



## Indications of comprehensiveness in the pedagogical relationship: a design to be constructed in nursing education\*

Indicativos da integralidade na relação pedagógica: um *design* a ser construído na formação do enfermeiro

Indicativos de la integralidad en la relación pedagógica: un diseño a construirse en la formación del enfermero

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### ABSTRACT

**Objective:** To analyze how the indications of comprehensiveness translate into the teaching-learning process in a nursing undergraduate course. **Method:** Qualitative case study carried out with professors of a Nursing Undergraduate Course. Data collection occurred through documentary analysis, non-participant observation and individual interviews. Data analysis was guided from an analytical matrix following the steps of the operative proposal. **Results:** Eight professors participated in the study. Some indications of comprehensiveness such as dialogue, listening, mutual respect, bonding and welcoming are present in the daily life of some professors. The indications of comprehensiveness are applied by some professors in the pedagogical relationship. The results refer to the Comprehensiveness of teaching-learning in a single and double loop model, and in this the professor and the student assume an open posture for new possibilities in the teaching-learning process. **Conclusion:** Comprehensiveness, as it is recognized as a pedagogical principle, allows the disruption of a professor-centered teaching and advances in collective learning, enabling the professor and student to create their own design anchored in a reflective process about their practices and the reality found in the health services.

### DESCRIPTORS

Education, Higher; Faculty; Education; Faculty, Nursing; Integrality in Health.

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## INTRODUCTION

Nursing education should be based on pedagogical references that leave the discourse and become effective in practice, which value reflection on health service practices and on academic experiences, contributing to the health needs being answered with knowledge that goes beyond technical rationality<sup>(1-2)</sup>.

In this perspective, reflexive practical teaching is one that articulates teaching and service, it anchors itself in the reflection in the action and on the action and in the dialogue between professor and student in the different contexts where the education takes place.

Thus, reflexive practical teaching becomes a pedagogical reference that contributes to the foundation of integral care in undergraduate nursing courses, since it proposes breaking from finished models, based on a technical rationalism that no longer matches the health needs of the Brazilian population<sup>(3)</sup>. Thus, it stimulates a constructive process, called *Design*, i.e., a construction, a representation of something to be brought into reality. It is a web of projected actions, which considers the discovered consequences and implications, leading to reflective reconstruction. In a broader sense, it is the fundamental process of exercising artistic talent in all professions<sup>(2)</sup>. In this study, design is understood as a collective construction between the professor and the student in order to establish a pedagogical relationship in reflexive practical teaching which stimulates the nurses' artistic talent in the perspective of comprehensiveness.

Nursing education from the perspective of a reflexive model enables the development of competencies, skills, knowledge and attitudes for the different contexts of health services, contributing to the development of Brazilian society and stimulating the development of a critical and reflective nurse<sup>(4)</sup>.

Comprehensiveness, the philosophical principle of the *Sistema Único de Saúde* (SUS), is also a pedagogical principle that underlies the dialogue between professor and student, articulates theory and practice, and teaching and service, creates opportunities for reflection on the reality of health and instigates changes in practices<sup>(5)</sup>.

The principle of comprehensiveness is to direct nursing education to a reflexive practical teaching, and demands a pedagogical proposal that creates stimuli for the students' reflection on health practices and their education process. It stimulates students and professors to deal with unexpected events in their daily lives, encouraging transformations in the way they act and think<sup>(4)</sup>.

However, Latin American literature still as evidence of the technical tendency in nurse education<sup>(6)</sup>, it expresses the difficulty which schools have in the elaboration and performance of their pedagogical projects in accordance with the principles and guidelines of the SUS, with emphasis on the principles of comprehensive care.

The indications of the comprehensiveness principle in health care found in nurse education were evidenced in a study<sup>(7)</sup>, represented by dialogue, bonding, respect, attentive listening, spontaneous demand, interdisciplinarity,

counter-referral and care centered on the subject. These indications refer to education based on the perspective of comprehensiveness and can be in parallel or articulated to the education process. Everything will depend on the pedagogical relationship established between the protagonists, with a strong influence on the teaching position, being self-defensive or open to dialogue, reflection, and other indications of comprehensiveness.

In view of the above, the objective was to analyze how the indications of comprehensiveness are translated into the teaching-learning process in a nursing undergraduate course.

## METHOD

A qualitative study, utilized as a research method of a single case study developed in a Nursing Undergraduate Course at a public university in the South of Brazil. The choice of this institution was based on the historical journey of the course over the years, searching for a consistent basis for nursing education, focusing on permanent reflection, progression and innovation. It was also considered that this course was a research scenario developed with its own financing in 2010, addressing the principle of comprehensiveness in the point of view of academics, highlighting elements for an in-depth understanding of teaching in the perspective of comprehensiveness. The results of the referred research highlighted that comprehensiveness is a principle employed almost exclusively to care, presenting weaknesses in its application in the pedagogical relationship. Thus, it was decided to develop this research addressing how the indications of comprehensiveness translate into the pedagogical relationship.

The subjects of the integrative axis (nursing care) of the last four semesters of the course curriculum in 2004 were intentionally selected. The option for this curriculum is to understand that the pedagogical relationship of the current curriculum was in a changing phase. Subsequently, from a group of 20 professors, two from each discipline were drawn. The definition of the two professors per discipline occurred due to the density of information due to the triangulation of techniques. Eight faculty members participated in the study. The inclusion criteria of the professors were: to have a teaching link to the chosen teaching institution; have more than 2 years of teaching practice; have institutional experience with theoretical and practical-theoretical activities.

Data collection was performed from May 2013 to September 2014 using documentary analysis, non-participant observation and individual interviews. The first stage of the collection was performed in the teaching plans of the subjects, identified with the codes TPP1 to TPP8, formed by the letters TP (teaching plan), P (professor) and a number corresponding to the observed professor.

The second stage of the collection was developed in 28 teaching-learning scenarios, including theoretical activities, theoretical-practical activities, supervised internship and orientation course work, with a total of 85 hours of field observations. A script was used for the observations which contained a description of the reality and elements of the pedagogical relationship in reflective practical teaching and

were identified with the codes OP1TC, OP1PC to OP8TC, OP8PC, represented by O (observation), P (professor), and number for each participant, and TC (theoretical context) and PC (practice context).

In order to complement the information from the other collection sources and to deepen the investigation of the pedagogical relationship the professors were interviewed at the end of the observation. The interviews were recorded on digital media, transcribed in full and identified by codes (IP1 to IP8), represented by I (interview), P (professor), and number randomly distributed by the researcher. The interview script was guided by questions regarding the teaching of comprehensiveness, the adopted strategies, the reflection process on pedagogic activities, the theory and practice relationship, professional artistic talent and dialogue in the pedagogical relationship.

The data were analyzed following the steps of the operative proposal<sup>(8)</sup>. The first stage of analysis was the

horizontal and exhaustive reading of the texts, resulting in an initial summary of the central ideas of the documents, observations and interviews of each professor. The second stage of analysis was composed by the grouping of central ideas into five major themes by data triangulation: interaction between the subjects; reflective process; approach to the context of practice; skills for artistic talent; comprehensive teaching process. The first coding of the study was then elaborated. The second codification originated from the immersion and deepening of the information obtained in the first codification, reading line by line, searching for coherences and inconsistencies in the triangulation of information and cutting back the information to structure the analysis categories based on the Analytical matrix, Charts 1 and 2, constructed from the Schön framework, which provided theoretical support for the analysis of this study.

**Chart 1** – Teaching comprehensiveness according to a single loop model. - Florianópolis, SC, Brazil, 2015.

Dominant variables for the action	Professor Action strategies	Consequences for professors and students	Consequences for learning	Efficiency
Teaching care based on the principle of Comprehensiveness according to how the professor perceives it	To teach comprehensiveness by administering the teaching scenario (classroom, practical class / stage, theoretical-practical) with control over factors that interest the professor, without considering the perspective of the student	Professor with a self-defensive posture, not allowing openness to other questions that are outside the content studied. Comprehensiveness perceived as a standard principle of SUS	Auto isolator	
Maximize potentialities and minimize weaknesses in comprehensiveness teaching	Teaching controlled only by the professor	Defensive pedagogical posture, hindering alterity, bonding and acceptance	Comprehensive learning focused specifically on care	Fragmentation of teaching
Minimize negative feelings about the teaching-learning process	Unilateral self-protection of the student and the professor	Defensive standards	Few demonstrations and discussions during the activities related to polysemy regarding the concept of comprehensiveness	
Use moderate reason to persuade students	Unilaterally protect others so that they learn comprehensiveness without experiencing conflicting situations	Low level of freedom of choice, internal commitment and willingness to take risks during the teaching-learning process		

Source: Prepared by the author, adapted from Schön<sup>(2)</sup>.

In the teaching model in Chart 1, the positions adopted by professors are defensive, the teaching focus is centered on professor control over the teaching process, and comprehensiveness is perceived as a standard principle of SUS applicable to a particular context or discipline of the course.

The teaching-learning process of comprehensiveness in education, based on model II, creates possibilities for

professor and student to collectively build the knowledge needed to develop the skills and competencies of the future nurse. At the same time, it allows them to assume a mutual commitment to teach and learn comprehensiveness as a principle of care for the user and also of the pedagogical relationship.

**Chart 2** – Teaching of comprehensiveness according to the double loop model - Florianópolis, SC, Brazil, 2015.

Dominant variables for the professor action	Professor Action strategies	Consequences for professors and students	Consequences for learning	Efficiency
Promotes the exchange of information between professor and student	Professors and students have the freedom to express their opinions	Professor is open to questions, with a minimally defensive posture	Publicly exercising reflections that allow the discussion of comprehensiveness, considering its polysemy and application in the pedagogical relationship	

continue...

...continuation

Dominant variables for the professor action	Professor Action strategies	Consequences for professors and students	Consequences for learning	Efficiency
Ways to study the principle of comprehensiveness	A mutually conducted and controlled study, everyone participates and contributes to the process	Interpersonal relationships and minimally defensive group dynamics, open to new possibilities that facilitate learning	The teaching-learning process provides a reflection on the student's and professor's learning related to comprehensiveness	Increased
Commitment of the professor and student with the teaching and learning of the principle of integrality and constant monitoring of its implementation during the activity	Strategies that contribute to meaningful learning of the principle of comprehensive teaching.  Approaches that stimulate meaningful learning	Standards directed at learning	The use of the application of the philosophical branch that underpin the principle of comprehensiveness	
Bilateral protection of others	High level of freedom of expression for professors and students, assuming mutual commitment in the teaching of comprehensiveness, as well as assuming the risks in case of failure during attempts to apply this principle.			

Source: Prepared by the author, adapted from Schön<sup>(2)</sup>.

The results will be presented in a constructive sequence of the indications of comprehensiveness based on the analytical models developed for the data analysis. The research was approved by the CAAE Reference Ethics Committee (13975513.9.0000.0121) and the principles of Resolution 466/12 were respected.

## RESULTS

In the nursing course, the indications of comprehensiveness are centered on the professor figure and on the discussion of comprehensiveness according to the content to be covered, both in the classroom and in the practice context.

*During the exercises, the professor articulates the actions according to the level of complexity of the health system. In the second part of the class, when the theoretical presentation is done, the professor discusses the focused comprehensiveness for the discipline that they teach (OP6TC).*

Observing the contexts showed that the teaching-learning process in the perspective of comprehensiveness occurs in a single loop, in which students are not stimulated to question, self-evaluate or recognize their weaknesses and potentialities during their course.

*In the context of the practice professor does not speak in integrality or integral care. (...) Some indications arise during the training, as preparation of the patient for discharge, but they are not approached from the perspective of comprehensiveness, the focus is on contents related to the discipline (OP6).*

It was possible to find elements in the teaching plan that referred to a reflective practical teaching in the perspective of comprehensiveness, with diverse contexts in which students can observe comprehensiveness with different perspectives. However, the professor often fails to articulate the discussion of the principle of comprehensiveness in its polysemy with the other contents constructed throughout the course.

*We do not talk about comprehensiveness in the concept of SUS, but we show how care ... should happen in a way that meets the principle of comprehensiveness. (...) but sometimes in public health, as it is a broader thing, one ends up discussing those principles, but for us it is a very loose thing to say ... you have to take elements (...) to show what translates or represents the*

*work within the comprehensiveness and the proposal of integral care of the people (IP8).*

It was evidenced that indications of comprehensiveness, such as dialogue, attentive listening, mutual respect, bonding and welcoming are present in the daily life of some professors both in discourse and in practice.

*The dialogue established between professor and student is permeated by the stimulus of creativity, by the praise and collective construction of knowledge (OP8TC).*

*The professor has to have a lot of patience to awaken certain aspects of teaching-learning in the student and care to act in a way that does not block the student's learning (...) (IP8).*

*Professor and students establish dialogue, permeated by mutual respect, bonding and welcoming (OP7TC).*

*Knowing the student and identifying their difficulties, strengths and needs contributes to growth, acquisition of skills and ethical commitment throughout the course (IP7).*

When the teaching-learning process is anchored in the double-loop model, it is observed that the indications of comprehensive care in the perspective of reflective practical teaching are applied in the pedagogical relationship, in which the student is perceived as a person in formation, and, later, in the professional context. In this circuit, the professor adopts a minimally defensive posture; approaches theoretical content within the context of practice; and promotes openness to dialogue and reflect.

*To teach comprehensiveness the student needs to see himself as a person, as he responds to his needs. Then after, in the professional context, how he meets this demand when it comes to him ... the reality of the student is the starting point to discuss comprehensiveness (...) (IP3).*

*During the theoretical discussion in the context of practice, the professor places themselves in the place of the students and encourages them to put themselves in their place, when they discuss the use of the cell phone during academic activities (OP3).*

*In the pedagogical relationship it is important to understand the student as a whole, evaluating the student's cognitive performance and skills, but also considering the affective and emotional aspects in the teaching-learning process (IP1).*

The cited statements indicate that there is a mutual commitment to teach in the perspective of the principle of comprehensiveness, beginning from the reality of the student, the approximation between professor and student, and also the possibility of putting themselves in other's place. The establishment of this relationship becomes necessary for collective learning, when the professor is willing to take risks just in case there is some failure in the attempt to apply and teach the perspective of the principle of comprehensiveness integrality in both care and in the pedagogical relationship itself.

*It is an effort that we have to try to make, this view of comprehensiveness (...) one cannot forget the subjectivity of the professor and the subjectivity of the student (...) there are moments that this works better, there are moments which have greater obstacles, both on the part of the professor and the students (IP4).*

There was evidence during the observations which showed that the pedagogical relationship, in the nursing course, presented potential elements for the double circuit model, which fostered dialogue, reflection, approximation with the reality of the service, the educational institution and the student.

*The pedagogical relationship is based on dialogue, support, attentive listening, stimulation of student performance and feedback from the professor about student development and performance in the practical field (OP1PC).*

*(...) In the pedagogical relationship it is important to understand the student as a whole. What aspects do we need to be evaluating in the student, both performance, ability and cognitive performance, but we also need to think about the affective, emotional aspect of how is this student (...) (IP1).*

The pedagogical relationship in the course presents moments that approach the double circuit model in which professor and student establish dynamic, affective, minimally defensive interpersonal relationships with a high level of freedom of expression regarding the demands of the training process while also assuming an open posture for the new possibilities that can facilitate the teaching-learning process.

*It is very important to make the student comfortable, that the student has confidence in the professor, that he feels safe, supported (...) that we can establish a bond with him, I think that this relationship is important, this exchange, this affection (IP1).*

*During theoretical discussion in the practical field, the professor asks the student to talk about their opinion regarding the receptivity and bonding text. The student says he still has the same understanding and insight from the previous day, and that he found nothing new when reading the text again and does not intend to change anyone's opinion regarding his understanding. The professor asks if the student was able to conceptualize receptivity and bonding but the student said she did not, and then the professor asks the student to write what she understood so that he can understand (OP3PC).*

The above statement highlights a double loop learning, with a motivated and aware professor who can collectively build a pedagogical relationship anchored in the principle of comprehensiveness which stimulates the student to question, reflect and express opinions. The professor adopts a minimally defensive posture, with a focus on student learning.

## DISCUSSION

The results refer to teaching-learning in the perspective of comprehensiveness in a single loop model, with profound consequences for nurses education. In the single-loop model, learning is limited to the construction of strategies and tactics in order to achieve specific objectives without worrying about learning the values and assumptions which motivate the behavior of the professor and the student. The focus is on teaching specific content, and the relationship between professor and student is perceived as a game of victory and defeat, without there being a collective concern with the teaching-learning process<sup>(2)</sup>.

When the teaching-learning process occurs in a single loop, students are rarely encouraged to question, self-evaluate or recognize their weaknesses and potentialities during their education. This weakness limits the nursing education to have a generalist, creative, critical and reflexive profile, as proposed by the National Curricular Guidelines for the Nursing Undergraduate Program<sup>(9)</sup>. At the same time, it limits the abilities and the competences to meet the demands of the health practice and also to find alternatives when faced with uncertain and conflicting situations.

On the other hand, when nurse training is based on elements that stimulate reflection, such as the real and concrete situations of health services, it leads to the creation of care strategies that effectively meet the demands of the subjects in the different health contexts. The clinical practice scenarios reflect the reality of health services, presenting tensions, contradictions and unpredictability, characteristics which complicate these places. Thus, gradually constructed education allows the student to reflect on pedagogical possibilities that are not limited to the classroom, but which stimulate autonomy, develop skills and critical and reflexive attitudes<sup>(10-11)</sup>.

In the single teaching-learning loop model, the postures adopted by the professor and consequently by the student contribute to education which promotes the fragmentation of the comprehensiveness principle. This occurs due to different issues found in the pedagogical relationship, which is strongly focused on learning the subject or the content which the students will learn and on the difficulty of discussing comprehensiveness in the different teaching contexts, articulating it to the knowledge acquired during the course. That is, teaching the principle of comprehensiveness anchored in technical rationality.

This research shows that we are in the process of transition from single-circuit learning to double-loop learning of comprehensiveness, which consists of a design constructed by the professor and student in reflective practical teaching. The visibility of a double loop is closely related to the professor's posture, aiming for a reflexive practice and the development of a critical and reflexive spirit. Practical reflective teaching provides support for the pedagogical relationship to be established in a collective teaching-learning process. This construction, when anchored in indicatives of the principle of comprehensiveness, and applied both in health care practices and in the pedagogical relationship, opens up

possibilities for the creation of pedagogical models centered on the student and the real academic and service demands.

An integrated curriculum may be able to integrate different areas of knowledge in order to discuss comprehensiveness, however, this movement is dependent on the will of the professor. Thus, pedagogical practice is weakened in order to favor the application of the principle of comprehensiveness, even with the various understandings and approximations surrounding this principle<sup>(12)</sup>. Understanding the principle of comprehensiveness is fundamental for the development of care focused on the health needs of the subjects, in order to meet their demands and indirectly contribute to the improvement of the quality of health services<sup>(13)</sup>.

The fragility of applying this principle during the training of nurses, especially in the hospital area, has been recognized by the students. Facing this obstacle involves finding ways to stimulate the innumerable possibilities of employing comprehensiveness to healthcare and to the pedagogical relationship. These possibilities become concrete when the reflective exercise permeated by the collective dialogue between professors, students and professionals of the services is put into practice in the search for alternatives to meet the pedagogical demands of training beyond the content, and anchored in the SUS principles<sup>(14)</sup>. By sharing experiences and contents the students establish a permanent teaching-learning process which empowers and qualifies through contact and experiences with social reality. These attributes contribute to the functioning of health services<sup>(15)</sup> and to the nursing education.

When the indications of the principle of comprehensiveness are translated to a pedagogical relationship model that stimulates mutual exchange, they become reflexive dialogue, acceptance of the student by the professor, respect for the difficulties and fragilities of each person, attentive listening, alterity and collective construction of knowledge<sup>(7)</sup>. In this dialectic, it breaks away from fragmented teaching by establishing a pedagogical relationship that stimulates reflexive dialogue, so that together with the professor, the student finds alternatives to care and establishes relationships anchored in of comprehensiveness as a pedagogical principle.

In this model, professor and student are able to publicly expose themselves to take risks and test private competencies, bring negative judgments to the fore, and reveal confusions and dilemmas of the teaching-learning process. Such an attitude expands the capacity for reflection in action and about action, and thus it becomes more likely that professor and student give and receive ideas in the process of change upon which reflection depends on<sup>(2)</sup>.

For this to occur, the student needs to have the responsibility of reflecting critically to find answers to the dilemmas in practice, becoming active in his teaching and learning process<sup>(16)</sup>. Pedagogical approaches centered on the student stimulate the skills which are needed to respond to the health needs of the population<sup>(17)</sup>. The attitude of the professor towards certain situations experienced in the process of nursing training will define the type of pedagogical

relationship established. Thus, a position open to dialogue will establish a relationship of trust and certainly strengthens the pedagogical relationship<sup>(5)</sup>.

The collective construction present in the pedagogical relationship of the course is translated into the application of the indicatives of comprehensiveness in care and in the pedagogical relationship, breaking away from the teaching model based on technical rationality and moving towards a model of mutual exchange. It is possible to observe that the demands of the teaching-learning process originate from the student and the reality of the services, which are fundamental presuppositions for nursing training in the perspective of *comprehensiveness*.

Being able to identify which moments of the pedagogical relationship approach or distance themselves from the single-circuit learning model, through reflection on action and on professor action, becomes a starting point for teaching-learning in a double loop model. This reflexive exercise helps the professor to identify the elements that can be key points so that nurse education is completely anchored in double loop learning.

The nursing professor should encourage students to develop greater clinical reasoning and decision making skills that allow the students to face the complex problems found in practice. Critical thinking, thinking skills, communication skills and the search for information are skills necessary for personal and professional development<sup>(18)</sup>.

Reflexive practice is the fundamental legacy in nursing training and stimulates meaningful learning<sup>(16)</sup>. The development of reflexive skills strengthens the theoretical and practical components of nursing education. Reflective thinking requires relevant knowledge and professional experience, not simply being a generic skill<sup>(19)</sup>.

Thus, it is necessary to understand the principle of comprehensiveness as a design that is collectively constructed in the daily life of the pedagogical relationship. This construction is not an easy path to take if we take into account the historical trajectory of nursing education, which for a long time has been anchored in technical rationality. However, when the professor can comprehend and apply of comprehensiveness as a principle of care and as a pedagogical principle, we can visualize a design which is possible to become concrete in practice.

To identify that to construct this design demands a collective effort in order to make it a permanent fixture in practice becomes a fundamental element so that nursing training is really anchored in the principle of integrality.

## CONCLUSION

This study allowed us to analyze that the indications of comprehensiveness in nursing education are anchored in two teaching-learning models. The first one, called a single loop, is centered on the professor figure and the teaching-learning process of comprehensiveness as a philosophical principle of the SUS. In this model, the indications of comprehensiveness, such as dialogue, bonding, acceptance, respect and attentive listening are related to care, and not translated into the pedagogical relationship.

However, in some moments of the pedagogical relationship, it was possible to identify that professors assumed positions from the double loop model perceiving integrality as a principle of SUS and also as a pedagogical principle. Thus, learning the indicatives of comprehensiveness are translated into a mutual exchange between professor and student, reflective dialogue, acceptance, respect for the difficulties and weak points of each person, attentive listening, alterity and collective construction of knowledge.

When comprehensiveness it is recognized as a pedagogical principle, it enables the disruption of a teaching model centered on the professor figure and moves towards a collective teaching-learning model that attends the needs of the students, the service and the educational academy, from the moment that students have the freedom to create their own design anchored in a reflexive process about their practices and the reality of these subjects.

The two models presented in this study are not represented as finished models, but as pedagogical possibilities for reflection on how the indications of the *comprehensiveness* principle translate into the teaching-learning process in

nurses' training. By establishing a pedagogical relationship each professor has the possibility of opening different paths for future nurses who can respond to health demands with knowledge acquired through a reflective academic practice that considers the principle of comprehensiveness in care and also in the pedagogical relationship.

The understanding of the transition process of teaching-learning models is considered a limitation of this study, and requires a deeper understanding in order to understand why a professor adopts a single loop stance and others adopt a double loop stance. It is also necessary to consider which circuit is understood to be the most effective for their learning process in the students' point of view.

These teaching-learning models bring reflective elements for the development of research involving the pedagogical relationship in nursing education. This perspective allows the gap in scientific knowledge related to the subject to be filled, and stimulates the reflexive process in the Nursing Undergraduate courses, and highlights possible paths which can be taken in the perspective of comprehensiveness in reflexive practical teaching.

## RESUMO

**Objetivo:** Analisar como os indicativos da integralidade se traduzem no processo de ensino-aprendizagem em um curso de graduação em enfermagem. **Método:** Estudo de caso qualitativo realizado com docentes de um Curso de Graduação em Enfermagem. Coleta de dados realizada através de análise documental, observação não participante e entrevistas individuais. Análise de dados guiada a partir de uma matriz analítica seguindo os passos da proposta operativa. **Resultados:** Participaram do estudo oito docentes. Alguns indicativos da integralidade, como diálogo, escuta, respeito mútuo, vínculo e acolhimento estão presentes no cotidiano de alguns docentes. Os indicativos da integralidade são aplicados por alguns docentes na relação pedagógica. Os resultados remetem ao ensino-aprendizagem da integralidade em um modelo de circuito único e de circuito duplo, e neste professor e estudante assumem uma postura aberta para as novas possibilidades do processo de ensino-aprendizagem. **Conclusão:** A integralidade, ao ser reconhecida como princípio pedagógico, possibilita o rompimento de um ensino centrado no docente e avança para uma aprendizagem coletiva, possibilitando que docente e estudante criem seu próprio *design* ancorado num processo reflexivo sobre suas práticas e na realidade encontrada nos serviços de saúde.

## DESCRIPTORIOS

Educação Superior; Educação em Enfermagem; Docentes de Enfermagem; Integralidade em Saúde.

## RESUMEN

**Objetivo:** Analizar cómo los indicativos de la integralidad se traducen en el proceso de enseñanza-aprendizaje en una carrera universitaria de enfermería. **Método:** Estudio de caso cualitativo, realizado con docentes de una Carrera de Grado en Enfermería. La recolección de datos fue realizada mediante análisis documental, observación no participante y entrevistas individuales. Análisis de datos guiado desde una matriz analítica siguiendo los pasos de la propuesta operativa. **Resultados:** Participaron en el estudio ocho docentes. Algunos indicativos de la integralidad, como diálogo, escucha, respeto mutuo, vínculo y acogida están presentes en el cotidiano de algunos docentes. Los indicativos de la integralidad los aplican algunos docentes en la relación pedagógica. Los resultados remiten a la enseñanza-aprendizaje de la integralidad en un modelo de circuito único y de circuito doble, por el que el profesor y el estudiante asumen una postura abierta a las nuevas posibilidades del proceso de enseñanza-aprendizaje. **Conclusión:** La integralidad, al reconocerse como principio pedagógico, posibilita la ruptura de una enseñanza centrada en el docente y avanza hacia un aprendizaje colectivo, facilitando que docente y estudiante creen su propio diseño anclado en un proceso reflexivo acerca de sus prácticas y en la realidad encontrada en los servicios sanitarios.

## DESCRIPTORIOS

Educación Superior; Educación en Enfermería; Docentes de Enfermería; Integralidad en Salud.

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