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I Developed a Professional Attitude at the University, but Among the Poor Families I Developed Personality

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Abstract

The Brazilian Curriculum Guidelines for Undergraduate Nursing Courses have gradually encouraged home visits in differently realities by advocating the training of reflective and critical professional skills with regard to multiples dimensions of health of the human beings. Based on this justification, the objective of this study was to understand the meaning of the home visits for Brazilian nursing student in poor families. The Grounded Theory approach was used in this study. Data collection was performed between December 2017 and July 2018 through interviews with students and newly graduated nurses who are working in the Primary Health Care and carry out routine home visits. The meaning of home visits to poor families by a nursing student resulted in an intensive personal and professional (re)organization process: "I developed a professional attitude at the university, but among the poor families I developed personality". Initially the students demonstrated uncertainty, disappointment and frustration, but soon as they take up the challenge, the nursing students rethink concepts, practices, types of personality and social responsibility. It is concluded that regular curricular activities with poor families have the possibility of extending the life expectancy of families and transcending the academic knowledge limits of students'.

Keywords: Home Visits; Community Health Nursing; Nursing Education

Introduction

The political and economic crisis in Brazil is in increasing debate. Gross national income per capita has fallen dramatically in recent years and the number of people living in poverty increases every day [1]. In this direction, the Brazilian Curriculum Guidelines for Undergraduate Nursing Courses have gradually encouraged home visits in differently realities, in particular to families who survive in extreme poverty.

Primary health care has been redirected in Brazil through the Family Health Strategy. Expanding throughout the Brazilian territory, the Family Health Strategy is systematized based on a set of multiprofessional interventions aimed at meeting the unique needs, especially of the poorest families, in

accordance with the principles and guidelines of the Unified Health System [2].

The Family Health Strategy works through family health care teams, which are composed of one doctor, one nurse, two auxiliary nurses and six community health workers. The family health teams are located at health units and are assigned to specific geographical areas and defined populations of 600-1000 families. The teams provide a first point of contact with the local health system, coordinated care, and work towards integration with diagnostic, specialist, and hospital care [3,4].

One of the main tasks of the Nurse in the Family Health Strategy is the home visit which allows them to know the social context and identify health needs in the context of the family. The purpose of the home visit is to transcend the fragmented assistance and to understand the individual and collective needs of the individuals from a systemic perspective. In this perspective, it is intended to induce processes of dialogue, solidarity and social protagonism among all the actors involved [5-7].

The new Brazilian Curriculum Guidelines for Undergraduate Nursing Courses have gradually encouraged home visits in differently realities by advocating the training of reflective and critical professional skills with regard to multiples dimensions of health of the human beings. The professional profile shall include scientific, human and ethical competencies in order to intervene when families suffer from highly prevalent health problems. The new curriculum also provokes the need to overcome the logic of fragmentation, predictability and excessive ordering of the ready-made care recipes induced by simplified thinking [8].

Based on these guidelines, the undergraduate Nursing Course at the Franciscan University [9] proposed to realize home visits to poor families during the first semester of the course. By believing that nursing care is a complex phenomenon and systematized through multiple relationships, interactions and systemic associations, a specific learning concept has been developed for students to gain experiences in home visits. Groups of four students and a professor formed a learning unit. They were attributed to poor families, which they visited at home in scheduled days. Furthermore, the task of the students was to document and reflect on their perceptions and experiences through writing a portfolio. Besides integrating their personal views and thoughts regarding their own opinion and attitude, the students were asked to integrate the perspective of the whole family and different family members into the portfolio. The professors acted as a supervising role and steered the process.

Objective

The objective of this study was to understand the meaning of the home visits for Brazilian nursing student in poor families.

Method

The Grounded Theory approach was used in this study [10]. The study was characterized by simultaneous data collection and analysis, constant comparative analysis and identification of key social processes. The data was collected between December 2017 and July 2018 through interviews with students and newly graduated nurses that are working in the Primary Health Care and who carried out routine home visits.

The first sample group was created with ten randomly selected students from the Fourth semester of the nursing course who had conducted twelve home visits during the third semester. The interviews were based on the following questions: What is the meaning of visiting poor families for you? The interviews were digitally recorded and transcribed. Data analysis was performed by constant comparative analyses.

The collected data from the first sample group analysis allowed for identifying initial properties and hypotheses, which guided the formation of the second group, comprised of ten students in the 8th semester of the Franciscan University Nursing Course. These were randomly selected from the registers of the university and they were interviewed based on the following questions: In your opinion, the visits to poor families contributed to your academic background?

The data from the second group proposed to deepen the theoretical model, strengthen the categories created after analysis of the data of the first group and provided supplementary information and conducted the formation of the third set of interviews with five newly volunteered graduated nurses who are working in the Primary Health Care and who carry out routine home visits. They were asked: The visits to poor families during her academic training contributed to the performance of her duties as a nurse in Primary Health Care?

The data collected was analyzed based in the process of the open, axial and selective coding of the Grounded Theory approach [10]. The codes were organized according to their respective similarities and differences and were grouped into categories. A central category was defined, based on the analysis of the relationships between the categories. After structuring the theoretical model, which represented the connection between the categories, it was presented and validated to ten of the Franciscan University nursing professors. They evaluated the theoretical model and presented suggestions that were incorporated into this model.

The study was approved by the Research Ethics Committee of the Franciscan University (Protocol Number 1.641.967).

Findings

The meaning of the home visits for Brazilian nursing student in poor families can be conceptualized as an intensive personal and professional (re)organization process: "*I developed a professional attitude at the university, but among the poor families I developed personality*". The effect of the academic home visits, with the duration of two hours each, is transcended to the professional attitude. Initially the students demonstrated uncertainty, disappointment and frustration, but soon as they take up the challenge, the nursing students rethink concepts, practices, types of personality and social responsibility.

The student (re)organization process "*I developed a professional attitude at the university, but among the poor families I developed personality*" results from the integration of three different aspects: Feeling "tied hands"; Rethinking attitudes and practices; and experiencing significant exchanges, which are presented below.

Feeling Tied Hands

On the first visits to the families, always accompanied by two or more professors, the students experienced an intense personal disorder, accompanied by uncertainties, disappointments and frustrations with the reality found. For many students this had been the first contact with poor and vulnerable families.

At various moments, students reported feeling "tied hands" because they did not know where to start and because they were facing a reality for which they did not have "prompt answers". The students found themselves incapable and powerless to respond to complex, never before experienced conditions.

I felt tied hands. At first, I was very frustrated. I did not imagine I would find such a cruel reality. (N2)

I did not know where to start. I did not have an answer... I thought our visits would serve no purpose. Sometimes, I did not feel like going back there. (N5)

By finding themselves in a privileged condition, which is in an academic environment, the students understood that they would go to the family visit to "take information" and bring about great changes, especially in the environment and the way of thinking of the families. In their view, they felt that poor families did not have enough knowledge and information to promote their own health. This perception, however, was confronted already in the first visits, when they concluded that they would learn much more than to teach.

I always thought I would bring a lot of information to families. But I soon realized they had knowledge about everything. Many times, I kept thinking ... they do many things that I do not do in my house. (N6)

From the contact with the families, the students perceived themselves as human beings, with knowledge not superior to the knowledge of families, but with a good self-knowledge, capable of being rethought and shared. As they realized this reality, they found strategies for welcoming, dialogue and meaningful exchanges.

Rethinking Attitudes and Practices

After initial contact with the concrete reality of families, students realized that they also could "learn from the families". Many of them became thoughtful as they heard stories of overcoming poor families. They observed that despite all the problems "families live happily" and always find "a way out" for their problems. In this evolutionary trajectory, students began to develop a process of self-reflection and self-criticism in relation to their values, concepts, attitudes and practices. They recognized that they could learn from the "unique organization" of the families, despite living in contradictory conditions.

We often wondered: how can they live happily with so many problems? We complain about so many things ... I'm amazed to see how they live and organize themselves in these little cubicles (It means very small houses). (P11)

However, the academic experience was not limited to the poor family, but it allowed for later reflections, which extended to their own families, to the classroom and to different spaces and academic environments. Some students reported that they remembered those poor families at every moment, and that sometimes they would wake up in the middle of the night with the feeling that they might be going cold, hungry or with some other discomfort.

Every time it rains or it is very cold I remember the families...The houses are full of cracks, the wind comes through them...Could you sleep with that? When I told my mother about it, she got so impressed that she and went there to give some things to the families. (P14)

Self-reflection, dialogue with mentoring teachers, and theorizing from the systemic perspective has enabled students to rethink their own concepts and develop new strategies to address the uniqueness of each family. During the visits, the students realized that the health problems were not only related to the biological dimension, but that they needed to broaden their field of vision to other dimensions, in order to allow an extended and contextualized care.

We did not want that family at first because "apparently' it did not have any health problems. When we spoke to the teacher, she made us think and perceive the environment. Gradually we realized that they did not have a physical illness, but an immense need to talk and exchange ideas and experiences. I became another person through the contact with these poor families. (P18)

Although the biologists approach is still heavily embedded in popular knowledge, and often also in the academy, students have demonstrated through home visits that it is possible to go beyond the punctual dimension of the health-disease process, as soon as they take into account aspects such as the social, cultural and economic relations of each individual, family and community.

Experiencing Significant Exchanges

Home visits have provided opportunities for growth, as for students and professors, as for poor families. For the students, the visits meant personal overcoming, professional growth, and life lessons that cannot be measured in words, as reported below:

It was a great challenge to overcome prejudices, and I think this was the biggest gain for each of us. The feeling that remains is a great lesson in life and much growth. Today we realized that the concept of health is broad and that at university we develop attitudes, but with poor families we built ourselves as human people (P15).

Home visits also had a great significance for poor families. For some, the visit of the students represented joy and celebration. For others, it meant interest and attention, and for others, they still awakened dreams and new meanings to continue living. Some families would do anything to have the environment clean and organized to receive the students and others would count the days for the following visit.

In our family, the children did not visit their parents any more. With our presence, the children began to visit them... We think that they were touched by the fact that people were thinking on them (P18).

When we arrived in the family, the children would soon ask when it would be the next visit. They did not know what to do first so happy they got with our presence there. The visits were always meetings of sharing experiences (P20).

As for the students as for some families, the first visits also generated some discomfort and insecurity. Over time, both students and families have been able to overcome prejudices and transcend personal boundaries. The students recognized that there was a certain barrier between realities and that bonding was the key for families to "open up" to talk about their needs. They recognized that the link is developed gradually by welcoming, dialogue and significant exchanges.

At first, she always said that everything was fine, but as we formed the bond, she began to open and told us that her husband beat her frequently. She said, 'I was moody ... I had no motivation to continue living. You brought me back. Today I have a new stimulus to live' (P22).

Although mostly from the middle and upper classes, the students gave evidence that they succeeded in establishing dialogue, empathy, respect and bonding with poor families. Throughout the process they have recognized that the dialogic relationship between different knowledge makes possible significant changes and, above all, the rethinking of values, attitudes and professional practices.

Discussion

The results of this study show that the personal and professional (re)organization process goes through the

stages of overcoming limits and improving scientific knowledge. The results demonstrated also that the persistence, interactions, dialogue and systemic theoretical discussions under the supervision of a professor were essential for transcending the perceptions and for the development of the inter-subjective dimension.

The expression "I was tied hands", no answer, "not knowing what to do" was evident in several testimonials of student. If on the one hand the expression carries the feeling of professional impotence in the face of adversities, for which it has no answers, on the other hand it shows the linear and punctual conception of the performance of nurses, the result of a simplified traditional thinking.

The human being through their consciousness, their capacity to project the future, to innovate and (re)create his own history; have progressively acquired power to influence the other and to modify the course of events, especially in the deeper realms of life. On the other hand, a world dominated by innovation is an uncertain world. In analogy with the above, it is corroborated, based on the results of this study, that the home visit, although it is significant, often tries to find answers for the modification of the course of facts and domains of life [11,12].

As evidenced, also, in this study, the nursing professional has the need to find and give answers to the different questions and/or situations from everyday situations. When the nurse, in turn, does not find them in themselves or in the other, sometimes get frustrated, isolated, depressed and/or judged inferior, incapable or professionally incompetent. The question is: why do we need to find answers to the different questions and/or everyday situations, if we understand that the human being is a singular and complex being, for which we need equally complex answers? Why do we need absolute certainties or "prompt answers", knowing that creativity emerges from interactive possibilities and seemingly adverse and contradictory situations?

In order to understand this task, it is necessary to analyze, a priori, what model of thinking that directed and / or directs the nursing interventions. Nursing, as well as other professionals, continues to be governed by the Cartesian reductionist model, based on linear, predictable, controllable knowledge, consisting of separate pieces, that is, divisible and fragmented into parts [13]. This system model was and in many cases is still reproduced by professionals as they seek to find answers and absolute certainties for the different questions that are presented to them in the complexity of their professional doing.

However, it is accepted that the fragmented and reductionist thinking model has been overcome, even in an incipient way, by systemic, non-linear and unpredictable references capable of provoking human thought. One of these referents concerns complex-systemic as evoked by Morin, who argues that the whole is greater than the sum of the parts and that the understanding of the singularity of the part is fundamental for the apprehension of the whole [14].

The home visits in poor families, in this condition, should be considered as a sustainable experience and one that stimulated personal and professional reflections. This study shows that home visits in poor families go along with a meaningful process of learning and a development of sensitivity of students towards the study object - the family. The students can transfer their experience to their own development, as reported by a student: "I developed a professional attitude at the university, but among the poor families I developed personality". Similar results were found in another study that proposed to analyze home visits made by first-year medical and nursing students, seen from the viewpoint of family health unit users [15].

It is worth pointing out that the process of solidarity anchored in the daily life, that is in the real place, symbolic or imaginary, where people enter in interaction, constitutes a fundamental element in the structuring of the family connection. Without to want to arrive at a definitive conclusion, the results of this study revealed that we need, while nursing professionals, to know and learn deeply the knowledge of the dialogic of which Morin speaks about [16]. First, to recognize that we know very little about the knowledge and/or about the particular organization of the poor families. Second, that is, to insert ourselves specifically in these so-called specific organizations and share the knowledge which is unique to them to, then, think of some intervention related to the promotion of health.

For the National Health System including Primary Care it is essential that the Family Health Strategy combines professional nursing development through improving scientific knowledge and gaining personal experiences to create a suitable reflected attitude with a high appreciation for the families. A study shows that care delivery in primary care, through home-based approaches, can have a direct impact on mortality reduction rates and the reduction of health [17].

Conclusion

It is concluded, with this study, that the regular curricular activities with poor families has the possibility of contributing to the improvement of the life and health expectations of the families, beyond transcending the limits of academic knowledge of nursing students. Initially the students demonstrated uncertainty, disappointment and frustration, but soon as they take up the challenge, the students rethink concepts, practices, types of personality and social responsibility.

The results demonstrated also that the interactions, dialogue and theoretical-practice discussions under the supervision of a professor were essential for transcending the perceptions and for the development of the inter-subjective dimension. The home visits to poor families can, in summary, mobilize new knowledge and overcome traditional practices focused on academic contents. In the contact with poverty, students have the possibility to confront their limits and prospect more creative and transformative interactive and associative strategies.

The limited research in this field is represented in only in few published current studies, with a focus on the home visits, which can be included. To fit the relevance of home visits in the Primary Health Care, further research with emphasis on social inequities and new intervention approaches.

References

1. Massuda A, Hone T, Leles F, de Castro MC, Atun R (2018) The Brazilian health system at crossroads: progress, crisis and resilience. BMJ Glob Health 3(4): e000829.

2. Noronha JC de, Noronha GS de, Pereira TR, Costa AM (2018) The future of the Brazilian Health System: a short review of its pathways towards an uncertain and discouraging horizon. Science & Collective Health 23(6): 2051-2059.

3. Pinto LF, Giovanella L (2018) From the Program to the Family Health Strategy: expansion of access and reduction of hospitalizations due to conditions sensitive to primary care (ICSAB). Science & Collective Health 23(6): 1903-1914.

4. Andrade MV, Coelho AQ, Xavier Neto M, Carvalho LR, Atun R, et al. (2018) Brazil's Family Health Strategy: factors associated with programme uptake and coverage expansion over 15 years (1998-2012). Health Policy Plan 33(3): 368-380.

5. Kemp L, Harris E (2012) The challenges of establishing and researching a sustained nurse home visiting program within the universal child and family health service system. Journal of Research in Nursing 17(2): 127-138.

6. Cockcroft A, Omer K, Gidado Y, Gamawa AI, Andersson N (2018) Impact of universal home visits on maternal and infant outcomes in Bauchi state, Nigeria: protocol of a cluster randomized controlled trial. Health Services Research 18: 510.

7. Boas MLCV, Shimizu HE (2015) Time spent by the multidisciplinary team in home care: subsidy for the sizing of staff. Acta Paulista de Enfermagem 28(1): 32-40.

8. Backes DS, Zamberlan C, Siqueira HCH de, Backes MTS, Sousa FGM de, et al. (2018) Quality nursing education: a complex and multidimensional phenomenon. Text & Context – Nursing 27(3): e4580016.

9. Pereira AD, Ferreira CLL (2017) Nursing legacy from Franciscan University: 60 years of education. Santa Maria, RS: Franciscan University Center.

10. Strauss A, Corbin J (1990) Basics of qualitative research: grounded theory procedures and techniques. Thousand Lage Oaks: Sage Publications, US.

11. Lomba MLLF, Toson M, Weissheimer AS, Backes TSB, Büscher A, et al. (2018) Social entrepreneurship: translation of knowledge and practices in Brazilian nursing students. Enfermagem Magazine Referencia 4(19): 107-116.

12. Backes DS, Ilha S, Weissheimer AS, Halberstadt BMK, Megier ER, et al. (2016) Socially entrepreneurial activities in nursing: Contributions to health/healthy living. Escola Anna Nery 20(1): 77-82.

13. Morin E (2010) Science with consciousness, 14th(edn), Rio de Janeiro: Bertrand Brasil.

14. Morin E (2015) Introduction to complex thinking, 5th(edn), Porto Alegre: Sulina.

15. Mahmud IC, Kowalski CV, Lavagnini BT, Laux Schutz KL (2018) The multidisciplinarity in the home visit to

the elderly: the look of Nursing, Medicine and Psychology. Pajar 6(2): 72-84.

16. Piqueira JRC (2018) Engineering of Complexity in Edgar Morin. Advanced Studies 32(94): 363-370.

17. Cavalcante DdFB, Brizon VSC, Probst LF, Meneghim MdC, Pereira AC, et al. (2018) Did the Family Health Strategy have an impact on indicators of hospitalizations for stroke and heart failure? Longitudinal study in Brazil: 1998-2013. PLoS ONE 13(6): e0198428.