

Collective Health Nursing: the construction of critical thinking about the reality of health*

ENFERMAGEM EM SAÚDE COLETIVA: A CONSTRUÇÃO DO CONHECIMENTO CRÍTICO SOBRE A REALIDADE DE SAÚDE

ENFERMERÍA EN SALUD COLECTIVA: LA CONSTRUCCIÓN DE CONOCIMIENTO CRÍTICO SOBRE LA REALIDAD DE SALUD

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ABSTRACT

This article presents an analysis of the Collective Health Nursing teaching-learning processes and research in view of the consolidation of the Brazilian National Health System (*Sistema Único de Saúde - SUS*), performed with the objective to acknowledge the potentiality of the health reality of the population as a strategy to approximate the field of nursing practice and training as a way to revert undesired health situations. Thus, the authors reflect about the work of Collective Health Nursing, as they understand it is a mediator to promoting teaching, learning and knowledge development in this field. The authors believe that those processes, founded on critical thinking, permit to reflect about the contradictions between the current public policy and the actions promoted by the sector, and, this way, contribute to overcome the current health care mode, which has historically been founded on curative actions towards individuals, to assuming a model that acknowledges the health needs and intervenes in the social determination of the health-disease process.

DESCRIPTORS

Public health
Nursing research
Education, nursing
Knowledge
Unified Health System
Public health nursing

RESUMO

Esta análise sobre os processos ensino-aprendizagem e a pesquisa de Enfermagem em Saúde Coletiva frente à consolidação do Sistema Único de Saúde (SUS) objetiva reconhecer a potencialidade da realidade de saúde da população como estratégias de aproximação com o campo de ação e instrumentalização do profissional para a reversão de situações indesejáveis de saúde. Assim, refletiu-se sobre o trabalho da Enfermagem em Saúde Coletiva por compreendê-lo como mediador para promover o ensino, a aprendizagem e a construção de conhecimento na área. Acredita-se que tais processos, fundamentados no pensamento crítico, possibilitam a reflexão sobre as contradições entre a política pública vigente e as ações promovidas pelo setor, e assim, contribuem para superar o atual modelo de atenção à saúde, que historicamente tem sido fundamentado em ações curativistas para o indivíduo, para o modelo que reconhece as necessidades em saúde e intervém na determinação social do processo saúde-doença.

DESCRITORES

Saúde pública
Pesquisa em enfermagem
Educação em enfermagem
Conhecimento
Sistema Único de Saúde
Enfermagem em saúde coletiva

RESUMEN

Análisis sobre procesos enseñanza-aprendizaje e investigación de Enfermería en Salud Colectiva frente a la consolidación del Sistema Único de Salud (SUS) que objetiva reconocer la potencialidad de la realidad sanitaria de la población como estrategias de aproximación con el campo de acción e instrumentalización del profesional para revertir situaciones sanitarias indeseables. Se reflexionó sobre el trabajo de Enfermería en Salud Colectiva por entenderlo como intermediario en promoción de enseñanza, aprendizaje y construcción cognoscitiva del área. Se cree que tales procesos, fundamentados en el pensamiento crítico, posibilitan la reflexión sobre contradicciones entre política pública vigente y acciones promovidas por el sector, contribuyendo así a superar el modelo actual de atención de la salud, el cual históricamente se ha fundamentado en acciones curativistas para el individuo, para el modelo que reconoce las necesidades en salud e interviene en la determinación social del proceso salud-enfermedad.

DESCRIPTORES

Salud publica
Investigación en enfermería
Educación en enfermería
Conocimiento
Sistema Único de Salud
Enfermería em salud pública

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INTRODUCTION

This article discusses, from the dialectical and historical materialism perspective, the teaching-learning process and the production of knowledge about Collective Health in the field of Nursing, based on a reflection which shows the relationship between work in public health and training of the Nurse, which is essential to the process of knowledge production in the field. Here, the teaching-learning process, combined with the production of knowledge, is treated as potentially able to transform the health reality of the population in the Brazilian health system.

WORK AND TRAINING OF NURSES

Work, according to the historical materialist and dialectical conception, enables man to go beyond nature, in contraposition to being a *subject* in the world, for it establishes the subject-object relationship. It allows individuals to produce themselves simultaneously with the production of the object. (...) *Work is the key concept for us to understand dialectic overcoming (...) (1)*. *Dialectic overcoming* is considered to be the denial of a certain reality simultaneous with the conservation of something essential that exists therein and is denied elevation to a higher level. It affirms that the raw material is *denied* at the same time as it is *preserved* to be transformed into objects according to human goals. Thus, the overcoming of reality is found in the man-nature-study relationship⁽¹⁾.

The last decades have witnessed changes in the economic model which have promoted changes in the world of work, which has led to the consolidation of the model of competence, and therefore training, for work. Due to this shift, the challenge to the worker, as well as for industry and business, is significant, since this model has come to replace those that were previously dominant: the *model of the job position* and the *model of the profession*, both of which were under development for more than two centuries. Both models coexist today in the jobs available in the world, insofar as the *model of the profession*, in their various specificities, regulates knowledge, training, and technical ways of acting in the different spaces in which professionals are found⁽²⁾. The *model of the job position* did not deny the model of the profession, but turned out to be more developed through production processes that were advanced in the social division of labor. Through the job position there was an inclusion of non-professionals, namely workers without previous training who developed normalized activities supervised by persons with professional training in higher positions, usually professionals with university degrees. This case follows the logic posed by the capitalist economic model, in which mass produc-

tion and profit are assumptions imposed on the means of organizing production⁽²⁾.

However, during the development of new models of production to meet the consumer market in a globalized world, new technologies emerged in the production processes and enabled them to become more dynamic and offer higher productive capacity. Criticism of worker training indicated that this meant that fragmented and static production models were being overwhelmed, and therefore also needed to be modified. Thus,

(...) the notion of competence would emerge from the new production models, in line with dynamicity and transformation (...) the qualifications and categories associated with it would suffer a fierce attack, tending to be replaced by the notion of competence (...)⁽³⁾.

The training and competence models are complementary, since training is required to approach work bringing the knowledge and skills needed, and competence is the way in which individuals would use this knowledge, along with the other dimensions of knowledge, to address events in their own work. According to the authors, the competence model is the return to the development of ideas, through critical thinking, to bear on the subject of work⁽²⁾.

Paradoxically, it should be noted that the basis of the competency model converges with the logic of postmodern thought, in which individualism overrides the interests and construction of a society that takes the *collective* as a principle. In this logic of thought, social identity is refused in favor of individual ethics, and thus the society and

the collective subjects may be denied by a self-contained individual. Rather, it is argued that in collective spaces the subject has the opportunity to fully develop and define his values, his personality, and the ethics of his existence⁽³⁾.

The competence model assumes that professionals would have a broader perspective on their profession, and in the practice would incorporate content from other areas of knowledge, combining them judiciously, through their own experience, and would thus develop the most effective actions for facing unforeseen events in their work⁽³⁾.

By analyzing learning through experience, it is necessary to understand the role of professional learning and the limitations of this process, because experience refers to a corpus of knowledge existing prior to the apprehension of the phenomenon. This prior-developed knowledge stimulates the worker to establish new rules—new *operative modes* or new *rules of action*—to address the event at hand. Such knowledge allows reflection on the phenomenon observed in order to deepen or construct new knowledge. To this end, one must have prior knowledge, which arises from the training of workers, leaving to the

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education system and teachers the task of promoting the maturation of the individual through the development of those responsibilities and knowledge they consider to be the basis of professional competence⁽⁴⁾.

Training for collective health must overcome the dichotomized and functionalist professional training that promotes a disconnection between theory and practice, insofar as it is the learning process that underlies the creative praxis, in which it is the educator's task to mediate the production of synthesis so that the student, in approaching objective reality, perceives the concepts that underlie this area of expertise and that will be expressed in the health situations to be faced⁽⁵⁾.

It is in the performance of professional activities that skills are recognized and, for this to occur, in spite of its complexity, it is necessary to use different tools to verify the knowledge that is mobilized to face a practical work situation⁽⁵⁾. It is the dynamic relationship among the different knowledges provided by vocational training—knowing how to know, knowing how to do, knowing how to be, and knowing how to work together—which will allow the development of skills in a practice committed to reality. In this sense, it is possible to recognize and address unwanted health situations, whether for individuals, groups, or populations.

The relationship between the professional and the organization of his or her work primarily entails the conditions that are given by those who organize or own the means of production. In order to act, the professional must have the necessary material conditions, as well as be able to change previously established rules to adopt more flexible and creative criteria for the action itself⁽²⁾.

The possibility of linking the ability to work with the conditions to further develop this ability enables workers to improve their autonomy and creativity. In order to take the initiative and thus succeed, within the organization of the production process there must be freedom to allow the worker to mobilize resources for action. In this movement, two types of resources are identified: *internal resources* and *collective resources*. *Internal resources* are the personal resources acquired by the individual. The *collective resources* are those provided by an institution's organization, which include improvements, training, and peer support⁽²⁾.

The work for the development of health care differs from the theory on which it is based. From a functionalist perspective, the evaluation of a situation for later intervention means assigning values to the situation, as a previously established model has already confirmed. Thus, the possible results of the variables encountered during an event would already be established; to intervene, one would need only to follow the model. From this perspec-

tive, the specifics of a given situation are denied, and the relations between the event and reality as a whole are not established. Therefore, the phenomenon could be understood by itself and its determination and the historical and social contradictions that dialectically constitute it would not be recognized⁽⁶⁻⁷⁾.

The understanding of the whole allows for the identification of the historically constructed contradictions that determine and constitute the phenomenon. It is through the broad understanding of a specific reality that subjects can engage in critical reflection and allow themselves to predefine the reality to be achieved. The judgment of a situation using a critical view allows the subject to understand the contradictions that make up the phenomenon, and thus the intervention that can be performed. In this case, regardless of the dimension in which the intervention takes place, the subject must always bear in mind the totality, the historicity and dynamicity that constitutes the object or the reality observed.

Dialectics is defined as (...) *the way we understand reality to be essentially contradictory and constantly changing (...)*⁽¹⁾. It is reflection on the self-contradictory nature of the public health system that enables changes in health practice, which refers to local practices which conform to pre-established standards and intervention techniques that are universal. In them, *the collective* is taken as *the individual*, and health practices that do not consider the processes that determine the perceived health needs of individuals, groups, and populations are imposed. Health practice is reinforced by a marked social division of labor, which does not address the relationship between subject and object. Therefore, an understanding is attested that individuals are responsible for their choices and living conditions, a strategy to deny the construction of a collective project of social transformation that allows the modification of the determination of local reality.

For individuals to be actually able to make their choices, a long process of public awareness is required, and consequently the transformation of society, in which equality, autonomy, freedom, and access to the necessities for life with dignity for all are ensured.

The process of popular participation in Brazil, despite being a principle under construction in health councils and conferences, can give visibility to the health needs of the population and thus influence public sector policies in order to meet them⁽⁸⁾. A model of intervention to meet health needs can only be achieved through the expansion of popular participation to affect more and more public policy formulation and the monitoring of public resources for the sector, because the health services are observed to not yet enjoy the conditions for developing interventions that meet the model proposed by the health reform movement that built the Unified Health System.

CONCLUSION

The prospects for consolidating the Unified Health System can be understood when related to discussions of economic and social policies as dimensions that define how to determine the health-disease process in different forums, be they training, research, or in the health interventions themselves. And (it is hoped that) the reality of health and public policies can be problematized in these discussions in order to contribute to the formulation and improvement of actions in the sector, in the different dimensions of reality that make up health needs, be they within the structural, private, or singular dimension.

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