

---

## COMPREHENSIVENESS AS A PEDAGOGICAL PRINCIPLE IN NURSING EDUCATION

*Margarete Maria de Lima<sup>1</sup>, Kenya Schmidt Reibnitz<sup>2</sup>, Marta Lenise do Prado<sup>3</sup>, Daiana Kloh<sup>4</sup>*

<sup>1</sup> Student of the Doctoral Program in Nursing at Federal University of Santa Catarina (UFSC). CNPq fellow. Santa Catarina, Brazil. E-mail: margaretelima2@gmail.com

<sup>2</sup> Ph.D. in Nursing. Professor of the Department of Nursing at UFSC. Santa Catarina, Brazil. E-mail: kenya@ccs.ufsc.br

<sup>3</sup> Ph.D. in Nursing. Professor of the Department of Nursing at UFSC. Santa Catarina, Brazil. E-mail: mpradop@ccs.ufsc.br

<sup>4</sup> Student of the Master's Program in Nursing at UFSC. Student of the Doctoral Program in Nursing at UFSC. Santa Catarina, Brazil. E-mail: daianakloh@gmail.com

**ABSTRACT:** This present study had the objective to identify the employment of the comprehensiveness principle in the nursing educational process. It is a qualitative descriptive-exploratory research performed by means of semi-structured individual interviews with 19 nursing academic members from a university in the south of Brazil. Results demonstrate that nursing education, based on the comprehensiveness principle, presented some fragility that required some rethinking. In the view of academic members it is demonstrated that some teachers, along with some students, apply the comprehensiveness principle to healthcare. However, this perception is not extended to the pedagogical scope. In conclusion, comprehensiveness as a pedagogical principle in nursing education, employed in the teacher-student relationship, is fundamental to building the future professionals' identity, congruent with SUS (Single Health System) principles and must also be considered within pedagogical positioning.

**DESCRIPTORS:** Nursing students. Higher education. Comprehensive healthcare.

---

## INTEGRALIDADE COMO PRINCÍPIO PEDAGÓGICO NA FORMAÇÃO DO ENFERMEIRO

**RESUMO:** Este estudo teve por objetivo identificar a aplicação do princípio da integralidade no processo de formação do enfermeiro. A pesquisa qualitativa, de caráter exploratório-descritiva, foi realizada mediante entrevista individual semiestruturada, com 19 acadêmicos de graduação em enfermagem de uma universidade pública do Sul do Brasil. Os resultados apontam que a formação do enfermeiro, alicerçada ao princípio da integralidade, apresenta algumas fragilidades de que necessitam ser repensadas. Evidencia-se, na ótica dos acadêmicos, que alguns docentes, juntamente com os alunos, aplicam o princípio da integralidade na assistência à saúde. Essa percepção, no entanto, não se estende à relação pedagógica. Conclui-se que a integralidade como princípio pedagógico no processo de formação do enfermeiro, aplicada na relação professor-aluno, é condição fundamental para a construção da identidade do futuro profissional, em consonância com os princípios do SUS, necessitando ser considerada, também, nas posturas pedagógicas.

**DESCRIPTORIOS:** Estudantes de enfermagem. Ensino superior. Assistência integral à saúde.

---

## INTEGRALIDAD COMO PRINCIPIO PEDAGÓGICO EN LA FORMACIÓN DEL ENFERMERO

**RESUMEN:** El estudio objetivó identificar el principio de integralidad en el proceso de formación del enfermero. Una Investigación exploratoria descriptiva, de carácter cualitativo, realizada a través de entrevistas individuales semiestructuradas con 19 estudiantes de pregrado de enfermería en una Universidad del sur de Brasil. Los resultados demuestran que la formación del enfermero basada en el principio de la integralidad tiene algunas debilidades que deben ser repensadas. Es evidente desde el punto de vista de los estudiantes que algunos maestros aplican conjuntamente con los estudiantes el principio de integridad en la atención de la salud, sin embargo, esta percepción no se extiende a la relación pedagógica. La conclusión es que en el proceso de formación, la integralidad aplicada en la relación profesor-alumno es una condición fundamental para la construcción de la identidad profesional de los futuros enfermeros en consonancia con los principios del SUS necesitando ser aplicada a las posturas pedagógicas.

**DESCRIPTORIOS:** Estudiantes de enfermería. Enseñanza superior. Atención integral de salud.

## INTRODUCTION

Due to political, economic and social transformations in education and healthcare in the national and international scenario, nursing education in Brazil has experienced a series of changes originating from discussions that resulted in the establishment of the National Curriculum Guidelines for Nursing Undergraduate Courses (DCNs-Enf. in Brazilian acronyms).<sup>1-2</sup>

In November of 2001, the approved DCNs-Enf from the National Council of Education (NCE) established competencies and abilities to be developed in the educational process.<sup>3</sup> The DCNs-Enf has the objective of providing education for professionals with a general, critical-reflexive profile, generating changes in health care practice. These guidelines play an important role in nurses' teaching-learning process since they guide education with a view to the adoption of the Unified Health System (SUS in Brazilian acronyms) principles.

Although DCNs-Enf has resulted in progresses in nursing education and affected the service provided to the population, there are challenges in current health education practices, since accessibility to health services and to comprehensive care is still difficult for a large part of the population. These principles are still under construction in SUS consolidation.<sup>4</sup>

Comprehensiveness is one of SUS principles in need of consolidation as a pedagogical principle; it guides professional health education by translating daily actions, established through dialogic relations among the subjects who teach and learn and those who learn by teaching. It is built, routinely, through a collective reflection on the real practices in health education. Innovating practices, attitude and positioning changes are presumed in different scenarios of health care; in other words, in care delivery, management and education of health professionals.<sup>5</sup>

Within this context, education is one of the pillars supporting the collective construction of comprehensiveness, providing opportunities for academic practice experiences and favoring the reflection on reality, motivating changes in health care practices. It is a principle built routinely in relationships established within the educational process, involving the people involved in this scenario: academics, teachers and patients.

Employing the comprehensiveness principle in the pedagogical relationship is a *sine qua non* condition for building the professional and

personal identity of future nurses. It is believed that, when experiencing a practice based on this same principle, and when it is perceived within its comprehensiveness as an individual being educated, the academic may introduce this practice into his professional practice. Such a notion can be strengthened when considering the coherence between the education provided and the expected practice as being important, since "no one promotes development from what could not be developed within".<sup>6,699</sup>

Despite specific legislation and political pedagogic projects pertaining to the course built and updated according to DCNs, comprehensiveness is still not concrete as a guiding axis for education within academic scenarios. People are needed who will collectively consolidate an undergraduate course according to what is established in the course design, with a view to a professional profile that will meet the needs of the reality found.

In face of the changes and transformations in nursing education and the understanding of comprehensiveness as a basic principle for the pedagogical relationship, this present study aimed to identify the employment of the comprehensiveness principle in nursing education. Theoretical grounds adopted in this present research are based on comprehensive health care<sup>7</sup> and on liberating pedagogical principles,<sup>8-10</sup> associated with the researchers' principles with a view to elaborating thoughts about nursing education and practice.

## METHODOLOGY

This is an exploratory-descriptive qualitative study. The research field was a nursing course provided in a public university in the southern region of Brazil, where the curriculum matrix presents eight stages, each one corresponding with a semester. The participants of this study were comprised of nineteen students from the last year of the nursing course. Fourth-year students were chosen because they had already experienced most curricular practices; therefore, they were believed to be able to deliver care based on the exercise of knowledge and the practices acquired throughout the course, based on the guiding axis of health comprehensiveness.

The invitation to participate in the study was extended via email through the course pedagogical activities. The project was approved by the Human Research Ethics Committee of the Federal University of Santa Catarina, protocol n. 502/2001, which

meets the requirements of resolution 196/96 of the Research and Ethics Council. Data collection was performed in the first semester of 2010, after the objectives of the study were explained to participants and they signed a Free and Informed Consent Form.

Individual interviews with a semi-structured guide were used as the data collection instrument. The interviews were scheduled according to the researchers' and participants' availability. The interview script was based on the objective of the study and on established prior conjectures. The script had the aim to answer this research questions. The semi-structured interview allowed for flexibility in collecting data, since, according to the dialogue with participants, new questions emerged in the search for answers regarding the studied theme. Interviews were digitally recorded, transcribed and analyzed according to thematic analysis.<sup>11</sup> Anonymity was preserved by identifying each participant with the letter "E" (for student in Portuguese), followed by a number related to the chronological order of the interviews.

The analysis was comprised of the following stages: pre-analysis, material exploration, results treatment and interpretation. In the pre-analysis, the material was organized by transcription and exhaustive reading of the interviews was performed in order to find answers towards the objective of this study. Material exploration sought the nucleus of text comprehension and categories, meaningful words or expressions organizing speech contents. Initially, a textual cut into register units was performed. Afterwards, data aggregation and classification were performed in order to determine theoretical or empiric categories responsible for specific themes. Finally, results treatment and interpretation allowed for highlighting information findings, proposing inferences and interpretations by inter-relating them to the theoretical reference used in this research.

## RESULTS AND DISCUSSION

From qualitative analysis of the data, the following categories emerged: fragmentation in nursing education and mismatch in the pedagogical relationship.

### Fragmentation in nursing education

This category regards the employment of the comprehensiveness principle from the curricular matrix and the adopted pedagogical-didactical strategies. Nursing academics mentioned that

they have been discussing this SUS principle since the first stage. There is no continuity throughout the stages, and the theme is approached only in some subjects that are specifically guided toward basic health care. Another problem found is the dichotomy between theory and practice, and between basic and hospital health care.

*Almost all stages [semesters] mentioned it; however, more specifically regarding the SUS, in the first, second and sixth stages (E12).*

*The comprehensiveness principle was not well utilized; it was used in the second and the sixth stages. It is important to recover, socialize more (E14).*

*There is, in the second stage- afterwards, we hear no more about it. In the sixth stage, something is mentioned, but it's like that, it is mentioned in the second [stage] and won't be mentioned again. It's more in the beginning of the course; afterwards, it's gone. We have to find it out by ourselves, we try to recover and employ comprehensiveness, because theory is one thing and practice is another thing (E13).*

The approach and employment of the comprehensiveness principle is restricted to certain subjects and demonstrates the fragmentation in education, centered within specific contents, unrelated to the employment of comprehensiveness both in theory and practice. It is based on the disease, hindering the perception of comprehensiveness-centered care. This fact makes both education and the employment of the principle fragile, when it should permeate undergraduate education within different learning scenarios. When comprehensiveness is only focused on in some subjects, it is more difficult to utilize it within contexts where nursing practice is exercised, because comprehensiveness in nursing is focused on human beings. Therefore, providing care and not employing comprehensiveness is difficult.

For the academics providing care, employing comprehensiveness allows for a dialogue and an understanding of the client as a whole being, not just a fragmented part of a whole inserted in a social, political and economic context. However, at some point, while studying, students realize that the principle is not being employed.

*[...] I don't know if it is a matter of lack of time in the internships; we end up studying pathologies, so we see the disease much more than the person as a human being; sometimes, the theory learned in the classroom is different from what is found in the actual practice (E15).*

Nursing academics face difficulties in finding an integrating axis among contents when knowl-

edge is fragmented and isolated, especially when subjects are clearly presented and are separate from each other. Knowledge producing decontextualized knowledge is disseminated, not considering the actors' routines in healthcare, whether in education or in the provision of care.<sup>12</sup>

Distancing from different knowledge and views of reality features the lack of understanding between clients, since there is no concern in terms of consideration of anxieties, culture, knowledge and views of the clients' world in the SUS. This fragility results in the production of care without the employment of comprehensiveness, because it is planned in a unilateral manner with no participation on the part of the clients, compromising the execution of effective interventions in bringing about health-generating compound actions.<sup>13</sup>

The course's proposal in this study presents most of the comprehensive subjects. The format in which it is executed, however, allows for the student to perceive, in a fragmented way, the employment of the comprehensiveness principle in their educational process. The political-pedagogical project of this course is understood as defining the intended professional profile; however, effecting this profile will only occur if the teacher is employing and experiencing it during the academic practice, in order to propagate it in the professional field.

Although education fragmentation is observed in the employment of the comprehensiveness principle, some students demonstrate its employment, collectively, with the teacher while providing care for clients within academic experiences in which the learning process is established by exchanges among people. The following statement is congruent with these prior findings:

*while studying we can pay more attention in employing comprehensiveness, mainly because we know the teacher is there, right next to us, so we remain calm and know someone is watching us and we have only one person to care for, so we can identify that person, there is not so many people to care for [...] most teachers provide good support [...] there are good teachers, who are there to set the example, which is better than just talking about the SUS and its principles (E10).*

Results demonstrate, from the nursing students' point of view, certain fragilities related to nursing education under the comprehensiveness perspective. The principle is perceived, under the academics' point of view, as being employed in health care; however, the principle is not perceived in the teacher-student relationship.

In order to implement changes in the pedagogical process, it is understood that all actors perform important roles in the transformation of health concepts and practices guiding the educational process under the comprehensiveness perspective. Changes must be motivated by the university, by the collegiate members and by the departments. If they are not able to reach the classroom and the teacher-student relationship, transformations created by guidelines and established rules are useless.<sup>14</sup>

The adopted methodology and contents organization contribute towards setting the conceptual mark of the curriculum, which can lend legitimacy and maintain social and economic structures, as well as the ideologies of specific professional groups and the subjacent power structure of professional practices.<sup>15</sup>

The curricular structure must consider present knowledge in the health field as a starting point, including the knowledge produced in professional practices routines, in social-political relations, and also emerging from the experiences of those involved in the context. Valuing significant practice experiences in health education may propitiate the creation of different teaching-learning spaces, guided by a dialogic construction between practice and education.<sup>16</sup> It regards one of the processes that needs to be highlighted by teachers in order to assume and develop presumptions throughout the entire course.

Curricular changes made to meet the DCNs and also the inducing policies of the Ministry of Health and the Ministry of Education are perceived to enable the creation of a new scenario in undergraduate programs, especially nursing. Schools have built their pedagogical political projects autonomously, with a view to educating professionals within the profile to work in the SUS, reformulating programs according to the emerging demands of the learning process, demonstrating a dynamic process.

This allows academics to become closer to the experienced health reality and aims at building professionals to work in the SUS; however, there are still some difficulties in the employment of principles of comprehensiveness. Regarding comprehensiveness in nursing education, there is one hindering aspect: employing this principle in all different subjects in the process of practice-theory integration.

In order to enhance nursing education under the comprehensiveness perspective, it is necessary

to promote changes in conservative and vertical relationships among the various actors involved in the educational process. Integrating many fields of knowledge and practice is needed, focusing not only on the university and the service, but also internally on these actors, among the “specificities” of teachers and workers.<sup>17</sup>

The course analyzed here demonstrates that even though DCNs principles were employed and a collective discussion of the political pedagogical project was undertaken, in order to build a professional with the profile needed to work according to SUS principles, the development of learning, in the view of the students, is still fragmented from its employment in the pedagogical process to its employment as a health care principle. This fact may be justified by the fact that undergraduate courses are developed by individuals who are not always aware that the comprehensiveness principle may be employed in the teacher-student relationship as a pedagogical style.

Hence, comprehensiveness is supported as a value based and preserved in health professionals’ practices, and it is expressed in the way they respond to the clients who seek their knowledge and care.<sup>7</sup> In the same way that “we can only teach and learn to care by providing care, comprehensiveness is only achieved by performing it”.<sup>18:92</sup>

### Mismatch in the pedagogical relation

The teacher-student relationship, as it is idealized in the political pedagogical plan in undergraduate courses, needs to stimulate life-long learning, where the teacher and student are not only considering information, but also contemplating the (re) establishment of a relationship between those who teach and what is thought.<sup>5</sup>

This category regards the pedagogical relationship based on the established principle of comprehensiveness in the education process. Teaching practices must be based on health care comprehensiveness, since the academic scope is fertile ground for the construction/employment of practices based on these objectives. It is a collective, dynamic and creative learning space, stimulating the action-reflection-action process of the individuals inserted in this context: educators, professionals, academics and clients of health services.

The students’ statements demonstrate movement aimed at the employment of comprehensiveness in healthcare, whether exercised by academics or by teachers and, sometimes, collectively built.

*It is something we learn in theory and some teachers demonstrate it in practice [...] then, I saw an effort, her concern with the client, in doing the best for him, a humanized care, and comprehensive. Then I set it in practice, I adjusted it for me, I don't know if it is right. But I had that from the beginning, but it was only in the eighth stage that I finally realized that I could improve (E6).*

Therefore, a gap in education in employing comprehensiveness is demonstrated in the teacher-student relationship. In the participants’ point of view, they are not included or involved in comprehensiveness.

*Comprehensiveness should also include the student who is not an academic and is not there only to learn, as someone you can throw information at, send home and leave (E7).*

*Some teachers don't care if you have a job, children, they want assignments according to their deadline. But I think that when you are in college, there must be limits and a delivery [...] not all teachers think of the student in their comprehensiveness strategy (E12).*

*I think it's just getting closer to the student; you don't have to be their best friend but, at least, build a better relationship, saying: 'Hey, how are you?' (E13).*

Limitations in the educational process must be seen and understood, while professional education must consider the inherent limits and opportunities in these lives, as well as the values, attitudes and stage of life. Being aware requires reflection regarding the education strategy that has been employed as the adopted philosophical reference; in other words, the objectives and professional profiles that are intended. From the moment the involved actors in education reflect about education and perceive it as a political act, enabling each subjects’ ability to conduct their educational process and becoming autonomous social subjects experiencing and acting in an independent and participative way, the process of reality transformation becomes possible.<sup>19</sup>

Employing and building comprehensiveness within education means idealization as it is intended in the pedagogical political project, with a view to preparing future nurses who will develop their practices based on this ideal. In order to employ and consolidate comprehensiveness, teachers and students must become closer to this reality, perceiving themselves as subjects who move within the process, into different roles of those who learn-teach and those who teach-learn.

*There are many teachers that show this not only*

*to the patients, but also to the students, asking how they are, how they are feeling. These things we end up copying, attitudes that are good for everyone and that produce positive results for patients; in the future, we may act the same way (E9).*

The teachers' attitudes in face of certain situations in the educational process define the type of relationship established with the student. If the teacher allows for an opening in the dialogue and seeks to become closer to the students, listening to their feelings, their experiences, anxieties, and life history, establishing a trust relationship that is not disassembled by the pedagogical practice, the relationship is strengthened.

Learning and teaching is part of the social history of human kind. A process of living is constituted, permeated by dialogue, with a horizontal relationship among subjects since it must originate from a critical matrix and generate criticism.<sup>8-9</sup>

In order for this educational practice to occur, the presence of certain elements is needed: subjects that teach and learn, and learn and teach; objects of knowledge (contents) to be thought about and learned; and mediate and immediate objectives guided on educational practice, methods, processes, techniques, and didactic material that is congruent with the intended objectives.<sup>10</sup>

Yet, regarding the employment of comprehensiveness in the pedagogical relationship, students seem to confuse the principle as a synonym for humanization in the relationship established between teachers and students. They emphasize that humanization is not always present throughout the course.

*Sometimes there is a lack of humanization, you know, in the relationship between student and teacher; I don't know if it is comprehensiveness because it depends a lot on the view of the teacher (E2).*

*The question of caring for the caretaker is strongly developed when you think of a person who cares for others, for an elderly person at home, for example, or when you think of humanized care of hospitalized patients, but most times the humanized care did not begin with us, did not come from the course. Many times, there is a lack of comprehension and really seeing people (E16).*

Comprehensiveness and humanization need to walk together throughout the educational process. Humanization of care will be more significant if the humanization of education is seen in the relationships established during the educational process. It requires a new positioning of educators that centers teaching on the student, considering

not only the technical and rational academic competencies, but also the student's totality. It becomes fundamental when comprehensive humans are integrated into what they do.<sup>20</sup>

In order for a pedagogical relationship based on comprehensiveness to occur, it is important to rescue sensibility and "care for the other, for the student, the human being undergoing education, so that they can effectively exercise the care in their daily practices".<sup>21:301</sup> These concepts enable the employment of comprehensiveness in academic practices, whether in the classroom, in practical-theoretical activities or in the teacher-student relationship.

In teaching, the humanization of the relationship with students is often forgotten; a divide occurs between subjects regarding the employment of the theoretically defended speech.<sup>20</sup>

During the educational process, it is fundamental that teachers and students are committed to the process, enabling them to take part in a collective growth. Development includes the comprehension of both teachers and students, and although teachers and students are at distinctive levels, both are subjects in the learning-teaching process, since they are learning, exchanging knowledge and building citizenship.<sup>6</sup>

The educational process is built on a pedagogical-didactic structure and on learning relationships (cognitive, affective and social processes). The classroom is a field for cognitive (formal learning) and effective (social) construction, ethical experiences, working together and aesthetics of the group that comprises daily experiences, both by the repetition of experienced actions and the evocation of new significant experiences and perceptions. Under this context, a challenge for the actors involved in this process emerges, namely the call for creativity, which is the opening to the collective,<sup>22</sup> enhancing learning scenarios for health work experiences.

Under this perspective, the educational process based on comprehensiveness requires the comprehension of the educational process as a collective construction, based on a pedagogical-didactic structure and on the relationship established between teachers-students, anchored on a pedagogical reference that seeks the opening of dialogue by bringing reality closer to the subjects that build it. Above all, the knowledge of these actors as human beings is crucial, moving within changing processes. Changes that are featured by a complex process, since they challenge mediating

forces between the instituted processes and their executors, are required for changes to occur. In order to change a pedagogical relationship focused on the comprehensiveness principle, only two people are needed, the teacher and the student, so that education can occur.<sup>6</sup>

## CONSIDERATIONS

Nursing education, based on the comprehensiveness principle, presents some fragility that requires rethinking. The nursing undergraduate course curriculum, although presenting integrating subjects, still disseminates a fragmented knowledge centered on contents, focusing on care comprehensiveness that includes only basic health care.

Under this perspective, the employment of comprehensiveness as a guiding principle in nursing education is still distant from what is intended. The care still refers to the biomedical model, centered on the disease and not on the subjects who need care.

Under the view of academic members it is demonstrated that some teachers employ the comprehensiveness principle to healthcare. This perception, however, is not extended to the pedagogical relationship, since students are not perceived as subjects.

Comprehensiveness, in the educational process employed in the teacher-student relationship, is the fundamental condition for the construction of the professional identity of the future nurse, congruent with SUS principles. Hence, as the client is considered in healthcare as a person in need of being comprehensively perceived, the academic receiving education must also be perceived under the same view.

It is during education that future nurses are built or destroyed. Daring is needed: we must open the dialogue with one's reality and perceive the nurses' educational construction process as something collective, demanding time, persistence and above all, the will to perceive within a dynamic process involving personal and professional values and requiring the (de)construction of prior concepts and conceptions.

Comprehensiveness as a SUS principle requires the health professional educational process to consider this same principle in its pedagogical positioning.

## REFERENCES

1. Ito EE, Peres AM, Takahashi RT, Leite MMJ. O ensino de enfermagem e as diretrizes curriculares nacionais: utopia x realidade. *Rev Esc Enferm USP*. 2006 Dez; 40(4):570-5.
2. Chirelli MQ, Argerton APR, Rodriguez AG. O sentido da aprendizagem reflexiva na formação do enfermeiro: a construção da integralidade em saúde. In: Pinheiro R, Mattos RA, organizadores. *Ateliê do cuidado - VII Seminário do projeto integralidade: saberes e práticas no cotidiano das instituições de saúde*. Rio de Janeiro (RJ): CEPESC, IMS, UERJ, ABRASCO; 2008. p. 308-29.
3. Ministério da Educação e Cultura (BR). Conselho Nacional de Educação Brasil. Câmara de Educação Superior. Resolução CNE/CES nº 03 de 07 de novembro de 2001: Diretrizes Curriculares Nacionais do Curso de Graduação em Enfermagem. *Diário Oficial da União, Brasília (DF)* 2001; 9 nov. Seção 1:37.
4. Silva KL. Movimento de mudança na educação de enfermagem: construindo a integralidade do cuidado na saúde [dissertação]. Belo Horizonte (MG): Universidade Federal de Minas Gerais, Escola de Enfermagem; 2005.
5. Lima MM. Integralidade no processo e formação [dissertação]. Florianópolis (SC): Universidade Federal de Santa Catarina. Programa de Pós-Graduação em Enfermagem; 2010.
6. Reibnitz KS. Profissional crítico-criativa em enfermagem: a construção do espaço interseção na relação pedagógica. *Rev Bras Enferm*. 2004. Nov-Dez; 57(6):698-702.
7. Mattos RA. Os sentidos da integralidade: algumas reflexões acerca de valores que merecem ser defendidos. In: Pinheiro R, Mattos RA. *Os sentidos da integralidade na atenção e no cuidado à saúde*. Rio de Janeiro (RJ): UERJ; 2001. p. 39-64.
8. Freire P. *Pedagogia da autonomia: saberes necessários à prática educativa*. São Paulo (SP): Paz e Terra; 1997.
9. Freire P. *Pedagogia da esperança: um reencontro com a pedagogia do oprimido*. 5ª ed. Rio de Janeiro (RJ): Paz e Terra; 1998.
10. Freire P. *Política e educação: ensaios*. 5ª ed. São Paulo (SP): Cortez; 2001.
11. Minayo MCS. *O desafio do conhecimento: pesquisa qualitativa em saúde*. 11ª ed. São Paulo (SP): Hucitec; 2008.
12. Pinheiro R, Ceccim RB. Experienciação, formação, cuidado e conhecimento em saúde: articulando concepções, percepções e sensações para efetivar o ensino da integralidade. In: Pinheiro R, Ceccim RB, Mattos RA. *Ensinar saúde: a integralidade e o SUS nos cursos de graduação na área da saúde*. 2ª ed. Rio de Janeiro (RJ): Lappis; 2006. p. 13-34.

13. Mattioni FC, Budo MLD, Schimith MD. O exercício da integralidade em uma equipe da estratégia saúde da família: saberes e práticas. *Texto Contexto Enferm*. 2011 Abr-Jun; 20(2): 263-71.
14. Gonzalez AD, Almeida MJ. Integralidade da saúde: norteando mudanças na graduação dos novos profissionais. *Ciênc Saúde Coletiva*. 2010 Mai; 15(3):757-62.
15. Oliveira GS, Koifman L, Pinheiro R. Seleção de conteúdos, ensino-aprendizagem e currículo na formação em saúde. In Pinheiro R, Ceccim RB, Mattos RA. *Ensinar saúde: a integralidade e o SUS nos cursos de graduação na área da saúde*. 2ª ed. Rio de Janeiro: Lappis; 2006. p. 205-26.
16. Oliveira GS, Fernandez VS, Koifman L. Trabalho e formação: diálogos necessários para a construção de práticas do cuidado. In: Pinheiro R, Silva Junior AG. *Por uma sociedade cuidadora*. Rio de Janeiro (RJ): IMS, UERJ, CEPESC, ABRASCO; 2010.p. 191-203.
17. March C, Koifman L, Pontes ALM, Saippa-Oliveira G, Silva AGJ, Fernandez VS. O currículo de medicina da Universidade Federal Fluminense: revisitando uma experiência. In: Pinheiro R, Ceccim RB, Mattos RA, organizadores. *Ensinar saúde: a integralidade e o SUS nos cursos de graduação na área da saúde*. 2ª ed. Rio de Janeiro (RJ): IMS/UERJ, CEPESC, ABRASCO; 2006. p.295-309.
18. Mattos RA. A integralidade como eixo da formação dos profissionais de saúde. *Rev Bras Educ Med*. 2004. Mai-Ago; 28(2):91-2.
19. Reibnitz KS, Prado ML. Inovação e educação em enfermagem. Florianópolis (SC): Cidade Futura; 2006.
20. Esperidião E, Munari DB. Holismo só na teoria: a trama de sentimentos do acadêmico de enfermagem sobre sua formação. *Rev Esc Enferm USP*. 2004; 38(3):332-40.
21. Prado ML, Reibnitz KS, Gelbcke FL. Aprendendo a cuidar: a sensibilidade como elemento plasmático para formação da profissional crítico-criativa em enfermagem. *Texto Contexto Enferm*. 2006; 15(2):296-302.
22. Ceccim, RB. A emergência da educação e ensino da saúde: interseções e intersetorialidades. *Rev Ciênc Saúde*. 2008; 1(1):9-23.