

# INTEGRATIVE REVIEW

## EDUCATION AND HEALTH SERVICES INTEGRATION: AN INTEGRATIVE REVIEW OF THE LITERATURE

### INTEGRAÇÃO ENSINO E SERVIÇOS DE SAÚDE: UMA REVISÃO INTEGRATIVA DA LITERATURA

### INTEGRACIÓN DE LA EDUCACIÓN Y LOS SERVICIOS DE SALUD: UNA REVISIÓN INTEGRATIVA DE LITERATURA

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Submitted on: 09/10/2013

Approved on: 02/04/2013

## ABSTRACT

This study proposes to analyze the characteristics of teaching-service integration for academia and health and community services from an integrative review of the national literature. The search was carried out in the System of Latin American Literature in Health Sciences (LILACS) and resulted in the selection of 54 publications. The predominant type of study was of case studies with theoretical reflections focused on basic care and courses in Nursing and Medicine. In academia, a reduction in the between theory and practice dichotomy and an approach closer to the principles of the Unified Health System is observed. The integration helps services in the development of actions and training professionals improving the quality of care. The described difficulties are asymmetric relations of power, distance between actors, work overload, and inadequacy of the physical structure in the services. The need for changes in relations and teaching methods is evident and should include increased involvement of actors and changes in the epistemological conception.

**Keywords:** Teaching Care Integration Services; Teaching; Health service.

## RESUMO

*Este estudo propõe analisar as características da integração ensino-serviço para academia, serviços de saúde e comunidade, a partir de uma revisão integrativa da literatura nacional. A busca foi realizada no Sistema da Literatura Latino-Americana em Ciências da Saúde (LILACS) e foram selecionadas 54 publicações. O tipo de estudo predominante foi relato de experiência com reflexão teórica focado na atenção básica e nos cursos de Enfermagem e Medicina. Para a academia constata-se a redução da dicotomia teoria e prática e a aproximação com os princípios do Sistema Único de Saúde. A integração auxilia os serviços no desenvolvimento de ações e na capacitação dos profissionais, melhorando a qualidade do cuidado. Descrevem-se como dificuldades, relações assimétricas, distanciamento entre os atores, sobrecarga de trabalho e inadequação da estrutura física dos serviços. Coloca-se a necessidade de mudanças nas relações e métodos de ensino, mais envolvimento dos atores e mudanças na concepção epistemológica.*

**Palavras-chave:** Serviços de Integração Docente-Assistencial; Ensino; Serviços de Saúde.

## RESUMEN

*Este estudio propone analizar las características de la integración enseñanza-servicio para academias, servicios de salud y comunidad, a partir de una revisión integrativa de literatura nacional. La búsqueda fue realizada en el Sistema de Literatura Latinoamericana en Ciencias de la Salud (LILACS) y se seleccionaron 54 publicaciones. El tipo de estudio predominante fue el informe de experiencia con reflexión teórica, enfoque en la atención primaria y en cursos de enfermería y medicina. Para las academias hay una reducción de la dicotomía entre la teoría y la práctica y la aproximación a los principios del Sistema de Salud Unificado. La integración ayuda a los servicios en el desarrollo de acciones y en la formación de profesionales, además de una mejor calidad de la atención. Como dificultades son descritas las relaciones asimétricas, el distanciamento entre los actores, la sobrecarga de trabajo y la inadecuación de la estructura física de los servicios. Se observa la necesidad de efectuar cambios en las relaciones y métodos de enseñanza, con participación de los actores y cambios en la concepción epistemológica.*

**Palabras clave:** Servicios de Integración Docente Asistencial; Enseñanza; Servicios de Salud.

## INTRODUCTION

Changes in the training of health professionals represent an essential condition in meeting the real needs of services, especially with regard to compliance to the SUS principles and guidelines. This need, even after placed on the agenda in the Brazilian reality a few years ago, still demands different confrontations, especially in regards to disarticulation and the dichotomy between teaching and service.

A historic rescue of the teaching-service integration shows that the health services have conformed as teaching and practice locations for future professionals since the creation of the first undergraduate courses in the area of health in Brazil. However, this discussion became more effective in the 70s when the Ministry of Labor and Social Welfare emphasized its importance to the training of professionals working in health care aiming at a balance between quality and quantity of professionals.<sup>1</sup>

The Health Reform Movement contributes to this proposal by proposing the construction of new modes of health care, in which the main fundamentals are based on the principle of integral attention that assumes changes in the mode of action for the health needs of individuals, family, and community. To overcome the present limitations in both teaching and health systems, the teaching-welfare integration process (TWI) was proposed in the 70 decade, triggering initiatives for the reformulation of the health care system and university curricula proposed for training professionals.<sup>2</sup>

The implementation of TWI fluctuated in intensity and in concentration over different professional areas over the years; however, it showed advances, such as improvement in the quality of assistance and establishment of a more favorable backdrop for teaching and learning processes for students, and difficulties, most notably, the power struggle for supposedly more privileged positions between groups, which articulates a relationship of domination and resistance.<sup>3-5</sup>

In the early 90s, the UNI Project (A new initiative on the Education of health professionals) was formed through the initiative of the Kellogg Foundation considering the partnership between education and health and community services as the foundation for the process of transformation of education and health services. The participation of the United network, which contemplated the integration of the TWI network and UNI project, stands out in this trajectory and constituted a space for exchanges and dissemination of experiences in the articulation between teaching and research institutions, services, and community contributing to the process of defining the curriculum guidelines promoted by the Ministry of Education.<sup>6,7</sup>

The Ministry of Health has been implementing incentive proposals to institutions committed to such processes for the strengthening of strategies on curricular changes and transformation of professional practices. The Program for the Incen-

tive to Curricular Changes in Medicine Courses (PROMED), the Pro-Health Program, which includes courses in the Health area, and the PET-Health in its different modalities are some examples to be cited in intervening in the priority health problems involving academia, services, and community in the development of teaching, research, and service.

This trajectory aims at the training of a critic professional, a citizen who is prepared to learn, create, propose, and build a new model of health care.<sup>6</sup> Therefore, the training process must happen articulated with the work place and with emphasis on developing a critical-reflective view that aims at the transformation of practices.<sup>7</sup>

Because professional practices should be organized based on the health needs of a population, it is necessary to transform them by means of approximation between academia and services considering that it is necessary to recognize the SUS guidelines in the daily routine of health units to implement these practices.<sup>8</sup>

Given the relevance of integration between teaching and service, and the lack of studies showing more generally how this integration is occurring in different attention and training contexts, it is timely to conduct a review of the national literature to characterize studies that address such themes and analyze the difficulties, challenges, and contributions of the teaching-service integration to academia and health and community services.

## METHOD

This was an integrative literature review study considered as a systematic review that consists of an extensive analysis of publications to obtain data on a particular topic. This type of research includes the analysis of relevant publications, enables the synthesis of studies published on the subject, indicates knowledge gaps that need to be filled through new research, and provides general conclusions about the study area.<sup>9,10</sup>

Six proposed steps were followed from the perspective of maintaining standards of methodological rigor.<sup>11,12</sup> In the first step, the main study issues were delimited, which consisted of contributions related to teaching and service integrations to academia, health services, and community including difficulties and challenges. In the second step, the search began in the System of Latin American Literature in Health Sciences (LILACS) considering the need to obtain literature that would reveal the conditions on the subject in the national reality. The following descriptors were used: teaching healthcare integration services "or" integration "and" teaching "and" services. A total of 243 publications were obtained from 2002 to 2011. Those with no direct relation with teaching-service integration were excluded after careful reading of titles and abstracts; 60 publications were selected in the form of thesis/dissertation, articles, and books. Of these, two dissertations were excluded based on the

difficulty in understanding the delimitation of the method and lack of internal consistencies; two studies that dealt with experience in another country, one book, and one chapter were also excluded based on their broad and general approach to the theme. Fifty-four publications were selected for analysis.

In the third step, key information were extracted considering the questions proposed and the identification of the type of study, subjects involved in the research, scenario, and the course where the study was performed. A spreadsheet that allowed gathering and synthesizing such information was elaborated.

The fourth, fifth, and sixth steps corresponded to analysis of the selected studies, interpretation of results, and presentation of the review/summary of knowledge, respectively.

## RESULTS

The analysis of the methodological characteristics in the selected publications showed that most of these are case studies, theoretical reflection research (53.7%), and qualitative mode studies based on field or documentary analysis (38.9%). The most focused attention scenario was on basic attention to health – 23 (42.6%). Nursing was among the courses that stood out followed by those that cover more than one course, and Medicine. Another aspect to be highlighted is that 30 (55.5%) studies were not conducted with humans because they dealt with theoretical reflections, experience reports, or analysis of documents. As for the year of publication, 61.1% were carried out between 2007 and 2011 indicating an increasing number of publications on the theme in the recent years (Table 1).

Table 1 - Distribution of the main methodological characteristics in 54 analyzed articles. Marília, 2012

Characteristics	N %
<b>Year of publication</b>	
2002 – 2006	21 38,9
2007 – 2011	33 61,1
<b>Type of study</b>	
Case studies	17 31,5
Theoretical reflection	12 22,2
Qualitative	21 38,9
Quantitative	02 3,7
Qualitative/quantitative	02 3,7
<b>Scenario</b>	
Basic care	23 42,6
Hospital	12 22,2
Indigenous health	01 1,9
Non-specific	18 33,3

To be continued...

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Table 1 - Distribution of the main methodological characteristics in 54 analyzed articles. Marília, 2012

Characteristics	N %
<b>Course involved</b>	
Medicine	10 18,5
Nursing	12 22,2
Dentistry	05 9,3
Physiotherapy	02 3,7
Specialization/residence	04 7,4
More than one course	11 20,4
Non-specific	10 18,5
<b>Subjects in the research</b>	
Students	12 22,2
Health professionals	04 7,4
Miscellaneous	06 11,1
Users	02 3,7
Teachers	01 1,9
Not involved	30 55,5

The analyses of the studies proposed questions that discuss the contributions of teaching-service integration to academia and services and community; the difficulties and challenges showed that most of the studies emphasize the contributions related to academia, which included the reduction in the theory and practice dichotomy and approachment to the SUS guidelines in daily team work. The development of actions and training of professionals through continuing and permanent education was highlighted in the service. The expansion of intervention spaces and improvement in the quality of care stood out for the community.

The difficulties included the existence of asymmetrical relations of power, vertical actions for information transfer, and activities to be developed; teachers engaged in technical practices and service professionals do not have time to be a facilitator because assistance is prioritized. The difficulties that remain emphasized are in transferring teachers to the scenarios of practice and improving teams' responsiveness and the current management model.

## DISCUSSIONS

A predominance of theoretical reflections and case studies was observed among the analyzed studies with regard to the type of study. This contributes to rethink and develop current practices. Conversely, we must consider the existence of gaps with regard to evaluative studies, mainly those that would express the obtained results with such practices.

The fact that basic attention is the scenario present in the analyzed studies reflects the directionality of the National Health Policy printed on the Federal Constitution, which defines an expanded concept of health, considers that the health/disease process results from different determinants and conditions, and includes the principles of universal access, comprehensiveness of care, equity, decentralization, hierarchy, and social participation in health care.<sup>13</sup> Thus, one can consider that there are concerns in training institutions for health professionals about expanding the teaching and learning scenarios, and thus, to modify the focus of training that has been centered in the hospital.

However, it should be noted that teaching assistance integration is needed in whatever area of professional training because the logic established by the new curricular guidelines assumes that it is based on professional practice, with a view of transforming the health care model. In addition, the understanding of the hierarchizing logic in the health system is necessary; the primary attention is at the gateway to all new needs and problems, however, assistance is given in a network of care that integrates the different levels of attention, directed by the SUS principles and guidelines. Users of this care network are involved in the same complexity and uniqueness. In whatever scenario, the difference is in the technical procedures employed.

Nursing, Medicine, and Dentistry courses are the most prevalent in studies citing courses involved in teaching and service integration, which coincide with the emphasis given to the health care policies to include these three professional categories in the basic team of the Family Health Strategy. The results reveal that the studies deal with experiences of isolated courses, in which only 11 (20.4%) refer to the involvement of more than one course in integrating teaching and service. This result seems to indicate the disarticulation between the different courses because the majority of educational institutions have more than one course in healthcare.

The studies that were developed with subjects involved in the process of education and service integration showed that many were performed with students; this highlights the little involvement of users as co-participating actors in the process. This same condition is revealed in the analysis of contributions of teaching and service integration to academia and services and community because only three studies made reference to that condition.<sup>14-16</sup>

The teaching-service integration demonstrated an improvement in the quality of care because it contributed to a comprehensive view of the patient, process of illness, and living conditions.<sup>14,15</sup> The evaluation of the user's satisfaction was performed while the intervention spaces expanded through IES,<sup>16</sup> showing this binomial's concerns with the social role they play.

On the other hand, the majority of studies focus on the contributions of this integration to academia. This approach emphasizes advancements in the understanding of interdisci-

plinarity, teamwork, functionality of health services as a network,<sup>14</sup> possibility of questioning and understanding the meaning of intercultural contexts demanded by a multi-professional teamwork, expansion of knowledge on the health/disease process, and its implications for the professional practice.<sup>17</sup>

As a tool to operationalize the teaching-service integration, in reports that used the Situational Strategic Planning, the teaching-service integration allowed the student to experience the everyday life of workers, and to develop along with the intervention plan team favoring the theoretical-practical relationship and critical-reflexive training needed for working in the SUS.<sup>18</sup> This is one important pedagogical resource for the authors.<sup>19</sup>

The studies cited that the integration allowed students to learn about the local epidemiological profile, identify problems, and direct interventions.<sup>20</sup> In this scenario, they experienced the individual, collective, and management care, which triggered significant learning and development of research based on a reality that applies to more humanized and contextualized professional training within the professional practice.<sup>16,21</sup>

In the perspective of expanding practical scenarios and aiming at training that approaches the SUS principles and guidelines, the teaching-service integration between Physiotherapy courses and basic care services required formation modifications; the course was geared towards rehabilitation before and became focused on prevention and health promotion afterwards.<sup>22</sup> In the same direction but in the Medicine course, great closeness to organization and performance in basic attention was achieved along with the experience of working with the community.<sup>23</sup>

Moreover, the developed activities were considered a practical exercise of changes within the framework of professional training because it enabled a better understanding of health needs in the population and expansion of the job object.<sup>24</sup> Another study reinforces the integration activities directed to the understanding of the SUS principles and guidelines, with emphasis on the ESF, and performance in health promotion.<sup>25</sup>

The studies also described advances in integration in regards to relations between the university and management structures from the services involved, redefinition and valuing of roles in these two bodies, and the strengthening of teaching-service partnerships.<sup>21,26-28</sup>

For health services, the contributions of this integration are configured on actions developed with users and the possibility of training professionals through continuing and permanent education. Professionals could participate in training courses for teaching,<sup>29</sup> and advancements in assistive and financial performance were observed with investments in the physical structure.<sup>30</sup> The exchange of experiences between professionals allowed the insertion of teachers in assisting activities to improve the quality of care and the development of graduate courses for service professionals.<sup>3</sup> The presence of the student at the prac-

tice scenario was considered a favorable factor for the critical and reflective improvement of service professionals.<sup>31</sup>

The difficulties revealed in the teaching-service integration start with the description of asymmetric relations of power to which the different institutional actors are subjected with prevailing interests of hegemonic groups that often oppose the positioning of actors who are directly involved in the process.<sup>26</sup> Furthermore, the disarticulation between strategies of integration and overview of services was detected as deeply distanced between peers, even with the government incentive from the PRO-Health program.<sup>32</sup>

The investigation on teaching-service integration from the perspective of health professionals stresses that the actions taken by teachers were limited to distributing and supervising activities that were predominantly technical and developed by students. The service professionals consider that they do not have time to exercise the role of facilitators.<sup>29</sup> Therefore, the difficulty in articulating and sharing work and teaching processes is reinforced because the physical space is the only common feature. When facing such scenario, teachers distance themselves from practical situations and intensify the theory, while service professionals leave updating scientifically in the background because of excessive practical activities.<sup>29</sup> In this prospect, "the academic knowledge overlaps and underestimates the practice as a know-how" and, on the other hand, "the practice disregards the know-how as the referential for the critical reflection of the doing".<sup>1</sup>

The difficulties in this process of integration are also identified in the university hospitals because regardless of their mission of assistance, teaching, and research, their managers tend to prioritize welfare efficiency, which often turn relationships permeated by conflicts.<sup>33</sup>

The studies also refer to a lack of institutionalization in the teaching-service integration;<sup>34</sup> resistance of some actors involved in the process;<sup>30,35</sup> lack of effective participation of diverse actors, involvement of services management at the university and general population;<sup>36</sup> departmentalization of education processes leading students and teachers from different areas to perform activities in isolation;<sup>1</sup> lack of interest by students in disciplines related to social issues;<sup>37</sup> difficulties in interpersonal relationships, insufficient material resources, and work overload on both, teachers and nurses.<sup>27</sup>

The reviewed studies mention complex challenges to be faced in the integration approach including the need for changes in inter-institutional relations;<sup>26</sup> significant structural and organizational changes<sup>39</sup>; and transformation in the work process for improved consistency between the design of services and the educational proposal in the political, technical, and methodological dimensions with the involvement of managers from different scenarios and the population.<sup>40</sup> The curriculum organization stresses the need of emphasis on the human and social dimension of professional training in line with

the community's needs and existing policies<sup>39</sup>. Furthermore, that organization stimulates the assistance and resolution of the most common problems in healthcare<sup>41</sup> and adoption of didactic methodologies capable of stimulating academics towards the understanding and resolution of health problems.<sup>20</sup>

The challenges still include the need of closeness and dialogue between the actors in the work place and education are included in the challenges, which may occur by means of sharing spaces for jointed reflection and knowledge on topics that permeate a new way of thinking and acting on health care;<sup>32,42</sup> the need for training service professionals;<sup>43</sup> the overcoming of the hegemony in the biomedical model of conformation to the health care model;<sup>44</sup> and expansion of teaching scenarios with articulation between hospitals, public health networks, and communities.<sup>37</sup>

## FINAL CONSIDERATIONS

The analyzed studies concerning teaching-service integration indicate that this path has been built over the years, pervaded by successful experiences, with significant contributions to academia, service, and community.

However, if, on the one hand, the studies highlight important advances in teaching-service integration, they also reveal difficulties that include the distinct appropriation of epistemological references, lack of prioritization in the strategy by management and organization from both scenarios, and existing conflicts in relations of power between different actors, with the predominance of hegemonic interests. The academia seems to visualize the health service as a practice site for the student with a little glimpse into the transformation of health care processes.

The intense and complex difficulties related to this process of integration indicate, as described in the analyzed studies, the need to confront important challenges especially when considering that this path has been significant for the process of changes in the services and academia, however, still being a slow process, restricted to some institutions and often to experiences from isolated disciplines or courses.

It is, therefore, imperative to exercise joint efforts aimed at advancing this proposition considering that the teaching-service integration reveals itself as an essential condition for the implementation of changes in the health sector, with a view to achieving the direction laid on the National Health Policy.

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