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HEALTH TRAINING AND THE CONSTRUCTION OF CARE: LOOKING FOR INTEGRALITY?

A FORMAÇÃO EM SAÚDE E A CONSTRUÇÃO DO CUIDADO: À PROCURA DA INTEGRALIDADE?

FORMACIÓN EN SALUD Y CONSTRUCCIÓN DEL CUIDADO: ¿EN BUSCA DE LA INTEGRALIDAD?

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ABSTRACT: The debate on health training reaches importance with discussions on the qualification of health care, guided by the Brazilian Health Reform Movement in criticism of the fragmentation of care. In this process, comprehensive care becomes a guideline of the Unified Health System. Considering the expectations placed on training to transform practice, we sought to reflect on the comprehensiveness of care and its educational interface. Historical-dialectical materialism was considered a theoretical-methodological reference. It was identified that pedagogical concepts are constructed in a dynamic, heterogeneous, and contradictory way and that there is hegemony of a functionalist perspective, reproduced in health training. Training based on comprehensive care signals that the dimension of life fulfillment needs to be rescued in conjunction with the debate on the mode of social organization, in which the place of the school, in permanent tension, requires a critical pedagogical positioning.

KEYWORDS: Health Human Resource Training. Comprehensive Health Care. Integrality in Health.

***RESUMO**: O debate acerca da formação em saúde ganha relevância ao se inserir nas discussões sobre a qualificação da atenção à saúde, fundamentada nos princípios do Movimento da Reforma Sanitária Brasileira, que critica a fragmentação do cuidado. Neste processo, o atendimento integral torna-se diretriz do Sistema Único de Saúde. Considerando a expectativa colocada na formação para a transformação da prática, buscou-se refletir sobre a integralidade do cuidado e a sua interface educativa. Contemplou-se como referencial teórico-metodológico o materialismo histórico-dialético. Identificou-se que as concepções pedagógicas são construídas de maneira dinâmica, heterogênea e contraditória, que há hegemonia de uma perspectiva funcionalista, reproduzida na formação em saúde. Uma formação calcada no cuidado integral sinaliza que a dimensão da realização da vida precisa ser resgatada em conjunto com o debate sobre o modo de organização social, no qual o lugar da escola, em permanente tensão, requer um posicionamento pedagógico crítico.*

***PALAVRAS-CHAVE**: Formação profissional em saúde. Atenção à saúde. Integralidade em saúde.*

***RESUMEN**: El debate sobre la formación en salud alcanza importancia con las discusiones sobre la calificación de la atención de salud, guiadas por el Movimiento de Reforma Sanitaria Brasileña en crítica a la fragmentación de la atención. Con esto, la atención integral se convierte en directriz del Sistema Único de Salud. Considerando las expectativas puestas en la formación para transformar la práctica, buscamos reflexionar sobre la integralidad de la atención y su interfaz educativa. El materialismo histórico-dialéctico fue el referente teórico-metodológico. Los conceptos pedagógicos se construyen de manera dinámica, heterogénea y contradictoria, con hegemonía de una perspectiva funcionalista, reproducida en la formación en salud. La formación basada en la atención integral señala que es necesario rescatar la dimensión de la plenitud de la vida en conjunto con el debate sobre el modo de organización social; y el lugar de la escuela, en permanente tensión, requiere un posicionamiento pedagógico crítico.*

***PALABRAS CLAVE**: Capacitación de Recursos Humanos en Salud. Atención Integral de Salud. Integralidad en Salud.*

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Introduction

This article is an essay and is part of a doctoral thesis that discusses health training from the perspective of comprehensiveness, particularly with regard to health residencies. It is understood that an educational perspective is developed in conjunction with the social and historical context in which work takes place, especially that related to health care. In this context, constructing a professional profile aligned with the principle of integrality, mediated by health training, highlights the importance of developing studies that promote reflection on the pedagogical conceptions underlying the training path.

It should be noted that the development of this training has gained importance with the discussions on the workforce qualification. Without an educational process linked to health needs and the reality of the services, work becomes alienated and fragmented. This is one of the criticisms raised by the *Movimento da Reforma Sanitária Brasileira* (Brazilian Health Reform Movement) (MRSB), which gained significant expression in the 1970s. The movement emerged in the context of the struggle against the military dictatorship and re-democratization, with its agendas being the qualification of health care and the recognition of health as a social right (Souto; Oliveira, 2016; Paim, 2007; Brasil, 1986).

However, the concept of health as a social right reveals a contradiction in the context of health care during the period of re-democratization. This scenario is part of a global context marked by the advance of neoliberal ideology promoted by international organizations such as the *Organização Mundial do Comércio* (World Trade Organization) (WTO), the *Fundo Monetário Internacional* (International Monetary Fund) (IMF), and the *Banco Mundial* (World Bank) (WB). These organizations have historically defended an agenda of restricting rights, focusing on social policies, and intensifying financial dependence. In addition, the biomedical model prevails, characterized by the expansion of the medical-industrial complex and by a professional training paradigm based on specialization, which reduces the understanding of the disease to a strictly biological phenomenon

In the counter-hegemony of this movement, the social determination of health (SDH) stands out, as an expression of the critical thinking spearheaded by the Latin American collective health movement from the mid-1970s onwards, which included the MRSB. The critical dimension is based on the understanding that it is unsustainable to produce health in an economic system in which there is private ownership of the means of production and unequal access to the objectification produced by the subjects in society. In the context of capitalism, there has historically been a progressive quest to intensify the degrees of exploitation at work,

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resulting in the wear and suffering of individuals, as well as an increase in the demand for responses from health services to deal with the processes of illness (Almeida; Gomes, 2014; Breilh, 2013).

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It can be seen that health care has been built in a political-economic context that is progressively unfavorable to access to the objective conditions for its production. Faced with the repercussions of the hegemony of a biomedical model that compensates for the illness process, the MRSB seeks to rescue these conditions and reconstruct the care process to serve the population in line with their needs for the production of life.

In this process of political struggle, mobilized by the MRSB, the legal framework was seen as a way to promote a paradigm shift through state policy. With the 1988 Federal Constitution, the Brazilian state assumed health as its responsibility, establishing comprehensive care as one of its guidelines.

From this perspective and linking the agenda of health training to the approach to services, the Unified Health System (SUS) is highlighted in the constitutional text and Law No. 8.080/1990 as the organizer of the training of human resources in the area of health. It should be noted that the process of building the SUS points to teaching-service integration as a fundamental political-methodological strategy to materialize professional training aligned with the reality of the territories (Dias; Lima; Teixeira, 2013).

The aspect of transformation through educational mediation refers to the perspective of work as an academic principle, a Marxist proposition that understands work in its historical and ontological dimensions. Based on this conception, it is understood that, by working, human beings educate themselves in order to produce themselves, which gives the production of their

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existence the meaning of formation, which is reconfigured in the historical process (Saviani, 2007; Teodoro; Santos, 2011).

By bringing the centrality of work to the field of education, we are already signaling the limitation of considering it as an isolated component for transformation. This understanding can be supported by reading Vivan (n.d.), who points out two hypotheses regarding the educational dimension of work: 1) work as an educational principle, encompassing the dimensions of adaptation and emancipation; and 2) work that is established as alienated labor that reinforces the sense of adaptation and limits the emancipatory dimension of education.

Based on the educational component, the school plays a central role in reflecting on the transformation process. When we look at Gramsci's thoughts on the school space, we see that the author considers the philosophy of praxis as a reference for establishing the relationship between theory and practice. Gramsci states that the fundamental problem of philosophy, in producing a practical activity that becomes a cultural movement, consists of maintaining ideological unity in the totality of the social bloc with which it identifies. In addition, he emphasizes that an organicity of thought and cultural solidity could only occur:

> if there were the same unity between the intellectuals and the simple people as there must be between theory and practice, that is (...) if the intellectuals (...) had elaborated and made coherent the principles and problems of the masses with their practical activity (...) (Gramsci, 2006, p. 100, our translation).

In this aspect, it is essential to emphasize that the theoretical-practical unity in society signals the comprehensiveness of the needs experienced by society as a whole, and not just by one part of it. The distinction between "intellectuals" and "simple people" reinforces this coherence by pointing out that intellectual knowledge stands as a pedagogical tool for systematizing a collective need and not for segregating particular classes.

Through this understanding of intellectual unity with the popular masses, the transition from an elaboration of individual thought to common sense stands out. The philosophy of praxis presents itself as a critical position for overcoming the existing concrete thinking and, therefore, the common sense that preceded it. It takes the totality of material reality as the basis for the construction of knowledge, considering the historical, contradictory perspective and the possibilities of overcoming it towards a new conception of the world (Gramsci, 2006; Nascimento; Favoreto, 2022).

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Thus, the constitution of a new culture, based on a new conception of the world, is not restricted to the discovery of new knowledge. It is also necessary to promote the socialization of accumulated knowledge so that it becomes an element of coordination and intellectual and moral order, serving as a basis for transformative actions (Gramsci, 2006).

Bearing in mind the social, political, and economic bases under which health practices and models are produced in the historical process, it is worth reflecting, beyond the methodological aspect, on the reverberations of this context in pedagogical intentions. As a result, it is necessary to investigate how the tensions that guide the construction of a professional profile aligned with comprehensive care manifest themselves. In this context, the aim of this article is to reflect on the integrality of care and its interface with education. To this end, the characteristics of pedagogical concepts throughout history were analyzed, and the educational dimension associated with comprehensive care was addressed, seeking to link it to health training.

Historical-dialectical materialism was considered the theoretical-methodological framework based on the materiality that constitutes life to reflect on its production and reproduction in society. It is understood that the construction of knowledge through theoretical reflection linked to the practical field is a stage in the transformation of man and the world. To do this, we start from the appearance of the object towards its essence, using analytical procedures and syntheses that involve its structure and dynamics (Konder, 1999; Netto, 2009; Netto, 2011).

When looking at the various pedagogical conceptions or currents, Ramos (2010) groups them into non-critical currents (traditional, technicist, pragmatic, and (neo)pragmatic) and critical currents (liberation pedagogy and historical-critical pedagogy). Next, an attempt is made to discuss the characteristics of pedagogical concepts, as well as their relationship with health training.

Traditional pedagogy and the school at the service of productive structuring

Traditional pedagogy emerged in the context of the Industrial Revolution of the 19th century when the development of productive forces and urban-industrial culture began to demand mastery of intellectual culture. In this scenario, the alphabet became the most elementary component, and the school assumed responsibility for access to this content. By integrating machinery into the mode of production, an educational revolution was sparked. This

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transformation was represented by the creation of a common base in elementary schools, bifurcating into general training schools aimed at broad qualifications and vocational schools aimed at operational aspects related to the production process (Ramos, 2010; Saviani, 2007; Alves, 2020).

It can be seen that this separation represented the social division between those involved in the manual professions, whose practical training was focused on the execution of tasks, and those involved in the intellectual professions, who would be provided with broad theoretical mastery for an elite that would be leaders in the different sectors of society. In Brazil, this particularization has been identified through the provision of vocational training schools and academic training schools for people from various social backgrounds and purposes (Saviani, 2007; Campello, 2009).

With the role of the state through the school in elementary education, it is understood that this would have the mission of solving the problem of marginalization caused by ignorance through the dissemination of instruction and the transmission of knowledge. In the pedagogical field, Herbart's contributions stand out with the development of the theory of formal instruction, which places psychology at the center of the educational process, in which, through sensitive experience, human beings shape their subjectivity and ideas. In this case, the student is seen as a passive recipient of knowledge, and the teacher as the holder and transmitter of knowledge, as well as being responsible for controlling their impulses, desires, emotions, and ideas (Saviani, 2007; Ramos, 2010).

Based on Saviani's (2007) understanding of the construction of a new social order, associated with the particularities of modern industry, it is important to highlight the consolidated role of the school institution in line with productive structuring. In this context, we must be aware of the risk of understanding a linear relationship between the school and the reconfiguration of the social structure.

In the 20th century, Herbart's thinking was criticized from the perspective of John Dewey and other contemporary educators. These criticisms focus on the overestimation of the centrality of the teacher through instruction and for underestimating and ignoring the actions of the students, as well as their ability to educate themselves. It is understood that the transmission of knowledge and traditions produced by previous generations does not keep pace with the process of accelerated and constant change in society. These criticisms are at the basis of the

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emergence of the new pedagogy or *escolanovismo*[3], which is part of the understanding of classical pragmatism (Ramos, 2010).

The New Pedagogy or Scholasticism and the Space of the Individual

New pedagogy arose in the context of capitalist development, with the rise of the bourgeoisie to economic power. It responds to the need to transform the school, aligning itself with the ideology that social problems stem from its ineffectiveness and the pedagogical principles it employs. It would be necessary to change these principles, not society itself. The idea was, therefore, to promote social integration by discovering and treating individual differences differently, adapting the individual to society, and promoting inclusion. This pedagogical perspective is part of empiricist epistemology, reflecting functionalist social relations (Saviani, 2014; Ramos, 2010).

As a scientific method, reflective thinking is important to qualify the object of knowledge. In this process, it is proposed that, based on situations in the field of learning, deductions are made, hypotheses are selected, and the critical proof is carried out through experimentation. When information becomes useful, it acquires the status of knowledge. New pedagogy has progressive dimensions that overcome some of the limits of traditional pedagogy, such as valuing students as subjects of learning and linking knowledge to social practice. However, they still have some epistemological limits, such as: the anhistoricity of students' practical learning and the knowledge produced by society, the latter not being prioritized in pragmatism (Ramos, 2010).

It is important to note that the methodological proposals located in the transition between traditional pedagogy and scholasticism indicate that the teaching-learning process is built towards objectives that are part of its productive and social context. Therefore, accepting the methodological particularities in terms of their practical applicability should not be limited to the cognitive capacities of the student and the teacher, given the risk of them being isolated from their socio-historical dimension and collective space. This reflection alerts us to the importance of recognizing this practice in its context, without disregarding the pedagogical

[3] *Escolanovismo* is a pedagogical movement that promotes the centrality of the child in the educational process, emphasizing respect for their individuality and creativity.

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innovations that come from it, and also without culminating in a generalized understanding of its applicability.

In the field of science, in the context of industrial development and urbanization, the incorporation of a progressive standardization movement stands out in Europe. Considering the study of the dimension of medical work, it can be seen that this movement was absorbed in both its theoretical and practical scope. It can be seen that the state began to control teaching programs and the awarding of diplomas, giving universities and medical associations the task of defining the content of training and the conditions for granting diplomas to this professional category. In medical practice, there is a shift from a practice based on small private and autonomous production to a more socializing dynamic in care and in the work process (Foucault, 1979; Gomes, 2017).

It is essential to point out that in Brazil, located in a peripheral social formation and with late capitalism, during the 19th century, care for health problems was predominantly provided by practitioners, such as midwives and barber surgeons. Liberal-based artisanal medicine developed late, with few practicing doctors, most of them trained abroad. Of particular note is the development of the pharmacy business in terms of the production and sale of medicines. At this time in history, the government authorized some pharmacists to practice medicine, whose licenses were granted by the *Fisicatura-mor* (1808-1828) (Gomes, 2017; Pimenta; Costa, 2008).

In Brazil, the first schools linked to universities were identified: in 1808, the medical courses; in 1832, the first pharmacy courses; and, in 1888, the first dentistry course in the country, linked to the Faculty of Medicine of Bahia and the Faculty of Medicine of Rio de Janeiro. It should be noted that, until 1925, only these professions were considered to be at a higher level in the field of health. From the 20th century onwards, the expansion of medical schools in Brazil was associated with the increased demand for health services and professionals in the context of the first cycle of Brazilian industrialization (Silva, 2015; Pimenta; Costa, 2008; Lino-Júnior *et al*., 2015; Wermelinger; Vieira; Machado, 2016; Gomes, 2017).

It is also worth mentioning that at the end of the 19th century, in 1890, the first nursing school in Brazil was created, called "*Escola Profissional de Enfermeiros e Enfermeiras*", which focused on hospital care. This training space was seen as a social alternative for girls from orphanages who had no prospect of work. It is noteworthy that in the development of training from the experience of this school, the practice of the profession focused on simple know-how,

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and that both the form of entry and permanence reinforce social differences, in which this profession is presented in a subordinate position (Stutz, 2010; Cofen, 2024).

In the situations described about the development of health training, the centrality of the process of instruction and standardization can be seen, which have been incorporated into professional training. These accompanied socio-economic changes and the health-disease field, reproducing the social division of labor. In this context, education is inserted alongside the state's dynamic of intervention in society and is disseminated in health training, as it fragments and selects intellectual and manual knowledge for different social classes.

From 1920 onwards, with the changes brought about by the sanitary reform and the reference of the National Department of Public Health (DNSP), based on the principles of prophylaxis, education, and health actions focusing on hygiene habits and care for homes, there was a shift towards the creation of courses and schools to train specialized professionals. In this context, in a joint effort between the Rockefeller Foundation and the DNSP, the DNSP Nurses' School was created in 1923, later called the D. Anna Nery Nurses' School (Stutz, 2010; Cofen, 2024).

Between the 1920s and 1940s, considering both the scenario of urban-industrial development and the consequences of wars and social inequality, as well as normative and sanitary practices aimed at the population, the first courses related to physiotherapy, psychology, social work, physical education, and occupational therapy emerged. In this historical period, physiotherapy and occupational therapy courses were predominantly technical (Pereira; Almeida, 2006; Vieira *et al.*, 2006a; Oliveira; Castro; Vilar, 2006; Cardoso, 2016; Garcia *et al.*, 2006; Pereira; Nicolleto, 2006).

In the pedagogical field, in the post-war capitalist scenario of industrial development and productivism, especially with the implementation of the Taylorist-Fordist model of production, the search for instrumental efficiency was aligned with the methods directed by the new pedagogy, presenting technicism as the guiding principle of pedagogical practice (Ramos, 2010).

Technicism and the dimension of the organic machine

In the scenario in which technicism emerged, aligned with the Taylorist-Fordist mode of production, there was a context of regulating and hiring professionals and a paradigm of conceptions focused on learning technical skills for tasks linked to the labor market. This

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educational process dialogues with the human capital perspective, a theory developed by Theodore Schultz in the 1960s, which indicates investment in intellectual capital as a way of improving individuals' skills, making them more productive, and thus increasing their wages, providing economic progress. In Brazil, the human capital perspective was put into practice with Law 5.692/1971, which instituted compulsory professionalization for secondary education (Ruckstadter, 2005; Viana; Lima, 2010; Teodoro; Santos, 2011; Frasseto; Miguel, 2022).

It is worth adding that this production model emphasizes conceptions based on the absence of scientific-technological knowledge of the various sciences, the arts, and philosophy. The work process is characterized by mechanization, parceling out, manualization, and the distancing of the worker from the product of his work. This distancing materialized to the extent that the worker, being subjected to a function restricted to the demands of production, did not identify with the totality of the work process (Kuenzer, 2005 *apud* Teodoro; Santos, 2011; Antunes, 2010; Andrade, 2015).

The technicist conception highlights the school's incorporation of production processes and its ability to respond to the demands of this process. Anchored in the systems theory proposed by Churchman, Taylor's scientific management of work, and Skinner's behavioral psychology, it is based on the assumption that the balance of the system would promote social equalization, made up of multiple interdependent functions, each corresponding to specific occupations. In this field, basic methods and contents are advocated for the moral and psycho-physical conformation of subjects to established standards, such as: planning and rational organization of time, movements, and spaces; rigid discipline; obedience to norms relating to the execution of work; and compliance with conventional standards of behavior (Ramos, 2010).

It should be noted that in technician, both the teacher and the student occupy a secondary position, where the main objective is for both to carry out a process designed, planned, coordinated, and controlled by specialists who are considered to be qualified, neutral, objective, and impartial. The "learning to do" perspective stands out, shifting the teaching-learning process's centrality to the means developed as didactic pedagogical resources. This conception also defines the work and responsibilities between managers and workers, with the former assigned the role of planning and the latter the role of carrying out activities (Ramos, 2010; Alberto; Placido; Placido, 2020).

In the field of health, it is essential to highlight the impact that technicism has had on the training of health professionals. This concept was combined with the study consolidated by the Flexner Report of 1910, which included medical training recommendations extended to

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other health professions. The Flexnerian model is linked to scientific medicine, with an emphasis on reproducing the workforce, increasing productivity, and medicalizing social and political problems (Silva-Jr, 1996; Almeida; Gomes, 2014).

Scientific medicine, which influenced the reform of the teaching of health professions from the 1940s onwards, was based on elements such as: mechanicism, which compares the functioning of the human body to that of a machine; individualism, in which the individual is decontextualized from aspects of social life and considered responsible for their illness; and specialization, made possible by the deepening of scientific knowledge in specific parts. In undergraduate courses, the curriculum is organized into basic subjects, such as anatomy, physiology, histology, pathology, etc., whose pedagogical process values memorization and repetition of content, without necessarily correlating it to future practice. In the professional cycle, the organization is based on specialties, with the hospital as the main field of activity (Silva-Jr, 1996; Pontes; Silva-Jr; Pinheiro, 2005).

It is important to mention that, in 1961, the Law of Guidelines and Bases of National Education (LDB) - Law No. 4,024 - was enacted, which established the organization of education at three levels (primary, secondary, and higher) and authorized the creation of secondary technical courses in the area of health (Wermelinger; Vieira; Machado, 2016; Ramos, 2010).

It should be noted that from the late 1950s onwards, especially in 1960, various health professions were regulated in Brazil, such as social work, physiotherapy, psychology, occupational therapy, and dentistry. During this period, the professions of physiotherapists and occupational therapists became higher education (Oliveira; Castro; Vilar, 2006; Pereira; Almeida, 2006; Vieira *et al*, 2006b; Pereira; Nicoletto, 2006).

As for technical training in Brazil, the emergence of the SUS Technical Schools (ETSUS) stands out as an essential milestone in its development. Despite the recognition of the technical level as a new level of schooling, considering that the ETSUS is based on the principle of teaching-service integration, a contradiction resonates due to the strong link between these schools and the services and the limits this imposes on their consolidation as an institution. It is worth noting the existence of a movement of dispute between the governmental and supra-governmental spheres and civil society, in which progressive segments proposed training with less emphasis on the technical division and greater emphasis on pedagogical strategies. This movement was materialized through the Large-Scale Training Project (PLE), which focused mainly on workers already working in the services who could not leave to attend regular

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technical courses. The favorable context for this project was provided by Law 5.692/1971, through the existence of the substitute exams (Ramos, 2010; Bassinello; Bagnato, 2009).

It is essential to mention the time lag that marked the educational institutionalization of the technical level in health, which was only recognized as a level of education in the 20th century. In this historical context, we highlight the evidence of the intellectual culture present in technical work, which stands alongside the production process, and the dispute between an educational process restricted to doing, observed in both higher education and technical health training, which reproduces the differences between social classes, and education that seeks to overcome this limitation through an integral perspective, with critical pedagogies, which will be explored in greater depth later.

The mid-1970s saw the crisis of the scientific medicine model, which developed in the context of the crisis of the Taylorist-Fordist mode of production. The inefficiency of the results of scientific medicine was questioned, despite the significant investments made in its development. In addition, there was criticism of the increase in costs due to the absorption of different types of specialized labor to operate the specialty services. As for the production system, the Toyotist model and the flexible accumulation model stand out as new mechanisms at the service of capital accumulation (Silva-Jr, 1996; Antunes, 2010), a context in which the pedagogy of competencies stands out.

The pedagogy of competencies and the scenario of productive restructuring

The pedagogy of competencies or (neo)pragmatism, in the scenario of productive restructuring, seeks to respond to the needs of the new standards of competitiveness, as well as the demands for quality in products and services, in which subjectivity and its consequences in the workspace take on relevance. A set of market-appropriate skills is required for productive citizens, which includes the responsibility to carry out quality work, with a global vision and a critical sense. However, he believes that political activity only concerns specialists. It should also be added that the pedagogy of competencies has been absorbed by capital in the form of intensified exploitation of labor in the flexible accumulation model (Chinelli; Vieira; Deluiz, 2013; Frigotto; Ciavatta; Ramos, n.d.).

The association of the pedagogy of competencies with (neo)pragmatism is thought to be based on a rapprochement with scholasticism and technicism, whose characteristic is the more methodical development of competencies, understood as a possible way out of the crisis in the educational system. It is understood that learning occurs through reflective thinking,

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which enables the subject to develop original and effective responses to new problems. In this sense, Piaget's constructivist psychological foundation is recalled, in which mental structures are formed through exposure to new situations (Ramos, 2010).

This conception attributes to action the ability to determine knowledge, which is configured as a resource for identifying and solving problems and guiding decision-making. Teaching methods must systematically involve the student in complex, numerous, and realistic problems in order to activate various cognitive resources and promote the development of the capacity for discernment and adaptation. The construction of new knowledge, in this model, is made possible by meaningful learning, mobilized by the interests and needs of the individual. It is more important for students to develop their method of acquiring, developing, discovering, and constructing knowledge, rather than simply learning what others have developed (Ramos, 2010).

In relation to the importance of education in the mode of production, it is important to note that in the educational policies of the transition period between the 20th century and the 21st century, there is an inversion in the relationship between 'work and education' and 'education and work'. This inversion refers to the operational and instrumental purpose of education, linked to the productive capacity of workers, which would facilitate their entry into the labor market. In line with this phenomenon, the pedagogy of competencies takes up the notion of human capital, with a pragmatic basis and the perspective of employability linked to the flexibility of the productive, political, and cultural system (Noma; Koepsel; Chilante, 2010; Teodoro; Santos, 2011; Lemos, 2010).

Within this logic, unemployment is associated with the disqualification of workers, without a direct link to the structural crisis of capital. In this way, the responsibility for their qualifications understood and discussed as a condition that would increase their employability is transferred to the worker. In this context, this pedagogy is molded to ultra-individual social relations, the dismantling of social and collective rights, and universal policies, also presenting itself as an ideological tool that masks the lack of job opportunities (Vissotto, 2021; Lemos, 2010; Frigotto, 2011).

In the field of health, this conception dialogues with the specificity of work, human life, and the subjective abilities of the worker, which bring resolution to the unforeseen events that arise in the workplace. In addition, the concept of competence is aligned with the discourse of user-centered work, the development of solidarity, humanization and teamwork (Chinelli; Vieira; Deluiz, 2013).

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Pedagogy of liberation in opposition to exploitation-oppression relations

The pedagogy of liberation is based on the thought of Paulo Freire and is conceived in the context of the popular education movement, defending the organization of education by the people and for the people, as opposed to the elitization of education. It is a critical current, with a strong ethical-political and progressive commitment, distinguished by its strong awareness-raising dimension and involvement with integrating the most popular layers of society. Education is seen as an instrument for workers to overcome the domination and oppression to which they are subjected in society (Ramos, 2010; Saviani, 2021).

Freire's conception starts from the understanding of man as a historical-social being, and that education must consider man as an unfinished being who can construct and reconstruct himself, as well as his reality, his community, and his history. It is believed that the material, economic, political, social, cultural, and ideological conditions that place the individual in a certain context and identity are subject to transformation through human action, according to the possibilities of the time (Ramos, 2010).

This thinking understands the situation of oppression as a human-social characteristic and criticizes "banking" education as a pedagogical tool for its reproduction. The relationship between educator and student reflects the dialectical encounter of their existences, which leads to learning for both. In addition, it is considered that education is not neutral since the knowledge conveyed at school reproduces a hegemonic conception of the world, society, man, and knowledge. It is considered that educational practice should contribute to the formation of critical and autonomous subjects who can observe, judge, and intervene in what is proposed to them (Ramos, 2010; Saviani, 2021).

A fundamental point for the development of this learning is curiosity, understood as the force capable of moving human beings toward understanding their reality. In this process, the initially naive view, mediated by problematization and understanding, is transformed into an epistemological view. Progressive educational practice also has a dimension of hope, as it works with the prospect of overcoming the conditioning factors that limit human beings. In this sense, Freire criticizes the fatalist perspective, which serves as an ideological resource for maintaining the capitalist system (Ramos, 2010).

The pedagogy of liberation falls within the perspective of existential phenomenology expressed by Christian personalism, which partly incorporates contributions from Marxism. Conscientization is seen as fundamental to overcoming human alienation and is developed by

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both the dominant and dominant classes. Through this process, the dominant would show solidarity with the dominant and stop oppressing them. However, this perspective has pedagogical limits when we consider Marxist thinking, which maintains that the conflict between social classes is insurmountable only on the level of consciousness (Saviani, 2021; Ramos, 2010).

According to this second perspective, overcoming economic mediations such as private property, the social division of labor, and the commodity would be necessary. However, in the capitalist system, the class condition in which the ruling class finds itself imposes a structural limit that cannot be dissolved by raising awareness alone. The development of class consciousness by the ruling class would be a condition for the preservation of the system, while for the dominated class, the class consciousness achieved would be configured as a mediation for revolution. In both cases, education must mediate awareness in the service of non-alienation. However, for Freire, conscientization would be a point of arrival in the pedagogical process, while for Marx, it would be a point of departure (Ramos, 2010).

Historical-critical pedagogy and the school's place in society

Historical-critical pedagogy was developed in the context of the military dictatorship, between the 1970s and 1980s, with Dermeval Saviani as its main representative. He believes that the human being is not defined by an essence, but acquires this particularity through social relations throughout the historical process, aligning himself with the historical-social conception of the human being. In this sense, historical-critical pedagogy incorporates historical materialism, understanding the determinations of the conditions of human existence. It is based on Marxist thought, represented by Marx, Engels, Lenin, and Gramsci (Saviani, 2014; Ramos, 2010; Saviani, 2021).

Given this, educational practice aims to produce, directly and intentionally, in the individual, the humanity produced collectively and historically by society. From this perspective, the object of teaching is considered to be cultural elements produced by human intervention, which makes the content essential and the school a fundamental space for the socialization of systematized knowledge. Although the content is significant, it is not an end in itself, as in traditional pedagogy. Nor is there an emphasis on method or reflective practice to the detriment of content, as seen in the new pedagogy. The central objective is the transformation of being and the world through the apprehension of content, and it is necessary to enable the conditions for its transmission and assimilation (Ramos, 2010).

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As part of this conception, a method is proposed consisting of the following stages: initial social practice, in which teachers and students are taken into account as social agents at particular levels of understanding; problematization, in which the main problems of social practice and the knowledge needed to solve them are identified; instrumentalization, in which the appropriation of theoretical and practical instruments for solving problems is worked on; catharsis, which corresponds to the incorporation of the cultural instruments made possible for active transformation; and social practice (Ramos, 2010; Saviani, 2014).

It can be seen that in the transition between the 20th and 21st centuries, with the development of the scenario of productive restructuring and the deepening of the precariousness of work, clashes also arose in the social struggles. In the pedagogical field, this is reflected in the different conceptions and intentions regarding professional training. Especially in Brazil, during the period of re-democratization and the struggle for social agendas, health training will be reshaped in the context of advancing neoliberal ideology, reflecting particular and contradictory interests.

Looking back at the process of building the SUS and the importance of training for the qualification of health practice, it should be noted that teaching-service integration has become a political-methodological strategy to materialize professional training allied to the reality of the territories. A number of experiences can be mentioned, such as the PLE at secondary and elementary level in 1981, mentioned above, and the *Programa de Profissionalização dos Trabalhadores da Área da Enfermagem* (PROFAE) in 2000. For higher education, the *Programa de Integração Docente Assistencial* (IDA) in 1981, the *Uma nova iniciativa* (Projeto UNI) in 1990 and the *Programa de Incentivo a Mudanças Curriculares nos cursos de Medicina* (PROMED) in 2002 (Bassinello, 2009; Borges, 2012; Dias; Lima; Teixeira, 2013; Ribeiro, 2000).

These experiences have contributed to the practical insertion and reformulation of health training, bringing teaching institutions and health services closer together. However, it is essential to note that the organization of human resources training for the SUS was effectively made possible in the context of the operationalization of health and education policies, promoted by the rapprochement between the Ministries of Health and Education, whose institutionality was consolidated with the creation of the Secretariat for Work Management and Health Education (SEGTES) in 2003 (Dias; Lima; Teixeira, 2013).

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It is worth noting that between 1995 and 2003, health degrees showed a significant increase in the number of courses[4], as well as an increase in the process of privatization of the education system. These changes are anchored, among other reasons, in the changes made possible by the LDB - Law No. 9.394/96, which led to the creation of courses and the privatization of education. It is noteworthy that after the enactment of this law, with the reforms of secondary education and professional education, the integrated training of secondary and technical education became prohibited (Vieira *et al.*, 2006; Campello, 2009).

In 2004, the Ministry of Health instituted the National Permanent Health Education Policy (PNEPS), which was reformulated and had its implementation guidelines published in 2007. At this point, the policy transversally incorporates the pedagogical perspective centered on work and meaningful learning, structuring the process of managing the training of professionals for the SUS. This process addresses the reorientation of training, promotes a rapprochement between training and health services, focuses on comprehensive care, and outlines teaching-service integration with the participation of SUS decision-making bodies and educational institutions in defining and conducting the training process. In this context, the states began to play a more active role in organizing the training of health professionals, taking into account regional specificities (Brasil, 2018; Gigante; Campos, 2016; Dias; Lima; Teixeira, 2013; Batista, 2013; Santos; Felipe, 2019).

From then on, other experiences were added, such as *Vivências e Estágios na Realidade do Sistema Único de Saúde* (Experiences and Internships in the Reality of the Unified Health System) (VER-SUS/Brazil), *Aprender-SUS*, *Ensina-SUS*, in 2003; the *Programa Nacional de Reorientação da Formação Profissional em Saúde* (National Program for the Reorientation of Professional Training in Health) (PRO-SAÚDE) I and II; and the *Programa de Educação pelo Trabalho para a Saúde* (Education through Work for Health Program) (PET-SAÚDE). It was in this scenario that Law 11.129/2005 was enacted, which created the Residency in Professional Health Areas and established the CNRMS, as mentioned above, as well as the *Programa Nacional de Apoio à Formação de Médicos Especialistas em Áreas Estratégicas-PRÓ-RESIDÊNCIA* (National Program to Support the Training of Specialist Doctors in Strategic Areas-PRÓ-RESIDÊNCIA) in 2009 (Brasil, 2006; Dias; Lima; Teixeira, 2013; Brasil, 2005; Brasil, 2009).

[4] A study carried out by the Observatory of Human Resources in Health Workstation of the Sergio Arouca National School of Public Health - ENSP / FIOCRUZ, whose research involved 14 health professions: nursing, physiotherapy, biology, pharmacy, nutrition, dentistry, social work, medicine, veterinary medicine, speech therapy, biomedicine, occupational therapy, physical education, and psychology.

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In the context of health residencies in Brazil, the first community medicine residencies were created in 1976 in states such as Rio Grande do Sul (RS), Rio de Janeiro (RJ), and Pernambuco (PE). It is noteworthy that, in 1978, the São José Murialdo Community Medicine Residency (RS) became multiprofessional, an experience that was later incorporated in the other two states (Falk, 2017; Rosa, Lopes, 2009).

In 2003, through dialogue between the areas of health and education and the creation of the *Secretaria de Gestão do Trabalho e da Educação na Saúde* (Secretariat for Work Management and Health Education) (SEGTES), Law 11.129/2005, which establishes the Residency in Professional Health Areas, and MEC/MS Interministerial Ordinance 2.117, which establishes the Multiprofessional Health Residency, were instituted. In this context, various groups organized themselves in different regions of the country to create multi-professional and medical residencies (Brasil, 2006).

The literature shows that health training still has many gaps, considering the training proposals aimed at changing the health care model in Brazil. Some challenges can be identified, such as fragile dialog between professionals, preceptors, and tutors; little preparation for collective work, including the production of knowledge; few professionals with the profile and availability for preceptorship and tutorship; and the tendency for health professionals to work in an isolated, dissociated and fragmented manner. In the context of integrated health residencies, these are essential professional training projects that add a diversity of meanings and didactic organizations (Torres *et al.*, 2019).

Silva (2018) proposes an interesting reflection on the particularity of multiprofessional health residencies. In line with health training that embraces the diversity and complexity of the SUS context, its proposal envisages the construction of interdisciplinary practices that counter the logic of fragmentation of knowledge and work. However, it can be seen that its development takes place against a backdrop of the dismantling of social policies, especially in the field of health, with an emphasis on human resources policy, which results in the proposal for comprehensive training being undermined and the possibility of precariousness and intensification of the residents' workforce.

The theoretical effort to understand the pedagogical conceptions formed in historical particularities is essential if we are to get closer to their dynamics. With this, it is possible to recognize trends in care practices, especially in health training practices, which are reflected in daily life, pointing to paths in the pedagogical process that connect with comprehensive care.

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Comprehensive care and its educational interface

Integrality is a polysemic concept. From an epistemological perspective, Oliveira and Cutolo (2018) realize that there is no perceptible totality in the cognitive relationship between subject and object, and, for this reason, integrality cannot be defined in itself. No matter how close you get to someone else's needs, you still won't be able to understand them. Therefore, wholeness is not just the sum of its parts. With this reflection, the authors consider integrality not as a totality but as a process, not an end, but a means.

Its criticism of fragmented health practices and health training stands out by placing comprehensiveness in the context of the MRSB's discussions. It is understood that the health-disease phenomenon cannot be reduced to the biological and ecological fields. The expansion of the concept of health proposed by the MRSB considers that its production is linked to conditions such as food, housing, education, work, employment, transportation, income, the environment, leisure, freedom, access to and ownership of land, and access to health services. Its basis is structured on the basis of the forms of social organization of production, which can generate significant inequalities in living standards (Paim, 2008; Paim; 1997; Brasil, 1986).

The articulation of the expanded concept of health with the social determination of health stands out. It is understood that health is related to the possibility of human beings being able to realize what the human race presents as a possibility of realization and to use the possibilities of transforming nature for a purpose. This is affected by the form of social organization of production. The capitalist system is considered to be sustained by a system of social and natural exploitation that reproduces an unhealthy, unsustainable, and unequal social system, which dialogues with the empirical-functionalist paradigm of traditional epidemiology (Albuquerque; Silva, 2014; Breilh, 2013).

It can, therefore, be seen that the concept of comprehensiveness, which guides the reformulation of health practices and health training, is connected to the constitution of the human being, who can access the dimensions necessary for their reproduction, as well as the social relations that sustain the functioning of society. This perspective is coherent with the understanding that the correlation between wear and reproduction and the appropriation of all the social wealth produced in a given historical period interferes with the maintenance and expansion of human capacities. Health is thus related to biopsychic integrity and is linked to the preservation of vital capacities for the process of objectification-appropriation. The wear and tear on these vital capacities, without proper restoration, can prevent individuals from performing the functions that social relationships require of them (Gomes, 2014; Breilh, 2013).

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Reflection on integrality is also addressed by Mattos (2006), who associates it with the MRSB as the driving force behind this process. The author conceives of integrality as an image objective, which seeks to indicate the direction of what is to be transformed based on a critique of some existing characteristics that are to be overcome. It is not a specific project, but is expressed through general statements.

Mattos (2006) identifies three critical dimensions for comprehensiveness: good medicine, which involves criticizing fragmented and reductionist practice in the different health professions, and moving closer to comprehensive practice, in line with the assumptions of collective health; the organization of practices, which starts from criticism of the dichotomized structure of the health system and aims to blur the rigidly established distinctions between public health services and care services; and special policies, which refer to government responses to health problems or the needs of specific groups.

Based on the reflections presented, it is understood that "comprehensiveness" is not a specific component of care. It is a perspective that points to gaps in the reduced way of seeing and understanding how health is produced, and that seeks to rescue the objective needs for the reproduction of life that are linked to health and that have historically been neglected in society. This points to the risk of the dimensions of life being reduced to health itself. This reinforces that comprehensive care can only be achieved with systemic coordination with other sectors and the social organization of production.

In this way, the expanded concept of health and health as a social right were taken as references for comprehensive care in the field of health. The limits and connections between the field of health, other social sectors, and the processes of the social structure need to be taken into account so that the practice of health is developed in its particularity and the intersectoral dimensions and social organization are transformed at a general level.

When observing the relationship between work and education, reflecting on the integrality of care necessarily implies reflecting on the educational process that guides them. It should be noted that the fragmentation of work accompanies the organization of society in the capitalist system, where man is constituted from a unilateral bourgeois perspective, characterized by limitations associated with society's submission to the dynamics of the socio-metabolism of capital (Junior, 2009).

In this context, there is a structural duality that manifests itself in the fragmentation of the school, which guides different paths for different social classes. In the health field, there is a focus on specialties, the separation between theory and practice, the dichotomy between

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preventive and curative care, as well as the formation of a professional who remains productive under progressive degrees of labor exploitation, reproducing a social division of labor (Campello, 2009), without the health training process providing recognition of this phenomenon or envisioning processes of change.

In this sense, training should enable access to the determinations of phenomena in the historical process, as well as the contradictions and social struggles under which they are constituted. In the theoretical-practical sphere, the mediation of knowledge is essential for workers to understand the totality of their work and the production process. Therefore, it opposes the logic of reducing knowledge to its instrumental component, proposing to overcome the concept of work limited to the productive context and expanding it to the plane of human creativity (Ramos, 2009; Frigotto; Ciavatta; Ramos, n.d.).

In order to overcome the fragmentation of health care, it is, therefore, necessary to break with unilateralism and build towards omnilateralism, which includes the openness and availability to develop the various aspects of the formation of the social being, such as in the fields of morals, ethics, practice, intellectual creation, and affectivity, for example (Junior, 2009).

In dialogue with this perspective, Gramscian thinking identifies the concept of a unitary school, which, focused on the basic level of education, encompasses the ideal of integral formation through the school's access to the cultural elements most developed by humanity. In this way, it aims to raise the students' awareness level and induce broader individual and collective actions that make it possible to formulate strategies and promote actions aimed at overcoming the social contradictions that challenge their existence (Martins, 2021).

From this perspective, the educational process that enables the socialization of systematized knowledge, encompassing the historical-critical dimension, is considered an essential reference for developing a training process in line with the integrality perspective considered here. This approach proposes a rapprochement with the component of the historical-critical conception, which is based on historical materialism and recognizes that educational practice aims to provide subjects with access to collectively and historically produced humanity, taking into account the cultural elements arising from its intervention (Ramos, 2010).

This consideration does not propose to annul or elevate a certain pedagogical conception as an absolute truth. This would even be contradictory to the understanding presented here, since it is understood that pedagogical conceptions are produced in the historical process. In this sense, it is essential and opportune to recognize them in this context so that, from the

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perspective of integrality, the elements to be suppressed, maintained, or overcome in a given historical context can be considered.

It is essential to emphasize at this point that "conception" should not be confused with "methodology". The way or procedure used to achieve a certain goal is only one component of the pedagogical process. Taking blood pressure measurement, for example, can be a skill developed through a mechanical process. However, understanding how a user's blood pressure is produced, maintained, decompensated, or recovered in their socio-historical context should not be mechanical.

Finally, when reflecting on health training, it can be seen that the restricted fragmentation of content and the reduction of learning to productive work in the capitalist system indicate a saturation of the possibilities of producing health as a training practice. This signals the importance of considering the notion of comprehensive training for the health area.

It is also worth mentioning that, based on these considerations, it is understood that health training, by seeking to align itself with a potential movement for transformation, could welcome, as an educational stage, the possibilities of social organization that allow students to access collective spaces that are linked to the process of social determination of health. In this way, he could build knowledge about the conditions of incorporation into particular and general movements, in order to foster practices that would not be possible only on a singular level.

The place of the school in health training: either it is defined, or it will be defined

It can be seen that the development of health training in the historical process expresses that the composition of this work is fundamental to maintaining the reproduction of society. In this process, the constitution of the school space, both at the technical and higher education levels, is in favor of its development insofar as it seeks to qualify what it takes to produce health. The question is: how far does this qualification go and why? The remnants that do not enter this field of action seem to be related to the fragmentation of practice and training itself.

From the historical reconstitution of pedagogical conceptions, we can see the predominance of non-critical and functionalist conceptions, which has led health training in a technicist, pragmatic, and dual direction, hiding the intrinsic relationship between training and the productive world. This educational process is configured alongside the hegemony of a biomedical and hospital-centered model, as well as the restriction of social rights, which limit health care based on a broader conception of health.

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However, these concepts and practices are not uniform. They have been tensioned by the perspectives of the health-disease process, conveyed by critical epidemiology, and by critical pedagogical currents. Recognizing this heterogeneity, made up of contradictory movements, as well as the dimension that unites particular movements, seems to indicate the formation of a collective and dynamic dimension of pedagogical conception.

Recalling Gramsci's (2006) thoughts on the maintenance of ideological unity in the totality of the social bloc, it becomes essential that the needs of the population are taken into account in the transformation process, considering the material, historical, and contradictory totality in which they are produced. Thus, the inclusion of the critical dimension in health education can lead professionals in training to realize the relationship between their work and the determinants of the ways of living and becoming ill in society.

With this in mind, and considering the essential nature of health work, it is proposed that the training process should not be restricted to utilitarian work, nor a fatalistic search for jobs with better market insertion. They must be able to recognize the socio-historical limits imposed on their work, as well as perceive the spaces for change that go beyond the school environment. However, this process must not be sustained without the socialization of accumulated and systematized knowledge, as a substrate for new actions and the constitution of a new cultural movement.

It should also be noted that this study suggests that political education, although often not apparent, is essentially developed in conjunction with the world of work. We are therefore alert to the spontaneous character that can be imprinted on the students and to the eternal expectation of a derived militancy, but which has not been presented or has even been denied. In this sense, we emphasize the importance of explicitly highlighting and systematizing political education during the training process, being understood as part of this social totality.

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