

Meanings of training in Basic Health Units for undergraduate students

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ABSTRACT

This qualitative study had a hermeneutic phenomenological method, supported by Martin Heidegger's concepts that aimed to understand the meaning of internships in the Basic Health Unit (BHU), understood as a possibility to live and 'being-with-the-other' in the working world, for ten students in the last period of college. For the students, experiencing the BHU world is perceived as fulfilling a mandatory educational orientation, which can qualify the training and also provides a possibility for the involved people to teach and learn. However, the study revealed the need to strengthen the communication between professors and students, so that the goals and potentials of the teaching-health service integration are clearer for the students. The students seem to have been introduced in the BHU without much knowledge and appropriation the reasons for their experience in this space.

Descriptors: Internships. Qualitative Research. Higher Education. Primary Health Care. Teaching Care Integration Services.

1 INTRODUCTION

Historically, the teaching-healthcare integration has been acknowledged as necessary and strategic for health professional training¹⁻⁴.

Some responsibilities are shared among public health services and higher education institutions (HEI), since both are in charge of healthcare formation and production. This multifaceted scenario contains several aspects that need to be and act synchronically. Therefore, the actions are expected to be related and integrated, with partnerships and collaborative work.

Therefore, health training institutions should diversify the teaching-learning scenarios beyond the classroom, aiming to expand the understanding on the complexity of health-disease process and care of people, based on the different socioeconomic, cultural and environmental realities⁵⁻⁸. Other aspect to be considered is the Brazilian reality, where professional training is strategic and fundamental for the Public Health System (SUS)⁹⁻¹¹. The achievement of advances in the effectiveness of SUS, by the humanized, interprofessional and interdisciplinary care, in attention networks and based on ethical principles, also applies to the training experienced by students during graduation, since they are the future professionals who will care for the population.

In this study, the internship conducted in Basic Health Units (BHU) is understood as a possibility to experience the working world. According to Martin Heidegger¹², the world where human beings exist is not a box characterized by the utilization of reasoning, not a space that contains everything that exists. According to Heidegger, world is anterior to the spatial, topographic and interior world. It is based on *'being-in'*, with the sense of living. The surrounding world is closer to *'being-there'*,

within its vision. *'Being-in'*, a translation of what Heidegger named *'Dasein'*, is the human person who is able to question, ask about the meaning of their being, searching for themselves and always understanding their own based on the experience.

The *'being-there'* tends to understand the own existence based on the *'entities'* with whom they relate and behave, essentially, from the world. Heidegger¹² names several things, in several meanings, as *'entity'*. It includes everything we say, natural processes, historical events, numeric and spatial relationships. Mankind itself is an *'entity'*, in which the question of being was forgotten, because instead of questioning, mankind was conceived as a simply given being, in combination with the other creations. Therefore, living in the BHU world is a coexistence relationship between *'being-there'* professors, students, professionals and users.

This paper, derived from the understanding of one question that encouraged a wider study¹³, aimed to analyze the meanings of living in the BHU world for *'being-there'* health students in the last year of graduation, who attend internship in this existential space.

2 METHODOLOGY

This qualitative study had a hermeneutic phenomenological method, and the analysis of data was supported, not exclusively, on the reference of Martin Heidegger¹².

The phenomenological investigation searches for meanings, which are clear expressions about the perceptions of individuals about the object of investigation, combining all experiences of the individual. As such, the investigator is not concerned about the facts, but rather about the meaning of events for the participants, more specifically from the meaning of these phenomena for individuals

experiencing them^{14,15}.

Hermeneutics is an important philosophical thinking of the 20th century. It refers to the art of broad interpretation. It includes the understanding of processes of life experience in which the written, spoken or symbolic language presents aspects of human reality. It aids the revelation, discovery and unveiling of meanings in texts or languages, as well as the established relationships. Therefore, it allows the understanding of mankind, its world and the human living proper¹⁶⁻¹⁸.

The Heideggerian philosophy is characterized by constant questioning. It aims to reveal the object of questioning by its understanding. Its work focuses on the meaning of being, its moods and manners of expression by understanding the experience lived^{14,15,18}.

This stage of investigation was conducted on two students of the last year of graduation from each of the five health courses of a public university in southern Brazil (Nursery, Physical Therapy, Dentistry, Medicine and Pharmacy), who were attending internships in four BHU indicated in the exploratory stage of the study by health service managers and course coordinators, because these received the highest quantity and diversity of students of that institution. Therefore, in this intentional sample, ten interviews were performed, which presented to be sufficient to understand and interpret this aspect of the teaching-health service integration phenomenon.

The interviews were applied by the main investigator and transcribed by three individuals experienced in this activity, in integral and literal manner, aiming to maintain the highest accuracy as possible of expressions, terms and paraverbal contents (intonations, emphasis, pauses) that were manifested by the study participants. After this stage, the investigator listened to all recordings and checked the

transcriptions of interviews. According to Merighi¹⁹, this moment is an opportunity for the investigator to become familiar with the descriptions and begin to identify the relevant aspects related to the study.

To assure the anonymity, the interviews received alphanumeric coding. Thus, E3 indicated the third student interviewed. The guiding questions for these interviews were as follows: 1) What does it mean for you to be in the BHU? 2) How do you feel about your internship in BHU?

It should be emphasized that these questions were adapted to the dynamics and singularity of each interview. Some aspects appeared and/or were deepened from questions derived from the responses of interviewees.

The technique of data analysis employed the procedures suggested by Josgrilberg²⁰ to search for the meaning of teaching-service integration, understood as a phenomenon to be unveiled. Initially, each transcription was individually read and re-read several times. In a second moment, the units of meaning related to the teaching-health service integration of each interview were identified. Thereafter, the units of meaning for the students were identified. Then, the units of meaning of all groups were related to each other, searching for common points to reveal the meanings of teaching-health service integration. These two latter steps were developed by the development of several conceptual maps. The jump “into” the hermeneutic cycle occurred by reflection, search for singularity and plurality, which allowed the interpretation and understanding of the phenomenon. This stage also comprised utilization of a journal, which in some moments contributed to broaden the understanding of the phenomenon.

The study was approved by the Institutional Review Board of Londrina State

University (CAAE 21677913.4.0000-5231) and followed the guidelines of Resolution 466/12 of the National Health Council²¹.

3 RESULTS AND DISCUSSION

For the interviewed students, living in the world of BHU meant the fulfilment of a mandatory curricular activity in an external space.

This is a mandatory internship, which we have to attend. E2

It is in the curriculum, we have no choice, we have to attend this internship in the BHU. E4

The study revealed that students did not have a clear understanding about the breadth of intention that moves their insertion into the world of BHU. Notes in the journal helped to evidence that the students seem to understand this as an individual and isolated initiative of the HEI, unrelated to a broader context and national and international guidelines, which goes further beyond fulfilling one more curricular internship.

However, the impersonal positioning of fulfilling this task was remarkable. As applied to Heidegger's teachings, this result may be understood as an improper mode of being because the student inhabits this space to fulfill a task and "get a score," not actually positioning within an occupation.

The students seemed to have been released into the BHU without much knowledge and appropriation concerning the intention of their experience in this existential space. One aspect to be considered is the need to strengthen the communication between professors and course coordinators with the students, to broaden the understanding on the relevance of teaching-health service integration. Understanding of the pedagogical project by the individuals involved, combined with moments of interaction between university people,

services, community leaderships and health councils, can boost the understanding of the meaning and potentialities of the teaching-health service integration. 'Being-with-the-other' in the existential space of the BHU is always an open possibility to qualify the health training and for the population care.

When the student understands and is open to the potentialities of 'being-with-the-other' in the existential space of the BHU, the internship is perceived as a qualification means of the learning process.

It is not only for the obligation of being here; but being here and taking something for my learning. E6

I think that, for our training, it is important to be here, live, spend more time and participate in these activities in the BHU. E5

The participation of the student in this world of work provides a possibility for learning; beyond fulfilling a mandatory activity, it moves towards a more appropriate way of being. The involvement of students in the daily life of the BHU may expand the understanding regarding the meaning of this approximation between the two worlds.

A common challenge to all health professions concerns training with the development of humanization values with high quality and resolution. The approximation of the training process to the practice of services may favor the development of this training, because it enables the student to think, act and react to situations presented with certain forms and patterns of attitudes²². Therefore, health education needs to strengthen the "user-centered" health care model, which is essentially committed with the people's needs, in contrast to the "procedure-centered" model, which is still predominant²³. The formation of a future proactive, creative, questioning professional is

intended, who may seek for solutions to meet the needs presented and/or identified^{6,9}.

Thus, for the students surveyed, *'being-with-the-other'* in the BHU also means the possibility of adding value to the formation.

Having this closer contact with the population is important for us, because we may see the need, not focusing only on that hospital area, that part of nursing. We actually see the need, even the psychological aspects. E4

Being here is an opportunity to have a widened vision, focused not only on the disease, as often occurs in the hospital.

Here (BHU) is different you know the entire family of the patient. E10

In this result, the aggregation of value for training is linked to the open possibility of *'being-with'* the population. It concerns the possibility of expanding the point of view and also performing important works for the population. *'Being-with'* constitutes the *'being-in-the-world'*. The *'being-there'* exists with the beings who meet each other in the world¹². In this situation, it can be noticed that *'being-with'* the user can favor an understanding of the population health needs, the demands of health services, and also the complexity of the health-disease process, because it opens a possibility of *'being-with'* the user.

Coexistence in the daily life of health services means the possibility of experiencing the care that is possible and/or offered in the BHU, in specific regional and epidemiological contexts. It allows for teaching and learning closer to the demands of SUS. This contact with reality, by *'being-with-the-other'*, is an open possibility to expand the understanding and allow re-signification of values and attitudes.

These values and attitudes may be awakened and/or revived in all people co-existing in the BHU. Teaching and learning are

always open possibilities in *'being-with-the-other'*⁸. When the student shares the space with professionals, they feel stimulated to study. Additionally, the presence of students calls to the complexity of care that requires not only technical-scientific elements, but also attitudes of mobilization when facing adverse realities. This combines to the fact that actions, discussions, reflections and exchanges of knowledge contribute to changes in practices⁹.

The health education depends on interaction with the others, based on questions, criticisms and reflections connected with the practice lived and shared by people, who both teach and learn. The path is permeated from the needs and possibilities identified by the involved people. It is not linear and predictable²³.

Thus, when students understand the potential of the Basic Health Unit, *'being-with-the-other'* in the BHU means an opportunity to teach and learn.

I look for the professionals and they also look for me. For example, here there is a nurse who is always pulling us. She calls frequently and I also search and want to know, I want to learn. I look for the community health agents and I say I want to follow them in a visit, to know the surroundings. They often look for us to solve doubts. E10

Here (BHU) we have to learn, even by ourselves. We need to look for it, to know how things work. I think it is important in the sense of learning by ourselves, how to turn out. E1

Inhabiting the world of the BHU reveals as an open possibility for the active search for knowledge, self-learning, development of communication, criticism and reflection. The professional training is not limited to the diagnosis, treatment, prognosis and prevention

of diseases in closed environments. In addition to the fundamental technical competence, the training process is expected to awaken in the student values related to the expanded concept of health, healthcare, integral care, ethics, the inseparability between theory and practice, interprofessional and interdisciplinary work, humanization of attention and recognition of the social character of the health-disease process.

In this result, it was also noticed that some of the curricular guidelines are being experienced by students in the BHU as the possibility of learning and teaching, the active search for knowledge, self-learning, criticism, communication development, interprofessional and interdisciplinary work, integrality of care and citizenship. This led to the reflection that the intentions moving managers and professors when attempting to integrate teaching and health services seems to be in harmony with the experience of students when inhabiting the BHU. We consider that the understanding of the concrete experience lived by students is the central point to understand if the intention that guides the training process is being achieved. This is unpredictable, always under construction and unfinished, because it involves relationships between people, who always have an open possibility of making choices.

4 CONCLUDING REMARKS

The meaning of inhabiting the world of the BHU revealed to be dependent on the understandings and involvements of each student. It also depends on the relationships established in this existential space.

People establish a relationship of conformity with the world. People, when entering the world into different spaces, acquire conformity with the world in the identity. By taking form of the world in which they inhabit, they absorb part of that world that then

integrates, ceasing to be something strange. In this context, the person gives more freedom to being. Not necessarily by reason, but around the possibility of appropriating the things of the world. *'Being-with-the-other'* in the BHU is an open possibility linked to the choices of each *'being-there'*.

However, the study revealed the need to strengthen the communication between professors and students, so that the intentions and potentials of the teaching-health service integration are clearer for the students before, during and after they are introduced into the existential space of the BHU.

This study depicts part of a whole, at a given moment, based on methodological choices, which are characteristics and limitations of this study. However, we expect it to allow reflections on the phenomenon in question and that it may contribute, to some extent, to advances in the much needed teaching-service integration for the training of students, professionals and professors, which are fundamental to improve the population care. This should be understood as the ultimate goal of those who, in their daily lives, occupy the world of teaching and health services, which join to share the existential space of the BHU.

RESUMO

Significados do estágio em Unidades Básicas de Saúde para estudantes de graduação

Trata-se de pesquisa qualitativa, com abordagem fenomenológica hermenêutica, apoiada nos ensinamentos de Martin Heidegger que buscou compreender os significados do estágio em Unidade Básica de Saúde (UBS), entendido como uma possibilidade de habitar e *'ser-com-outro'* no mundo do trabalho, para dez estudantes do último ano da graduação. Para os pesquisados, coabitar o mundo da UBS é percebido como cumprimento de uma orientação educacional obrigatória, que pode qualificar a formação e também uma

possibilidade de as pessoas envolvidas ensinarem e aprenderem. Porém, o estudo desvelou a necessidade de fortalecimento da comunicação entre docentes e estudantes para que as intencionalidades e as potencialidades da integração ensino-serviço de saúde estejam mais claras para os estudantes. Os estudantes parecem ter sido lançados na UBS sem muito conhecimento e apropriação em relação ao porquê de eles vivenciarem este espaço existencial.

Descritores: Estágios. Pesquisa Qualitativa. Educação Superior. Atenção Primária à Saúde. Serviços de Integração Docente-Assistencial.

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