinants of health.

This problem was constituted in this article in na object of study that aims to analyze the political commitment that permeates training in FAEN / UERN with reference to the concept of health/disease in implicit or explicit intervention built during the supervised traineeship. Thus the stage as a moment of synthesis of the training process constitutes a privileged space conformation of the political education of nurses. Thus, evidence of the contradictions, advances, the limits and the capabilities to implement this commitment.

OBJECTIVE

- ♦ Analyze the political commitment that permeates the formation in the Nursing College of the State University of Rio Grande do Norte/FAEN/UERN.

METHOD

A study of documented nature, which "favors the observation of the maturation process or evolution of individuals, groups, concepts, knowledge, behaviors, attitudes, practices, etc."¹²:
⁷ In this we seek to grasp the object in its essence, considering their specificity, their joints and concrete historical determinations.

The study was operationalized in two stages. In the first, a thorough literature review on the movement of the Brazilian health reform as a privileged space for the incorporation of the concept of health/disease has been performed, identifying the consequences for the political education in health/nursing.

The second time, was constituted in a study of the documents relating to the process of (re) orientation of nursing education at a national and local level. At the local level, we

proceed to read and interpret, in particular, the political-pedagogical project of FAEN / UERN, implemented from 1996.

The analysis material concerns reports built during the traineeship supervised semesters of 2010.2 and 2011.1. These were identified with the pseudonym Final Report (FR), followed by numbers 1 to 8. There was constituent part of this study, the reports built on the occasion of disciplines that do not conform to supervised training.

The choice of the reports, as a study of the universe, is justified because it is a document in which all the steps taken are set out in detail by the student on stage during enabling the analysis around the (in) internal coherence between the steps in regards to the concept of health/ disease that permeates each one, and the link with the concept of health/ disease defined in the institution PPP.

The analysis of the documents was developed in a concatenated movement. The data seized underwent successive readings in order to identify categories. After this time the material was subjected to a new examination where relationships and associations have been established between them and thus, are going to combine them, separate them or rearrange them. This movement sought to expand the information field, producing new knowledge.

This study was not submitted to the Research Ethics Committee - REC, of the State University of Rio Grande do Norte - UERN, since it is study of documents that are accessible to public consultation in the secretariat of the stage of coordination FAEN and the sectoral library of the institution.

RESULTS AND DISCUSSION

The development of this study was permeated by a great challenge, the collection of absence containing the reports developed during the supervised training. The absence of a file in FAEN / UERN to these documents, hindered the development of research and the (re) evaluation of the intervention. Despite this adversity, we continue to research, send emails to graduates requesting the material. However, despite the detailed description of the purpose of the research, many graduates did not respond to e-mails.

Thus, we had access to six reports of the semester 2010.2, five relating to the development stage in the Basic Family Health Units (BFHU) and one in the Hospital Unit. On the other hand, we had only, access to two in the semester of 2011.1, one from each stage

space, that is, a BFHU and another of a hospital.

The analysis of stage reports and the institution PPP resulted in the construction of the text, shown below, on the design of health/disease that permeates the intervention in reality.

♦ The Design of Health / disease that permeates the intervention in reality

The supervised internship, according to the PPP FAEN, is the space of nurse autonomy consolidation, as a coordinator of nursing work, forming the joint and inseparability of nursing work processes (assist/intervene, manage, teach/learn and investigate) in different scenarios of nursing practice.¹²

With this understanding constitutes synthesis of the training process and therefore pivotal point of the process of formation and has as a starting point and finishing the concrete reality of students and production of Mossoro-RN health services, at which the student will reflect on this reality in order to produce a coherent direction to this reality in order to contribute to their transformation.^{7,12-3}

Thus, the intervention project has a political nature, or seeking to build a new society. But for that to happen, an effective insertion in the reality in which this intervention is developed is required. The challenges to consolidate that parallel way of thinking in some aspects included in the European process of convergence¹⁴, such as ensuring the quality of education, autonomy with responsibility, continuing education, and finally the perception of universities as public responsibilities. Thus the stage is a privileged space for the conformation of the intervention project in reality.^{7,9,13}

For an intervention consistent with the reality, the stage in FAEN / UERN is organized into five times/movements, built from the Praxis Intervention Theory in Collective Health - PITCH. They are: capturing reality, interpretation of reality, construction of the project of intervention, intervention in reality and reinterpretation of reality.¹⁵

The Capture of Reality constitutes the time / knowledge of reality of movement, considering the social, political and economic context, historically determined, in which it is inserted, to intervene in it. It is in this moment/movement that knowledge of the social needs of a given territory occurs, expressed as health problems.^{6,7}

When considering that reality is dynamic and transient, the knowledge of it does not occur at a single time, requiring successive

approximations. Thus, it is always an approximate knowledge.

The **Interpretation of Reality** refers to the time/explicit movement of the contradictions between the structural dimensions (municipality), private (services produced) and unique (professional practice) of reality. Thus, the refinement of interpretation makes the explanation of vulnerabilities possible for a more coherent intervention with the captured reality.

The **Construction Intervention Project** concerns the time/development of the movement intervention project in reality considering the previously mentioned steps. However, it is not leakproof when considering that new topics may arise that were not considered during the first time capturing reality. These new requirements express the depth of knowledge of reality.

The **intervention in reality** is the moment/movement of the materialization of the intervention project in reality. And the **reinterpretation of reality** refers to the time/rereading movement of reality considering the changes that occurred or not, during the intervention performed. At this moment/movement, the developments are analyzed, the difficulties encountered in overcoming the contradictions process, the participation of actors/actresses involved in the perspective of reorienting the thinking intervention project.

We emphasize that all moments/movements mentioned above, occur pivotally and only ensure consistency with reality, at the time they are guided by the concept of health/illness as a process, the health/disease process that is determined by how the subjects are inserted in times of social production and reproduction.

This relationship of existing determination of the health/disease process and times of production/social reproduction, enables recognition of existing health problems in a certain reality.

Thus, an intervention that perspectives a new organization of health practices should have as its objectives, on the one hand, the call to social needs, recognized as the population's health problems, and on the other, the resolution of the greatest possible amount of problems, not accepting the organization focused exclusively on individual health care. But intervention in problems and the determinants of the health/disease process and which have as an object epidemiological collective profiles in its entirety, in homogeneous social groups and their uniqueness, however, despite the

training process in FAEN / UERN enabling the approach of the student with this new way of thinking/doing health, we realized, in the reports, a distance between the explicit intention in the PPP and what is actually built, as visualized in the following excerpt.

From our insertion in reality, we find another barrier that is not physical, the material point of view, but which hinders access of the population: the concept of health-illness used by professionals who, in some cases, end up restricting only the biological aspect; denying therefore the other conditions/determinants. This situation can be easily observed in the themes chosen in some educational activities. With the elderly, for example, still thinking of many situations only in hypertension and diabetes. (RF 2)

In this fragment, we observed that academics perceive the importance of the concept of social determination of the health / disease process for the reorientation of the work in health / nursing, however, during this Stage we generally fail to build intervention projects with reference to the design cited. Remain building strategies for addressing the problems identified in reality, anchored in a multifactorial design as explanatory for the health/disease.¹⁶⁻⁷

This form of intervention in health, expressed a challenge to the training process since the design expanded health will only be effectively materialized, in a hegemonic way, at university, at the time constitute objective to be achieved on the health care network, which is the most common translation of the UHS recommended by the health Reform Movement.^{3,18}

It means recognizing that health, constitutionally, is a public good and therefore an object of knowledge, critical reflection and learning.¹⁶ Recognizing also the originator role of UHS in quality training of all professionals, regardless of the services that they will work in.¹⁸⁻¹⁹

Apart from this aspect, some practices eventually ran from the need of the students, and not by the need expressed by the user.^{9-10,20} This form of intervention in health, reflects the authoritative character of professional practices that define what is best for the user, as well as explicit, a stage of design as supervised exercise space knowledge, not improved, such as the realization techniques, as expressed in the following fragment.

There was no division by us, trainees, by areas, we divided in to the extent necessary to perform certain treatments and procedures (RF 1).

This fragment enables us to realize the permanence in some reports, the overvaluation of the execution of techniques in graduation in FAEN / UERN, namely the predominance of technicality. We are not here devaluing the technical knowledge, only reflecting the significance of this attitude on the part of academics. As alerted Kastrup (1997, p. 8), "the pretentious domain of knowledge would make him hostage of this very knowledge". Therefore, there can be no promise of knowledge to be applied, because the reality is dynamic and hence the problems related to health/disease process, so the overvaluation of technical competence explicit political posturing in the face of reality, that is, the legitimacy of demands from the medical-industrial complex, with the adoption of hard technologies and medication.^{14,17} This design works with the prospect of denial and cancellation of knowledge and practices of users, as well as alternative therapeutic rationales.^{7,10-1}

However contradictorily, we identified reports with another conception of the stage and, consequently, about the commitment that must be taken in drawing up the intervention project. The fragment then is emblematic: "the supervised stage is the time of congruence and implementation of the various knowledges built during the graduation and not just running and enhancement techniques" (RF 1,2,3,4,5,6).

Although the stage of conception still prevails as the moment of application of knowledge, the fragment waves with the recognition of the existence of something beyond the improvement of techniques, constituting in a potential for (re) construction of knowledge and practices.

The professional's profile required today requires cognitive skills (knowledge) and operational (know how), sustained by ethics and commitment (know how to be).¹⁹⁻²¹ In this sense, during the training process construction to need these three skills, not overestimating either, but, realizing these skills consistent with intervention strategies the real health needs of subjects.¹⁰

The biggest challenge remains to deepen the discussions and to make it clear, to the university community, the development of skills through explicit knowledge (across disciplines and other formal curricular activities), but is not limited to it; it passes also by the need to develop the skills to work the tacit knowledge of this, a formation process of true citizens, able to respond to the constant challenges posed by society and, more specifically, by the health sector. Facing

this challenge therefore permeates the opportunities for reflection on the work/pedagogical practice in health and nursing, however, despite having closer ties with the conception of the social determination of the health/disease process, during the graduation course, the student, the construction of the intervention, adopts as a reference the Flexnerian model, realizing the disease to be a single intervention space. Their actions, indeed, occur in specific moments, focusing on the disease, not the illness/living conditions as we will visualize in the fragments of the following reports.

Thus, it was agreed with the nurses who would work with them on protocols for Growth and Development of Children programs - C and D, protocols in the vaccine room, protocols in the dressing room and protocols aimed at meeting Hypertensive Diabetics (RF 2).

In this sense, we believe in making a working implementation of the HIPERDIA program. Initially we work on renovating and making new records of hypertensive patients and diabetics in existing BHU coverage area (RF 1).

Even though these fragments show clearly the involvement of students in ministerial programs implemented in health institutions, UHS execution space, explains on the other hand, a grounded intervention in the design of health/disease uni and/ or multifactorial, as it is reduced to reproduction practices/techniques inherent to the ministerial protocols. This reproduction reinforces modeling practices and hence a conformism formation process, which does not question the established forms and does not allow the creation and critical capacity of the student.^{7,10-1}

In addition to these projects, others build interventions directed only to nursing work, not realizing that he is part of the collective work in health, and in isolation, nursing can not intervene in a concrete manner the problems and the social determinants of health/disease. While others proposed interventions, developed actions in health institutions, as we can see in the following crop.

As a general analysis, we identified several problems of health/illness in the unit and in their area, however, the problems considered possible to be treated in this intervention project are internal and relate to human relations and service Home of the unit (RF 4).

Although the fragment recognizes health problems in the territory coverage area, it opted for an "internal order" intervention, addressing issues related to human relationships and the hosting. We do not

intend to disqualify the relevance of the subjects addressed, but reduce intervention in health problems/illness of a territory to hosting and human relations, arguing that it is a choice as possible and not what is needed, which in other words is an easier choice, signals a political stance that is committed to maintaining the status quo.^{3,7,11}

On the other hand, other proposed interventions were formed in an attempt to overcome the unilateral and / or multicausal approach to understand/intervene in the health/disease process, assuming a compromise position with the consolidation of SUS as a public good and the need to overcome social disparities.²⁰ Among these policy proposals, there is the realization of Local Health Pre- Conference culminating in the 1st Conference of Local Health, which involved the BFHU's Marcos Raimundo Costa, CAIC / Carnaubal and José Fernandes de Melo whose purpose we can see in the following fragment.

Working in the Health Pre-Conference, some principles and guidelines of UHS, focusing on the rights and duties of members; Discussing and evaluating the health status of the coverage area of the three Basic Family Health Units; Analyze how community participation is being developed in the production of health services of the three BFHU. Finally, hold the 1 Local Health Conference (RF 2).

The fragment shows the concern of students with health problems existing in the territory covered three Basic Family Health Units and little involvement of users in the definition of health actions to be developed by these units, probably because of their rights and duties before the UHS. Thus, the realization of the Local Health Conference would enable users to express their real health needs as well as the exercise of social control over the quality of services provided.²¹⁻²⁴

The Health Conferences are offshoots of the Brazilian Sanitary Reform Movement of which regulation is contained in the Federal Constitution of 1988 and Law No. 8.142 / 1990.2,5,17 They are configured in one of the formal requirements for the decentralization of health services and are instances in which open space for public participation occurs in the formulation of health policies. Therefore, the Conference, alongside the Health Councils, the three levels of government, represent the materialization of the constitutional policy of community participation.^{5,25}

This Conference Location was preceded by a pre-conference at such units, which were discussed with users and employees, health

problems existing in the territory and their participation in shaping the health policy in the municipality, as well as the importance and the need to carry out activities of this nature.

We believe that these pre-conferences were very rich moments of knowledge construction in which we had the opportunity to understand what the vision that users have on the UHS and at the same time, try to sensitize them on the importance of co-sharers of production in the health service (RF 2).

We found that users evaluated very positively, said they find it very important to better know the UHS and their rights. Some, however, told us they admired our interest in building this knowledge with them, only knew that it was very beautiful, only on paper, in theory, for in the day-to-day that, it hardly, became concretized (RF 5).

It is noticed that this intervention raised questions and reflection not only for users, but also the students, as identified in RF 5

It was a moment out of so many that we had to reflect at this stage, which made us think the need to stop thinking that users need only to listen to talks about their conditions. They also needed to hear about UHS, their rights and their duties [...] need to share with the professionals their troubles and concerns to have access to the health service [...] need to share the difficulties to be met [...] but also need to share the joys when this UHS works well and, above all, the hope that things can be different from the union of all [...] lost many times the accounts when, in a very informal conversation, we began to build knowledge with users, we could see their eyes shining, because they were being valued in their knowledge, and, from the information built at that time had the opportunity also to be "masters of their own life" are not dependent on health professionals, yet able to modify to better their own lives.

Fragments allow us to infer that the development of this intervention project makes an existing capability in the training process explicit, given that the articulation of experiences among educational institutions, health services and popular movements, contributes to overcoming the dichotomy between theory and practice and thus to the realization of the Unified Health System.^{7,10,21}

Moreover, it reframes the training process at the time identified as intervention strategies of intersectoriality, co-responsabilization of social actors and social movements as potentiating in building a consistent practice with social needs of the majority of the population.²⁴ Thus, it signals a commitment to policy formation with the transformation of social reality.^{1,26}

FINAL REMARKS

The Movement of the Brazilian Health Reform by introducing the concept of social determination of the health/disease process as a theoretical and methodological basis to understand and intervene in health problems, presents a challenge (re) building practices and consequently of higher education in health/nursing.

By taking this challenge, FAEN / UERN reconstructed the theoretical and methodological bases that guide the formation, this institutional space, assuming the commitment to contribute to the transformation of the reality of social exclusion.

Despite the above, we see, in general, that on this stage the knowledge and practices are still grounded in Flexnerian and technical model, marked by the centrality of technical and scientific knowledge and without adherence to social reality, allowing the construction of a political compromise with maintaining a society of social exclusion, however, some interventions explain the approach to the design of social determination of the health / disease process, consisting in a potential training to build the political commitment to an inclusive, democratic and social justice.

The formalization of a conception of social determination of the health/disease process expressed in the Political-Pedagogical Project that guides training in FAEN / UERN does not ensure its materiality in knowledge and practice, since the university space is characterized by the plurality of views which produce contradictory and divergent social commitments, reproducing the present relations of society.

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Corresponding Address

Claudielly Ferreira da Silva
Rua Antônio Delmiro de Medeiros, 3728
Bairro Belo Horizonte
CEP 59600-460 – Mossoró (RN), Brazil