



WEAKNESSES AND STRENGTHS IN THE TEACHING OF NON-COMMUNICABLE CHRONIC DISEASES IN NURSING UNDERGRADUATE TRAINING

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ABSTRACT

Objective: to analyze the weaknesses and strengths in the professional training process of nurses regarding the care of people with chronic non-communicable diseases. **Methods:** this is a qualitative, analytical and exploratory research of the case report type. Data collection was carried out in the undergraduate nursing course of a university in the Southern Region of Brazil. Interviews were conducted with students and teachers and a documentary analysis of the Course's Political Pedagogical Project and Teaching Plans was carried out. **Results:** among the fragilities, the following subcategories were identified: organization of the curriculum matrix as a limiting factor in the learning scenarios of the practice and invisibility of the family in the care context. As a strength, the following subcategory was identified: research and outreach activities related to chronic diseases. **Conclusion:** implementing a course in line with the National Curriculum Guidelines for Undergraduate Nursing Courses is a challenging task. It is concluded that there is a movement in favor of the articulation between teaching, research and outreach activities to meet the demands of the health sector and mainly aimed at viability so that the vast majority of students may be able to participate. However, it is essential to revise the Course's Political Pedagogical Project to adapt to the guidelines and practices that are currently developed in the course.

Keywords: Nursing. Chronic disease. Nursing education.

INTRODUCTION

The pedagogical-didactic consistency of undergraduate courses with the National Curriculum Guidelines for Undergraduate Nursing Courses (NCG/NUR), from the perspective of the Unified Health System (SUS), has been the target of several studies. The teaching-service-community relationship faces obstacles in the articulation between the training processes of nursing professionals and the practices developed in the health care network.

In the context of this articulation, in general, it is observed that research and university outreach projects do not match teaching projects,

and this relationship is often restricted to the development of theoretical-practical activities (TPA) and curricular internships. It is noteworthy that this articulation is perceived when students have the skills to work in the network and when the service is prepared for their insertion⁽¹⁾.

The skills developed in undergraduate programs therefore provide only partial preparation for professional performance⁽²⁾. In this sense, greater the integration between the training process, services, and community/patients leads to less weaknesses in professional performance.

In order to meet the professional training

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needs of nurses and in line with what is recommended by the NCG/NUR, it is believed that it is essential to know how the training processes take place in the context of undergraduate nursing courses. It is noteworthy that adaptations to these recommendations need to be made in order to train professionals with the necessary skills to provide comprehensive health care, with the training of general nurses who can meet the population's health needs in the context of restructuring of health care services, systems and models.

Considering the responsibility of nursing professionals before the health of the population, chronic non-communicable Diseases (CNCDs) stand out as one of the focuses of nurses' activities, as they represent one of the main public health problems worldwide. They are defined as diseases that last six months or more and which require monitoring and care to prevent diseases and aggravation processes⁽³⁾. They start and evolve slowly, presenting more complex treatment situations.

Currently, CNCDs are the health problem of greatest magnitude worldwide, with greater morbidity, disability and mortality in middle-aged adults. Chronic non-communicable Diseases affect 20% of the population in high-income countries and 80% in low- and middle-income countries where the majority of the world population is concentrated. This indicates that the increase in chronic diseases is a direct consequence of poverty, social vulnerability, and difficult access to health services, culminating in early deaths⁽⁴⁾.

However, there is a mismatch between professional training and the health care system characterized by an incompatibility of the trained professionals with the needs of the population⁽⁵⁾.

Thus, the following question emerged in the present research: How does the professional training process of nurses take place in the case of the care provided to people with CNCDs? To answer this question, this research had the proposal to analyze the weaknesses and strengths in the professional training process of nurses regarding the care of people with CNCDs.

METHOD

This is a qualitative research conducted in the form of a single, analytical and exploratory case report⁽⁶⁾. The study site was the undergraduate Nursing course at a university in the South Region of Brazil. Interviews were conducted with students and teachers and a documentary analysis of the Course's Pedagogical Project (CPP) and Teaching Plans (TP) was carried out.

The undergraduate course has components distributed in ten phases that compose the curriculum matrix and there are established prerequisites for progression of phases.

Permission was requested from the coordinator of the course to start data collection activities. In this moment, the CPP and TP were provided in digital format. Data collection took place from December 2015 to March 2016.

The stage of analysis of the CPP consisted of reading the entire document, and based on the synopsis of the curricular components, 11 TP were selected for analysis. The inclusion criteria were the TP of the year 2015 that included in the synopsis aspects related to: health policies and programs; epidemiological surveillance; CNCDs; cardiovascular diseases; cancer; respiratory diseases; and Diabetes Mellitus.

The interviews involved 15 of the 22 students enrolled in the tenth semester of the course and 11 teachers. In the case of students, being regularly enrolled in the tenth semester of the course was the inclusion criterion, and eventual non-attendance to any curricular component addressing the theme of CNCDs was the exclusion criterion. And in the case of teachers, the inclusion criteria were: participation in curricular components that developed the theme of CNCDs; minimum election of one representative teacher per component. The exclusion criterion was: being absent from university or course activities at the time of collection of information.

All data collection activities were carried out at the University and data collection was private. The group interview with students lasted 150 minutes and the individual interviews with teachers lasted about 40 to 70 minutes each. All interviews were recorded, transcribed and later validated with the interviewees. The content was validated by the students through contact via e-mail due to the dispersion of the group at the end of the curricular activities, in December 2015.

Data collection started after approval by the Ethics and Research Committee with Human Beings (Opinion number 1.332.127 and CAAE 50745015.9.0000.5564). The participants signed an Informed Consent Form, according to Resolution nº 466/12 of the National Health Council and had their names replaced by the letters S for students and T for teachers in order to preserve confidentiality.

Data were analyzed through Content Analysis⁽⁷⁾. The information collected was analyzed in the light of this methodological framework based on the transcribed data. The steps of pre-analysis, material exploration, treatment of results, inference and interpretation were respected, as recommended by the author.

At the end of the data analysis, two categories became evident: weaknesses in the nursing training process and strengths in the nursing training process. In the first category, the following subcategories were identified: organization of the curriculum matrix as a limiting factor in practical learning scenarios of the practice and invisibility of the family in the context of care for individuals with CNCs. In the second category, there was one subcategory entitled: research and outreach activities related to CNCs.

RESULTS

The teachers interviewed were 29 to 57 years old; there was only one male. Of these, one has undergraduate training in Physiotherapy and the others in nursing. The interviewed students were between 22 and 34 years old, and there was only one male. Fifteen students participated in the study, of whom six study and work, and nine only study.

Organization of the curriculum matrix as a limiting factor in practical learning scenarios

The concern with the organization of the curricular matrix was highlighted by the teachers, with emphasis the presence of dialogue between them in order to avoid repetition of content. The dialogues also aimed at discussing possible changes in the TP and visualizing changes in the organization of the curriculum. The speech below demonstrates these issues:

(...) even this semester we took things out and included other things, because we realized that, for example, health education was present in another component that another colleague taught there in... (pause) so why should we teach this again rightw? although it is in the synopsis?! (T1)

However, it is observed that despite the existence of dialogue on the part of teachers from different curricular components, there are still overlaps and gaps in the approach to CNCs, as illustrated by the following statement:

In the primary care of the 5th phase, we also discuss hypertension and diabetes, but we cannot go so far because the student did not see this content. By the way, this was a difficulty that we felt as teachers and we are trying to change it within the new CPP so that it can be discussed with greater quality. When we go to make the visit, the student has difficulty because he has not yet seen this theme and he will only have it at Human Living Care I of the 6 th phase. (T1)

In line with the teacher's speech, during a group interview, the students reported that it was difficult to understand comprehensive care in the context of CNCs, as they saw the subject in a partial way in some curricular components.

In the fifth phase we did nursing consultations with hypertensive and diabetic patients, but the classes about hypertension and diabetics were in the sixth phase in the Human Living Care I component. (S8)

We saw a lot about hypertension and diabetes. Cancer and respiratory diseases, however, just a little. (S13)

They reported a wide approach to on hypertension and diabetes content within the scope of Primary Care, but they were unable to visualize the care of CNCs in the hospital context, as shown below:

When it is said that the student is trained for the SUS, I see something that happened during graduation... it seemed that SUS was Primary Care only, and what happens? Home visits, groups, nursing consultations, and when this patient arrives at the hospital, I realize that we are not prepared to deal with that chronic disease that is already installed. (S4)

From the perspective of the graduating students, it seemed to them that the teaching of care, in the context of NCDs, happened only at the level of Primary Care and that they were unable to have a comprehensive view due to the difficulty of providing care from the perspective of the care network. The students reported that they did not have enough skills to provide care when it comes to the chronicity process during hospitalization and stressed that health promotion should also happen in this context. The following excerpts depict these findings:

When we were in the hospital, we did not have this perspective of the whole. The patient will return home and continue with hypertension and diabetes. We could do more than simply usual care of hospitalization. (S12)

But we did not have this view at that phase; now in the Supervised internship we are realizing it. (S15)

Students and teachers agreed that there is a separation of extremes in the practical scenarios, between primary care units and hospitals, which tends to hinder the understanding and training of nurses with skills to work in SUS. The following account brings this perception:

I know about the subjects I work in primary care and this part of chronic diseases is really ours. (T2)

I work more at the hospital, but I know that colleagues work a lot of topics at the health units (P11).

Our CPP is full of problems, distribution is really bad, and the common trunk takes too much time. So, little time is left for the most important subjects of the course. (S7)

Teachers realized that the teaching of CNCDs is fragmented in the course, and that, despite their efforts, they have not yet been able to reach a consensus with colleagues on the best time for training for this content or how they can carry out a transversal approach, according to situations experienced at TPA:

There is a limitation on the course's CPP; how far can we go in primary care? Our goal is to get to Human Living I right away, because we can have a wide nursing consultation, see at the human being as a whole, not entirely yet. As for example, woman's health; he can look at hypertensive women, the diabetic women, or

women with any other chronic diseases, but he cannot see the preventive aspect, the breast, that he will see only in the 7th phase. So these are the difficulties!! (T1)

Another important point evidenced in this speech was the intention to change practices, which is, in some way, made impossible by the CPP. In this situation, this aspect becomes a hindrance to the change process. The relevant discussion on overcoming the fragmentary paradigm of care that still persists in the health field stands out at the moment when the teacher says to be "still" not possible see the human being as a comprehensive being.

The teaching of chronic diseases in the course is very fragmented! (pause) And I know it is necessary because we have moments, but I think we could try to find a way to overcome this obstacle. Because there are times when he (the student) will go to practice, wherever he goes, and will face some chronic diseases and will need to provide care for these users. Perhaps reflecting a little on the epidemiological profile that we have today, would it be possible? Addressing some main things a bit earlier, so that he will have more confidence. (T2)

There are teachers who approach aspects of CNCDs, contextualizing the theme in the specific sector they work, as illustrated by the teacher in the following statement. In this situation of the curricular component that deals with women's health, issues of diseases with a high prevalence in the female public are addressed, as it is the case of breast and cervical cancer. Above all, a greater focus is given to them because they are preventable diseases whose early diagnosis is essential for a better prognosis.

(...) But primary care mainly because these are things that can be avoided; so thinking about breast and cervical cancer, for example, they are the most incident types of cancer, they are the two that kill women the most, but also within a perspective of early diagnosis they have a very positive prognosis. Thus this health education can be worked; we work a lot on health education. (T3)

However, despite some moments of focus on health promotion, the teachers recognized that there are still advances to be achieved, mainly because individuals are seen in an already

debilitating health condition, with a biologicist perspective:

We are too far away, we need to move forward! What I have focused on the most is the patient using O₂, or the patient on hemodialysis, so this is our view, but it is very incipient I think, and within the human nursery component, we are not able. Much of it is the view of the teacher who is supervising, who is the supervisor, the teacher who is there, his look, and his understanding of the whole work. So maybe, I think that we worry a lot about some pathologies, in the Human Living I of the hospital, of surgery and not criticizing, but reflecting, and let other important things escape. (T2)

When observing the TP, it became evident that there is only a brief approach to health promotion. Another result of the analysis of the TP was that the questions that address health promotion, both in its theoretical bases and in the perspective of intervention, are problematized in components of the initial phases of the course. In these phases, conceptual aspects and the ways in which health systems are organized to deal with the population's need for attention are addressed.

Invisibility of the family in the context of care for individuals with CNDCs

After the reports of teachers and students who agree on the invisibility of the family in the context of care, a new exploration in the TP was carried out, in search of aspects related to the care and inclusion of the family in the curricular components. It was evident that only two curricular components among those selected for the analysis of CNDCs contained content related to the family:

Basic care for families as a model for reorienting health care; instruments of family approach of the health team: genogram and eco-map; family violence: the gender issue; rights of family members; nursing care for individuals, families and community in situations of family risk. TP-7

Hospitalization of the newborn, child, adolescent and family. TP-11

The data show the short attention given to aspects related to the family in the TP, as well as the view that teachers and students chose to have

of the theme. However, it should be noted that these data do not reflect the TPA developed in basic health units and hospitals.

Research and outreach activities related to CNDCs

The participants highlighted that, in addition to the teaching activities on CNDCs, there are research and outreach activities aimed at health promotion. They are opportunities to consolidate the knowledge about care for people with chronic illnesses. With regard to research, some reports were given by professors who compose the research lines in the context of chronic diseases, as shown below:

I am part of a research group, and the line of research to which I am linked is chronic communicable and non-communicable diseases. It works in a generalized manner, without specifically giving attention to a particular disease. (P4)

We have a lot of research and outreach activities with chronic diseases: projects in the kidney clinic, oncology, projects in the ICU's waiting room, which we know that most of them are acute, but there are also many whose chronic condition was aggravated, outreach projects on hypertension and diabetes that even stimulate the end-of-course monograph. (P6)

The reports also showed that teachers developed both clinical and social studies for the construction of knowledge in the area of CNDCs, as shown below. They transcend the walls of the academy, bringing responsibility for the construction and dissemination of knowledge:

As we are nurses, we produce health and knowledge, as well as training in this sense as a nurse teacher with a social commitment to providing maximum knowledge. (T5)

The research group composed of students and teachers has already organized events with the objective of giving visibility to the discussion of chronic communicable and non-communicable diseases, as described below:

The group organized the 1st Symposium on Chronic Communicable and Non-Communicable Diseases, bringing expert speakers from the Ministry of Health, Rio de Janeiro and the region. We had the participation

of several academics and some professors and this symposium was the first; we want it to be done every year! (laughs) (T4)

The teaching process still presents weaknesses in relation to chronic diseases, but it is observed that research and outreach actions deepen issues taught in the classroom and in the TPA. Teachers seek to provide social responses to the population's health problems by carrying out outreach projects in order to meet certain care needs of the population:

I am immersed in VERSUS, where we work with thematic groups, always in the logic of networks. I am in the network of care for chronic diseases. (T7)

According to the dialogue below, there were ongoing research and outreach projects that aimed at promoting healthy lifestyles and conducting actions on the risk factors for CNCDS. Regarding the promotion of healthy lifestyles, teachers carried out activities to encourage the practice of physical activity in the university environment. They also had projects about abusive use of alcohol and tobacco:

I have a scientific initiation project that started in 2015-1, related to health behaviors, substance use, mental suffering, religiousness of nursing students. (...) we have already observed that around 15% of the students have a BMI already indicating overweight, obesity I, and some students had altered cholesterol, and liver changes, TJ and TGP. (...). It is an initiative that involves a proposal for physical activity on campus. (...) the intention is that we make walks on campus as groups, thinking about the issue of both promoting mental health and preventing diseases such as obesity, hypertension and perhaps also diabetes. (T9)

DISCUSSION

Brazilian public health is challenging for health professionals because it involves a concomitant demographic and epidemiological transition, including the growth of CNCDS. In view of this scenario, it is believed that the training of health professionals needs constant updates, and to this end, educational institutions need to apply methodologies capable of promoting skills for the adequate professional practice in this new reality. However, the significant scientific and technological advance

has not accompanied the development of health practices that effectively meet the complex health needs of the population⁽⁸⁾.

A weakness highlighted by both teachers and students was the family's invisibility in the care setting, to be explored during undergraduate training. Such weakness comes, firstly, from the fact that it is known that it is in the family that health care begins and that the main goal is to address people's health needs.

The fact that neither teachers nor students mentioned the family, calls attention to the training of nurses, not only because it is a field of knowledge practically dominated by these professionals and because they have a solid construction of knowledge in this theme, but also for the promotion of empowerment processes in this context, because the population affected by chronic diseases goes through family care.

Thus, the achievement of successful nursing care with CNCDS must include support and reorientation of care for the patients and families⁽⁸⁾, as a way of offering support, relieving everyday tensions, and enabling the acquisition of more knowledge, thus helping to identify coping strategies⁽⁹⁾.

Family members who witness hospital treatment for a loved one with a CNCDS share experiences of worry and anxiety due to multidimensional factors. They modify their routines, postpone their personal projects and present psychophysiological changes as a result of this process. Thus, nurses have the role of embracing and caring for the family, proposing interventions to relieve everyday tensions, minimize stressors and contribute to the improvement of the quality of life and social reintegration⁽¹⁰⁾.

The inclusion of the family in the care process makes it possible to know, from another point of view, how the individuals experience chronic diseases in their daily lives. The inclusion of each individual in this process must be active, avoiding to disqualify the autonomy and self-efficacy of the individual with chronic disease⁽¹¹⁾. Living with a CNCDS is an exhausting process for the individual with the disease and for the family caregiver, a phenomenon that requires more attention from the health team⁽¹²⁾.

Thus, the relevance of the CPP to be thought

collectively to meet the needs in each of the stages of undergraduate training has to be discussed, including the family as the focus of care. This idea was evident in the study that analyzed the advances and challenges observed in the ten years following the publication of the NCG/NUR, which pointed out the collective construction of the CPP as an advance⁽¹³⁾.

The NCG/NUR recommendations indicate ways to train competent nurses for the job, based on the health problems that most affect the local population, such as the CNCs. The contents approached specifically within the specialties ignite an alert about the reformulations in the CPP, since studies indicate that the assumption of comprehensiveness is already built in the scope of training⁽¹⁴⁾.

In this perspective, it is essential to review the discourse of the need for theory to precede practice so that there may be an articulation between theory and practice, and also institutional barriers that enhance curriculum rigidity may be dissolved. Despite being apparently simple prerogatives, they demand a joint effort by students and teachers capable of getting them out of their comfort zone. In this context, the advances are the result of a paradigmatic change in contemporary times and involve the adoption of a pluralist view of teaching, integration of biological and social bases, and articulation of research, teaching and outreach activities. In this way, theory and practice can be integrated in different health care settings⁽¹⁵⁾.

In this context, students perceive the beginning of the development of their autonomy and professional responsibility when they start their experiences in the practical scenarios of the course, be it internships, practical activities, outreach projects, research projects, class assistant programs, and academic leagues. Associated with classroom activities, the experiences promote an approximation with the social reality of the communities, reflecting on the emerging health needs and motivating the students to acquire skills and abilities and to assume the commitment to the life of others⁽¹⁶⁾.

However, several students have jobs, and this adds the fatigue factor, besides difficulties in participating in extracurricular activities provided by the institution. Consequently,

nursing courses need to consider this reality in the definition of CPPs and bet on the teaching-service articulation and insertion in research and outreach projects as soon as in the beginning of the course, optimizing the critical-reflective teaching-learning process.

Thus, when researching the challenges for the training of nurses in the context of the expansion of undergraduate nursing courses, a research identified the remarkable inclusion of a new profile of students composed of people already inserted in the job market, either in the area of health or not. Some of these students have difficulties during their professional training due to knowledge deficits in elementary and high school, with consequent reflection in their qualification during undergraduate training, especially when the course is offered at the night shift, due to the need of students to have jobs⁽¹⁷⁾.

In view of this, the extracurricular experience fills possible gaps in teaching, mainly through participation in research and outreach projects. These activities expand the students' competences, who can see in a more comprehensive way the reality full of conflicts and contradictions not sufficiently addressed in the theoretical classes, or even in the practical classes.

FINAL CONSIDERATIONS

The study has as a limitation the fact of portraying a reality that cannot be generalized for all nursing undergraduate courses.

The results showed that teachers and students were able to identify the main weaknesses of the course in relation to the teaching and learning process of professional and nursing care for people with CNC. They mentioned some initiatives that seek to overcome the difficulties identified.

The analyses carried out demonstrated that, despite the moment of paradigmatic break up with the biomedical model, a fragmented approach to the teaching-learning process during the course and of the content on the disease persist. The curricular organization, in turn, compromises the actions desired by the teachers, who already demonstrate that they are aware of the necessary changes.

Implementing an undergraduate nursing

course in line with the DCN / ENF is a challenging task. This connection is necessary not only in the academic, professional and intellectual training of students, but also in the conduct of services, enabling the modification of social reality beyond health needs.

The NCG/NUR point out that, when graduating, nurses need to have skills to provide care in prevention, promotion and rehabilitation of health, valuing the understanding that the teaching-learning process can happen in different spaces of society, not only within the scope of classroom. That said, the university tripod (teaching, research and outreach) needs to strengthen the process of training nurses in the

different scenarios of the healthcare network and services.

In this study, a movement was identified in favor of this articulation, but it is still incipient to meet the demands of the health sector and especially to enable the participation of most students. However, it is noteworthy that it is essential to revise the CPP so as to adapt it to the NGC and to the very practices that are already developed in the course. Although there are weaknesses, the fact that the teachers and students of the course recognize them, associated with the strengths of the teaching process, becomes a potentializing element for the establishment of bonds and training aimed at teaching, service and community.

FORTALEZAS E FRAGILIDADES NO ENSINO DAS DOENÇAS CRÔNICAS NÃO TRANSMISSÍVEIS NO CURSO DE ENFERMAGEM

RESUMO

Objetivo: analisar as fragilidades e fortalezas no processo de formação profissional do enfermeiro perante o cuidado de pessoas com Doenças Crônicas Não Transmissíveis. **Métodos:** trata-se de uma pesquisa qualitativa, estudo de caso, analítico e exploratório. A coleta de dados foi no curso de graduação em Enfermagem de uma universidade na região Sul do Brasil. Realizaram-se entrevistas com estudantes e professores, bem como análise documental do Projeto Político Pedagógico do Curso e de Planos de Ensino. **Resultados:** entre as fragilidades, identificaram-se as subcategorias: organização da matriz curricular como fator limitador nos cenários de aprendizagem da prática e invisibilidade da família no contexto de cuidado. Como potencialidade, identificou-se a subcategoria: atividades de pesquisa e extensão relacionadas às doenças crônicas. **Conclusão:** implementar um curso em consonância com as Diretrizes Curriculares Nacionais para os Cursos de Graduação em Enfermagem constitui tarefa desafiadora. Conclui-se que há um movimento em prol da articulação entre ensino, pesquisa e extensão visando atender às demandas do setor saúde e, principalmente, de viabilidade para que ampla maioria dos discentes consiga participar. Conquanto, é fundamental a revisão do Projeto Pedagógico do Curso para se adequar às diretrizes e às próprias práticas que já vêm sendo desenvolvidas no curso.

Palavras-chave: Enfermagem. Doença Crônica. Educação em Enfermagem.

FORTALEZAS Y FRAGILIDADES EN LA ENSEÑANZA DE LAS ENFERMEDADES CRÓNICAS NO TRANSMISIBLES EN EL CURSO DE ENFERMERÍA

RESUMEN

Objetivo: analizar las fragilidades y fortalezas en el proceso de formación profesional del enfermero ante el cuidado de personas con Enfermedades Crónicas No Transmisibles. **Métodos:** se trata de una investigación cualitativa, estudio de caso, analítico y exploratorio. La recolección de datos fue en el curso de pregrado en Enfermería de una universidad en la región Sur de Brasil. Se realizaron entrevistas con estudiantes y profesores, así como análisis documental del Proyecto Político Pedagógico del Curso y de Planes de Enseñanza. **Resultados:** entre las fragilidades, se identificaron las subcategorías: organización de la matriz curricular como factor limitante en los escenarios de aprendizaje de la práctica e invisibilidad de la familia en el contexto de cuidado. Como potencialidad, se identificó la subcategoría: actividades de investigación y extensión relacionadas a las enfermedades crónicas. **Conclusión:** implementar un curso conforme las Directrices Curriculares Nacionales para los Cursos de Pregrado en Enfermería constituye un gran desafío. Se concluye que hay un movimiento en pro de la articulación entre enseñanza, investigación y extensión con vistas a atender a las demandas del sector salud y, principalmente, de viabilidad para que la amplia mayoría de los discentes consiga participar. No obstante, es fundamental la revisión del Proyecto Pedagógico del Curso para adecuarse a las directrices ya las propias prácticas que vienen ya siendo desarrolladas en el curso.

Palabras clave: Enfermería. Enfermedad Crónica. Educación en Enfermería.

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