

THE PRO-HEALTH STRATEGY AND CHANGES IN DAILY PRACTICES: THE NURSES' VIEWS

Ilana Deyse Rocha Leite*

Francisca Patrícia Barreto de Carvalho**

Fátima Raquel Rosado Moraes***

ABSTRACT

The Pro-Health strategy proposes a teaching/service articulation for the transformation of professional training and everyday practices. This study aimed to outline, in the view of nurses, the changes in knowledge and practices that have been established in assistential spaces as the result of that strategy and learn about interactions and transformations. This was a qualitative study based on interviews with six nurses who work at Health Units, in partnership with this project, seeking to learn how these actors view this strategy in their daily work. The results demonstrated that workers had incipient knowledge about the Pro-Health indicating that the proposed project has contributed little to the reflection of knowledge and everyday actions in spaces for health services. From this perspective, these interlocutors failed to abstract the project's role in the transformation of teaching and practice and, consequently, in the qualification of assistance. Thus, it is understood that there is a need for rethinking about the knowledge and developed health practices through agreements for continuous changes that may contribute to the training in health that favors quality care based on the principles set out by the Unified Health System.

Keywords: Teaching. Human resources training. Health institutions. Nursing.

INTRODUCTION

The conception of training that promotes dialogic practice between actors of different nuclei of knowledge is needed to act based on the guidelines and dynamic proposals by the Unified Health System (SUS). Such practice will promote the understanding of health determinants within a complex and dynamic reality based on the proposal of actions that result in improvement of living and health conditions⁽¹⁾.

The building of a linkage between training institutions and the SUS has been a constant challenge for those who work on health and education in Brazil⁽²⁾ because there is a need to bet on the possibility of building the new and invest in the establishment of horizontal relationships. In this new view, the academic becomes a partner favoring the articulation within the workplace and teaching-service interaction⁽³⁾.

In addition, through the dynamics of care involved in the guidelines and policies proposed

by the SUS, the current training model needs to account for a worker with a critical, contextualized, and reflective vision. This could ensure a qualified care, consistent with contexts of life and health for various individuals within the SUS principles and guidelines such as integrality, equality, universality, and community participation⁽⁴⁾.

Therefore, much has been discussed with the objective of reformulating the knowledge built in academic spaces in consideration of meeting the population's needs. The reflected ideas find grounds in changes in the health/disease dynamics of the population, from the constitution of policies for changes in spaces of service^(2, 5, 6).

The National Program of Reorientation of Professional Training in Health (Pro-Health) is among other policies for the discussion of training in health. This project was launched in November of 2005, by the Ministry of Health (MS), in partnership with the Department of Higher Education (SESu) and the Anísio Teixeira National Institute of Studies and Educational Research (INEP). This proposal

*Nurse of Regional Hospital Tarcisio de Vasconcelos Maia, Mossoró-RN. Professor of FACENE, Mossoró-RN. E-mail: ilanadeyse_rl@hotmail.com

** Nurse. PhD in Nursing UFRN. Professor, Department of Nursing, University of Rio Grande do Norte. E-mail: patricia.barreto36@gmail.com

*** Nurse. Ph.D. in Social Psychology UFRN / UFPB. Professor, Department of Nursing and Master of Health and the University of Rio Grande do Norte Society. E-mail: frmm@bol.com.br

emphasizes the basic attention and promotion of transformations in training workers by recognizing that the qualification of the work force is characterized as a component for the reorganization of daily practices^(5,6).

In fact, the need for transformation in the process of professional education was explicit; the encouragement for articulation between training institutions and health services is a challenge.

The Nursing School (FAEN) from the Rio Grande do Norte State University (UERN), understanding the urgency for a reflection on the training process submitted its proposal for the reorientation on the nursing work process within the Pro-Health. After a national selection, this institution had this project approved, and at the end of 2008 completed its first year of actions in three pilot units for activities proposed in the Pro-Health project.

Thus, an institutional partnership was established between academia and service, with a view to jointly contribute to the reflection and transformation of everyday knowledge and practices. Therefore, it is important to know how these actors viewed themselves in this context of changes and unveiled the teaching/service articulation.

A reflection on the linked proposal of the Pro-Health from FAEN/UERN is important because of the necessity of knowing about the aspects involved in the organization of knowledge and practices in health, with a view to reorientation towards the SUS's needs. Thus, it will be possible to predict the ability of the strategy in contributing with changes in the production of health services.

Therefore, this study aimed to outline, from the vision of nurses, the changes that took place in the daily life of assistential services involved with the Pro-Health strategy from FAEN/UERN.

METHODOLOGY

A field investigation was performed with a qualitative approach with nurses operating in the Family Health Strategy (ESF) and composing the staff at the partner services in the Pro-Health from FAEN/UERN.

The research of qualitative character responds to particular issues, occupying in the social

sciences a level of reality that cannot and should not be quantified, i. e., it is linked to the universe of meanings, motives, aspirations, beliefs, values, and attitudes. This set of phenomena is understood as part of the social reality⁽⁷⁾. This approach allowed a new view at the data, conceptions for changes in practices based on the Pro-Health, and helped to reflect on the production of knowledge in terms of exchange because teaching and learning happen simultaneously.

The units involved in the project are located in peripheral regions in the city of Mossoró-RN, and due to their insertion in the Pro-Health, all went through physical reforms and were given material resources such as computers, TV, VCR, printers, and multimedia devices among others. The goal of providing these materials was to facilitate the process of work and enhance interaction between faculty, students, nurses, and users involved in daily assistance activities.

The definition of these institutions assumed the fact that they are located in poor geographic areas in the city and presented great demand from the population. In addition, the Units and offered services were in need of a variety of items, from administrative and structural to functional. This dynamic was characterized as propitious to the establishment of a space for reflection on the production of knowledge and practices, being a rich environment for this insertion, and later for the evaluation and reorientation of health training and practices, which is the foremost goal of Pro-Health.

In these UBS, 08 (eight) teams work at the Family Health Strategy (ESF) with 01 (a) nurse in each team. The inclusion criteria for the study were to have actively participated in the activities proposed by the Pro-Health in the scope of projects within these Units, and accept to collaborate with the study by granting an interview. In addition, the participants' consent was necessary for the recording of the interview in an MP4 device and their signing a Volunteer Informed Consent Form (TCLE). Thus, 06 (six) actors contributed to the study by granting an interview. Two nurses did not accept or did not meet the inclusion criteria for participation in the study.

A scripted interview was elaborated for data collection containing 13 (thirteen) questions

about the implementation and activities of the Pro-Health in the UBS partners, and conceptions about the changes in the daily work routine and this project. After the pretesting phase, contacts for data collection began when the purpose of the research was explained to the participants and the authorization to grant an interview was requested. In the case of a positive response, the location and time for the interview were scheduled with the application of the scripted interview and signature of the TCLE.

After this phase, the recordings were accurately transcribed; successive readings of the material were carried out to find the categories of meanings that emerged from the speeches of these interlocutors. The analysis took place from these categories and was based on the theoretical referential proposed in the study.

The study was submitted to the Committee of Ethics in Research (CEP-UERN) and approved under protocol No. 08/09 CEP/UERN. Lastly, to ensure the privacy of those involved in the data collection, the names of interviewees were replaced by pseudonyms, such as bird names.

RESULTS AND DISCUSSIONS

Two discursive constructions for changes in the professional practices and improvement in the quality of care were delimited based on speeches that emerged in the interviews.

The Pro-Health and changes in knowledge and practices

Considering the objectives proposed in this research, this category was built from questions about the contributions of Pro-Health for the professional and UBSs in which it operates. In addition, the interrogation about the changes in practices by these professionals, faced with the actions proposed in the academia/service conjunction complemented this construction. The respondents generally stated:

If there have been changes, I haven't been able to see them. I spent six months in maternity leave, so when I came back the Pro-Health was already half dead and today nobody hears about it. (PEACOCK).

The change that the Pro-Health brought for us professionals is to have students with us, learn with them. (MACAW).

I see changes in my knowledge and practices. It has been very important because first we had to acquire the capabilities to be working. [...]. Now I can be planning actions in a good way, and that's important to me as a professional. As I'm planning these actions I'm studying, catching up. The students also contribute to these actions, because when they arrive we make a training plan, and the plan already include some trainings, which has made us study. For the UBS, it has been excellent because we have managed to train our employees, and this is a tremendous gain for the unit. It is even a bigger gain for the population that's going to have a better service. For the UBS, the Pro-Health is excellent, not only for the structural improvement, but this approximation with the academics and with the training process that we didn't have before. (TOUCAN).

These reports show that the perceptions of the Pro-Health, as an instrument of teaching/service articulation, are still incipient and consequently capable of transformation in knowledge and practices. Only one collaborator was able to see the possibility of integration with institutional partnership and the advent of academics as a process that generates reflections about the everyday care.

One of the speeches shows the nurse detachment from the project when he says that "If there were changes, I haven't been able to see them". This capacity for articulation and joint production is questioned: where is the nurse's desire to be contributing to the project and to be an active part of the changes? It is possible to suggest that, in these particular cases, there is a lack of involvement with what is advocated in the proposal resulting in a distance between the professionals and universities).

It is valid to refer, in particular to some of these actors that the Pro-Health resulted in the possibility for middle level education manpower because of the functional deficiency evidenced in some spaces. The speech that alludes to this idea ends by highlighting the lack of clarity on the real meaning of the project and its contributions to the teaching/service integration and the rethinking about current health practices. In this context, the understanding of the guiding principle of the teaching-service interaction

becomes almost surreal, which favors the spread of mechanized work, performing the technique by the technique and without the reflection and critical view that contribute to significant changes^(8,9).

Only the nurse Macaw reports, albeit timid, the changes that occurred after the arrival of the Pro-Health. According to this participant, this project enables professionals to seek more knowledge and updates to be acting along with the process of training in health, reinforcing the positivity of the approximation between academia and health services.

Nevertheless, it is expected that the arrival of the Pro-Health in a UBS should, at least, raise questions and reflections in the everyday dynamics of services. The project proposes changes in the practices of service workers and academia. The former should feel responsible for this dynamic reviewing and reorienting practices that reinforce the fragmentation of labor and assistance.

Thinking in this way, the university would have greater responsibility in the articulation between these establishments and academia itself, favoring the production in partnership that could meet the needs of different contexts. However, it is noteworthy that this is a double sided road for the exchange of experiences and learnings. Thus, this teaching-service interaction, when actually occurring, should bring transformations to professional practices and training process and result in an improved assistance to users and practice that is more consistent with the SUS principles.

This reality, not restricted to professional training, highlights the need for health professionals to understand the existing contradictions in the health/education sector, especially in regards to the structuring of the SUS that acts on health determinants in the midst of a capitalist society. It is, therefore, urgent to bet on the training of professionals who will be driven by a counter hegemonic pedagogy considering the epistemological and methodological limits from the competencies paradigm for thinking and acting towards social transformation⁽¹⁰⁾.

Some authors state that the Pro-Health has intensified the educational-service integration (training and health services institutions) by

consolidating the primary health care as the priority scenario for pedagogical and assistential practices⁽¹⁾. Therefore, one must point out the needs to provide health professionals with training in technical, political, and ethical aspects for the transformation of work processes that are rooted in fragmented care principles, which represents a major challenge for public policies directed to the SUS⁽¹¹⁾.

In this context subject to transformation, however, without significant changes, it is valid that units, which are fruitful spaces for the production and reproduction of knowledge, also feel responsible for this new point of view and partnerships in this new production. Training should be continuous and from the spaces of management and assistance organization⁽¹¹⁾. It is necessary that situations of these dimensions are reviewed and that passive attitudes be reconsidered according to a joint production, in a double sided road, inter-relational and productive, which contributes to the change in the context of production in the health/disease process of the population.

The propositions for changes in the training and qualification of health professionals encounter difficulties in developing innovative models because, in the current context, the training process suffers strong influence of the traditional trend of teaching, teacher-centered, as the holder of knowledge and contents without considering the social reality and formation of critical subjects. However, it is intended that workers have cultural organizations through which they can participate on equal terms in discussions about issues that affect society⁽¹¹⁾.

The Pro-Health and changes in assistance to users of health services.

This construction seeks to understand, from the point of view of the actors involved in this process, what the Pro-Health brought in improving the health of the individuals involved in the daily lives of health practices. This dynamics is understood as a resolute and integral type of assistance that meets the needs of health, intervening in the way of living and, consequently, in the health/disease process, in the face of social determinants.

To account for these questions and provide an analysis, the professionals were questioned about their reflections on the health of the

population since the arrival of the Pro-Health in the unit and asked about changes and their descriptions. The speeches from the nurses also show, in a timid way, a little bit of the reality of the changing profile in health services with the advent of the project:

I can't tell you about changes in the unit during the period of the Pro-Health implementation because I was not in the unit, but I think that the health of the population has improved. With the work of the academics, I've seen changes. We didn't have how to work the educational part, nor material, and now we have all this, because just the information from seminars spreads (CURRUPÍÃO).

Today the Pro-Health already reflects in the society, improved knowledge and the solving of problems, and identifies the easier problems (CARDINAL).

As stated before, the Pro-Health aims at the education-service integration towards the reorientation of professional training in a comprehensive approach of the health-disease process, with emphasis on primary health care. It is understood that a project of this dimension must bring visible reflections from a rethinking process about the formation of human resources for health, converging in improved assistance.

To do so, one must seek to promote transformations in the processes that generate knowledge, teaching and learning, provided services to the population^(5,6). Therefore, the presented speeches showed that changes in the quality of health care are not described at any time, or at least reflected on. The contributions from the Pro-Health to transform, within its limits of performance, the health/disease profiles of the population are also not described.

It becomes apparent in these reports that the changes did not produce an impact on the field of services, or attention was not given to change. Thus, reviewing its performance is important to ensure that it becomes more consistent with the experienced realities and the expected and desired results.

The interest in developing ideas, on the part of everyone involved (professionals, students, and universities), is necessary for the Pro-Health to become a project of teaching reorientation based on the practice^(5,6) and to bring changes in the qualification of the assistance provided.

Hence, and articulation between these important actors could be established, minimizing obstacles that could arise in its operationalization, in front of the different contexts in which everyday practices are expressed.

FINAL CONSIDERATIONS

It is well known that transformations in education and health practices, based on a paradigm that sees the individual in his entirety, need the teaching/service articulation. This search is clear between the School of Nursing and Health Units in the municipality of Mossoró, with the strengthening of the Pro-Health. However, even with all the advances in this discussion, there are still many gaps to be reflected.

The Pro-Health emerged as a strategy to enhance the discussion of aspects that would contribute to the reorganization of professional training with a view to emerging demands from the community and health policies proposed by the State.

However, the problems still persist, through the distance between the pairs and difficulties in deconstructing the traditional training in health, with its biological and curative focuses, which tends to overrate technical procedures. There is difficulty in detaching from concepts and in promoting reflection on these issues, particularly about the health-disease process. With that, the individual assistance is fragmented, which helps to keep work in healthcare, including in nursing, as something mechanical that tends to follow only standards, rules, and routines. Modifications are difficult, and trainings for health promotion do not achieve the expected purpose, whether with contributions to the reorientation of health policies or practices in favor of the real social needs of the population.

In our context, even with the approval of a project that advocates the new and the training based on practical reflection, it is still possible to observe the difficulty in breaking the traditions of professionals training in the area of health. This reveals the fragility still extant in the process of training healthcare professionals with skills to act in the SUS, consistent with all its

principles and guidelines, which directly reflect how healthcare is provided and its quality.

In fact, in order to obtain training that is focused on the integral care to the human being, understanding the health-disease process as something dynamic that is subjected to constant modifications, it is necessary to place emphasis on training that is linked to reality, understanding the social context and how the problems are interconnected, thus, forming critical professionals who are capable of intervening in different social contexts.

The professionals in the service need to feel as constructors of knowledge and not just wait for the university as their source of learning. If changes need to be based on the population's needs, nothing would be better than having actors involved in this dynamics to bring input about actions, attitudes, and practices that serve the different social contexts.

However, the university seems to be somewhat absent in the co-responsibility for the different actors in the production of collective

proposals for the process of training in health. This distance indicates a tendency to skip the interests of a reflective and critical training and shows that the transformation in assistance and construction of knowledge is still incipient.

Through the understanding that knowledge and transformation need successive approximations, reflections, and evaluations, it is imperative to seize that a project of this scope need to be reviewed in its potentialities and limitations. The outlining strategies of this magnitude would be effectively contributing to the transformation of everyday practices, with reflections on training in health. In fact, it is necessary to review and, if necessary, redirect the proposal outlined by the Pro-Health from FAEN/UERN considering the applicability of the everyday dynamics in the services, recognizing the aspects that are involved in the transformation of production of knowledge and practices with a view to the needs of the population assisted by the SUS.

A ESTRATÉGIA PRÓ-SAÚDE E AS MUDANÇAS NAS PRÁTICAS COTIDIANAS: OLHAR DOS ENFERMEIROS

RESUMO

A estratégia Pró-Saúde propõe a articulação ensino/serviço para a transformação da formação e das práticas cotidianas. Para conhecer as interações e transformações, este estudo objetivou delinear, na visão dos enfermeiros, as mudanças nos conhecimentos e nas práticas que se processaram nos espaços assistenciais diante da estratégia. Para tanto foi realizado um estudo de natureza qualitativa, a partir de entrevistas com seis enfermeiros que atuam nas Unidades de Saúde parceiras neste projeto, procurando apreender como estes atores percebem esta estratégia no seu trabalho cotidiano. Os resultados demonstraram que os trabalhadores detinham conhecimentos incipientes acerca do Pró-Saúde, tornando-se perceptível que o projeto proposto pouco contribuiu para a reflexão dos saberes e ações corriqueiras no espaço dos serviços de saúde. Nesta perspectiva, estes interlocutores não conseguem abstrair o seu papel na transformação do ensino e da prática e, em consequência, na qualificação da assistência. Assim, entende-se ser preciso repensar saberes e práticas em saúde desenvolvidas, pactuando mudanças contínuas que possam contribuir para uma formação em saúde que preconize um cuidado de qualidade, tendo por base os princípios estabelecidos pelo Sistema Único de Saúde.

Palavras-chave: Ensino. Formação de recursos humanos. Instituições de saúde. Enfermagem.

LA ESTRATEGIA PRO-SALUD Y LOS CAMBIOS EN LAS PRÁCTICAS COTIDIANAS: LA OPINIÓN DE LOS ENFERMEROS

RESUMEN

La estrategia Pro-Salud propone la articulación enseñanza/servicio como modo de transformar la formación y las prácticas cotidianas. Para conocer las interacciones y transformaciones el presente estudio tuvo por objetivo delinear, según el punto de vista de los enfermeros, los cambios en los conocimientos y en las prácticas que ocurrieron en los espacios asistenciales debido a la estrategia. Para eso fue realizado un estudio cuantitativo a partir de entrevistas con seis enfermeros que actúan en las Unidades de Salud conveniadas en el proyecto, buscando apreender cómo estos actores notan esta estrategia en su trabajo cotidiano. Los resultados demostraron que los trabajadores detenían conocimientos incipientes sobre el Pro-Salud, tornándose evidente que el proyecto propuesto poco contribuyó para la reflexión de los saberes y acciones cotidianas en el espacio de los servicios de salud. En esta perspectiva estos interlocutores no lograron abstraer su rol en la transformación de la enseñanza y de la práctica y, así, en la calificación de la atención. De este modo, se comprende la necesidad de repensar saberes y prácticas desarrollados en salud, para establecer cambios

contínuos que puedan contribuir para una formación en salud que preconize un cuidado de calidad, tomando por base los principios establecidos por el Sistema Único de Salud (SUS).

Palabras clave: Enseñanza. Formación de recursos humanos. Instituciones de salud. Enfermería.

REFERENCES

1. Kleba ME, Vendruscolo C, Fonseca AP, Metelski FK. Práticas de reorientação na formação em saúde: relato de experiência da universidade comunitária da região de chapecó. *CiencCuid saúde*. 2012 abr-jun; 11(2):408-414.
2. Rodrigues LMS, Tavares CMM. Instrumento para avaliação participativa local do pró-saúde. *CiencCuid saúde*. 2012 jul-set; 11(3):605-612.
3. Cavaleiro MTP, Guimarães AL. Formação para o SUS e os desafios da integração ensino serviço. *Caderno FNEPAS*. 2011 dez; 1:19-27.
4. Gonze GG. A integralidade na formação dos profissionais da saúde: tecendo saberes e práticas. 2009. [dissertação]. Juiz de Fora (MG): Programa de Pós-Graduação em Saúde Coletiva; 2009.
5. Ministério da Saúde (BR). Programa nacional de reorientação da formação profissional em saúde: objetivos, implementação e desenvolvimento potencial. Brasília (DF): MS; 2007.
6. Ministério da Saúde (BR). Pró-Saúde: programa nacional de reorientação da formação profissional em saúde. Brasília (DF): MS; 2005.
7. Minayo, MCS. organizador. Pesquisa social: teoria, método e criatividade. 29a ed. Petrópolis (RJ): Vozes; 2010.
8. Ceccim RB, Feuerwerk MCL. O quadrilátero da formação para a área da saúde: ensino, gestão, atenção e controle social. *Physis*. 2004; 14(1):41-65.
9. Pereira JG, Fracolli LA. A contribuição da articulação ensino-serviço para a construção da vigilância da saúde: a perspectiva dos docentes. *Rev latino-am enfermagem*. 2009; 17(2):167-173.
10. Pereira IDF, Lages I. Diretrizes curriculares para a formação de profissionais de saúde: competências ou práxis? *Trabalho, educação e saúde*. 2013 mai-ago; 11(2):319-338.
11. Marin MJS, Tonhom SFR, Michelone APC, Higa EFR, Bernardo MCM, Tavares CMM. Projeções e expectativas de ingressantes no curso de formação docente em educação profissional técnica na saúde. *RevEscEnferm USP*. 2013; 47(1):221-8.

Corresponding author: Fátima Raquel Rosado Moraes – Rua Frei Miguelinho, 1137, Residencial Manoel Negreiros, 103B Bairro: Doze Anos CEP: 59603-350 Mossoró-RN. E-mail: frfm@bol.com.br

Submitted: 21/10/2010

Accepted: 18/03/2014