

HEALTH AND DISEASE: DISCOURSES OF STUDENTS BEGINNING THE BACHELOR'S COURSE IN NURSING

SAÚDE E DOENÇA: DISCURSOS DE ESTUDANTES INGRESSANTES NO CURSO DE BACHARELADO EM ENFERMAGEM

SALUD Y ENFERMEDAD: DISCURSOS DE ESTUDIANTES INGRESADOS AL CURSO DE BACHIRELLATO EN ENFERMERÍA

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Objective: to know the discourses attributed by students entering the Bachelor's course in Nursing to the epistemic units health and disease. **Method:** exploratory-descriptive, qualitative approach. The research was conducted with 29 beginners of the Bachelor's degree in Nursing at a public university located in the city of Boa Vista, Roraima state. The strategy for data production was the Dramatic Play using the image inducer. The raw data were recorded by scribes during class and analyzed according to the speech. **Results:** known discourses involved health, social determinants of health, diseases, nursing performance in health-disease processes and expanded discourses on the Unified Health System. **Final considerations:** through the dramatic play, the nursing freshmen highlighted discourses on health promotion, disease prevention, social elements in health interface, nursing know-how and expanded reflections on health system.

Descriptors: Students, Nursing. Health-Disease Process. Social Determinants of Health. Health Promotion. Unified Health System.

Objetivo: conhecer os discursos atribuídos por estudantes ingressantes no curso de bacharelado em Enfermagem às unidades epistêmicas saúde e doença. *Método:* exploratório-descritivo, de abordagem qualitativa. A pesquisa foi realizada com 29 iniciantes do curso de bacharelado em Enfermagem em uma universidade pública situada no município de Boa Vista, estado de Roraima. A estratégia para produção dos dados foi o Jogo Dramático utilizando o indutor imagem. Os dados brutos foram registrados por escribas durante a aula e analisados segundo o discurso. *Resultados:* os discursos conhecidos envolveram saúde, determinantes sociais da saúde, doenças, atuação da enfermagem nos processos de saúde-doença e discursos ampliados sobre o Sistema Único de Saúde. *Considerações*

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finalis: mediante o jogo dramático, os estudantes ingressantes de enfermagem destacaram discursos sobre a promoção da saúde, prevenção de doenças, elementos sociais em interface a saúde, saber-fazer da enfermagem e reflexões ampliadas sobre sistema de saúde.

Descritores: Estudantes de Enfermagem. Processo Saúde-Doença. Determinantes Sociais da Saúde. Promoção da Saúde. Sistema Único de Saúde.

Objetivo: conocer los discursos atribuidos por estudiantes ingresantes en el curso de licenciatura en Enfermería a las unidades epistémicas salud y enfermedad. Método: exploratorio-descriptivo, de enfoque cualitativo. La investigación se llevó a cabo con 29 principiantes del curso de licenciatura en Enfermería en una universidad pública situada en el municipio de Boa Vista, estado de Roraima. La estrategia para la producción de los datos fue el Juego Dramático utilizando el inductor imagen. Los datos brutos fueron registrados por escribas durante la clase y analizados según el discurso. Resultados: los discursos conocidos involucraron salud, determinantes sociales de la salud, enfermedades, actuación de la enfermería en los procesos de salud-enfermedad y discursos ampliados sobre el Sistema Único de Salud. Consideraciones finales: mediante el juego dramático, los estudiantes ingresantes de enfermería destacaron discursos sobre la promoción de la salud, prevención de enfermedades, elementos sociales en interfaz la salud, saber-hacer de la enfermería y reflexiones ampliadas sobre sistema de salud.

Descriptorios: Estudiantes de Enfermería. Proceso Salud-Enfermedad. Determinantes Sociales de la Salud. Promoción de la Salud. Sistema Único de Salud.

Introduction

For approximately ten years, nursing students, professors and professionals have been in formal and non-formal spaces to think about environment, body and care as intertwined objects. The challenge presented in the current return to teaching in face-to-face mode, especially immersed in the context of the coronavirus pandemic, involves the creation of pedagogical strategies that are able to problematize the reality of the profession, to learn to reflect, to question and produce thinking subjects before health and disease conditions⁽¹⁾.

In this perspective, there stand out the pedagogical experiments of higher education professors of the bachelor's degree in Nursing from a public university located in Roraima, who invest in modeling, simulated scenes, conversation wheels, rooms and dramatic plays to problematize the exercise of being a nurse. By adopting multivariate “[...] theoretical, pedagogical and philosophical references guiding the processes of teaching and learning, they promote the detachment of subjective elements that are hidden in the bodies that relate to the teaching-learning scenes”^(2,1912).

Here, it is assumed the production of a know-how/teach-learn that involves health and

disease, guided by the discourses of Nursing freshmen, especially when they are challenged within the classroom to abandon the condition of receptacles of knowledge, to collectively problematize elements of life in the course of the module Health-Disease Process. The challenge is to create (intersubjective) spaces for solving problems that are able to take students out of an ordinary anesthesia, represented by the traditional custom to the permanent experience of sitting and listening to the professor talking about topics of interest to them. As practice shows, this keeps them still, often looking without seeing, hearing and asking⁽³⁻⁴⁾.

Certainly, it is necessary to (re)think the teaching-learning process through new ways capable of minimizing in the student the overvaluation of scientific rationality clearly presented as a sign and symptom of disease. As a science under construction, it still deals with the hegemony of the biomedical model as the only interest to traditional practices. Therefore, there is a need to invest in different ways of teaching nursing, aiming at a more specific look at it⁽⁵⁾.

Thus, here is a bet that asks passage to the combination of multiple living, to reflect on nursing care trained to expand the powers of

being, favoring the production of better ways of living with problems that cannot yet be solved, dialogue with the diversity of ways and senses that life has for the different living beings⁽⁶⁾. In this sense, learning to talk about the process of health and illness, feel who nursing students are, learn about their connections with life, is also part of the training path, being care technologies that must be learned and worked during higher education⁽⁷⁾.

Based on these meanings, this study opens possibilities for the production of (com)positions that induce reflections on health and disease, which run through the dynamic meeting of students-students and students-professors in the classroom space, understood as a living laboratory of knowledge production; place of the collective, decision making, autonomy, revolution, freedom to be, create, invent, express, share, place, expand, disagree, reduce, counter and (re)think of life within health practices⁽²⁾.

In this sense, it is necessary to emphasize that, when understanding the importance of broadening the look at what reflections on health are and how to produce them, sharing the clinical approach directed to care and, consequently, the appreciation of other work instruments for knowledge production, there is the possibility of attention to the principles and guidelines of humanization of care, as well as the composition of teams capable of creating learning opportunities⁽⁸⁾.

With these introductory threads, the following guiding question emerges from this investigation: What do Nursing freshmen think about the health and disease slogans? Stating other questions implies recognizing that many of the students are being presented to the area of Nursing and enter university with a pre-knowledge from the experiences heard, lived or felt inside or outside the health services.

Thus, the objective of the study was to know the discourses attributed by Nursing freshmen to the epistemic units health and disease.

Method

This is an exploratory-descriptive study, with a qualitative approach. This type of investigation enables the researcher to answer more particular questions, and the truth of the experience and life is oriented collectively to what is correct, plausible and practical. The choice to select this type of methodological approach stands out for its vitality in the health field and the proposition of innovative epistemological responses in the social and health field⁽⁹⁾. The entire research was guided by the Consolidated Criteria for Reporting Qualitative Research (COREQ), translated and validated for the Brazilian Portuguese⁽¹⁰⁾.

The social group involved in this study was composed of 29 Brazilian students regularly enrolled in the first year of the Nursing course. The selection obeyed the following criteria: to be linked to the institutional system of enrollment in the module "Health-Disease Process" in the 1st semester of 2022 and to be present at the pedagogical meeting whose guiding objective was to conceptualize health and disease, contextualizing their determinants/constraints in the environmental, political, social, economic and cultural perspective. Students who refused to participate in the study or scientifically disseminate the scientific knowledge produced were excluded from the investigation.

The study was conducted in Boa Vista, capital of the state of Roraima, located in the Legal Amazon. The institutional context chosen for the study was the Bachelor's degree in Nursing from a public university, justified by being the only institution in the far north of Brazil that operates the training of nurses in a curriculum guided by active teaching-learning methodologies.

Data were produced based on the Dramatic Play, through the element inductive image, produced by the students through cut-collages. It is important to mention that the inclusion of the Dramatic Play frees the creation of participants as far as possible⁽¹⁾. In this study, the technique was pedagogically divided into five stages, namely: guidelines on the play, production of images in groups, collective socialization of images,

integration and unification of images and final discussion on health and its deviations.

In the first stage, the students were gathered in the classroom and divided into six groups: five groups consisting of five participants and one containing four members. In addition, the ethical elements in research were oriented and the materials for collages production were made available, which involved cardboard, scissors, glue and magazines.

Secondarily, the study participants, now divided into groups, randomly selected the inductive expressions and had one hour and thirty minutes to produce the images. The inductive expressions deal with "Health and Nursing" and "Disease and Nursing", each containing three possibilities of draw, since six groups were constituted. Moreover, at the time of the draw, the election of a participant-scribe was requested, whose responsibility includes performing manually the records of the discussions produced in the group during the production of the image.

In the third stage, the space was reformulated into a large circle with the central area free and the groups invited to present the images produced and the discourses present in them. After approximately twenty minutes of presentation, professors and students were encouraged to (de)construct reflections on the presented image. The speeches presented by the groups and dialogued by the participants were recorded manually by three new scribes, who were willing to contribute to the production of the findings, that is, in the annotation of the students' speeches. There were no discrepancies in the discourses noted by the scribes.

After the presentations of the six groups, all participants, in the fourth stage, were provoked to collectively unify the six images produced by the groups, assigning an emerging meaning to this new image that verse about the inductive expression "Health-Disease Process". Finally, a final discussion was held on the discourses from the unified image, as well as a synthesis of the meeting, and all the qualitative material of the groups, presentations and discussions were organized for analysis.

All material produced was typed in Microsoft® Word and organized by the scribe. The treatment of the empirical material was performed manually based on the speech and the main illustrative excerpts presented in a schematic frame, represented by the slogan Student, followed by an ordinal number, according to the speeches occurred in the Dramatic Play. This analytical modality does not aim at completeness. This is because, by definition, every speech is established in relation to a previous speech and points to another. There is no closed discourse in itself, but a discursive process from which different states can be cut and analyzed⁽¹¹⁾.

The study followed the guidelines provided for in Resolution n. 466/2012, of the National Health Council. The research project was submitted to the Research Ethics Committee and approved by Opinion n. 4,701,055, issued in 2021. All data production took place in May 2022 and had the signature of the Informed Consent Form. Finally, the anonymity of the participants in this research was guaranteed in the presentation of the results.

Results

The results are referred to affirmations that reinforce the Dramatic Play as a powerful pedagogical and investigative strategy in the plan of creation in nursing. This is because students, when induced to produce images about health and disease, represented memories that emerged from the individual imaginary and were able to capillarize in greater or lesser intensity for the group.

Another aspect to be considered concerns the freedom that the Dramatic Play causes in the bodies to occupy the physical dimensions of the classroom. By choosing the best position of the body to produce images about health and disease, even without realizing it, the Dramatic Play activated the bodies, their movements, their gestures and produced professional attitudes of solidarity, listening, manual dexterity, communication, registration, teamwork, proactivity and leadership.

In terms of knowledge, the findings on health and disease attributed by Nursing freshmen

were organized in Chart 1. It contains discourses on health, social determinants of health (SDH), diseases cited, nursing performance in health and disease situations, expanded discourses involving the Unified Health System (UHS), induced by the

dramatic play, and, finally, the understanding of health-disease after the unification of the six images by the nursing students. All of this can be seen below:

Chart 1 – Speeches given by nursing freshmen to the epistemic units health and illness. Boa Vista, Roraima, Brazil – 2022 (continued)

Group	Inductive expression	Speeches produced by the image-induced Dramatic Play
I	Health and Nursing	<ul style="list-style-type: none"> • About health: discussed beyond the absence of diseases. • About SDH: the lifestyle represented by a sedentary lifestyle and dependence on cell phones (technology and social changes) were scored. Food, environment, work, culture, income, politics and social support network, represented by the family. • About the diseases mentioned: obesity, coronavirus and depression. • About Nursing activities: health promotion, vaccination and guidance for changing lifestyle habits in the population. • Expanded speeches: appreciation of the SUS, health advice, importance of public policies in the area of health, access to health in female public prisons and emerging online psychological consultations. <p style="text-align: center;">Illustrative excerpts</p> <p>Health goes beyond the absence of disease, it is mental well-being, nutrition, physical exercise [...] (Student 1).</p> <p>[...] technology is both an ally and harmful to health. As a negative point, as a trigger, a propagator of depression due to dependence on devices and social networks [...] (Student 2)</p> <p>Food, work, vaccines, sports. Involvement of public policies to develop prevention and health promotion actions [...] the nurse is in fact a guide for healthy habits and eating [...] (Student 3).</p> <p>The UHS is everything for Brazil, unlike the USA, where health is like a market [...] (Student 5).</p>
II	Disease and Nursing	<ul style="list-style-type: none"> • About the disease: discussed in the light of epidemiology. In it, the ecological triad represented by the host, agent and environment was highlighted. Furthermore, the inseparability between health and disease was highlighted. • Regarding SDH: social class, income, age, access to drinking water and unhealthy environments were scored. • About the diseases mentioned: pneumonia, cholera, measles, malaria and rickets and depression. • About Nursing activities: disease prevention, vaccination and action in life and death situations. • Expanded discourses: social cohesion, access to health services and the UHS financing.

Chart 1 – Speeches given by nursing freshmen to the epistemic units health and illness. Boa Vista, Roraima, Brazil – 2022 (continued)

Group	Inductive expression	Speeches produced by the image-induced Dramatic Play
		<p style="text-align: center;">Illustrative excerpts</p> <p>Diseases can be explained by epidemiology, as it seeks to explain how these diseases occur and why they occur [...]. It uses the triangle composed of host, agent and environment. Thus, it analyzes mortality rates and their relationship with the person's social level [...] (Student 6).</p> <p>Environmental factors, unhealthy environments, social conditions that influence health (Student 7).</p> <p>[...] the quality of water can make people in a region sick. Air pollution causes pneumonia and other diseases [...] (Student 8).</p> <p>The nurse is on the side of life, preventing illness and death (Student 9).</p>
III	Disease and Nursing	<ul style="list-style-type: none"> • About the disease: spoken in light of the negative value represented for the sick individual. On the contrary, health was discussed not just as the absence of diseases. • Regarding the SDH: biological elements, the environment, basic sanitation, food, family, economy, purchasing power, income, race/ethnicity, leisure, health habits/customs (hygiene), use of communication technologies and the its effect on people's minds. • About the diseases mentioned: depression, mental illnesses and their complications. • About Nursing activities: disease prevention and direct care for them. • Expanded speeches: valuing the SUS and distancing its organization from what is written on paper in relation to the practice experienced by health professionals and managers. <p style="text-align: center;">Illustrative excerpts</p> <p>Health is intrinsic and contrary to diseases [...] disease is a set of factors that alter the individual's state. It affects the environment in which he lives [...] (Student 11).</p> <p>Technologies as causes of diseases and with their advance and together with the modification of the environment cause various disorders in the brain, influencing the emergence of depression and other mental illnesses [...] (Student 12).</p> <p>In Nursing, nurses are caregivers for illnesses and at the same time carry out prevention activities, identifying problems [...] (Student 14).</p> <p>[...] the UHS is a model organized on paper [...] but I see that many things are not actually put into practice by professionals and managers, a lack of appreciation of the system, you know? (Student 15).</p>

Chart 1 – Speeches given by nursing freshmen to the epistemic units health and illness. Boa Vista, Roraima, Brazil – 2022 (continued)

Group	Inductive expression	Speeches produced by the image-induced Dramatic Play
IV	Health and Nursing	<p>About health: considered a state of complete physical, mental and social well-being.</p> <p>About the SDH: physical activity (yoga), spirituality, diet, race/ethnicity, leisure time, health habits/customs (hygiene), family as a support network.</p> <p>About the diseases mentioned: depression.</p> <p>About the role of Nursing: providing health care to the population by promoting improvements in the home environment, violating the walls of the basic health unit and raising awareness among the population through different means.</p> <p>Extended discourses: health promotion in the hospital.</p> <p style="text-align: center;">Illustrative excerpts</p> <p>Health is not just linked to the absence of diseases. Physical activities promote health and daily care with diet, hygiene, yoga [...] other factors that involve health are spirituality, culture, family, social inclusion, coexistence between different people. Food [...] leisure activity, music. Health goes beyond the biological structure (Students 16 and 18).</p> <p>[...] the nurse needs to go to people's homes, it's difficult to provide healthcare while locked in the BHU office [...] (Student 17).</p> <p>[...] even in the hospital the nurse is a health promoter (Student 19).</p>
V	Disease and Nursing	<p>About the disease: discussed as a consequence of polluted environments and opposed by the need to promote health.</p> <p>About SDH: pollution, industrialization, work, unhealthy environments and food.</p> <p>About the diseases mentioned: coronavirus and dengue.</p> <p>About Nursing activities: wound care, vaccination and empathy in caring for people.</p> <p>Expanded speeches: science improves disease management, with emphasis on immunobiologicals in the coronavirus pandemic.</p> <p style="text-align: center;">Illustrative excerpts</p> <p>[...] we see many precarious health conditions, unhealthy places with no quality of life. There, you need health, actions [...] (Student 20).</p> <p>There are the Coronavirus, dengue fever, working conditions (Student 21).</p> <p>Nursing takes care of the individual, right? Apply vaccines, apply dressings [...] and need to be empathetic (Student 22).</p> <p>Vaccination is the greatest example of controlling the disease, see the control of the pandemic with its arrival (Student 25).</p>

Chart 1 – Speeches given by nursing freshmen to the epistemic units health and illness. Boa Vista, Roraima, Brazil – 2022 (conclusion)

Group	Inductive expression	Speeches produced by the image-induced Dramatic Play
VI	Health and Nursing	<ul style="list-style-type: none"> • About health: discussed as unique to each person and inseparable from nursing. • About SDH: hygiene habits, diet, sports and physical exercise, race, color and ethnicity. • About the diseases mentioned: coronavirus pandemic and communicable diseases. • About Nursing's role: nursing is the main promoter of health, carries out vaccinations, affects psychological issues and is present from the conception of the person until their death. • Expanded speeches: Florence's role in ensuring hygiene in hospitals. Highlighting the principle of universality in the discussion of access to healthcare. <p style="text-align: center;">Illustrative excerpts</p> <p>It is not possible to separate health from nursing. Health does not distinguish between race, color, ethnicity, without distinction. Health involves psychological and social factors. (Student 26).</p> <p>[...] coronavirus pandemic and infectious and airborne diseases [...] (Student 27).</p> <p>Nursing is present from the conception of life to the afterlife, in care, caring, in vaccination, in affection between people [...] (Student 28).</p> <p>[...] we need to rescue Florence, in the cleaning and hygiene of hospitals, windows [...] health is something environmental, but it is also broad [...] (Students 28 and 29).</p>
Speeches arising from the unification of the six images by the collective of nursing students		
Class	Health-Disease Process	<p>About the Health-disease Process: the result was the creation of a "Health Spiral". The image begins with health, goes through all SDH, disease-inducing factors, touches the disease itself, and finally, returns to health, in an attempt to restore it.</p> <p>About Public Health: it is not possible to do collective health alone. The Dramatic Play made this learning possible in the classroom, as they learn to live with people, to together produce the Health Spiral that was capable of representing the health-disease process.</p>

Source: created by the authors.

Discussion

Bringing up discussions about the epistemic units health and disease in the discourses of student entering the Bachelor's course in Nursing is challenging. This is because after the induction performed by the body of the professor in the Dramatic Play, they indicated multiple lines of entry to think about fundamental themes to the very exercise of the profession and to

professionals who express their daily know-how in health services⁽²⁾.

The debate around the practice of Dramatic Plays benefited the field of Collective Health, since it made multiple conceptions of the world emerge in the imaginary of nursing students. Once again, the daily life of the classroom gains a different and differentiated meaning in the process of thinking and knowing what is known and done in the nursing profession⁽¹⁾. Thus, the

action of creating images in small groups and (re)creating an image in the collective produced a mixture of anguish and joy, sparked invention, mobilized desires, rescued affective memories and mobilized discourses⁽⁴⁾.

The first discursive entry line concerns students intertwining the concepts of health with disease and vice versa. They did not accept the production of isolated concepts for the epistemic units health and disease. In addition to the conceptual indissociability, they included singular dimensions of being and the valorization of health promotion.

Thus, isolating oneself in a concept for what one intends to discuss is not the way. The first conception adopted by nursing students is linked to the very definition of the World Health Organization (WHO), which describes health as a state of complete physical, mental and social well-being and not only the absence of disease or illnesses⁽¹²⁾.

In general, there is a convergence in the scientific literature that such a definition is utopian, which allows the discussion of health as the life allowed. Based on this, there is no definition of either disease or health outside social normativity as an abstract and universal generic independent of social and historical reality. Therefore, and at the same time, it is not possible to conceptualize disease and health only by considering normality and pathology, based on the anatomical and physiological regularities of the human body⁽¹³⁾.

It is necessary to recognize from the conceptual point of view the invention of other forms of health production and subjectivity, associated with social participation. Thus, new articulations between singular experiences and collective life are promoted, in the affirmation of the rights of enjoyment and cultural production and in the appreciation of the multiplicity of forms of existence and the diversity of forms of expression⁽¹⁴⁾.

Complementary to the attempt to discuss health and disease, a second discursive entry line was created, which provides light to what was mobilized by nursing students as understanding

to produce responses to the health needs of the population characterized by recognizing or knowing constraints and SDH. About them, the students, when creating images and speaking about them, scored several factors that move in a relationship from micro to macro determination in people's health.

In this sense, there is a multiplicity of models that seek to schematize the SDH and how they provoke health inequities. For this study, the Dahlgren and Whitehead model includes the SDH arranged in various layers, from a layer closer to the individual determinants to a distal layer, where the macrodeterminants are located. At the base are people, whose individual characteristics of age, sex and genetic factors influence their potential and their health conditions. On the immediately external layer, individual behavior and lifestyles appear. The next layer highlights the influence of community networks⁽¹⁵⁾.

In continuity with the aforementioned model, in the next layer are represented the factors related to living and working conditions, availability of food and access to essential environments and services, such as health, indicating that people in social disadvantage are exposed to different risks, created by more humble housing conditions, exposure to more dangerous or stressful working conditions and insufficient access to services. Finally, in the last layer are situated the macrodeterminants related to the economic, cultural and environmental conditions of society, which have great influence on the other layers⁽¹⁵⁾.

With these theoretical dimensions, it is salutary to consider that conditioning factors and SDH were scored regarding age, sex, biological characteristics, through central elements represented by the family, support networks, food, work, income, sanitation, access to social services, housing, culture, and finally, touching macropolitical elements in health, when the UHS is valued and problematized⁽¹⁶⁾.

Invariably, as recorded in Art. 3 of Federal Law n. 8080/90, there is the recognition that health levels express the social and economic organization of the country, and health's

determinants and conditioning factors include, among others, food, housing, basic sanitation, the environment, work, income, education, physical activity, transportation, leisure and access to essential goods and services⁽¹⁷⁾.

The third discursive entry line deals with health deviations themselves. In it, the students embraced the disease represented by the transversal discourses: coronavirus and depression. Scientific evidence shows that the coronavirus pandemic brought to the discussion an important relationship between multimorbidity, COVID-19 and social determinants, with individuals with the worst socioeconomic conditions being the most affected⁽¹⁸⁾.

Social, economic factors and inequities influenced the spread and mortality of COVID-19 in Brazil. "Thus, coping strategies include intersectoral actions, aiming to ensure sanitary and economic conditions so that vulnerable populations can carry out the recommended prevention actions"^(19:7).

Moreover, the severity of COVID-19 is closely linked to other incident morbidities, especially among the poorest, with lower education and less access to health services. The understanding of how SDH can negatively influence the outcomes of COVID-19, added to the knowledge of the form of exposure to these determinants, allows public health policies and programmatic actions to consider the risks increased by comorbidities, so that their coordinated activities meet those at greater risk⁽²⁰⁾.

With the coronavirus pandemic, another health deviation that was highlighted and did not go unnoticed by nursing students is related to depression, especially when there was a need to cope with the negative repercussions on people's mental health at the time of restricted physical contacts, in order to avoid contamination and spread of the virus⁽²¹⁾.

Depressive disorders are a serious public health problem due to their high prevalence, with repercussions on general health and psychosocial impact. They affect mainly women, aged 20 to 59 years, with low education, who work, have mental illness and do not practice physical exercises. In this light, mental health care

is still a neglected issue, which has an impact on the impossibility of building a network of care articulated to the health network in general and other intersectoral resources that guarantee the integrality of health actions⁽²²⁾.

The nursing performance was object of the discourses of the nursing freshmen. Even without knowing the grounded bases of the profession, its legislative aspects and its fields of action, the Dramatic Play induced the perception of the professional exercise, when they spoke that nursing works in the prevention of diseases, health promotion, direct assistance to the population in the spaces of the household, the basic health units and the hospital, considering all phases of human life and after death⁽¹⁾.

In view of this, it is essential to understand that care is the expression of nursing and means a set of actions developed for the healthy or sick person, other people connected to him/her, communities and population groups, in order to promote and maintain comfort, well-being and security, within the limits of professional and institutional possibilities. It is an unconditional action of the body that cares, involving impulses of love, hate, joy, pleasure, hope, despair and energy, for being a subject in a situation that involves the body's willingness to touch, manipulate moods and odors⁽⁵⁾.

Continuing the work in the field of nursing care, the last line of discursive entry brought to this discussion indications of appreciation of the UHS, its doctrinal principles, the social role of nurses in ensuring access to health services, social control within the health councils and the problematization of their management and financing. In fact, the practice of the Dramatic Play allowed the execution of political talks on the UHS, revealing its importance to the Brazilian society^(1,16).

One speaks of the "[...] UHS as an instrument of struggle, in the field of health, to forms of authoritarianism and practices of capturing life in contemporary capitalism. To lead such a struggle for the institutional democratization of health production practices requires the commitment of the different actors involved in this process"^(23:449), which includes students and professors. Hence

the importance of prioritizing also the training processes, the collective construction of discussions about the topics addressed by the beginners in the nursing course.

In an attempt to exercise this thought and collectivize the discussions around the “Health-Disease Process”, a risky bet was made, which included the formation of an image throughout the class, based on the six images produced in the six groups. Initially, there was a natural inhibition inherent to the requests for clarification regarding the form of construction of the collective image. Gradually, active players introduced themselves, observers-players approached and only five students sat watching the way the image was created, which they called the health spiral.

The health spiral is a fixed image, composed of six images, which, in the representation of students, is dynamic and flexible, and the person, family or social group can rotate from a state of health to disease and vice versa, considering the SDH discussed in the Dahlgren and Whitehead model⁽¹⁴⁾.

In an attempt to approximate conceptual resonances with the spiral image of health created by nursing students, the field of active teaching methodologies uses “[...] constructive spiral that considers the force of inertia a strong obstacle to be faced when seeking changes in educational practice”^(24:430). This same thought can be applied in a practical way in the care of people’s health, considering the SDH. It takes engagement, multiple efforts, defense, integration of sectors, union of workers to change health care in Brazil.

A limitation of this study concerns the use of smartphones by nursing students, in two groups, to consult themes and concepts that came into contact with the inductive expressions. Another limiting element concerns its analytical nature being focused solely and exclusively on the notes that were recorded by the scribes throughout the Dramatic Play. Future studies should consider the analytical dimension of the images that were produced, because there is an important arsenal that can be meaningful and benefit Collective Health.

Concerning the contributions to the Nursing and Collective Health areas, the study presents

ways of teaching-research through the strategy of Dramatic Play. A possibility to think, create, feel and recognize with nursing students problems that touch the exercise of the profession and life in the XXI century. It is also important to make these pedagogical experiences a moment of re-establishments and resistances, when democratically together, students and professors establish a permanent movement of dialogue and construction of knowledge that is collective in the field of health.

Final considerations

With the certainty of the unfinished, it is impossible to conclude. Thinking about health and disease is a continuous and dynamic process, especially when the Dramatic Play was taken as a strategy for data production. This is because the study was enhanced by it in its existential, care and professional dimensions in the field of Nursing.

Initially, one had in mind only inductions about the epistemic units health and disease, and the discursive dimensions were dilated to think about themes and problems of today. Among them, there stand out as (in)conclusive findings: discourses on health, disease, SDH, nursing know-how and expanded reflections on the UHS.

The inseparability between health and disease inhabited the discourses of the nursing freshmen, who, in the conceptual plan, resorted to the concepts arranged by the WHO for the production of images. The slogan “right” was not mentioned in a single moment, inviting the strengthening of aesthetic and political dimensions during higher education.

The conditioning factors and SDH were exhaustively explored and decoded by multiple order expressions that form the Dahlgren and Whitehead model. The speeches ranged from singular elements, person, families and groups, to macropolitical aspects. As they positioned the SDH, health deviations were cited and, here, the following diseases stand out as the main finding: coronavirus and depression.

Although nursing freshmen do not yet have any conceptual basis on the profession, they produced powerful discourses on the role of nurses in the field of disease prevention, health promotion and direct assistance to health deviations, care scenarios, namely: home environment, BHU and hospital.

The health spiral is a fixed image, created by the integration of nursing students, is revealed as an expressive representation to think, within the basic health network, factors that place individuals in approximate health or disease situations. This opens up investigative and extensionist possibilities for community health agents, nurses, health professionals to reflect on ways of monitoring health in the light of SDH.

Certainly, this investigative object needs to be explored with other methodological aspects and theoretical references of anthropology, in order to expand what is known about health and disease in the scope of health services. Thus, the (im)precisions, here addressed in the light of the qualitative approach and the strategy of the Dramatic Play for the production of data, are believed to benefit social researchers, managers, professors and university nursing students, as well as the multivariates involved (in)directly with the UHS.

Collaborations:

1 – conception and planning of the project: Nayara Kalila dos Santos Bezerra and Paulo Sérgio da Silva;

2 – analysis and interpretation of data: Dalila Marques Lemos and Paulo Sérgio da Silva;

3 – writing and/or critical review: Keis de Paula Rosa and Dalila Marques Lemos;

4 – approval of the final version: Paulo Sérgio da Silva.

Competing interests

There are no competing interest.

References

1. Figueiredo NMA, Tonini T, Tavares R, Araújo WF. Enfermagem e o Jogo Dramático: Reflexões de enfermeiros sobre o cuidado da enfermagem através da imagem. RER [Internet]. 2010 [cited 2022 May 05]; 3(2):65-72. Available from: <https://www.redalyc.org/pdf/3882/388239961009.pdf>
2. Silva PS, Figueiredo NMA. The professor's body: discourses on subjectivity to reflect on nurses' education. Rev Bras Enferm. 2018;71(Suppl 4):1805-9. DOI: 10.1590/0034-7167-2017-0456
3. Guerrero-Castañeda RF, Sansores GMA, Albañil-Delgado S. Nursing professor as being-cared for in the professor-student relationship. Rev esc enferm USP. 2022;56:e20210345. DOI: 10.1590/1980-220X-REEUSP-2021-0345
4. Araújo STC, Torres DOA, Costa EM, Azevedo AL, Silva PS, Figueiredo NMA. Projetando imagem e pensando o corpo nos diferentes espaços. Rev Pesqui (Univ Fed Estado Rio J Online). 2018;10(1):68-74. DOI: 10.9789/2175-5361.2018.v10i1.68-74
5. Figueiredo NMA, Tonini T, Santos I, Handem PC, Lopes LRF. Cuidado de enfermagem: espaço epistêmico de vivências de ensino a partir do ser cliente. Rev enferm UERJ [Internet]. 2012 [cited 2022 May 05];20(2):167-72. Available from: <https://www.e-publicacoes.uerj.br/index.php/enfermagemuerj/article/view/4032/2786>
6. Merhy EE, Feuerwerker LCM, Santos MLM, Bertussi DC, Baduy RS. Rede Básica, campo de forças e micropolítica: implicações para a gestão e cuidado em saúde. Saúde debate. 2019; 43(spe 6):70-83. DOI: 10.1590/0103-11042019S606
7. Bertussi DC, Gomes MPC, Feuerwerker LCM, Merhy EE. Dimensões do apoio matricial: dispositivo na organização do cuidado e na formação em saúde. PC- RESC [Internet]. 2022 [cited 2022 May 05];3(e12854):1-16. Available from: <https://www.revistas.uneb.br/index.php/saudecoletiva/article/view/12854/9618>
8. Rézio LA, Ceccim RB, Silva AKL, Cebalho MTO, Borges FA. A dramatização como dispositivo para a Educação Permanente em Saúde Mental: uma pesquisa-intervenção. Interface (Botucatu). 2022; 26:e210579. DOI: 10.1590/interface.210579
9. Minayo MCS. Origem inusitada da pesquisa qualitativa em ciências sociais no Brasil. Hist ciênc saúde-Manguinhos. 2020;27(3):919-32. DOI: 10.1590/s0104-59702020000400012
10. Souza VRS, Marziale MHP, Silva GTR, Nascimento PL. Tradução e validação para a língua portuguesa e avaliação do guia COREQ. Acta Paul Enferm. 2021;34:eAPE02631. DOI: 10.37689/acta-ape/2021AO02631

11. Orlandi EP. *Análise de Discurso: princípios e procedimentos*. Campinas: Pontes; 1999.
12. World Health Organization. *Constitution of the World Health Organization. Basic Documents* [Internet]. 45 ed. Geneva (CH): 2006 [cited 2022 May 05]. Available from: <https://www.who.int/es/about/governance/constitution>
13. Silva MJS, Schraiber LB, Mota A. The concept of health in Collective Health: contributions from social and historical critique of scientific production. *Physis*. 2019;29(1):e290102. DOI: 10.1590/S0103-73312019290102
14. Lima EA, Providello G, Silva JA, Aleixo JMP, Pellegrini L, Aversa PC, et al. Práticas estéticas e corporais: criação e produção de subjetividade na atenção psicossocial. *Saúde debate*. 2021;45(129):420-34. DOI: 10.1590/0103-1104202112913
15. Buss PM, Pellegrini Filho A. A saúde e seus determinantes sociais. *Physis*. 2007;17(1):77-93. DOI: 10.1590/S0103-73312007000100006
16. Vieira FS. Gasto federal com políticas sociais e os determinantes sociais da saúde: para onde caminhamos? *Saúde debate*. 2020; 44(127):947-61. DOI: 10.1590/0103-1104202012701
17. Brasil. Lei 8.080, de 19 de setembro de 1990. Dispõe sobre as condições para a promoção, proteção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências [Internet]. Brasília (DF); 1990 [cited 2022 May 05]. Available from: https://www.planalto.gov.br/ccivil_03/leis/l8080.htm
18. Baqui P, Bica I, Marra V, Ercole A, Van der Schaar M. Ethnic and regional variations in hospital mortality from COVID-19 in Brazil: a cross-sectional observational study. *Lancet Glob Health*. 2020;8(8):e1018-26. DOI: 10.1016/S2214-109X(20)30285-0
19. Figueiredo AM, Figueiredo DCMM, Gomes LB, Massuda A, Gil-García E, Vianna RPT, et al. Social determinants of health and COVID-19 infection in Brazil: an analysis of the pandemic. *Rev Bras Enferm*. 2020;73(Suppl 2):e20200673. DOI: 10.1590/0034-7167-2020-0673
20. Mascarello KC, Vieira ACBC, Souza ASS, Marcarini WD, Barauna VG, Maciel ELN. Hospitalização e morte por COVID-19 e sua relação com determinantes sociais da saúde e morbidades no Espírito Santo: um estudo transversal. *Epidemiol Serv Saúde*. 2021;30(3):e2020919. DOI: 10.1590/S1679-49742021000300004
21. Barros MBA, Lima MG, Malta DC, Szwarcwald CL, Azevedo RCS, Romero D, et al. Relato de tristeza/depressão, nervosismo/ansiedade e problemas de sono na população adulta brasileira durante a pandemia de COVID-19. *Epidemiol Serv Saúde*. 2020;29(4):e2020427. DOI: 10.1590/S1679-49742020000400018
22. Gonçalves AMC, Teixeira MTB, Gama JRA, Lopes CS, Silva GA, Gamarra CJ, et al. Prevalência de depressão e fatores associados em mulheres atendidas pela Estratégia de Saúde da Família. *J bras psiquiatr*. 2018;67(2):101-9. DOI: 10.1590/0047-2085000000192
23. Heckert ALC, Passos E, Barros MEB. An instrumental seminar: humanization of the Brazilian Unified Health System (SUS) under discussion. *Interface (Botucatu)*. 2009;13(Suppl 1):493-502. DOI: 10.1590/S1414-32832009000500002
24. Lima VV. Constructivist spiral: an active learning methodology. *Interface (Botucatu)*. 2017;21(61):421-34. DOI: 10.1590/1807-57622016.0316

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