ABSTRACT

Objective: to analyze how the National Program of Reorientation of Vocational Training in Health had repercussions on the process of training nurses in the southern region of Brazil. Method: a descriptive and analytical study, with a qualitative approach, with 22 registered nurses from three undergraduate Nursing courses. The production of data was performed through questionnaires and, these were then analyzed by the operational proposal. Results: the program was incorporated into the nurses training process, encouraging training institutions to adopt strategies based on the three structuring axes of the program. Conclusion: the program stimulated in the training process an understanding of the health system and its advances, preparing nurses to work at the different levels of care, as well as promoting an overview of how the Unified Health System works, with its potentialities and challenges. Descriptors: Nursing; Education; Staff Development.

RESUMO

Objetivo: analisar como o Programa Nacional de Reorientação da Formação Profissional em Saúde repercutiu no processo de formação de enfermeiros na região Sul do Brasil. Método: estudo descritivo e analítico, de abordagem qualitativa, com 22 enfermeiros egressos de três cursos de graduação em Enfermagem. A produção de dados foi realizada por meio de questionários e, em seguida, esses foram analisados pela proposta operativa. Resultados: o Programa foi incorporado no processo de formação dos enfermeiros, estimulando as instituições formadoras a adotarem estratégias baseadas nos três eixos estruturantes do programa. Conclusão: o Programa estimulou no processo de formação de uma compreensão do sistema de saúde e seus avanços, preparando os egressos enfermeiros para atuar nos diversos níveis de atenção, além de promover uma visão geral de como o Sistema Único de Saúde funciona, com suas potencialidades e desafios. Descriptores: Enfermagem; Educação; Desenvolvimento de Pessoal.
INTRODUCTION

The trajectory of nursing education has always been linked to the political-economic-social model prevailing in Brazil. However, to suit the professional profile required by the healthcare model proposed by the national health policy - UHS, this trajectory has undergone significant changes over the years, overcoming some challenges in the contexts of each historical moment of society.1

The reforms in the proposal for the education of undergraduate courses in Health and Nursing were later articulated with the Brazilian Health Reform, resulting in divergences between health education and the national health policy - the Unified Health System (UHS).2

It is desirable that the training of health professionals consider a generalist professional profile, critical and reflective, that provides care in its entirety, aimed at a more humanized practice with the adoption of UHS principles and guidelines. This training needs to consider the epidemiological profile, through contact with the community and with the care contextualized in the health-illness process of the people.3

Faced with such a broad and challenging profile for the training process, the National Program for Reorientation of Vocational Training in Health (Pro-Health) comes up, an initiative of governmental cooperation, to bring training of health professionals closer to the assistance model advocated by UHS, seeking to promote the integration of the health and education sectors. To that end, it presents, in its proposal, the guiding axes of the national program of reorientation of health education: theoretical orientation, practice scenarios and pedagogical guidance.4

From the proposal of the Pro-Health program, there are many questions. Among them, if the changes in formation are only directed to the application of scientific principles to solve users’ instrumental problems, or, are opening spaces for the student to develop, beyond technical skills and abilities, the critical-reflexive capacity, through reflective practical teaching. This is because, in order to promote it, it is necessary to develop a reflexive practical teaching,5 because it allows the reflection of the praxis, in search of a Health and Nursing professional able to deal with the unique and plural challenges are presented to them daily in their fields of activity.

Such education is capable of promoting training in accordance with UHS principles, based on universality, integral care, preservation of autonomy, equality of health care, right to information, dissemination of information, use of epidemiology for the establishment of priorities and community participation.6

Thus, considering the relevance of the Pro-Health Program in the reorientation of training in Health and Nursing, this study aimed to analyze how the National Program of Reorientation of Vocational Training in Health had repercussions on the process of training nurses in the southern region of Brazil.

METHOD

This study was extracted from a dissertation that is part of the macro-project << Reorientation of the training of nurses in the Southern region of Brazil: an analysis of the Pro-Health program >>, funded by the CNPq and approved by universal decree 14/2013 - Track B.

Descriptive and analytical study, with a qualitative approach. The participants were 22 graduates from three Nursing courses in the Southern region of Brazil, who developed projects within the Pro-Health Program. From the total of 111 Nursing Undergraduate courses in the region, 14 courses were classified according to the positive results of the Pro-Health program announcements. For the study, the oldest courses, in relation to the program, contemplated with the Pro-Health edicts of each of the States were selected.

The graduates of the Nursing course, trained as of 2011, who worked and/or had been working in the care network for at least three months, were invited to participate in the study.

109 graduates were located through a social network, and sent a message explaining the research project and inviting them to participate in the research. Of these, 22 accepted to participate, since some did not respond to the message in the stipulated period and/or had not worked and/or were working in the network attention for at least three months.

Of the 22 participants, 19 were women and three men, aged between 22 and 50 years, graduated in Nursing, in 2011 (nine students) and 2013 (13 students). Of the total number of participants, 20 were currently in the South, one in the Southeast region of Brazil and another foreign country.

The interviews were conducted between April and August 2015, using a questionnaire constructed from the axes and guiding vectors

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English/Portuguese

Corrêa AB, Reibnitz KS, Kloh D et al.

568

Contributions of the pro-health program...
of the Pro-Health program and sent to their personal e-mail.

The axes of the Pro-Health Program were established as categories for organization of data, and data analysis was performed according to the operational proposal for the analysis of qualitative data. The following analytical question was then formulated: What were the repercussions of each of the axes of Pro-health in professional practice, in the view of the graduates?

From the analysis of each of the axes, three categories emerged: from the theoretical orientation axis, the category “Professional practice based on the principle of integrity and lifelong education”, from the orientation of the practice scenario, “Integration for teaching-service, a preparation for professional practice in its image-objective sense “and, finally, of the pedagogical axis, in the category” the pedagogical proposal and its senses in the view of the graduates.”

The project was submitted to the Ethics Committee of the Joana de Gusmão, Children’s Hospital and approved by opinion number 005176/2015 and Certificate of Presentation for Ethical Assessment (CAAE) number 41151015.0.0000.5361. The acceptance of the graduates to participate in the research was obtained through the signing of the Informed Consent Term (ICT). The anonymity was maintained using alphanumeric identification (E- egress, followed by a numerical order from one to 22).

RESULTS

Professional practice based on the principle of integrity and lifelong education

Nursing graduates highlight, in their training, aspects related to health, biological, social, cultural, epidemiological determinants, always seeking the context of the patient to perform care in an integral manner. This process was anchored in evidence capable of enabling health-disease assessment and redirect promotion and prevention interventions according to loco-regional health needs.

[...] we learn to have a systematized look at everything, always look for the patient as a whole, because he/she is there, what is epidemiologically caused, where he/she lives, if that influences; socioeconomic, family, and psychological conditions. I believe that if you treat only the disease does not solve the problem, you have to go deep and research what caused it [...] (E3)

The graduate gave the opportunity to discuss holistic care for the various dimensions of the human being in their professional practice. The training was considered very emphatic in this sense.

The experience in participating in the Pro and Pet-Health Programs provided opportunities to experience multi-professional teamwork, humanization of care, prevention and health promotion.

We were completely oriented to prevention and health promotion, from an early time we had to disconnect from the hospital-centered look and have a look at the promotion and prevention of health, for the health determinants; what is health? This was very strong in our graduation and Pro-Pet ended up exacerbating this look even more mine than I was a stockist [...] (E13)

In my training I was oriented to have a vision of the whole, humanization of care, having empathy with the patient. Through the programs of the Pro-Health and multidisciplinary and multi-professional experience in health [...] (E14)

In addition to care based on integral care, graduates identify that research and ‘learning to learn’ were present in their training process, intertwined undergraduate and continuing education in health. Through the incentives received in the training, the graduates entered specializations, masters, doctorates and residences, as it is observed in the following statements:

I participated in five research projects, two extension projects, I did scientific initiation, but everything in the area of urgency, characterization of trauma lines [...] the teaching is all focused on the student, from the first year they force you to go back and study and I feel like I’ve developed this, I’m always looking for courses [...] I’m currently in residence. (E1)

The graduates understand that they are in constant learning, as shown in the following statements:

[...] I do not know where to look for information, and I did not have access to it at all, but it does not influence me negatively, because it’s up to me to get this information when I need it. (E9)

[...] in the globalized world you have to be always updating and it makes all the difference to know what is up in that moment, what we must improve, what is emerging of new technology to be able to use in our favor [...]. (E3)

Teaching-service integration: a preparation for professional practice in its image-objective sense

The training process integrated the theoretical orientation with the practice and
promoted the active interaction of students with health professionals and with the population. It provided graduates with work on real problems, assuming increasing responsibilities as care providers.

It was noticed that the teaching-service integration was more visible in the two schools that had university hospitals, because the employees were accustomed to receive the students and were more receptive. The other practice scenarios were also mentioned, with a welcoming professional practice, with the exchange of experience between the academy and the service, influencing the professional practice of these graduates, as it is observed below:

[...] in the university hospital it is quiet, this service teaching integration, because the professionals are already accustomed to this issue of having students, it was very good there always. In the BHU stages also, they were units that routinely received students and the [professionals] staff was already accustomed and [...] it was always very peaceful to enter the units. (E15)

The integration teaching service was more visible within the UH. The CCS, which is where we have the theoretical classes, is behind the UH. So the teachers were both there in the CCS and in the UH, both in the research part, and in the teaching and also hospital employees, they also have this view that there are students inside and that the students are learning and that they have this very large interaction [...] (E21)

The participants emphasize the contribution of the teaching-service integration since the beginning of the training, favoring interdisciplinary and multi-professional experiences, including care at all levels of attention, contributing to relate the daily practices of health professionals and knowing the area of action of each one. As expressed below:

[...] we have always had this teaching service interaction. In one of the first contacts [...] groups were formed with one academic from each health course (all from the same period) and a tutor (institution teacher or health unit professional) who was responsible for the group. The activities were developed in the Health Unit in order to understand the day-to-day practices of the professionals and the programs developed, as well as to relate the area of action of each course within this unit. (E11)

The scenarios in which graduates developed learning during training were diverse; Since the beginning of graduation, with increasing degrees of complexity, distributed in: Basic Health Units (BHU), hospitals and schools, including the different levels of attention.

The importance of the experiences in the various real scenarios of practice prepares the graduates to act in the different levels of attention, besides being able to have an overview of how the UHS works, giving support to the professional life. They describe these practice scenarios in the statements:

In the BHU I also started in the second year [...] we continued to go to the BHU in the other semesters, because the collective health was well integrated with the hospital system [...] because it was a relay between the hospital and the collective health. This experience at the various levels of attention gave support, because, as it was a mixed service, we found everything that is kind of patient and having practically done a tour in the health systems helps me a lot now. (E4)

The graduates, in addition to passing through the various practice scenarios, completed the compulsory curricular internship in its entirety in the UHS network, as the interviewees report:

Certainly this experience of going through several practice scenarios was very relevant because you can never understand the whole health system if you do not go through everything. (E3)

[...] the first semester we were inserted in the BHU and throughout the graduation we were being inserted in hospital units [...] we had to have a workload of 50% supervised internship in the basic unit and in the hospital unit. (E15)

The graduates reported that the development of the referral and counter-referral mechanisms with the UHS network at graduation were poorly visualized. When perceived, these mechanisms presented difficulties or failures, once the users were referenced and there was no continuity in the follow-up, and the care flows were not fulfilled. The graduates describe that they came to see this reference and counter-reference more in their professional practice, but still consider one of the greatest challenges for UHS, as can be seen in the following statements:

We were able to integrate with the other levels of complexity, but often this mechanism was flawed, we realized that many patients, for example, when they were discharged from the hospital, were referred to the basic network, but had no continuity in the follow-up of the patient [...] is a management problem. (E16)

In the information on the development of reference mechanisms and counter-references during training, graduates identify the strategies of the academy to carry out this
process, from an informal network of relationships, since some cases could not wait.

[…] What we tried was between the academics and the teacher to use the connection we had with the UH, when we were in Primary Care we managed, but not in the sense of network of attention, another network of friends, because we knew who was in the hospital, we called and we talked directly to this person, because if we sent what the flow of the network would be like that user would take a lot to arrive and we had some cases that could not wait. I saw the reference and counter-reference working when the gym was involved. (E17)

♦ The pedagogical proposal and its senses in the view of the graduates

The graduates describe the development of the course as a learning process from the integrative disciplines, the use of the problematizing methodology, sharpen the search for information and self-learning.

The evaluation was procedural and summative, interaction occurred with the colleagues and teachers, being stimulated the clinical reasoning and the reflection.

We used methodologies that favor the active participation of the student in the construction of knowledge in the disciplines at the end of the curriculum. The evidence itself was given as a problem situation […]. Classes are given in circles and are by conversation with the teacher. (E17)

The disciplines were integrated from the beginning, for example, everything we visualized was meant to make sense with the other disciplines […] The disciplines were integrated and the evaluations also, the teachers elaborated the clinical cases and we were solving as the learning […] this integrated curriculum was what favored a lot and the integrated curriculum started by Pró-Saúde […]. (E8)

In the integrated disciplines, the training was carried out in small groups, stimulating the search for information, the problematization, the critical and reflexive discussion, occurring in diversified environments, with activities structured from the health needs in different scenarios, aiming at the transformation of practice and involving all participants in the process.

They emphasize the role of the teacher as a mediator of learning, through research, group interaction, dynamics, presentations; the organization of the room, participative evaluation in the student in the evaluation of the curriculum developed, realized much more learning.

The teacher interacted a lot with us, gave a certain autonomy, he indicated the way, but we had to go behind […] That part of the methodology I have nothing to complain about, because it was very good indeed. This relationship between content in all disciplines occurred. (E6)

The active methodology was pointed out as a positive differential, encouraging the student to seek learning. Dynamic classes lead students to interact more and learn more.

It is a differential to be able to rely on this type of active methodology […] the student seeks to learn […] Generally the groups of tutorials are small, we could at the time of problematization have more understanding, everything starts to fit and are […] one topic per class. […] At that moment the students bring what they have of knowledge and the teachers will orientate within the problematization. (E3)

The graduates emphasize the difficulty in realizing the association of the theory with the practice for the consolidation of the knowledge in discipline that followed the traditional pedagogy, and that was not ministered by nurses. There was no understanding of why this content would be important for Nursing.

The disciplines that we had in the CCS all of these were integrated, but the disciplines that we have in the basic ones did not really have this integration, pharmacology, pathology, among others … We saw these disciplines at the beginning of graduation, the first and second year, then we would miss her there in the fourth, fifth semester, when we had the health of the adult and the elderly […] (E21)

In the basic subjects, the students experienced the traditional method of teaching, with lectures with overhead projectors, and student learning was evaluated by means of objective tests.

The basic disciplines are totally conservative […] the classes are in line with the teacher talking on the slide and then charging in the test, there is nothing active methodologies (E17).

**DISCUSSION**

The Pro-Health and PET-health programs have been gaining space in the discussion about the reorientation of professional training in health, stimulating the training institutions to adopt strategies based on theoretical orientation, practice scenarios and pedagogical orientation, in view of their ability to provide answers to many problems experienced in the health training process.6

As in the study3, this research evidenced that graduates recognize the interaction made possible by PRO-PET, allowing a greater view of the context in which students are inserted.
and ensures that professionals and students know about other ways of seeing and acting on the world and their needs, to implement comprehensive health care.

It should be emphasized that the integrality of health care, especially in basic care, encourages an expanded view of the health-disease process, based on the patients’ health needs, taking into account their ways of living and facing health problems.9

At this juncture, the training of the nurse must conceive the attention to the health of the people, propitiating support and construction of the autonomy in the process of life and the social commitment with the health problems that are present in the history of life of each individual.

Another important point in the research was the rescue by the graduates of interdisciplinary work, being a great contribution of the curricular proposal of HEI for the training, mainly by those who had the opportunity to participate in PET-HEALTH during graduation.

The egress nurse, as in another study10, recognizes the importance of learning to learn, producing of meanings, significances and implications built through problematizing pedagogical practices, from a reflexive process in the formation, considering the responsibility that has before the construction and the improvement of their knowledge for professional practice.

The data from this study allow us to infer that health professionals recognize that their training should be a permanent process, starting at graduation and maintained throughout the professional life. It is present in the training through incentives, such as the National Policy of Permanent Education in Health, programs such as Pro-Health and PET-Health and incentives/good examples of teachers. Thus, Permanent Education is adopted as a day-to-day practice of its activities, in the search for answers to its questions, through the need for more in-depth knowledge of the different specialties, according to the aptitude and/or area of performance throughout the professional life.11

The integration between education and health, services from the beginning of training, adds effective elements to overcome the traditional fragmentation between theoretical learning and practical experiences. This approach occurs through the curricular activities of the graduation, but also extracurricular activities, such as the PET-Health Program. The teaching-service integration allows the students an understanding of the learning coherent with the concrete needs of the people and of the health system in force.12

This approach to the world of work with the academy is potentially positive for reflective practical teaching because it brings the real demands of services closer together. In this perspective, from a concrete reality, rich in learning situations, in which they face the challenge of finding alternatives to situations that require the application of knowledge that is beyond those learned in technical rationality.5

Reflective practical teaching is critical, it is self-evaluative. This critical thinking is necessary for the learning environment at all levels of education, since it assists in greater control of the learning process and encourages the student to deepen their knowledge.13 In this sense, reflect and experience the contexts of health services, enables the student to more effectively relocate,with more dexterity, real and concrete situations, enabling him to assist the human being in its integrality and seeking alternatives to solve uncertain and conflicting situations of practice.

In the teaching-service integration, the practice scenario becomes a key part of learning, as it allows for new experiences with the world of work and instigates interdisciplinarity and intersectorality, in diversified scenarios. Thus, the world of teaching is approached with the world of service, of experiencing health care and work during training, encouraging the professional practice of nursing.12,14

When receiving the academics daily, the professional treats in a welcoming way and perceives the change that occurs in their routine of work, because they bring in their speech the academic updates and question, this knowledge, in practice. This exchange of knowledge results in the renewal of professional knowledge, stimulating the search for new information, making a moment of mutual learning.14

Difficulties regarding the reference and counter-referral relationship within UHS and integration between the levels of care remain a challenge for the training, for health professionals and for the UHS. We highlight the recent implementation of Health Care Networks (HCN), which are configured in organizational arrangements of actions and services with a view to integral care. The networks provide actions aimed at meeting the population’s health needs, provided, in a continuous and integral way, by multi-professional teams that share objectives and
commitments with health and economic outcomes.\textsuperscript{15} A study on formative evaluation in the processes of change in the training of health professionals, it also highlights the potential of the Pro-PET Health program by encouraging the integration of curriculum and changes, becoming an important policy that induces central themes in the processes of reorientation of health training, among them concrete advances (institution of integrated disciplines, proposition of articulating projects, drastic curricular changes or, at least, the beginning of the reflections inside the courses).\textsuperscript{16} In this study, nurses also identified, in the training process, strengths such as articulation between the disciplines, theory with practice and bio-psychosocial dimensions, reality as a motivator of meaningful learning and the active posture of the student in the process. The overcoming of the linear curriculum, in the search for the construction of knowledge articulated to reality, in a critical-reflexive way, effective for the integration between teaching and professional practice.\textsuperscript{17} Some PCPs are organized into “knowledge centers”, rather than disciplines, where each Knowledge Center has been highlighting the “Learning Units” since the beginning of the training, preparing students to work in multi-professional teams, aligned with scientific advances and valuing research, developing individual and group projects, inter and trans-disciplinary, by module, vertically or horizontally. The training encouraged by the Pro-Health program promotes the collective discussion of the pedagogical course project - PCP, in order to have professionals with a profile to act in accordance with UHS principles. Some Nursing graduates, during training, still faced difficulties to find an integrating axis between the contents, especially those contents that were not taught by their peers, who presented the knowledge in a fragmented, isolated, decontextualized way of the nurses’ daily routine.\textsuperscript{18} Reflective Nursing education is an emerging theme in the professional nursing scene, as, it is based on the legal issues of reorientation of professional training (Curriculum and Pro-Health Directives), and is committed to training competent professionals and citizens who can contribute to the improvement of the profession and society. Based on curricular and methodological reforms, it was possible to identify changes in the formation process through active methodologies, which, in turn provides the stimulus for reflective teaching, reflection on thoughts and practical experiences, offering opportunity to change what is thought and what is done through the critical analysis that leads to the integral understanding of health.\textsuperscript{19} In the process of formation, the students are inserted in the context of the work, face situations that allow to recognize the real needs of individual and collective health, and not just as spectators of this daily life. The student constructs his critical-reflexive thinking during the immersions in the different scenarios, relating the practice to the theory obtained in the searches, group discussion and with real health care teams, allied to investigative reasoning, creativity, communication and problem solving skills, in which he appropriates interdisciplinary teamwork, centered on the human being and the profession. The teacher is more than a mere transmitter of knowledge, he assumes the role of facilitator, making reciprocal exchanges, favors autonomy and stimulates reflective teaching, preparing the graduates to act in the different levels of attention, besides being able to have an overview of how UHS works, giving support to the professional life.\textsuperscript{20} The students expressed similar opinions regarding the organization of the subjects in the first semesters, still carried out in a traditional way. This fact points to the need to advance in the implementation of the curriculum, in view of the necessary integration of the “basic” disciplines with the others. The contents need to be articulated to make sense of student learning. To speak of completeness, and at the same time, compartmentalize contents is a contradiction that needs to be overcome in the initial formation of nurses. In this perspective, the process of training through active methodologies during graduation can positively influence the new professional who seeks to mirror some teachers, corroborating the idea that such methodology used during their training was effective.

**CONCLUSION**

The results demonstrate that the Pro-Health program contributed positively to the nurses’ training process and to the reorientation of professional training - a change in the care model, ensuring an integral approach to the health-disease process, promoting transformation in the processes of knowledge generation, in order to offer the...
society professionals qualified to respond to the needs of the Brazilian population and the operationalization of UHS.

The data of this study provides evidence about the contribution of the Pro-Health Program to the necessary transformations in the training process, in view of the qualification of the nurses professionals to act in the different levels of attention, in accordance with the principles and guidelines of the Unified Health System, besides offering an overview of how UHS works, with its potentialities and challenges.

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REFERENCES


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