

Formação para o cuidado integral: percepção de docentes e discentes de Enfermagem

Training for integral care: perception of Nursing teachers and students

Formación para la atención integral: percepción de enseñantes y estudiantes de Enfermería

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ABSTRACT

Objective: To know how the teachers and students of an undergraduate nursing course perceive the approach to the comprehensive/integrative care in the teaching-learning process. **Methods:** Exploratory-descriptive research, with qualitative approach, performed with seven teachers and six students of the Nursing Course of a Higher Education Institution in Rio Grande do Sul. Collected data, through the focus group technique, were submitted to content analysis in thematic modality. **Results:** Data analysis enabled the construction of the collective synthesis of a large topic: Training of the nurse for comprehensive/integrative care, of which two sub-themes were originated: Allowing the transformation: the training of the nurse from the standpoint of students; Training for the (dis)organization: the training of the nurse from the standpoint of teachers. **Conclusion:** It is considered essential to expand the comprehensive/integrative care in the teaching-learning process, starting at the first semesters.

Descriptors: Health care, Comprehensive health care, Teaching, Nursing.

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RESUMO

Objetivo: Conhecer como os docentes e discentes de um curso de graduação em enfermagem percebem a abordagem do cuidado integral/integralidade no processo de ensino-aprendizagem. **Métodos:** Pesquisa exploratório-descritiva, de abordagem qualitativa, realizada com sete docentes e seis discentes do Curso de Enfermagem de uma Instituição de Ensino Superior do Rio Grande do Sul. Os dados coletados, por meio da técnica de grupo focal, foram submetidos à análise de conteúdo na modalidade temática. **Resultados:** A análise dos dados possibilitou a construção da síntese coletiva de um grande tema: Formação do enfermeiro para o cuidado integral/integralidade, do qual se originaram dois subtemas: Permitindo a transformação: a formação do enfermeiro pela ótica dos discentes; Formando para a (des)organização: a formação do enfermeiro pela ótica dos docentes. **Conclusão:** Considera-se essencial ampliar o cuidado integral/integralidade no processo de ensino-aprendizagem, a partir dos primeiros semestres.

Descritores: Assistência à saúde, Assistência integral à saúde, Ensino, Enfermagem.

RESUMEN

Objetivo: Conocer cómo los enseñantes y estudiantes de un curso de graduación en enfermería perciben el planteamiento de la atención integral/integralidad en el proceso de enseñanza-aprendizaje. **Métodos:** Investigación exploratoria-descriptiva, de planteamiento cualitativo, efectuado con siete enseñantes y seis estudiantes del Curso de Enfermería de una Institución de Enseñanza Superior de Rio Grande do Sul. Los datos recogidos, a través de la técnica de grupo focal, fueron sometidos al análisis de contenido en modalidad temática. **Resultados:** El análisis de los datos permitió la construcción de la síntesis colectiva de un gran tema: Formación del enfermero para la atención integral/integralidad, originando dos subtemas: Permitiendo la transformación: la formación del enfermero desde la óptica de los estudiantes; Formando para la (des) organización: la formación del enfermero desde la óptica de los enseñantes. **Conclusión:** Se considera esencial alargar la atención integral/integralidad en el proceso de enseñanza-aprendizaje, desde los primeros semestres.

Descritores: Atención de salud, Atención integral de salud, Enseñanza, Enfermería.

INTRODUCTION

The training of health professionals in Brazil began to undergo transformations starting in the twenty-first century. Specifically with the creation of the Unified Health System (SUS), new references were built regarding the health-disease process, reflecting directly in the organization of health services and in the prevailing understanding of health promotion and disease prevention.¹

In this sense, a need for a professional profile able to tune into a new way of producing health arose. Despite the changes in vocational training, traditional approaches to teaching and learning which are still heavily focused on the reproduction of paternalistic approaches remain.

In the search for the formation of professionals who are critic and committed to comprehensive health care, through tools such as shelter and the professional-user bond, comprehensive/integrative care suggests a more effective way

to care for and intervene in the reality of individuals, families and communities.² In other words, care shall transcend the biological understanding and reach the multidimensional understanding of human beings,³ reaching the three spheres of human existence (biological, psychological and spiritual) by means of a complex care network. Through this network, the relations acquire characteristics that form a relational web that is being built and rebuilt from the living experiences of each of its participants, connecting them.^{4,5}

Therefore, the comprehensive/integrative care needs to be addressed in the training of health professionals in order to produce and promote a broader perspective of health care, encompassing ethical, sensitive and solidarity attitudes.⁶ Among health professionals, the nurse plays a critical dialogue due to the fact that it is directly involved with the management and systematization of care in different health scenarios.⁷ It is recognized that the nurse has a training that advocates for the appreciation/recognition of the social context; identifies the needs and expectations of people; interacts with different professionals; and has the ability to promote interaction between people and the health team, generating a comprehensive and integrative care.⁸

Accordingly, the need for studies aimed at knowing the understanding of the comprehensive/integrative care in academic nursing education from the perspective of teachers and students is underlined. Thus, the relevance of this study regarding the understanding and development of new approaches in the teaching-learning process to care for the human being in all its multidimensionalities is justified.

Here lies the question: how do teachers and students of an undergraduate nursing course perceive the approach to comprehensive/integrative care in the teaching-learning process? In search of answers to the proposed questioning, one aims to know, through this study, how teachers and students of an undergraduate nursing course perceive the approach to comprehensive/integrative care in the teaching-learning process.

METHOD

Exploratory and descriptive study of qualitative approach, developed in a Higher Education Institution (HEI), located in the central region of the state of Rio Grande do Sul/RS. The Nursing Course of the mentioned institution began operations in 1955, it has a workload of 4,046 hours, divided into eight semesters, full-time, and has a faculty composed of 33 teachers.

The study participants were teachers and students, selected through a sortition: the first randomly by the institutional registration number, and the second, by roll call, a student per semester was raffled, from the 3rd to the 8th. The formal invitation to all selected was made after the sortition. It is noteworthy that a teacher that was not selected, after obtaining knowledge of the research, showed interest in participating, and thus, was included in the survey.

The inclusion criteria for teachers were: being a nurse and be developing professional activities directly with students. For students were: to study nursing between the 3rd and 8th semester and to be present at the sortition. And exclusion for teachers: to be on medical leave or on vacation in the data collection period; and for students: be attending the 1st or 2nd semesters of the nursing course and not be present on the day of the sortition. It is emphasized that the students were selected from the 3rd semester and so forth, as they are inserted into practice classes and start to establish the first contact with patients. So, met the inclusion criteria seven teachers and six students of the nursing program, totaling 13 participants.

Data were collected in January 2011, through the focus group technique, since it is interactive and has a participatory nature, which makes it possible to obtain information hardly reached by other approaches.⁹⁻¹⁰ Six sessions were performed with a maximum time of one hour and thirty minutes, three of which with the students and three with the teachers. For both groups a thematic guide was established and followed based on the subsequent questions: First session – What does integrality means to you? Second session - What is the meaning of comprehensive care? What is the role of training in the execution of comprehensive/integrative care? Third session - What is the meaning of comprehensive/integrative care? After that, a collective synthesis with the main topics covered was developed.

For this, at the end of the second session of each group, the participants were invited to collectively build a summary with the main topics covered. After completion of the second session, of each group with teachers and students, the researchers resumed the topics, summarizing the collective construction (Figure 1).

Data were analyzed using content analysis technique in the thematic analysis mode, which “consists in discovering the core meanings that compose communication in which the presence or frequency mean something to the targeted analytical object”^{11: 209} Thematic analysis is made up of three steps: pre-analysis, in which a floating reading of the documents to be analyzed is made; material exploration, consisting of codification, enumeration, classification and aggregation, according to pre-formulated rules; processing of obtained results and its interpretation.¹¹

The ethical and legal precepts involving research with human beings were respected, according to Resolution 196/96 of the National Health Council (NHC).¹² Participants signed the Free and Enlightened Term of Consent (FETC), in two copies, one belongs to the participant and the other to the researcher. The project was approved by the Ethics in Research Committee in the Area of Health of the Federal University of Rio Grande (STRAINS/FURG), by the Regulation No. 140/2010.

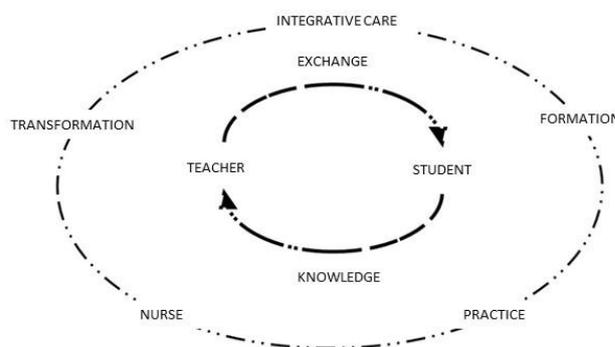
To maintain the anonymity of the participants, they were identified in the text, with the names of constellations for teachers and names of stars for students.

RESULTS

The teachers participating in the study were 100% female and had a master's degree. The time of academic formation ranged from seven to 25 years and the time of action at HEI ranged from four to 24 years. The nursing students also were 100% female and their age ranged from 16 to 25 years.

Data analysis enabled the construction of a collective synthesis of a great theme: Nurse's training for the comprehensive/integrative care, which originated two sub-themes: Enabling the transformation: the training of nurses from the perspective of students; Formation towards the (dis)organization: the training of nurses from the perspective of teachers. Next, there is the Figure 1 - Collective Summary: comprehensive/integrative care in the teaching-learning process.

Figure 1 - Collective Summary: comprehensive/integrative care in the teaching-learning process



Source: Research data, 2011.

Nurse's training to comprehensive/integrative care

Through the speeches of the participants in both categories, it was revealed that they consider training one of the main means of transformation, specifically with regard to health issues. They highlight the existence of discussions, both among students and teachers, about the real importance each of them has in the training process. Next, the sub-themes that complement the central theme are presented.

Enabling the transformation: the training of nurses from the perspective of students

The nursing students view the university as a place of learning, ie a source of knowledge, which builds the basis of being as a person and as a professional. Also point out that a change in the training process is needed, starting from modifications that go beyond the traditional model of teaching and learning.

“We are forming our basis at the university; I think the basis is here [...] we want more and more, but after one

graduates, one slows down and no longer searches, few seek. So we must learn the basis here. Here is our food, you know, it is our food supply.” (Canopus)

Participants attribute to the teacher the responsibility for the necessary transformation which is possible through mediated classes that enable the development of autonomy in the knowledge construction process. Accordingly, the teacher must take a dialogic and reflexive position, as expressed in the following statement:

“The teacher has to allow the transformation because sometimes the student says something and it ends up destroying a lot of concepts that the teacher has, but the teacher can not just say “it is not like that”. The teacher has to [...] re-think that, reflect on being able to pass something forth, because I think that the student sees the teacher as a North, a direction to follow and the believe that that person has a certain truth. The teacher must be well aware of its role, that he is the one who transforms different pieces of knowledge and can integrate them. And here we talk about integrality.” (Syrian)

In the view of the students, what is taught in the classroom, with regard to comprehensive/integrative care, should also be shown in practical activities. It is known that there is an intrinsic profile to each of the nursing students, but even so, during the training, every academic should be instigated, encouraged to expand their knowledge and worldview, to foster creativity and extrapolate the set paradigm.

“I went to nursing because I wanted to work in the hospital, I didn't have this vision. What I think is, of course, there is the profile, but I think that this encouragement, this instigation of the student awakens things that neither he knew [...] he wanted, that is why it is important.” (Canopus)

Participants believe that their profession will have greater credibility through a broad and integrative knowledge, ie a knowledge that transcends the technical and linear wisdom.

“[...] You'll only be able to act this way if you demonstrate knowledge, while we should get to the hospital and act freely.” (Arcturus)

Also, the importance of nursing education is highlighted, because the nurse is believed to disseminate comprehensive/integrative care by being closer to the user, understanding their context and needs. This professional is perceived as a system and subject integrator, a mediator of the process, responsible for transmitting knowledge between individuals, an enabler of interrelations. Participants say the nurse should have knowledge on different subjects, be a generalist.

“The nurse has to have enough information to be able to integrate all systems and all the multidisciplinary care team; then it has to be generalist, has to know a little of each to provide integration, because otherwise, it would be the same that happens with several courses that are very specialized in their field, but cannot make a connection with another area, with another reality.” (Arcturus)

For the students, the teacher must be fully aware of the reasons why and to which finality it is providing training. At the same time, future nurses should understand their role, questioning themselves about the professional profile they want to have and their importance to act in society. They also agree that they must always seek more information and knowledge beyond the built in class and that both - teachers and students - should, at the same time, question and be questioned.

“[...] I think teachers have to be fully aware of the training and to what end they are training. Not that I think they have to be harsher, but the student has to feel more, how can I say, he has to understand his role, the reason he will get out of here [...].” (Syrian)

Forming for (dis)organization: the training of nurses from the perspective of teachers

For teachers, health services are not organized to promote comprehensive/integrative care because they reverberate the clientelist vision, ie, it is expected that the patient seeks assistance. However, they believe in a transformation that starts in teaching, even if conceptually it represents a major challenge, as they would need to reflect on the way to work during training so that the students also reflect on their actions.

“Services are still in clientelist vision, waiting for the patient to seek assistance.” (Grus)

According to teachers, the learning process is not unalterable and they do not have all the answers ready, molded, since the daily life and the experiences are rich and each student is unique. For that reason, they believe that there must be, in the training process, a space for reflection and cooperative construction. This train of thought is corroborated by the students, as they stressed that teachers should conduct classes with flexible, instigating and problematizing methodologies.

“Our day to day [...] is so rich, I can not have a stiff structure, then I go to work with academics, which are unique as well. Integrativity also relates to that, to have space in the training process to discuss, to listen to what the academics think, to what my service colleague thinks.” (Aquila)

Participating teachers understand that their role is not solely to teach comprehensive/integrative care, but as educators, they should carry it as essence. For them, it is necessary to reach their peers in service so that they establish relationship building and knowledge exchange.

“Sometimes the professionals themselves tend to belittle what’s theirs too, and the academic being formed in this area [...] is doing all this listening [...]. We have a mission that I believe we are not taking on [...] in a comprehensive manner. As teachers, we work holistically with our peers who are part of the training of the students with whom I’m working here. How can I work with these peers integrally, looking for him [...] to stay up to date in the university and keep assistant? At the same time, he will not be saying “in my time was like that” because [...] he will know what is being done here. So I believe that one of the gaps that we could expand on the issue of education is to reach to our peers who are following there. [...] this way, this training network would exist, and the assistance network also would grow.” (Grus)

As teachers, the participants believe they have the role of mediating the knowledge, of listening and talking to the students, of entering into an agreement with the group, conducting a joint construction of knowledge.

“I believe that our role, increasingly, at every moment, with every new experience, every time I read, wow, I get new referentials, new practices, and I try to conduct it in a way that is very ... Either in my daily practice [...] in service or in the classroom, or even in reading [...]. I do not know if I have been putting myself in the role of both listening observer of a touch of the look much more than words, not in the sense to give all the answers, but in the sense to build together. So what ways do you gather we can think of? And for the student, it’s good to experience it so, our uncertainties, our insecurities, our not knowledge, also our fears and our certainties in what we dominate.” (Columbus)

In the view of teachers, the professional must be trained not to enter the established services but to make a difference, even in seemingly contradictory and uncertain spaces. However, the teacher must keep the focus on training, showing that this future nurse when entering the labor market, can stand out and star in theoretical and practical changes.

“We cannot train professionals to enter the service, there will always be a system that will stifle, that will institute things. People talk of integrality, but it is not that, they want organized demand, one that has pediatrician, obstetrician, nurse [...]. But that’s where the training begins so that we can prepare the student that, even if

faced with such a system, finds a space there where he can make a difference, that I as a professional can make it work.” (Orion)

Participants understand that the teacher should be an entrepreneur because it is not able to use the same method with all classes. Therefore, it is important to be creative and innovative, it should put itself in the position of apprentice and look at other scenarios, dialogue with colleagues, plan for the future.

“I realize that today, we as nurses and as teachers, we have to be entrepreneurs. Why? Because I can not use the same method with all classes, I can not pass on my knowledge [...]. What I know, I’m upgrading, but that’s part of my practice, and it will be updating, but [...] it does not change completely [...]. But today is different, most of the time is worked at the individual level. Why is this student harder to be reached, to make an exchange of knowledge? [...] We have to be very creative to get more attention than Orkut, than MSN, than the issues that divert its thought [...] and its attention.” (Grus)

These testimonials show how the teacher should be forward looking and innovative in the application of methodologies that facilitate learning and knowledge production. But that’s not enough, it must be constantly updating to keep up with technologies that arise and that can attract the students even more.

DISCUSSION

The results show that the students and the nursing faculty, study participants, understand that, for the pursuit of comprehensive/integrative care it is necessary to (re) think the academic training. A transformation is necessary, in order to overcome the established models, which do not consider different kinds of knowledge, and has the figure of the teacher as the sole holder of knowledge and the student as its receiver.

This thinking corroborates a study carried out with teachers which aimed to analyze the comprehensive care concepts present in the discourse of teachers and the strategies used for the apprehension of integrality by students. The authors found that teachers recognize the need to reorient the academic training aiming at integrating knowledge through the articulation with the social environment.¹⁵

One notes that the transformation referred to by the participants of this research relies on the need to expand the theoretical and practical understanding of the health of the population and that the understanding of the human being must happen holistically as it can not be viewed in fragmented parts. In order to achieve this purpose, it is necessary to break with the established models and accept

that knowledge is constructed and when it is shared, constitutes new knowledge that adds to the process of care.⁸

Participants understand that the nurse is the professional who has a better position to raise awareness towards integrative care, because they are closer to the user, understanding their context and needs. For this reason, they emphasize the importance of discussing how does the formation of this professional happen. Perhaps the great challenge of training lies in this question: How to make the discussions on comprehensive/integrative care guiding tools to the teaching-learning process of these professionals? What to do differently from what is being done? How to manage the issue of comprehensive/integrative care training, so that the students position themselves and reflect on their actions?

Participants see the teacher as a mediator in the process of knowledge construction and an instigator of new possibilities. To occur the changes regarding the training of nurses, concerning comprehensive/integrative care, co-responsibilization is essential, that is, the teacher needs to instigate, promote novelties, however, the student must actively participate in this process, reflecting constantly about their actions and the reflection of these for society.¹⁴

Such ideas are also expressed by the participants of the research, who believe that the student must be urged to broaden their worldview during their training period. Thus, it is considered that the teacher should conduct their lessons in a stimulating way, so that the students reflect on, build and produce new knowledge, bringing knowledge in the form of problems to be solved.

These problems will then be situated in an environment and put in perspective so that the student makes the connection between its solution and other questions to then be able to change the reality. It is understood that the ingenuity of the students in the practical situation, its surprise to discover their limits, their assumed and explicit discomfort in face of non-compliance, brings out a substantial part of the practical challenges.¹⁵

The members of the research agree that teachers need to be fully aware of the reason why and to which end they are forming students; on the other hand, the students must understand their role, questioning the type of professional they want to be. In the perspective of the participants, the teaching of integrality requires that its essence is not excluded and that the peers are present in services in order to establish the relationship of building. In this sense, it is understood that it is essential to go beyond because it is necessary to address the issues of interconnections in teaching.

To achieve comprehensive/integrative care it is valid to understand that the human being, the care receiver, is inserted in a context which influences its way of living. In addition, the training, as it is oriented towards comprehensive/integrative care, needs to clarify the interconnections and take them into consideration in the care process. In this perspective, in a literature review, in national journals, in order to understand and analyze the scientific production in

the health field on the teaching of humanization of care in undergraduate courses, the authors highlighted the need for an integrated curricula that allow the student to constantly perform through everyday experiences in the teaching-learning process, associations with the professional activity, this is a way to stimulate a critical reflection and compromise the student with the social reality.¹⁶

The survey members mentioned that the teacher needs to be an entrepreneur, given the impossibility of using the same method with all classes, remembering that each student is unique, and each class is inimitable. This is not a simple process; however, it is important to approach it in the nursing education, contributing effectively to social and local issues since the entrepreneur has a different view of the world, the society and of the human being.¹⁷

The training of nurses for comprehensive/integrative care requires, in short, the adoption of interactive and instigating methodologies, which are able to assign meaning to those involved. It also requires the development of critical and reflective approach, besides approaches that require active participation, involvement attitude and commitment of the students.

CONCLUSION

The study allowed knowing how teachers and students of an undergraduate nursing course realize the approach to comprehensive/integrative care in the teaching-learning process. Teachers and students recognize that the comprehensive/integrative care must permeate the actions of knowledge and of doing of the nurse. Therefore, they should be addressed starting in the academic training. Therefore, a change related to health issues is essential, having its beginnings in teaching.

This study showed weaknesses inherent to qualitative research, which, by its nature, tends to generalize the results. The same features unique views of a group of teachers and students, if it is held in a different context, different results from the ones found may arise.

As potentialities, there is an emphasis on the data collection technique used, for it enabled the enhancement of the reflection of teachers and students about the training process aiding in the rethinking of being and doing, as well as an opportunity to jointly build new attitudes. Thus, the results contribute to nursing as a science and profession, because through a reflection process new strategies emerge in the course of training that will have repercussions in the care of the human being and the awakening to new research.

Given the results, it is expected that further discussions, reflections and concerns arise, so that the approach to comprehensive/integrative care is encouraged in the training process and thus ensure the (re) thinking of health practices in the different scenarios.

REFERENCES

1. Silva KL, Sena RR. Integralidade do cuidado na saúde: indicações a partir da formação do enfermeiro. *Rev esc enferm USP*. 2008; 42(1): 48-56.
2. Pinho IC, Siqueira JCBA, Pinho LMO. As Percepções do Enfermeiro acerca da integralidade da assistência. *Rev eletr enferm* [Internet]. 2006 [Cited in 2015 Dec 05]; 8(1):42-51. Available at: <http://www.fen.ufg.br/revista/revista8_1/original_05.htm>.
3. Ferreira TS, Campos LF. O conhecimento veiculado em literatura nacional sobre integralidade em saúde. *Cogitare enferm*. 2009; 14(2): 368-73.
4. Siqueira HCH, Cecagno D, Gallo CMC, Silva JRS. O ser humano e o trabalho na equipe multiprofissional de saúde. In: Siqueira HCH (Org.). *Equipe multiprofissional de saúde: Ações inter-relacionadas*. Pelotas: Editora Universitária/UFPEL, 2009. 260 p.
5. Capra F. *O ponto de mutação: a ciência, a sociedade e cultura emergente*. São Paulo: Cultrix. 2014, 30ª reimpressão.
6. Sena RR, Silva KL, Gonçalves AM, Duarte ED, Coelho S. O cuidado no trabalho em saúde: implicações para a formação de enfermeiros. *Interface* [Internet]. 2008 [Cited in 2015 Dec 05]; 12(24):23-34. Available at: <<http://www.scielo.br/pdf/icse/v12n24/02.pdf>>.
7. Pereira FW, Kleinubing RE, Ilha S, Gomes GC, Souza MB. Strategies for joining to the treatment for seropositive pregnant women to human immunodeficiency virus. *Rev pesqui. Cuid. Fundam*. 2015; 7(3):2796-2804.
8. Backes DS, Erdmann AL, Buscher A. Demonstrating nursing care as a social practice. *Rev Latino-Am Enfermagem*. 2009; 17(6): 988-94.
9. Debus M. *Manual para excelência em la investigacion mediante grupos focales*. Washington: Academy for Educational Development; 1997.
10. Kind L. Notas para o trabalho com a técnica de grupos focais. *Psicol Rev*. 2004; 10(15):124-36.
11. Minayo MCS. *O desafio do conhecimento: pesquisa qualitativa em saúde*. 11a ed. São Paulo: Hucitec; 2008.
12. Brasil. Resolução nº 196/96. *Pesquisa em seres humanos*. Revista Bioética; 1996.
13. Santana FR, Nakatani AYK, Freitas RAMM, Souza ACS, Bachion MM. Integralidade do cuidado: concepções e práticas de docentes de graduação em enfermagem do Estado de Goiás. *Ciênc. saúde coletiva* [Internet]. 2010 [Cited in 2016 Jan 08]; 15(Suppl 1):1653-64. Available at: <<http://www.scielo.br/pdf/csc/v15s1/077.pdf>>.
14. Araújo NP, Miranda TOS, Garcia CPC. O estado da arte sobre a formação do enfermeiro para a gestão em saúde. *Rev Enferm Contemporânea*. 2014; 3(2):165-80.
15. Ayres JRCM. Integralidade do cuidado, situações de aprendizagem e o desafio do reconhecimento mútuo. In: Pinheiro T, Lopes TC. (Org.). *Ética, técnica e formação: as razões do cuidado como direito à saúde*. Rio de Janeiro: CEPESC/ IMS/UERJ/ABRASCO, 2010.
16. Casate JC, Corrêa AK. A humanização do cuidado na formação dos profissionais de saúde nos cursos de graduação. *Rev Esc Enferm USP*. 2012; 46(1):219-26.
17. Backes DS, Erdmann AL. Formação do enfermeiro pelo olhar do empreendedorismo social. *Rev Gaúcha de Enferm*. 2009; 30(2): 242-8.

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