

ORIGINAL RESEARCH

Nursing education in Brazil: A look at holism in care

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Abstract

Background: In Brazil, the holism, which is the opposite of fragmentation, emerges as a new paradigm in the process of Nursing Education, favoring the articulation between the curative and preventive dimensions, the clinical, epidemiological and social focuses, and the collective and individual approaches, in the sense of reorienting the current teaching-learning process. The current study sought to analyze clues expressed by participants involved in the process showing ways that would allow transformation of the teaching process both at micro and macro political levels.

Methods: Qualitative case study, guided by the theoretical and philosophical frameworks of the constructivist historical and cultural approach, developed with 11 professors and 12 students. The techniques utilized for data collection were individual interviews in a semi-structured format and documental analysis. The analysis of the interviews and documents was done under the scope of dialectic hermeneutics.

Results: Respondents point to holism as a multidimensional and interactive approach. However, there is a need to balance the biomedical model with a fuller, more wholesome practice. They report the need for articulation between the institutions' micro and macro political levels for the achievement of holistic care.

Conclusions: Despite the prevalence of the highly specialized biomedical model in health, integrality of care in nursing is recognized as an ideal practice, supported by a multidimensional approach, with senses that transcend purely biological matters. In regards to holism in care in the teaching of nursing, a preponderant relation between teaching and offer of care was detected, being imperative the involvement of multiple actors in the construction of curricula.

Key words

Nursing education, Nursing, Holistic health, Health manpower

1 Introduction

As from the health movement that culminated with the creation of the Brazilian National Health Care System (SUS, Sistema Único de Saúde) ^[1] in the 70s and 80s, there was much debate in an attempt to outline and propose alternatives to the consolidation of reformist ideals, whose main directives were universality, holism, and equity in satisfying the health needs of Brazilians. Among such alternatives, an important highlight was devoted to Health Education ^[2].

In the Brazilian equivalent to the Bachelor of Science in Nursing, the proposals were consolidated in the DCN/ENF (National Curriculum Directives for Degree Courses in Nursing) ^[3]. Taking such directives into consideration, the pedagogical project of the courses includes, in their conceptual foundations, the constitutional principles of the SUS as pivotal to Nursing Education, providing the means by which the nurse should be able to act in different fields, which implies a commitment to general education.

The profile of alumni, described in curricula directives, is that of a professional who has had a background of a generalist, humanist, critic, qualified to the exercise of nursing, based on scientific and intellectual rigor, with strong ethic principles. Such Professional must recognize and intervene in problems/situations of health-disease most prevalent in the national epidemiological profile, with emphasis on his region of action, while also being able to identify the biopsychosocial aspects of its determiners. Furthermore, to be act, with a sense of social responsibility and commitment to citizenship, as a supporter and enthusiast of holistic health in human beings ^[3]. In order to graduate, the student nurse must take mandatory courses in a period which varies from four to five years (eight to ten semesters), totaling a minimum of 4000 class-hours ^[4].

In the perspective of nursing teaching in Brazil, holism is defined as a guiding element of curricula, allowing the production of knowledge bearing in mind different views of the world, outlined by distinct political-philosophical positions on men and society ^[3].

The guiding principle in education should then be holistic care, preparing nurses who will be capable of addressing the health care necessities of the population in a more complete and competent way ^[3]. Despite its polysemous meaning, holistic care ("integralidade" ^[5], as opposed to fragmentation) emerges as the new paradigm in the process of Nursing Education, favoring the articulation between the curative and preventive dimensions; the clinical, epidemiological, and social foci; the individual and collective approaches. In a word, holistic care reorients the existing teaching-learning activity.

Among the set of values that orient the movement of the health care system in providing holistic care, what we perceive to be the basic foundation is Nursing Education. The processes of Nursing Education curriculum reform, guided by holism in health care, represent, above all, a commitment made to the Brazilian society and aimed at educating professionals capable of intervening in individual and collective health. However, it is clear that the fragmentation of the content into self-contained subjects has hindered a didactic approach based on holistic care. Such fragmentation inevitably maintains the professional actions and care focused on the body part that is sick and not on the individual as a whole. Such approach still prevails as a result of a trend in graduating professionals who are utterly specialized in their area (technical), eclipsing pedagogical and social-political aspects. This context tends to retrofit the profile of the profession, which is marked by the excellence in technical capacity and the weakening of political action ^[6].

Given the permanence of the teaching-learning mode restricted to faculty specialization, despite new pedagogical proposals, we ask: What is holism in nursing care? What are the meanings constructed for holism of care in the nursing education process? Beginning with these questions and building upon the significance of holism in nursing, the objective of the study was to analyze data collected in interviews done with students and teachers (professors) involved in the teaching-learning process, stating paths that allow transforming the teaching process both at micro and macro political levels, assuming holism as the new paradigm. The results presented are an integral part of a Master's degree thesis in Nursing, completed in July 2012 at the Federal University in Juiz de Fora (Universidade Federal de Juiz de Fora), Minas Gerais, Brazil.

2 Method

It is a qualitative case study, guided by the theoretical and philosophical frameworks of the constructivist, historical and cultural approaches ^[7-9] which describe phenomena considering their historical manifestations and transformations,

understanding the segment as part of the social totality. Its methods and concepts are based on historical and dialectic materialism: they favor historicity and recognize the authority of the social subject while affirming that nothing eternal, fixed or absolute exists. The interaction is highlighted in this approach, being the means that makes it possible for the appropriation of meaning and senses in the process of human development. This way, the school, through the dialogical interaction between teacher, student, professionals and patients is the lieu of production of meanings and senses ^[7]. The case study allowed the portrayal of the particular in a concrete way, revealing the multiplicity of the dimensions contained in the words of the objects of the study.

2.1 Ethical considerations

The field study had its beginning after the approval from the Research Ethics Committee (CEP) of the Federal University in Juiz de Fora, Minas Gerais, Brazil. The project was approved in December of 2010 with the Report number 305/2010, under the Protocol number 2222.282.2010, meeting the requirements of Resolution # 196/96 of the Brazilian National Health Council.

2.2 Approach to the setting and research subjects

The setting of the study was the public Nursing college in the Federal University in Juiz de Fora. Given the qualitative nature of the study, we were not concerned with the quantification, but the representativeness, the number of participants being established during the study, according to the researcher's needs to answer the problem posed ^[10]. The research was carried out with two groups of people from the same college. The first group was composed of Nursing professors. The second one, by undergraduate students in their last year in school. At that time, the school's curriculum consisted of nine semesters (four and a half years). We defined the following as inclusion criteria for the participants: that they should be effective members of the Nursing Education Department, with full dedication and who agreed to participate in the study, excluding those who were away for reasons of illness or studies. We established contact with all the professors by means of a formal invitation, using the e-mail available on the department website. As for the students, they had to be regularly enrolled, studying in the end of their undergraduate period and agreed to participate in the study, excluding those away for any reason; contact was established, initially, using four students' telephone numbers given randomly by the university; those students were interns and, from them, who were also part of the study, we obtained telephone numbers to contact others. As a sign of respect to, people who refused to participate, who did not respond to the e-mail (given that this form of invitation was repeated two times in a period of approximately 30 days between the messages) and those who initially agreed, but, for personal reasons, canceled or excessively delayed the interview, their participation was excluded from the study. It should also be noted that we excluded from the interview list everyone whose participation could influence the results, such as anyone in direct relationship with the researcher.

2.3 Data collection

The technique used for data collection was individual interviews in a semi-structured format and documental analysis. The data was collected between the months of March and June of 2011. The interviews were done until saturation with respect to the content manifested by the participants was obtained. After this finding, two other interviews were done in each group, to confirm the saturation. For this procedure, we used a digital recorder, in which the interviews were stored and, then, after being transcribed in full, they became the material for analysis.

2.4 Data analysis

The operationalization adopted for the analysis of the interviews and documents, followed the movements of dialectic hermeneutics ^[11, 12].

Thus, systematizing the speeches and documents, respectively, submitting them to four stages: The first stage the material was submitted to horizontal and exhaustive reading, finding connection between the information, which allowed the emerging of central ideas; in the second stage, the organized material was subdivided and regrouped in categories of

analysis of work; the third stage the categories of analysis were examined and clarified through the movement of thought between the points of view of the author, through theories and historic-cultural conceptions, aiming to answer the guiding question of the study.

Among the categories that have emerged from the responses of the interviewees, we used the one which describes the insertion of integrality of care in Nursing Teaching of the aforementioned institution.

3 Results

It is necessary to emphasize among the results of the study the profile of the interviewees.

Of the 11 professors interviewed, ten are females and one male, with an average of 49 years of age, the minimum and maximum ages being 37 and 60, respectively. The time since graduation varied between 12 and 35 years, the average being 25 years. With respects to title, eight have Doctorate and three have Masters Degrees. The time engaged in teaching varied between four and 34 years, with an average of 20 years. As for the time during which they have worked at the institution, there was a variation from one to 33 years, with an average of 16 years. In relation to participation in the preparation of curriculum changes, nine had participated and two had not.

Of the 12 students in the study, 11 are female and one is male, with ages varying from 21 to 36 years, with an average of 24 years of age. All were studying in the ninth semester (the last one for course completion), and that had been established as a criterion for inclusion of the students, as we considered that, being close to graduation, they would have an overall view of the course, being able to contribute more abundantly to the study.

3.1 Characterization of holism in the practice of nursing

Concerning holism in care related to Nursing, a consensus was observed in the answers of both groups. They qualify it as a multidimensional approach with meanings that go beyond purely biological matters. They believe it to be establishing a relationship with people who need assistance (client/patient/community), understanding their needs in a multifaceted perspective, contextualized historically, culturally, spiritually, politically, and economically. The group of professors considers it as: *“seeing him (the patient) as a sole being, not fragmented into parts, but inserted in a familial context, in a community and also having a socioeconomic-political view, because this plays a role in life and interferes substantially with it”* (professor 7), *“holism is when you take care of the whole human being, beyond his or her biological situation, treating him as a whole”* (professor 3).

The group of students considers it as: *“treating the patient as a whole. Seeing him, both in his pathology and in his social, cultural issues”* (student 11), *“a relationship of care that approaches a process of health-sickness in a broader way, linking and covering everything”* (student 6).

3.1.1 Holism in the practice of nursing as an interactive process

On the one hand, the two groups of the study recognize care on this topic as an interactive process that permits human development at that moment in life. The caregiver accepts the other as he is, as an independent person, with his own development rhythm, from an interaction not imposed, but agreed upon, according to the testimony of a student: *“the way we approach the patient at that moment, interact with him and understand the illness in his life, without judgments, is central to holistic care”* (student 2).

For the professor: *“nursing, in an interactive and holistic way, should propose forms of care and help the individual to consciously choose the best for his life, giving voice to the being who receives the care”* (professor 3).

The interaction between technical processes, attitudes and behaviors expands the understanding of those who receive care, provides a rationale for action that surpasses the standardization to generate a response to the specific patient / client. The professor exemplifies saying: *“say, taking someone’s blood pressure. We first try to get to know that person, where they live, how they are, why they’re there, what their problems are, so that then we can take their blood pressure, so that (understanding) we may offer care”*(professor 4).

For the student, *“the hospital is a place full of complex procedures, but I think care is not just a procedure. For me, it is necessary to understand, when I take care, what the patient and their family need. Sometimes, at that time, to a terminally ill patient, that is more important than a bladder catheter or a nasogastric tube”* (student 7).

3.1.2 The biomedical model in assistance

On the other hand, the two groups report that the practical reality of assistance is still permeated by the biomedical model that operates on pathologies, instead of balancing this model with more holistic care in the professional practice and in the care of patients. Despite the effort of the Brazilian State in reorienting public health policies, the centrality on the biological aspect prevails and holism in care is still a challenge for the assistance. Of all the obstacles to be overcome, change in formative culture is paramount.

In the professor’s perspective: *“nursing has start to focus on holistic care, but there are still faults. The National System itself has a very pretty brochure, but we see that in practice demagoguery prevails, and the biomedical model determines the care”* (professor 5).

For the student, *“in practice, there is a prevalence of the biomedical model. This may be related to the culture of training professionals”* (student 11).

3.1.3 Holism in practice as a result of what was learned.

Professors and students acknowledge that the teaching at colleges has intervened in the configuration of the assistance model, and should be considered as part and liable to change. They believe in the essential relationship between the teaching and provision of care, given that the professional generally performs his function in accordance with what he learned. Thus, the student says that the *“professional practice is a reflexion on what he has learned, how he has learned it, and what he has been told was important”* (student 8).

For the professor *“the changes needed for a more holistic practice, should take place not in the health system, but also in nursing schools”* (professor 2).

3.2 Characterization of holism in care in nursing education

Both groups state that the changes in curricular configuration could represent a good path towards education that includes holism. However, they report that there is still a curricular structure developed via self-contained subjects, according to faculty specialization, causing the fragmentation of knowledge that is focused on body parts, and not the whole. The professor admits: *“I still see trouble in the articulation of the courses so that we could develop in the student that capacity for him to provide holistic care”* (professor 8).

Confirming what was said, the student says: *“I think that there still is a great fragmentation within college. The subjects should be structured better in relation to holism”* (student 4).

3.2.1 The paradigm of holism: More a speech than a practice

Holism as a directing factor in Nursing Education appears in the speech, but more as an ideal than as an actual practice. The student explains: *“I think that, in theory, it is —at least for me it was—very relevant. Most teachers said that you had to look at the patient as a whole. But, in practice, I find it a little harder. You do not see it as much as in theory”*(student 5).

The professor says: *“I see that the teachers, they have this concern ... restructuring the curriculum, we see the concern, we discuss, but we see that in practice, it’s still very distant”*(professor 5).

3.2.2 Interactive networks as a means to reach holism

The respondents believe in the importance of interactive networks that are articulated for the curricular (re)structure. In this sense, the professor believes that *“in order to develop holism, it is necessary that one bears in mind that it is not done alone but rather by the interaction of multiple agents”* (professor 8).

Confirming, the student say: *“in order to have a curriculum that includes holism, we must listen to what students, professors, health professionals and patients have to say”* (student 1).

Based on these ideas, the faculty intend to articulate processes to meet health needs. To this end: *“in discussions on curriculum there is a concern related to the matter of holistic care. Perceiving the client / the patient as a person with holistic needs”* (professor 5) and *“recognizing the epidemiological profile of the region and adapting the curriculum in order to meet the health care needs of SUS, of that region and of the individual”* (professor 9).

Also problematizing methodologies have been employed to promote the connection between teaching, service and users. For the student, the methodology of problematization enables *“what was learned to modify broadly and positively the clinical practice and patients’ lives”* (student 7).

For the professor, such technology *“enables students to go to the field, develop activities, return to the classroom, reflect on what was done, discuss what was done, think about what was done, and try to expand”* (professor 7).

For the establishment of a new curriculum which considers holism, strategies that foster dialog must be created. Such openness would make new connections possible, starting with a shared critical exercise, not only among the faculty, but also with the active inclusion of other agents involved in the teaching/care process.

4 Discussion

Beyond the highly specialized biomedical model that defines education in colleges from a technicist approach, the paradigm of holism arises. This approach does not have the objective of denying technology; quite the contrary, it uses every resource according to individual and collective needs as a means of achieving efficiency and efficacy in health care actions and services. As reported by the participants, holism in care in Nursing represents much more than purely biological issues, given that, besides the pathologies, the individual brings multidimensional issues, often determinants of suffering and which need to be included in the therapeutic context.

We consider as study limitations: (1) the case study, which restricts statistical generalizations of the results, which only provided us with analytical generalizations, our work was therefore circumscribed to a qualitative control; (2) research analysis depends on the quality of the interviews and the sincerity and impartiality of the respondents, we avoided inducing responses, knowing the risk involved in this process, and we excluded participants who had any direct relationship with the researcher and could feel constrained.

The holistic perspective is supported by the historical-cultural theory ^[7-9], which understands the individual from his unique history, consisting of biological, cultural and social structures. It also states that it is in the real relationship between individuals that the higher mental functions originate, modifying behaviors and transforming the relationship with the environment ^[9]. It is believed that health education, when sustained by these principles, is likely to emphasize human health, which becomes the experience with others, building means for change and development. Thus, the teaching of care that values the interactive process as a determinant of human development has the opportunity to overcome reductionism, dialectically uniting external and internal processes, body and mind, biological, social and historical being, influencing

and being influenced by culture^[13]. The challenge lies in moving from the process of teaching and learning that resembles an assembly line to a network of relations in an articulated manner in order to propose a new pedagogical model based on competence acquisition, valuing and implementation of bonding and dialogue as tools to address and overcome the problems^[14].

Realizing the need for dialog, valuing bonding, some subjects point to the need to build an interactive network involving multiple participants oriented by consistent political projects over and above the university autonomy in favor of the public relevance of health education. Based on these ideas, the changes in undergraduate Nursing Education should happen by involving people at the micro and macro political levels.

At the macro political level, the logic of a “*four-way approach*” or quadrilateral education^[15] is to be proposed: from the articulation between teaching, management, attention to health and social control, in which “*each face liberates and controls specific flows and sets space and times with different motivations*”^[15]. Each component of the quadrilateral contributes to the discussion between health care practices and education, directing the education according to the health care needs of the population. In order for this articulation to occur, it is necessary for dialogues of the universities with the network of health care/policy management and representatives of the population to take place. In this way, we believe that the quadrilateral as an articulation of devices relevant to changes, concerning the constituents which are essential to pedagogical production and health care, as from the policies outlined in mutual agreement with the four areas will arise and they will direct the education/service according to the health care needs of the patients. This organization system, in a problematizing way, works toward the objective of incorporating to the learning and teaching, the daily reality of health care practices, the processes of social management and control, educating professionals capable of subjectivity and with adequate knowledge of the health care system in which they are to perform. In this sense, education, besides perfecting professional practices, would offer new possibilities to the labor organization and process, holistically attending to individual and collective health care needs, being the first step towards holism in education/care^[15, 16].

At the micro political level, the current moment of the course under study is one of mobilization for the construction of an ethical-political-pedagogical project consistent with social complexities and demands. As a proposal for change, the subjects envision the effectuation of new connection, starting with a shared critical exercise, not only among the faculty, but with an opening to the macro, with a convening of students, managers and patients of the municipality, in order to bring their expectations to the discussion and act as legitimizers and co-responsible for the definition of a new curriculum and a political-pedagogical project for the course. This articulation establishes necessary flows between the macro and the micro, promoting essential intersections for the education that intends to achieve holism; we may then talk about a pedagogical policy collectively constructed by the action of multiple agents.

It is believed that it is in the collective work between academia and services that the theoretical and practical unit is constructed to provide learning close to that of everyday necessities. Thus, it is from the complexity, contradiction and multiplicity of the realities found in the practical spaces of education that alternatives will be developed through cultural mediation with others^[17]. On the one hand, the universities/colleges cease to be pure and simple producers of knowledge to be integrated in practice. On the other hand, the health care services cease to be pure and simple producers of procedures to actively participate in the education *in loco* of health care actions, redefining its place as a promoter of pedagogical and political processes that go far beyond internships and practical classes. The patients, as the main reason for the existence of the health care actions, services and education, gain voice in order to define and comment on their needs, being empowered by this process^[18].

Corroborating these ideas, participants in the study indicate that the active intersection between education, service, management and patient, is more resolute and effective in the process of constructing holistic care than ideal practices, restricted to the educational laboratories. A reconfiguration in the forms of Nursing Education is required for the appropriation and production of holistic care, an appropriate methodology should be planned for each scenario, the content

to be worked on, evaluation, all this permeated by an ethical-political logic^[17]. One of the teaching technologies adopted by the institution that appeared most frequently in interviews was problematization as a means of achieving the proposals of national and international bodies as regards to the improved and *emancipatory* nurse education. The problem-based learning enhances new higher mental processes interwoven between thought and language. In this process, there is a qualitative leap in education, since those involved advance in their understanding of the multifaceted world and establish appropriate ways to more easily operate on it^[9].

Supported by the historical and cultural assumptions^[7-9], we believe that education / health care should be based on the complexity of the human being (biopsychosocial-spiritual-historical). According to study^[14], the transformation of the pedagogical culture will be successful when there is a tenuous approach of the health care workers' and patients' daily reality, legitimizing such agents as knowledge producers that can/must contribute so that the colleges prepare future professionals capable of serving the complexity of the social demands of the SUS. Hence, holism refuses fragmented teaching/care, leads to education directed towards problematization and reveals dialogs with multiple experiences and knowledge.

Thus it falls upon those responsible for nursing colleges to raise the flag of holism, proposing transformations in the internal culture of the institution so as to replace the pedagogical model centered exclusively on technical aspects and illnesses with an approach that qualifies holistic care as the best practice, which values popular knowledge, balancing the necessary coexistence between the curative and the preventative. In the curricular restructuring process, it must be taken in consideration the means to achieve greater articulation between the subjects. Teaching Methodologies, such as the problematization, can facilitate the articulation of knowledge. In order to discuss the curricular reconfiguration, it is suggested the participation of patients, students and nurses with opinions. Such initiatives will lead the way for holism to be developed in theory and clinical practice for the future nurse.

5 Conclusions

With the study it was possible to verify that in spite of the highly specialized biomedical model's prevailing in health, holistic care in nursing is recognized as the ideal practice, underpinned by a multidimensional approach, with meanings that transcend purely biological matters. For the performance of holism in clinical practice, it renders necessary the interaction between the technical processes, attitudes and behaviors in a way to generate an answer to the needs of patients. For the teaching of nursing based on holism, it was detected a preponderant relation between learning and clinical practice. It is of uttermost importance that multiple agents in the process of construction of the curriculum be based on holism. The articulation of subjects must be discussed during such process of restructuring.

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