



ARTICULATION IN TEACHING-SERVICE WITHIN THE SISTEMA ÚNICO DE SAÚDE AND THE IMPLICATIONS FOR NURSING

ARTICULAÇÃO ENSINO-SERVIÇO NO CONTEXTO DO SISTEMA ÚNICO DE SAÚDE (SUS) E AS IMPLICAÇÕES PARA A ENFERMAGEM

ARTICULACIÓN ENSEÑANZA/SERVICIO EN EL CONTEXTO DEL SISTEMA ÚNICO DE SALUD (SUS) Y LAS IMPLICACIONES PARA ENFERMERÍA

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ABSTRACT

Objective: to reflect upon the new educational methods in the nursing field, where the professor acts as a facilitator in the teaching/learning process to train nurses that are more critical and thoughtful, according to the Unified Health System (Sistema Único de Saúde - SUS). **Method:** this article reflects upon the articulation of education-service within the SUS and its consequences for the nursing area, based on a literature review whose goal is to analyze, in an innovative and transforming way, situations of health and disease and the respective practices that are part of the reality experienced by the nurses. **Results:** found that, currently, the universities have given greater importance of training human resources in health, just at the critical view of practice and care for human beings in pursuit of excellence in care. Therefore, training in accordance with the Guidelines of the SUS agrees that these goals will only be achieved when using the novel methods in nursing education. **Conclusion:** after reflecting upon the topic, nurses are expected to be more critical and to promote humanized, customized and excellence-based care when providing care or working in rehabilitation. **Descriptors:** Unified Health System; nursing; curriculum; humanization of assistance; methodology.

RESUMO

Objetivo: refletir sobre os novos métodos de ensino de enfermagem, nos quais o professor é um facilitador no processo de ensino / aprendizagem na formação de enfermeiros mais críticos e reflexivos, de acordo com o Sistema Único de Saúde (SUS). **Método:** trata-se de um artigo de reflexão sobre a articulação ensino-serviço no contexto do SUS e as implicações para a enfermagem, com respaldo em revisão de literatura, cuja finalidade é lançar um olhar inovador e transformador das situações de saúde/doença e seus respectivos cuidados que fazem parte da realidade vivenciada pelos enfermeiros. **Resultados:** constatou-se que, atualmente, as universidades têm dado uma maior importância da formação de recursos humanos na área da saúde, justamente na visão crítica das práticas e da assistência ao ser humano em busca da excelência no cuidado. Portanto, a formação de acordo com as Diretrizes do SUS está de acordo com esses objetivos que somente serão alcançados quando utilizadas as metodologias inovadoras no ensino de enfermagem. **Conclusão:** após a reflexão sobre o tema, espera-se que os enfermeiros durante sua prática na comunidade, na promoção da saúde ou reabilitação, sejam mais críticos e promovam um cuidado humanizado, individualizado e de excelência na população atendida. **Descritores:** Sistema Único de Saúde; enfermagem; currículo; humanização da assistência; metodologia.

RESUMEN

Objetivo: reflexionar sobre los nuevos métodos de enseñanza de enfermería, en los cuales el profesor es un facilitador en el proceso de enseñanza/aprendizaje en la formación de profesionales más críticos y reflexivos, de acuerdo con el Sistema Único de Salud (SUS). **Método:** se trata de un artículo de reflexión sobre la articulación enseñanza/servicio en el contexto del SUS y las implicaciones para enfermería, con respaldo de revisión bibliográfica, cuya finalidad es tener una visión innovadora y transformadora de las situaciones de salud/enfermedad y sus respectivos cuidados que son parte de la realidad vivida por los enfermeros. **Resultados:** encontró que, en la actualidad, las universidades han dado una mayor importancia de la formación de recursos humanos en salud, justo en el punto de vista crítico de la práctica y el cuidado de los seres humanos en búsqueda de la excelencia en la atención. Por lo tanto, la formación, de conformidad con las directrices del SUS está de acuerdo en que estos objetivos sólo se lograrán cuando se utilizan los nuevos métodos en la educación de enfermería. **Conclusión:** después de la reflexión sobre el tema, se espera que los enfermeros, durante sus desempeños en la comunidad, en el fomento de la salud o rehabilitación, sean más críticos y fomenten un cuidado humanizado, individualizado y excelente para la población atendida. **Descriptor:** Sistema Único de Salud; enfermería; currículum; humanización de la atención; metodología.

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INTRODUCTION

Recently, modern society has experienced a quick and constant process of evolution in sciences, and consequently in technology, results of a historical-social process that reached its apex in globalization. The globalized world has promoted the narrowing of gaps, crossing of borders and furthered the socialization of knowledge and technology, integrating the many social realities and promoting interchange between several cultures.¹

To corroborate it, the new configurations of the new world and its quickened process of scientific modernization demand new forms to build knowledge, pushing for changes in the education of competent professionals to provide healthcare to the population. This need for change results from certain elements, such as the new ways to organize the activities in the world of healthcare work and the demands for new professionals, whose profile is focused on transdisciplinarity and the production of knowledge.²

OBJETIVO

- To reflect upon the new teaching methods in the nursing field, where the professor acts as a facilitator in the teaching/learning process to train nurses that are more critical and thoughtful, according to the Unified Health System (Sistema Único de Saúde - SUS), whose goal is to analyze, in an innovative and transforming way, situations of health and disease and the respective healthcare practices that are part of the reality experienced by the nurses.

CONTEXT

♦ The Unified Health System and the education of nurses

The 1980s were influenced by reforms in every aspect of society, including the economic, political, and social sectors, and the most important of such moments was the day in which the Constitution of the Federative Republic of Brazil was promulgated, in 1988. Surely, the new Constitution brought advances for the Brazilian citizens by upholding fundamental guarantees. Among these, article #196 describes: “[...] Health is a right of all and a duty of the state and shall be guaranteed by means of social and economic policies aimed at reducing the risk of illness and other hazards and at the universal and equal access to actions and services for its promotion, protection and recovery”.³

The forms of preventing disease, care and promotion of care, as well as the concept of health itself, were reviewed in a movement that discussed, in the 1980s, along with the redemocratization of the country, the Sanitary Reform. All types of social actors convened to try to change a system focused on the provision of care into a global comprehension of health, understood as a right of every citizen and a duty of the state. The changes became a reality with the elaboration of the Unified Health System (Sistema Único de Saúde - SUS) according to principles of integrality, universality, equity and decentralization.⁴

More specifically, the SUS was defined by the Organic Health Law #8,080/90, which regulates conditions for health promotion, protection and recovery, the organization and funding of the corresponding resources⁵ and law #8142/90, which regulates the participation of the community in the management of the SUS and the intergovernmental transferences of financial resources for the healthcare area⁶, among others.

However, the specific references to actions focused on promoting health were only incorporated in the legal proceedings of the SUS in 1996, during the 10th Health Conference, with the discussion of the Healthcare Models for Quality of Life and the implementation of the Family Healthcare Program (Programa de Saúde da Família - PSF). The topic of Health Promotion was included in the minutes of the healthcare policies in Brazil.

Therefore, a significant change was observed in the job market of the nurses in the 1990s, the result of effective implantation of decentralization of the healthcare system which shows a higher demand for nurses and healthcare professionals at the municipal level.⁷

With the Sanitary Reform, the nurses broaden their field of action, becoming capable of taking on prominent roles and favoring a wider participation of the civil society in the management of this process.

Therefore, although several countries around the world tend to base their healthcare policies on the neoliberal model, the principles of Primary Healthcare (Atenção Primária à Saúde - APS) and the strengthening of public healthcare policies have guided the reforms in the healthcare systems. The prioritization of APS actions is a strategy to organize and integrate the many levels of care and changes in the health of the population. In Brazil, the current healthcare policies is

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focused especially on APS actions, by means of the PSF, in order to organize the other levels of healthcare and strengthening the SUS.⁸

Likewise, the healthcare courses highlight the importance of educating and preparing students for a broader practice, according to a generalist schooling, focused on the APS actions and the strengthening of the SUS.⁸⁻⁹

It is evident that, in Brazil, the importance of schooling human resources in the healthcare field as a way to change practices and the provision of care has been discussed more and more frequently. Such an issue is also related to the cultural and economic situations of society, with a reciprocal influence between the education and the context where healthcare practices are performed. According to these perspectives, certain actions have been implemented along the reform of the healthcare systems, with a change in focus, considering the actions related with health promotion in contrast with practices that were merely curative, usually developed within specialized contexts.¹⁰⁻¹²

As a result, the schooling of healthcare professionals, according to the perspective of integrating the many levels of care, with APS as the strategic level of organization of the healthcare systems and provision of care to the population is based mainly on the understanding that healthcare is not seen as merely curative, individual and isolated from the social context; it surpasses the perception of basic (or primary) healthcare as the performer of actions that simply avoid disease (primary prevention), becoming investigative and promoting better quality of life for society as a whole. Such perspective is also concerned with the articulation between APS and other levels of healthcare, integrally.¹²

Therefore, the valuation of collective health, as well as the integrality- and interdisciplinary-based activities focused on the SUS have guided the current curricular reforms of the federal government.

To corroborate it, the education of professionals that will work in the healthcare area according to principles and guidelines of the SUS is, indeed, a challenge that must be faced as a fundamental aspect for the consolidation of the SUS itself. Principles such as the universalization of access and integral healthcare, among others,⁵ demand a new perspective in the training of the professionals, regardless of their education (elementary, high school, technical or college).

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For such education to occur in a way that promotes better service to the population, regarding the quality of the services, the it is paramount to elaborate and implement educational policies that promote real changes in the working processes of the SUS.¹³

Evidently, it was necessary to materialize these new ways of organizing healthcare, i.e., there were attempts to narrow the gap between theory and practice by ordering the education of human resources in the healthcare area.

Such a process for schooling nursing professionals must be based on the development of academic actions, multi- and interdisciplinary, with a humanistic base, ethics and critical ability, in the perspective of integrality of care, which assumes the education of professionals who can face and overcome complex problems.¹⁴

♦ A new curriculum for the nursing career

After a long discussion organized by the Brazilian Nursing Association (Associação Brasileira de Enfermagem - ABEn) with the participation of school, healthcare institutions, class organizations and others, a new curricular proposal was elaborated and approved in 1994, with law #1721/94. The new curriculum states that the nurse should be schooled in four areas: healthcare, management, education and research. The assumption regards education as a possibility for transformation, centered on the development of a critical awareness, guiding the nurses in reflections about the professional practice and the duties they have towards society.¹⁵

In Brazil, the context of transformation of the relationships between education, labor, science and technology resulted in reforms in the education area, which peaked with the passing of the New Law of Guidelines and Bases (Nova Lei de Diretrizes e Bases - LDB).

In the same historic context of the nursing education in Brazil, it is important to highlight that, due to the LDB - law #9394, passed on December 20, 1996, there were innovations and changes for the national education, which foresee a restructuration of the undergraduate courses, the extinction of minimum curriculums and the adoption of specific curricular guidelines for each course.¹⁶ Therefore, the LDB placed collective health as a strategy that will contribute for the schooling of this new professional in order to meet the guidelines established by the SUS.

Nowadays, the curriculum is not the single determiner any longer; it is the base to direct

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and guide the undergraduate Nursing courses.¹⁷

In this context, the reorientation of the education of nurses must be focused on social transformations. Consequently, the educational proposals must dialogue easily with such transformations. The aforementioned education is expected to be integrated to the reality experienced by the students and capable to incorporate the aspects that are inherent to the globalized society of the 21st century.¹⁸

♦ Some dissonances

In spite of the focus on the change of the education provided for healthcare students and the reform of the healthcare system in Brazil, there are a few difficulties for its effectiveness.

There are discussions and observations that changes in the healthcare policies did not bring about change in professional practices and activities in the field of primary healthcare.^{12,19-20} Such problems may be related to three main points related to conceptual confusion, practices and contradiction of the Brazilian healthcare policy; it emphasizes APS actions, but there is no real prioritization, especially regarding organization, payment and human resources, if we compare it proportionally with other levels of healthcare. This happens mainly due to a political-ideological and economic debate between two opposing concepts: "health as a product" and "health as a right". Generally, the first concept becomes hegemonic and favors the contradiction observed in healthcare actions.¹²

Another issue refers to the attitudes and beliefs of healthcare professionals that are not in harmony with APS practices, with a higher identification towards specialized practices and a condition of "provisory permanence" at the PSF;¹⁹ also, the healthcare professionals and managers have either not been adequately educated or show negative attitudes regarding wider healthcare practices based on APS. Such problems are emerging in the daily routines of teachers and students that are being educated according to this new curricular logic.

There is criticism for those who believe that the educational reform occurred according to a process named "mercantilization of education", whose focus is not the logic of schooling a competent professional, but the rationality of the capital, which attempts to transfer the social rights related to labor and state-based

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responsibility to the professional and the ideology of employability or work capacity.²¹

In the nursing field, care is known to be associated with the process of living, materializing in complex relations between beings and their own relations with the institutional and natural world. The goal of living longer, healthier and happier, inherent to the human condition, seems to be a function of the healthcare practices that become established in several fields, especially in healthcare, with consequences that must be considered in the education of these professionals.²²

According to this perspective, schools that educate human resources in the nursing area must not remain oblivious to new concepts introduced in both the educational universe and the healthcare sphere, which needs to be restructured.

Therefore, the construction of new ways of teach and learn in the healthcare area became one of the goals of the schools; however, for that to happen, it was necessary to reorganize the curriculums in use by establishing the articulation with healthcare services and the incorporation of new educational methods as its guiding axis. These should be capable of educating competent professionals to see to the healthcare demands of the population.²³

♦ The Methodology of Problematization in the education of the Nurse

Nowadays, people experience constant modifications in knowledge, techniques and science, showing the necessity of overcoming the current bank-based educational paradigm²⁴ based on education models that are often stagnant, contradictory and, above all, out of context. Education, seen as an emancipating process, where experiences and knowledge - both individual and collective - flow to build the process of teaching-learning and the possibility of seeing the individual as an unfinished being in a continuous process of becoming finds subsidies in the Methodology of Problematization²⁵⁻²⁷ to enable and facilitate the becoming of the individual, considering that those who teach learn and those who learn also teach.

However, it should be noted that the goals of the Curricular Directives for the Undergraduate Healthcare Courses lead students to *learn how to learn*, which comprehends learning how to be, learning how to do, learning how to live together and learning how to know, assuring the qualification of professionals with autonomy and discernment to guarantee the integrity

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of care and the quality and humanization of the service provided to individuals, families and communities.²⁸

It is evident that, in the movement for change in the education of healthcare professionals, the National Curricular Guidelines and the SUS Guidelines consider the existence of educational institutions with social relevance. This indicates the presence of schools that can educate quality professionals who are connected to the necessities of health, committed with the building of the SUS, capable of producing relevant knowledge for the reality of healthcare in its many areas, actively participating in the permanent process of education of healthcare professionals and providing relevant, quality services. For some time now, the movement for change has identified the need of articulated policies between education and health so as to create a more favorable scenario for the changes that must be built in schools, articulated with the healthcare system and social control.²⁹

With the comprehension of reality in all its complexity and the possibility of problematizing such reality and their own work, healthcare professionals may be able to transform their practices, making it increasingly more significant, both for themselves and for the population to whom care is provided. This is the dimension of knowing.³⁰

As for learning, it is meant to build, rebuild, and to know something to promote change, which cannot be done without openness to risk and spiritual adventures; teaching is not a simple transference of knowledge, but the creation of possibilities for its production or construction.²⁴ The educator must play the role of a facilitator in this process of teaching and learning, working with issues that are inherent to each educational moment with the student. From there, each participant must know how to change their practice in the healthcare service, i.e., how to articulate the knowledge acquired in the academic setting and how to be critical and reflective according to the needs of the population for whom the nursing actions are developed.

The specificity of the work of the nurse, as provided to the population, forces the professional to face situations that require critical thinking, scientific knowledge, skills and values that are distinct and diversified in order to make a decision in institutions that provide primary, secondary or tertiary care.

However, there is consensus among the critics of the education of healthcare

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professionals regarding the fact that the biologicist, procedure-centered approach still predominates in a few schools. The hegemonic educational model is centered on content, organized in compartments that are isolated and compartmentalized, fracturing individuals according to their specialties, dissociating knowledge from basic fields and knowledge from the clinical field, concentrating the opportunities for learning in the university hospital, adopting cognitive evaluation system based on the accumulation of standardized technical-scientific information, encouraging early specialization and perpetuating traditional models of healthcare practice. With the classical approach to healthcare education, focused on techniques and the sophistication of procedures, knowledge of auxiliary devices for the diagnosis, treatment and care, planned according to technical-scientific references accumulated by professors in their respective areas of specialization or professional dedication. There are also schools where the traditional university education seems not to be aware of other educational strategies or ways of schooling professionals according to the methodology of problematization, constructivism, or having the students act as active protagonists, ignoring the accumulation that exists in the construction of learning, as well as the production and sharing of knowledge nowadays.³¹

With such characteristics in the educational system, and by focusing on the healthcare area, the necessity of replacing this Cartesian/flexnerian paradigm by a holistic model³² becomes evident; it is necessary to transcend the hospital-centric, medicating and fragmentary characteristics of care, education and healthcare services and move towards a model that intervenes upon the social determiners of the health-disease process, as well as one that emphasizes the promotion of health in every level of care and prevention of aggravation.

To do so, an important factor for overcoming this paradigm lies in the education of healthcare professionals, since such schooling needs to enable the collective building of knowledge, aid building links between theory and practice, promote reflection and critical thinking³³, provide professionals with the freedom to choose and create a new way of providing care and relate with others, in detriment of the theoretical transmission of knowledge already instituted and defined from those who have it towards those who do not.

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By viewing this social-educational context related to the healthcare area, it should be noted that curriculums based on new teaching-learning methodologies, such as the Methodology of Problematization or Problem-Based Learning, emerge as educational strategies that are likely to succeed, by providing articulation and approximation of school instruction with the reality experienced in the healthcare services.

Having technical skills means to not only identify problems, but also the elaboration of proposals to overcome them, advancing beyond a curious perspective based on common sense, attaining the status of a contextualized technical act.³⁴

It is necessary to rethink and reflect upon the use of transmission-based education, where a bank-centered perspective of education,^{25,35} i.e., an education based on the transference of knowledge from someone who has it (the teacher) to individuals that are not yet fully developed on the topic or subject (the students) has been indiscriminately used over the historic educational process in learning centers.

The Methodology of Problematization is revealed as an innovative strategy in the educational area, either as a learning or teaching method, using Freire's ideas as its foundation. To propose it, the authors used a plan elaborated by Charles Maguerez named Arch Method, which is in consonance with this teaching-learning model, considering that the reality of the individuals, their lives, experience and prior knowledge are the premise for education. Also, it aims at the cognitive, critical, reflective and autonomous development of students and the educator.²⁷

This method, as an education strategy, aims at preparing the students/human beings to become aware of their own world and also to act intentionally to transform and improve it continuously, so that the world and the society will allow for a more dignified life for man himself.²⁷

The Methodology of Problematization may aid the healthcare area, and it refers to the transcendence from the dominant biomedical model towards a holistic model. By enabling criticism and reflection, this methodological proposal may help the transition from a model based on healing and medication, which sees the human being in a fractured way and uses highly-specialized knowledge, towards another paradigm that encourages the development of citizenship, promoting the comprehension of the socially-inserted human being, viewing him or her in a holistic and humanized way, in addition to prioritizing the

prevention of aggravation and promoting health.³⁶

The educational guidelines that direct the actions of this new schooling practice may be centered in the Methodology of Problematization, which considers learning from the students' reality and aims to apprehend and comprehend it, supporting the process of building knowledge and to transform it.³⁶

Therefore, the reality of the student is not seen as an end in itself, but as a subsidy for the elaboration of new proposals when one has to face problems, enabling the interaction between education, theory and practice, seeking specific and original solutions for different situations, integrating education, work and community according to a critical-reflective perspective.³⁷

Problematization may promote an approximation between the popular discourse and that of science - Nursing - as the healthcare education, orientation and information stem from the context experienced by the user, being analyzed, reflected upon and theorized by the professional-patient binomial, with the purpose of obtaining hypotheses of solutions that fall back into that reality and alter it, giving the patient the opportunity to make free, informed and responsible choices. Therefore, it may result in the awakening of individuals that are critical, aware of their citizenship, reflective, autonomous and creative.¹

The importance of problematization as an educational strategy for educating and providing care in nursing should be noted, since it contributes for the education of students that are more critical and reflective, capable of building knowledge in partnership with educators, with an innovative and transforming perspective in situations of health-disease and the respective care provided, which is part of the reality that they experience.

It should also be understood that this methodology may aid in overcoming the traditional model for education and moving towards another form of education, where perceptions stem from practical experience, with the choice of key points to guide theorization and research to elicit several possible solutions, focused on the elaboration of actions that promote improved changes in reality. This (healthcare education) is, perhaps, the most important point, the core of the transformation, indispensable to minimize critical points such as relations of power and submission, which are often

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present in healthcare education; the dichotomy that exists between training and practice, theory and care, the academic world and the professional work, as well as to surpass the biologicist perspective and move towards a more holistic perspective, adopting is the paradigm of the healthcare area.¹

Integrality assumes innovative practices in every aspect of healthcare, performed in different settings - all the settings where the production of health and care may occur - and knowledge of the reality as experienced by people, as well as in every environment of the healthcare system. It requires a clear and accurate implementation of education focused on the general competences needed for every healthcare professional, emphasizing a quality practice, wherever they work, and education that may develop the ability to analyze contexts critically.⁸

Integrality of care and the education of professionals focused on integrality are certainly an important part of a process of change that will reflect in society, the sector management and the identification with the users of healthcare actions and services.⁸

It is necessary to problematize the integrality of care as an issue regarding the education of healthcare professionals by recovering the constitutional task designed by the Brazilian sanitary reform: formulating educational policies for the healthcare area.³⁸

Therefore, it is necessary to discuss certain aspects in the undergraduate nursing course that result in the schooling of nurses that are and act critically and thoughtfully instead of simply reproducing historically-dominant models.³⁹

Educators must prepare future nurses who, in addition to being skilled in techniques and human care, attuned with the social role of Nursing, can also be ethical citizens, committed to themselves and with the others, capable of working in a society riddled with uncertainty.⁴⁰

CONCLUSION

We live in a moment of transformation in the nursing area, regarding its schooling and education, which aims to reorganize healthcare according to the specificity and the guidelines established by the SUS. The continuous search for education in a wider concept of health, allied to the valuation of all the agents involved in the production of health, are indispensable elements for the education of new healthcare professionals, and, with that, the reorganization and management of the healthcare services.

It is evident that nursing is building this new discourse, seeking the education of workers for a professional world that does not seek more than simple technical workforce; instead, it needs autonomous, critical, reflective and competent professionals to work in the healthcare area.

For this reorganization to occur, in the nursing field, it is necessary to build and rebuild new course programs/curriculums to improve the education of a professional with a new perspective of the healthcare practices, based on the principles of integrality and humanization of care and the commitment with the promotion of health in every level.

However, this is a slow and gradual process. Commitment and effort of all those involved becomes a necessity; especially, it is necessary that educators believe in this new proposal for schooling, and, with the Methodology of Problematization, all those involved in this continuous process of learning, i.e., the teacher and the student, for this paradigmatic change to occur.

After reflecting upon the topic, nurses are expected to be more critical and to promote humanized, customized and excellence-based care when providing care or working in rehabilitation.

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