



## THE TEACHING OF HUMANIZATION IN THE NURSING BACHELOR COURSE IN A PUBLIC UNIVERSITY

### O ENSINO DA HUMANIZAÇÃO NO CURSO DE BACHAREL EM ENFERMAGEM NUMA UNIVERSIDADE PÚBLICA

### LA ENSEÑANZA DE LA HUMANIZACIÓN EN EL CURSO DE BACHARELADO EN ENFERMERÍA EN UNA UNIVERSIDAD PÚBLICA

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#### ABSTRACT

**Objective:** to analyze the teaching of humanization in the nursing bachelor course at a public university. **Method:** exploratory, descriptive study with a qualitative approach. For the production of data, instruments were used as forms for interviews with the coordination and the teachers, and a questionnaire was applied to the students. Six teachers and 21 students from a public institution in Piauí (PI), Brazil participated. The documentary analysis was performed, the interviews were transcribed, read, re-read and analyzed based on discursive textual analysis. **Results:** there is the insertion of humanistic contents in the curriculum, but there are weaknesses revealed in teaching: deficient interdisciplinarity; Conflict relationship in the teaching-service process; Technical procedures. **Conclusion:** there is no consensus among teachers and students about the approach to teaching humanization. There is a need for adjustments to the National Curricular Guidelines. The articulation between teaching-research-service, the mastery of skills that stimulate sensitive health care also deserves attention. **Descriptors:** Humanization of Care; Nursing Education; Health Policy.

#### RESUMO

**Objetivo:** analisar o ensino da humanização no curso de bacharelado em enfermagem em uma universidade pública. **Método:** estudo exploratório, descritivo, de abordagem qualitativa. Para a produção de dados foram utilizados como instrumentos formulários para entrevistas com a coordenação e os docentes e aplicado um questionário aos discentes. Participaram seis docentes e 21 discentes de uma instituição pública do Piauí (PI), Brasil. Foi realizada a análise documental, as entrevistas foram transcritas, lidas, relidas e analisadas com base na análise textual discursiva. **Resultados:** há a inserção de conteúdos humanísticos no currículo, mas reveladas fragilidades no ensino: interdisciplinaridade deficiente; relação conflituosa no processo ensino-serviço; domínio dos procedimentos técnicos. **Conclusão:** não existe consenso entre docentes e discentes quanto à abordagem do ensino da humanização. Há a necessidade de adequações às Diretrizes Curriculares Nacionais. A articulação entre ensino-pesquisa-serviço e o domínio de habilidades que estimulem o cuidado sensível na saúde também merecem atenção. **Descritores:** Humanização da Assistência; Educação em Enfermagem; Política de Saúde.

#### RESUMEN

**Objetivo:** analizar la enseñanza de la humanización en el curso de bachillerato en enfermería en una universidad pública. **Método:** estudio exploratorio, descriptivo, de enfoque cualitativo. Para la producción de datos fueron utilizados como instrumentos formularios para entrevistas junto a la coordinación y a los docentes y aplicado un cuestionario a los discentes. Participaron seis docentes y 21 discentes de una institución pública de Piauí (PI), Brasil. Fue realizado el análisis documental, las entrevistas fueron transcritas, leídas, releídas y analizadas con base en el análisis textual discursivo. **Resultados:** hay inserción de contenidos humanísticos en el currículo, pero reveladas fragilidades en la enseñanza: interdisciplinaridad deficiente; relación conflictuosa en el proceso enseñanza-servicio; dominio de los procedimientos técnicos. **Conclusión:** no existe consenso entre docentes y discentes sobre el enfoque de la enseñanza de la humanización. Hay necesidad de adecuaciones a las Directrices Curriculares Nacionales. La articulación entre enseñanza-investigación-servicio, el dominio de habilidades que estimulen al cuidado sensible en la salud también merecen atención. **Descriptor:** Humanización de la Atención; Educación en Enfermería; Política de Salud.

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## INTRODUCTION

Humanization has been the subject of debate as one of the central themes in health, in the formation of the health worker, as an integral policy to the Single Health System (SUS), for integral care, health promotion, and subjective dimensions, as well as being implicated in the health-disease-care process.<sup>1</sup>

The National Humanization Policy (PNH), created in 2003 by the Ministry of Health (MS), defines the concept of humanization related to the right to health, moving away from the concept of charity and philanthropy that was closely related. However, research aimed at the understanding of humanization based on teachers, students, nurses and nursing technicians has shown that the senses and images attributed to it still encompass moral and charitable attributes, distancing them from the political, social and economic character that involves health care, presented by the PNH. This brings the need for research with teaching-learning experiences representative of humanization, to obtain explanations of the reasons its political dimension is not so clear for undergraduate students in nursing.<sup>2</sup>

Nursing has the object of science and practice care. However, the topic of humanization goes through the debates that matter to the area, especially when it comes to vocational training. The training area should provide discussion about the policies and concepts they affirm, with emphasis on the social responsibility of nursing.<sup>3</sup>

The National Curricular Guidelines (DCN) guide Nursing Undergraduate education in Brazil, defining the principles, fundamentals, conditions, competencies and skills to be developed during the training of nurses, such as: providing integral and individualized care, considering the needs of the individual, family and/or community; managing the work process properly; and coordinating the caring process.<sup>4</sup>

Nursing education in the face of new proposals and curricular guidelines is characterized by presenting crucial challenges, both in the classroom and laboratory level, as well as at practice in health institutions. This is because it still maintains very conservative positions, as a rule, supported by reductionist paradigms and with professionals, doctors, and administrators, whose discourses, despite propagating the centrality of the patient, emphasize subjectivity and humanization of

health, show fragmented postures. Technology is another factor that, on the one hand, it presents benefits, but also it accentuates objectification, fragmentation, and standardization of experiences, nullifying subjectivity.<sup>5</sup>

Thus, the theme emerges as a problem to be evaluated and discussed with the students and teachers, who are the main responsible for the training and professional qualification of nursing, undergraduate and postgraduate education, as well as in continuing education activities in the services. The study aims to analyze the teaching of humanization in the nursing bachelor course in a public university.

## METHOD

This is an exploratory, descriptive study with a qualitative approach performed in the nursing course of the Federal University of Piauí (UFPI), Petrônio Portela Campus, in Teresina (PI). Twenty-seven individuals participated, being 21 students and six teachers. The number of participants in the study was defined according to the saturation of the speeches.

The inclusion criteria for the students were: to be regularly enrolled and in the last period of the course. Those who were not enrolled, those who did not belong to the last period of the course and those who did not agree to participate in the research were excluded. For the teachers, the inclusion criteria were: to be an effective professor at the University, to be in the exercise of their duties during the research period, and to teach the nursing course subject that approached humanization in their menus.

The instruments used were two forms and a questionnaire. One of the forms was used to collect data from the documentary analysis, applied along the course coordination, to know the infrastructure, the Political Pedagogical Project (PPP), the students and the teachers about 2013. The other form contained data on the characterization of the participants and open questions about academic training, humanization in teaching and SUS, and were applied to the teachers, according to the selection of the subjects that contained in their contents related to humanization. For the application of the forms, the interview technique was used in a reserved room, where the interviewer read all the questions contained in the instrument so that the questions raised were understood by the participants and the necessary explanations were given. The questionnaire was applied by the first author to the 21 students present in

the classroom, of a total of 23 students regularly enrolled in the last period, two were absent on the day of application of the questionnaire. Before the application, the importance of the study and the objectives were previously presented, and read the questions to remove possible doubts. Upon receipt of the questionnaires, compliance with the questionnaire was verified in full.

The teachers interviewed were selected from the analysis of the disciplinary plans that they approached in their contents about humanization,<sup>16</sup> plans were selected. It was also observed that each teacher who had contents about humanization in their menus, generally, ministered more than one subject in the specific area of nursing. For interviews with the teachers, they were recorded in Mp4 and then transcribed, to retrieve the moment of their completion and the content of the speeches of the participants interviewed. Thus, it was possible to verify the saturation, considering the repetition of meanings and the uniqueness of the statements.

In the data analysis of this research, the content analysis was used. Thus, a plan of analysis was elaborated: literal transcription of the answers; construction of categories in which elements, ideas or expressions were grouped around a concept; and analysis of the information<sup>6</sup>. Considering this analysis, the following categories emerged: Teachers and students' view of humanization, Pedagogical strategies to approach the theme, Integration, and interdisciplinarity, Teaching-learning in service-community and Challenges experienced in the university's professional training process.

Participation in the research was through the signing of the Free and Informed Consent Term (TCLE) in two ways, as determined by the National Health Council.<sup>7</sup> This study was performed after submission and approval of the Research Ethics Committee of the UFPI Opinion 735.162, complying with the ethical and legal requirements of research involving human beings.

## RESULTS

### ♦ The university nursing course and the Pedagogical Political Project with a focus on humanization

The Nursing Bachelor's Course of the UFPI had its first vestibular in January of 1973, and the authorization for its operation occurred in 1974, through the act of the Rectory 198/74, initially at the undergraduate level and later at the *latu sensu* and *stricto sensu* levels, and to

secondary education. The curriculum was reformulated four times, and it was reformulated in 2006 by the new changes in the Curricular Guidelines and the first PPP was elaborated by Resolution n° 227/06, implemented in the first period of 2007.

The mentioned course on the campus of Teresina of the UFPI operated in two blocks: 11 and 12. In block 12, there was the administrative sector, having the nursing department, the coordination of the course, the computer laboratory (Including one for simulation), an auditorium, two research centers and eight research groups, such as directories linked to the National Council for Scientific and Technological Development (CNPq). In block 11, there were the classrooms. It is noteworthy that the basic subjects occurred in other departments of the UFPI. The course was organized in nine semesters, each composed of a fundamental axis and a set of articular bases. It presented a total workload of 4,185 hours/class distributed as follows: 3.120 theoretical-practical hours, 840 hours for curricular traineeship (420 hours for the community Internship in Primary Care and 420 classroom hours for the intra-hospital) and 225 class hours for complementary activities.

The course materials were divided into two areas: Area I, with Biological and Social Basis of Nursing (basic cycle, representing 28% of the course) and Area II, with Nursing Sciences (professional cycle, representing 72% of the course). The area I was subdivided into biological sciences and human sciences. In this area, it was observed the predominance of biological areas over social ones, and even with the increase in the hours of the subjects of the human areas in nursing, according to the new curriculum, social represent only 4.4% of the course. Area II was subdivided into Fundamentals of Nursing, Nursing Assistance, Health Management and Nursing Education. Nursing care subjects prevailed, with a total of 42.6% of the course.

In the student body, the were female gender predominating (79%) and the mean age group was between 19 and 24 years old (85%). The predominant entry in 2013 was the Unified Selection System (SISU) with 78%, followed by SISU quota (12%) and transfers (7%). Teresina was the hometown of most students (88%), and Maranhão was the second state with the highest number of students enrolled in the course (8%). It was verified that the teaching staff had 20 doctors in nursing and 12 effective teachers, besides seven substitute teachers.

There were 47 teaching plans of the PPP subjects of the nursing bachelor course were read and analyzed. Of them, 16 plans were selected for addressing humanistic content, such as Topics in Sociology, Philosophical Anthropology, Nursing in Primary Health Care, Nursing Assistance Methodology, Mental Health Nursing, Semiology and Semitechnical Nursing, Basic Rationale of Nursing I and II, Bioethics, Nursing Applied Didactics, Women's Health, Child and Adolescent Health, Elderly Health I, Public Health, Introduction to the Nursing Course, and Health Care Practices and Quality of Life.

In this study, it was possible to verify the methods of evaluation of the subjects, the basic bibliographies, the didactic-pedagogical methods and the teaching-learning scenarios predominant in the course. As for the methods of evaluation of the subjects, there was a predominance of the traditional content evaluation (practical or written test, seminar), besides the absence of a description of the types of evaluation used in the programs of some subjects. Thus, this event was understood as an indication of the perpetuation of the classical training model, in which the evidence was still given to the conceptual and cognitive aspects of the graduate, to the detriment of other essential aspects, for the development of a humanistic formation in health. The programs of the subjects of Semiology and Biotechnology, Basic Rationale II, Bioethics, Women's Health, Children's Health, Elderly Health were those that considered the students' attitudes and behaviors during the activities as evaluation method and represented only 37.5 % of the programs of the subjects under analysis.

The basic bibliographies of the subjects evaluated were composed mainly of books of the specific content of each subject, publications, and electronic articles. The Topics in Sociology in Health and Philosophical Anthropology presented more general bibliographies and maintained an interface with other areas of knowledge, such as Anthropology, Sociology, Philosophy, among others. As for the didactic-pedagogical methods and the learning scenarios, most of the programs described predominantly expository classes, while there was dialogue in the classroom, ascertaining the commitment in the program of these subjects in the development of teaching strategies in the classroom that allowed the interaction between the student and the relevant issues in each specific context presented.

### ♦ Humanization in the nursing course from the perspective of teachers and students

After analyzing the gathered information, the impressions, thoughts and attitudes of teachers and students regarding the humanization theme, the focus of teaching in nursing and the professional preparation for the SUS were perceived. Thus, five empirical categories were constructed to the contents expressed by the interviewees: The view of teachers and students about humanization; Pedagogical strategies to approach the theme; Integration and interdisciplinarity; Teaching-learning in service-community; and Challenges experienced in the process of university training.

#### ♦ The view of teachers and students about humanization

The teachers considered that the focus of the humanization theme in the nursing course was fundamental and it should be a cross-cutting theme, considering the notion of being inherent in the nature of nursing care, besides highlighting the importance of ethical-humanistic behavior, showing a concern for citizenship, how to live together, learning to be and learning to live together, elements that constituted the essence of human behavior and professional actions.

*Nursing is the humanization itself, it must be human, in all spheres, both in hospitals, in graduation, in the classroom, the person has to have respect for the human being, not cheating, as it is observed, the person has to have a structure focused on humanization (Teacher 2).*

*I do not deal directly with the humanization policy, but I understand that the humanization theme is a cross-curricular theme. Every discipline has to teach the boy, to understand what humanism is. What is the human being, understand that Brazil has a policy of humanization, because of nursing, even before this policy, we were already a course that we had many principles rooted in this factor. Unfortunately this is also lost, politics alone comes to strengthen this (Teacher 6).*

On the other hand, the students focused on the weaknesses of the humanization approach, due to the lack of emphasis on the discussion and the distance observed between what was theoretically approached and what the reality of SUS work required from the professional. The student also emphasized the limited approach of teachers on the understanding of humanization, in the abilities to act with empathy and charity in the promotion of care to the individual.

*The humanization theme was not the main theme of any discussion of teachers. Humanization was more experienced in practice by students and teachers but spoken randomly in the classrooms (Teacher 8).*

*I do not remember the direct use of this theme by any teacher (Student 11).*

*I have had many opportunities to practice, discuss, stimulate, and participate in humanization activities. Too bad that none was the specific subject of nursing, one was during the Subjects of Sociology of Health that is basic, and the other during participation in the education program by work for health, PET-HEALTH. Teachers simply say that we have to empathize, be charitable, listen to people. Always turning to the side of charity. They never discuss politics, the moral and ethical obligation to put it into practice, the principles, guidelines, devices; None of this is placed (student 13).*

#### ♦ Pedagogical strategies to address the theme

The teacher referred to the adoption of some methodologies and strategies aimed at understanding the humanization theme, through dialogic expository classes, exchanging of experiences and habitual knowledge, with the objective of attenuating the distance between teacher-student, besides emphasizing the practice of a welcoming atmosphere at the students' reception.

*We have already had classes talking about the humanization policy, the legal content and the strategies for the services, which they should promote in the sense of humanizing. Many strategies were observed in the hospital environment regarding color conceptions of environment, music, from a reception perspective. In the subjects, we do in the students' acceptance, in the exercise of the class, not specifically punctual, with theoretical classes on the subject, but in the daily experience, in the approach with the teacher, seeking to reduce this distance, which was previously very visible (Teacher 2 ).*

Although active teaching-learning methodologies and strategies for understanding the humanization theme in the nursing course had been applied, there was a lack of practical opportunities that encouraged students to develop related skills for the promotion of sensitive health care from the perspective of reflection and integration in teaching-service.

#### ♦ Integration and interdisciplinarity

It was verified how fragile the integration between the subjects of the mentioned

course. Through the teachers' reports, it was observed the adoption of the traditional, fragmented teaching model, in which each subject developed what was proposed in the biomedical paradigm in isolation. The student reported that hospital care and primary health care were encouraged, but they needed no further contact with a nurse teacher at the beginning of the course.

*You see a lot of dichotomy at the beginning of the course, because he, the student, does not know what Nursing is right, there, that subject of fundamentals begins, so go there, practice a skill, come back, but do not see the human being then it will fragment, and it will not have that notion of what is the whole (Teacher 3).*

*(...) The case studies are integrated among the subjects that minister, but I cannot say about other periods, because I am more of the last periods (Teacher 5).*

*(...) We need to have a more advanced curriculum, more dynamic, to take this subject, which even in the project says so, is interdisciplinary, transdisciplinary, but here comes a contradiction since the curricular matrix is disciplinary. So, what happens is that when you come to disciplinarity, the student studies anatomy in the first period and will use it only in the fifth or sixth period, and he does not know what he learned there anymore.*

Despite the isolated efforts of teachers to transform this reality, there was a gap between what the teacher understood as integration and interdisciplinarity, and what was done in the operationalization of the disciplines taught, and the students' learning demands and needs in the Process.

*We work in the hospital, public health area and we are encouraged to teach, but we would like us to have more contact with teachers/nurses at the beginning of the course so that the understanding of the profession could happen earlier (Student 3).*

#### ♦ Teaching-learning in service-community

The teaching-learning process in service-community in the undergraduate nursing course of the UFPI, according to the teachers and students, was marked by a conflictive relationship between teaching and service, in which communication and an understanding of fragile purposes between universities was evidenced and full-service health professional. Consequently, this conjuncture had negative repercussions on the receptivity and the effective opportunity of the student in the learning space in the service-community act, demanding efforts to strengthen the relationships between the subjects involved.

*When students go to the internship camp, sometimes they face access difficulties and relationships with some health care professionals. We need strategies to facilitate this access, making a partnership between the educational institution and the services (Teacher 2).*

*(...) It would need to bring the nurses of the community, to qualify it using a master's degree; Open the doors, negotiate, so that we can work more hand in hand, there are many difficulties of penetration in the fields. Field nurses, who are sometimes former students, do not want to collaborate. Teaching is far from reality. There is a matrix curriculum, a matrix still all perpendicular in the disciplines, this is archaic. It would have to be a university policy, or the course itself, to transform into a more dynamic matrix that would bring it closer to reality. Today all nursing courses in Brazil have a direction that is the National Curricular Guidelines. In 2001, the Ministry of Education and the Ministry of Health talked about the fact that health education had to be work-oriented from a SUS perspective. Guidelines, pedagogical project, a way of teaching and even evaluation should be very interconnected (Teacher 6).*

*The teaching needs attention and explore more primary care (Student 14).*

*The teaching is still very technical, most of the course is formed to know the procedure, to have the knowledge to apply (Student 19).*

The teacher emphasized the importance of structuring and consolidating changes in the relationship and dialogue between the university and the health service. The teacher emphasized the need to institutionalize curricular changes in the PPP of the nursing bachelor course, such as the adequacy of the course to the recommendations of the National Curricular Guidelines, seeking the appropriate training of nurses, in terms of curricular content; spaces, methodologies and teaching-learning strategies; articulation between teaching-research-service; and preparation and mastery of professional skills and abilities.

In fact, according to the students, the process of teaching-learning in service-community in the undergraduate nursing course of the UFPI was marked by the emphasis on the stimulation of the student to the domain of knowledge and technical procedures, to the detriment of the offer of learning in community service that favor the development of skills to perform the humanized service in SUS.

## ♦ Challenges experienced in the university's professional training process

Among the challenges experienced in the training of nurses of the UFPI, the teachers emphasized the overload of work that was added to the lack of institutional support in the provision of structure and resources for the quality of the ministrations of the subjects, while the student referred as challenging the weaknesses of the availability of teachers and specific spaces for service-community learning, which consequently compromised the quality of the training process, although the PPP aimed at general education and then nurses could specialize in specific areas.

*There is a lot of work overload, because every day he gets more involved, even though I am an exclusive dedication, I work here morning, afternoon and evening, to attend, we feel more and more compromised, and often we do not find institutional support in terms of resources to develop, then this causes a much greater erosion in relation to the service structures (Teacher 2).*

*Health services are still a problem because not all services are part of professional practice. The teachers do not stay directly in the care campus, which would be ideal since we do not handle so many course activities (Teacher 4).*

*Some specific fields, such as intensive care units, are not practice camps, so some areas are left without the necessary experience (student 18).*

## DISCUSSION

The nursing bachelor course has a predominance of female students and a qualified teaching staff. It was observed an approach of humanization in curricular contents since the nature of nursing care is an inherent notion, but presented in a limited way in the teaching-learning process. In this study, it was evident the lack of consensus between teachers and students regarding the approach to teaching humanization, because while teachers emphasize as a cross-cutting theme nursing, students present a limited approach to this subject during graduation, claim that in education there is a Greater approximation of the humanization to the attitude of charity and leaving the approach as Political, the ethical and moral obligation to exercise the directives of the PNH.

The insertion of contents and subjects that focus on issues related to the human sciences and that base the vision on a man

can contribute to the understanding of the current political proposals of humanization of health care. However, only the insertion of contents and disciplines does not guarantee significant changes in the training of the graduate in health, since these contents can be circumscribed to some specific disciplines, often of basic formation of the human areas, offered at the beginning of the courses that are little articulated some the others. Therefore, there is a risk for students to acquire some cognitive knowledge, with few opportunities to review professional attitudes.<sup>1</sup>

The teaching of humanization is possible by teaching strategies that go beyond the traditional method, and it is necessary to use experiential strategies related to the practical activities developed by students, to stimulate reflection and critical action, and to the problematizing methodology. Learning involves many factors, such as transversality, listening and exercise for the perception to feel are to understand, going further, because it also involves affectivity, imagination, intermediation and sensitivity. During practical activities, students need opportunities to make and learn care in a sensitive way, with a chance to articulate the cognitive, emotional, behavioral, and attitudinal dimensions of knowledge.<sup>1</sup>

Thus, for humanization to be effective in practice, it is necessary to work in a team, valuing the participation of all the protagonists in health settings. To do this, all the members, beginning with the training process of the professionals, must experience spaces that favor the learning and the challenges of working as a team. It is evident the need to implement one of the devices of the PNH in the institutional spaces of training of the professional in nursing: the humanization work group (GTH). This device refers to a meeting group of people interested in discussing the work environment and the relationships that are established in it, becoming a space for the integration of people. In this way, it would be a strategy for the educational institution to contribute to services to study the precepts of politics, to problematize routine situations, to discuss difficulties and to present solutions. Because according to the PNH guidelines, it is not possible to work in the context of humanization without teamwork.<sup>2,8,9</sup>

A study carried out with undergraduate nursing students from a public university mentions the lack of preparation for an attitude of listening, involvement, and

acceptance with the patient/service user suffering, noting the prevalence of technical work in the humanization of practices. A documentary study that sought to know the contents suggestive of the National Humanization Policy saw that, in the programs of the disciplines that make up the curricular structure of 13 undergraduate nursing courses, the tendencies are ambiguous in the way of approaching the content of humanization, being presented in subjects and it is present in all the schools surveyed.<sup>10</sup>

This study showed the need for adaptations regarding curricular content approach methods, which deal with health policies, especially the National Humanization Policy, for effective learning, using strategies that stimulate caregiving practices, contemplating the aspects of health, education and work in an integrated way.

It is necessary to articulate the contents of the human sciences with the clinical contents, as well as the spaces of formation, which should allow the sharing of knowledge between services and the training institution. From this integration, new relationships between teachers, students and health professionals arise. Active methodologies are considered, with the participation of teachers and students in the fields of practice and incorporated into public health policies as important pedagogical strategies. Also, students need their limitations to be accommodated, with spaces for reflections on their emotions to guarantee the development of their professional maturity and the preparation of the person during the formation process. Thus, this idea meets the training profiles proposed for undergraduate courses, which focus on professional training not only technical but critical-reflexive, ethical and promoter of citizenship, involving recognizing the role of the university as one of the social spaces aimed to the formation of people.<sup>1,10</sup>

In this study, teachers were dissatisfied with the workload and lack of institutional support in the provision of transportation and other resources to better manage the subject. Thus, faced with a situation of discontent such as this, it can affect negatively in the scope of academic or health education, since professional motivation is a factor that interferes in the diverse ways of acting of the subject.

People affiliated with any institution are vitally important in achieving and achieving the goals because the presence of motivated

and satisfied individuals with their work and organization increases performance as well as quality of service.<sup>11</sup>

In a survey carried out in Santa Catarina, Rio Grande do Sul and São Paulo, which evaluated the effects of the National Humanization Policy (PNH) on health production in SUS, the study concluded that the duration of the training was insufficient to generate satisfactory understanding and experimentation still in its course, bringing the need for political support in the post-course period. It is argued that the insufficiencies of training, regarding the understanding of concepts worked by the PNH, are related both to their complexity and to their counter-hegemonic position in the health field, which would require intense conceptual and subjective displacements. It is highlighted the presence of a gap associated with the experience of the ethical-political dimension.<sup>12</sup>

In this context, the great challenge for educators is to train professionals capable of responding to the demands of a complex society and entering a competitive labor market. However, training should not only privilege entry and permanence in the labor market, but also emphasize a humanist education, which promotes the construction of critical, autonomous, and transformative subjects.<sup>13</sup>

Teaching is an ally in the changes that must occur with health professionals; I bet that their training requires a rupture of undergraduate health education, when guiding their activities in the technical procedures and evolution of clinical conditions, for the effective education in the act. This should be done through caretaking practices, with innovation and focused on the dialogue between user and team, seeking to create the necessary integrations between health, education, and work.

## CONCLUSION

The humanization of health is a present concern in the training of university nurses. However, it is still elementary, given its greatness and the reordering of existing practices and models. Disclosures were revealed: shortcomings in the training process; Fragile integration and interdisciplinarity; A conflictive relationship in the teaching-learning process in service-community; And the mastery of technical knowledge and procedures, to the detriment of the offer of opportunities that stimulated the skills to perform humanized service in

and for the Unified Health System. It was also observed that there was no consensus among teachers and students regarding the approach to teaching the humanization.

It is believed that the contributions of this study may reveal institutional elements favorable to the promotion of changes in the nursing bachelor course at the Federal University of Piauí, whether these theoretical, conceptual, methodological or related elements to the human illness process and the relational practices between the nurse and his patient, between teaching and service, and between teachers and students. It is also believed that it is possible to promote reflections on national health policies, especially the National Humanization Policy, the Unified Health System and its possible articulations with the health training process. Thus, it is expected that this study will contribute to the construction of a collective awareness of all those involved in the educational process, with graduates qualified and focused on an integral and universal assistance of the population.

The findings of this study can find a parallel in other courses and institutions, presenting an instrumental value for the elaboration of new questions and interpretations on the theme. However, other studies are needed, in different contexts and with diverse populations to expand the possibilities here pointed out and the own understanding of the phenomenon.

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