

Curricular reforms and their importance for a nursing undergraduate course (1969-1991)*

Reformas curriculares e a sua importância para um curso de graduação em enfermagem (1969-1991)

Reformas curriculares y su importancia para un curso de licenciatura en enfermería (1969-1991)

Juliana Bonetti de Carvalho¹, Maria Itayra Padilha¹, Roberta Costa¹,
Mariana Vieira Villarinho¹, Stéfany Petry¹

¹ Universidade Federal de Santa Catarina. Florianópolis, Santa Catarina, Brasil

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Abstract

Objective: to historicize the curricular reforms that occurred in the Undergraduate Nursing Course of the Federal University of Santa Catarina (UFSC) (1969-1991) and their influence on academic education from the perception of professors. **Method:** qualitative, socio-historical research, data collection performed through thematic oral history, from October to December 2016, with 17 professors. Foucauldian thematic and referential content analysis was used. **Results:** three categories emerged: The Undergraduate Nursing Course at UFSC and its first curriculum; The influence of the University Reform on curricular changes and; The challenge of implementing Integrated Education. The curricular reforms point to the fundamental role of nursing professors. They increase the visibility of nursing and a change in the perception of the role of nurses for other professionals, patients and for the community. **Conclusion:** the curricular reforms provided advances both in the implementation of disciplines and in the quality of nursing education.

Descriptors: Nursing; History of Nursing; Education, Nursing; Universities; Curriculum

Resumo

Objetivo: historicizar as reformas curriculares ocorridas no Curso de Graduação em Enfermagem da Universidade Federal de Santa Catarina (UFSC) (1969-1991) e sua influência na formação acadêmica a partir da percepção dos docentes. **Método:** pesquisa qualitativa, sócio-histórica, coleta de dados realizada por meio da história oral temática, de outubro a dezembro de 2016,

com 17 docentes. Utilizou-se análise de conteúdo temática e referencial foucaultiano. **Resultados:** emergiram três categorias: O Curso de Graduação em Enfermagem da UFSC e seu primeiro currículo; A influência da Reforma Universitária nas Mudanças Curriculares e; O desafio da implantação e da implementação do Ensino Integrado. As reformas curriculares apontam o papel fundamental das enfermeiras docentes. Ampliam a visibilidade da Enfermagem e de uma mudança na percepção do papel do enfermeiro para outros profissionais, pacientes e para a comunidade. **Conclusão:** as reformas curriculares propiciaram avanços tanto na implantação de disciplinas, como na qualidade de formação de enfermeiros.

Descritores: Enfermagem; História da Enfermagem; Educação em Enfermagem; Universidades; Currículo

Resumen

Objetivo: historizar las reformas curriculares que se llevaron a cabo en el Curso de Licenciatura en Enfermería de la Universidad Federal de Santa Catarina (UFSC) (1969-1991) y su influencia en la formación académica desde la percepción de los docentes. **Método:** investigación cualitativa, sociohistórica, recolección de datos realizada a través de la historia oral temática, de octubre a diciembre de 2016, con 17 docentes. Se utilizó análisis de contenido temático y referencial foucaultiano. **Resultados:** Surgieron tres categorías: El Curso de Licenciatura en Enfermería de la UFSC y su primer plan de estudios; La influencia de la reforma universitaria en los cambios curriculares y; El desafío de implementar la Educación Integrada. Las reformas curriculares apuntan al papel fundamental de las enfermeras docentes. Aumentan la visibilidad de la Enfermería y un cambio en la percepción del rol del enfermero para otros profesionales, pacientes y para la comunidad. **Conclusión:** Las reformas curriculares proporcionaron avances tanto en la implementación de disciplinas como en la calidad de la educación en enfermería.

Descriptores: Enfermería; Historia de la Enfermería; Educación en Enfermería; Universidades; Curriculum

Introduction

The teaching of systematized nursing according to the scientific principles of the Florence Nightingale Model began in Brazil in 1923 with the creation of the Nursing School of the National Department of Public Health (DNSP). The curriculum implemented by this school was established by Decree No. 16,300 on December 31, 1923.¹ The course was intended to provide theoretical and practical instruction simultaneously and initially lasted two years and four months however it had to be extended so that it was possible to teach the necessary disciplines to nurses. During this period, nursing education was primarily focused on the public health area, since Brazil in that historical period suffered from the epidemics that plagued the health of the population, such as yellow fever, smallpox and Spanish flu.²

In 1931, teaching was regulated through Decree No. 20,109 of June 15, 1931 and the Anna Nery Nursing School was elevated to the standard official school category. The

prerogative of the term "standard" remained until the promulgation of Law No. 775 of August 5, 1949, which standardized nursing education in Brazil, lasting 36 months, and the nursing assistant course lasting 18 months. Decree No. 27,426, of November 14, 1949, transfers nursing education focused on the hospital area, centered on the clinical model and curative care, and directed the curriculum to the training of nurses, distributing the subjects in three grades.³

In 1961, as a result of Law No. 4024 of December 20, 1961, regarding Guidelines and Bases of National Education, the Brazilian Nursing Association (ABEn) presented suggestions to the Federal Council of Education (CFE) for the construction of a new curriculum that met the aspirations of the category. In 1962, the CFE drafted Opinion No. 271 of October 19, 1962, which established a new minimum curriculum of the Nursing Course. The curriculum was reformulated, and it was established that it would be a general course of three years and with two alternative specializations: Public Health or Midwifery, taught in one year, after the completion of the general course.⁴⁻⁵

It was in this context that the Undergraduate Nursing Course of the Federal University of Santa Catarina (UFSC) was created in 1969. This course began with the serial regime, formed by three series, each of which consisted of two semesters. The curriculum of the course followed the Opinion of CFE No. 271/62 and was taught over three years, with the student's decision to continue to the fourth year in order to be qualified in Public Health or Midwifery. A concern of the pioneer professors and coordinators was the lack of content focused on the health of the population in the area of public health, not required in the minimum curriculum of nursing courses in the country.⁶

The 1970s and 1980s were marked by several political and social movements in the country, such as the University Reform, Sanitary Reform, a new health policy proposed in Alma-Ata, redemocratization of Brazilian society, among others, resulting in numerous reflections and discussions about education and the health-disease process. Once again it was time to review the structure and content of nursing teaching in the country. During this time there was an increase in the number of nursing schools, the implementation of graduate courses and the approval of the new Law of Professional Practice, no. 7498/1986.^{2,7}

With all these changes, it was necessary that the profile of the nursing professional who was being trained also changed. The contents completed in the curricula of undergraduate nursing courses in the hospital area remained, but the space for Public Health was expanded, and attention was on the influence of the community, in which the population was inserted on the health/disease process. After the University Reform, the minimum curriculum of the Nursing Course was restructured, formalized by Opinion No. 163 of January 27, 1972 and by Resolution No. 04 of February 25, 1972, and began to comprise three parts: the pre-professional, the common professional trunk and the medical-surgical nursing qualifications; obstetric nursing, or public health nursing.⁸⁻⁹

Nursing teaching has been marked over the years by the implementation of some curricular reforms, and by reflections and discussions of new pedagogical proposals always influenced by the evolution of the historical, political, social and economic contexts of Brazil. These changes in curricula directly influence the professional profile that has been formed by the various undergraduate courses in the country. With the Undergraduate Nursing Course at UFSC, it was no different. In the early years of the 1970s teaching began based on the biomedical model, focused on the hospital area, with emphasis on basic techniques. The course went through several ruptures and in the 1980s converged with the national discussions of the new teaching methodologies, concerned with the integral human being and the society in which it is inserted.

The historical background of this study was from 1969 to 1991. The initial milestone is related to the creation of the Course, through Resolution No. 02/1969, by the Rector Professor João David Ferreira Lima, and the final milestone concerns the implementation of a new curricular structure, which brought a paradigm shift, opening space for the focus of the nursing discipline in the Social Context, through Ordinance No. 103 of April 17, 1991, and Professor Luiz Rodney Mello, the Pro-Rector of Teaching of UFSC.¹⁰⁻¹¹

The study aims to historicize the curricular reforms that occurred in the Undergraduate Nursing Course at UFSC (1969-1991) and its influence on academic education from the perception of teachers.

Method

Study design

It is characterized as a qualitative research with a socio-historical approach as it aims to understand a certain social group, discussing its daily aspects relevant to the research.¹² The consolidated criteria for reporting qualitative research checklist (COREQ) was used for the quality and transparency of the writing.¹³

Study scenario and data source

Thematic Oral History was used as the data collection method, in addition to this, documents, such as ordinances and resolutions related to the nursing course curriculum, which supported the internal and external criticism of the study sources were also utilized. The oral sources consisted of the testimonies of 17 professors who were part of the creation and consolidation of the Undergraduate Nursing Course at UFSC, in the period 1969-1991. These professionals were selected for fulfilling the following inclusion criteria: being Nursing Professors, and having participated in the implementation process of the Undergraduate Nursing Course at UFSC and having good memory, verified in the dialogue about the historical cut out studied. Professors who were not working in the institution in the historical section of the study were excluded. Zero Professors refused to participate in the study.

Data collection and organization

Data were collected from October to December 2016 through a semi-structured interview script. The participants were initially contacted by telephone and then forwarded *e-mails* with the Informed Consent Form (TCLE), for further information. The interviews were conducted at a place and time chosen by the participants, i.e., some were interviewed at their residence and others in the Nursing Department of UFSC. The principal researcher and the professor interviewed were present during the interviews. The expertise of the principal researcher in conducting the fieldwork was acquired from previous research, including her Master's thesis. The interviewees were instructed as to:

the type of research; the right to participate or not; information confidentiality; the use of photographic images, videos and recordings from their reports; the possibility of interrupting the interview and asking for clarification, and asking to leave the study at any stage of the process. After the clarifications and the acceptance of the interviewees, the signature of the Informed Consent was requested. The interviews were recorded digitally and lasted an average of sixty minutes, and were later transcribed and validated by the interviewees.

Theoretical-methodological framework

Michel Foucault's reference was used to implement this study. This choice is justified by the fact that the author points out, in the course of his intellectual production, a concern in analyzing the means and procedures used by power to constitute modern man and the relations of this power with knowledge. The use of the reference aims to establish a dialogue with contemporary philosophical and historical bases, by thinking about the events of the past in the perspective of illuminating the present history.¹⁴

Data analysis

The information was analyzed using the thematic Content Analysis technique.¹⁵ At this stage, the reports obtained through the interviews were grouped into categories, with the aim of grouping possible themes, based on intense and exhaustive readings of the interviews. We also tried to identify the nuclei of comprehension of the text, through the pre-established categories. The analysis revealed three categories: The Undergraduate Nursing Course at UFSC and its first curriculum; The Influence of the University Reform on Curricular Changes; and The challenge of implementing Integrated Education.

Ethical aspects

This study considered the guidelines and norms of Resolution No. 466/12 of the

National Health Council, and was evaluated and approved by the Ethics Committee on Research with Human Beings (CEPSH) of the Pro-Rector of Research and Extension of UFSC, under protocol number 1.745.809 dated September 26, 2016. The participants authorized the use of their names in the *verbatim*s of the results, which is extremely significant as it is historical research regarding an educational institution.

Results

The results of this research are presented below by grouping the discourses of the study participants, allowing the reader to visualize the trajectory of the data analysis, in the search for understanding the perception of the professionals interviewed about the development of the Undergraduate Nursing Course of UFSC, its changes and transformations throughout its history.

The Undergraduate Nursing Course at UFSC and its first curriculum

Having a group of Nursing Professors trained and qualified to teach the disciplines in the Undergraduate Nursing Course at UFSC, made it a national reference. These nurses were present since the idealization of the course and in the creation process.

As it was the first class group, Eloíta and other teachers were very excited to explain to us how the course worked, what we were going to do, how everything would happen. (Nursing Professor Maria Albertina Braglia Pacheco).

We felt the commitment and desire of teachers to train very good professionals. Let's make an impact, the course is starting and these girls are going to change the perception of nurses for people, for other professionals and for clients. (Nursing Professor Ana Maria Westphal)

Classes in the first class group of undergraduate nursing students at UFSC began in March 1969. They underwent a specific entrance exam for nursing in February of the same year. In addition to this test, they went through an interview in order to verify the aptitude for the course and, after this exam, 24 were approved.

When the nursing school started, it was three years, but full-time. The student was available in the morning and afternoon. While later, with the University Reform, the student began to work one shift. So they had the

whole theory, then went to practice. I was going to do the internships, and sometimes you couldn't reconcile the two because there was only one shift. (Nursing Professor Lydia Ignez Rossi Bub)

The students were doing the three years of the course. It started in '69, '70 and '71. It was basic and professional. All coordinated by Eloíta. We discussed the contents of anatomy and physiology. Only at that time, the professors were from the medicine course. (Nursing Professor Nelcy Coutinho Mendes)

According to the students of this first class group, who later became professors, the course was well structured and the subjects were divided into a basic core, with disciplines common to other courses in the area of health and vocational courses. The basic ones, such as anatomy, pathology, histology, among others, were offered by professors from medical and biochemistry courses. The professionals related to the specific content of the profession were taught by the nursing professors.

We had a curriculum that had the basic subjects. We did a block of basic subjects. Then we did a block of professional disciplines. In these basic disciplines, anatomy, pathology, physiology were given, all this was given by medical professors. And they were renowned professors in the medical school. Then we had the block of professional disciplines, which was given by the nurses. We had morning and afternoon classes. Sometimes, until night we had classes until the evening. (Nursing Professor Coleta Rinaldi Althoff)

During the course, the professors expressed a certain concern regarding the lack of public health content in the curriculum. In order for students to have more tools and support in order to face this reality, a Public Health Qualification was proposed and created, complementing the academic training of future nurses. It occurred in 1972, with the participation of the students of the first class group, however, due to the curricular changes, it was removed and the disciplines included in the new curricular structure.

In 1972 there was a Public Health course that worked with only one class because there was not much demand. A lot of people wanted to go to midwifery and they did it externally. This mandatory history was already under discussion. They were discussing the importance of this being a specialization. There wasn't much point for you to continue another year of graduation. Then the graduation period increased, from three to three and a half years, then to four. (Nursing Professor Nelcy Coutinho Mendes)

A study of the need for professionals in the area of Public Health was carried out. At the time Marlene from the University of São Paulo (USP) care. Lorida came from Rio Grande do Sul, and Maria de Lourdes Souza came from Manaus to manage this course This course finished because it did not have the expected demand. (Nursing Professor Maria Albertina Braglia Pacheco)

Another important aspect of the course was the futuristic vision of Professor Eloíta. Upon realizing that most of the literature available for students to study was in English or Spanish, the decision was made to include an elective English course in the curriculum.

One thing I think was cool was that professor Eloita included English lessons in the curriculum. At the time the books in Portuguese were difficult to have in the nursing area. And the books we used most of them were written in Spanish. But she had a vision for us to have better access to the information. And we had the English specific to us. A professor from the Department of Languages was invited to teach. I guess it didn't continue but our class group had English classes. (Nursing Professor Coleta Rinaldi Althoff)

It was in the 1970s that the introduction of nursing theories from other countries began in Brazilian Nursing as an attempt to build a body of knowledge specific to the profession.⁴

The influence of university reform on curriculum changes

In 1971, the first curricular modification occurred, directly influenced by the University Reform. In the registration of the entrance exam, the students opted for a specific area, which, in the case of Nursing, was the biomedical area, including the Nursing, Medicine, Pharmacy and Biochemistry and Dentistry courses. All of them attended the basic cycle with subjects related to these courses and, at the end of the cycle, in order of classification, the students chose the course they would like to follow. In this curriculum structure, the professional cycle, specific to nursing, was 50%, which meant the need to develop this cycle in three academic semesters. This strategy was not very successful in Nursing, according to the narratives of the professors below:

With the University Reform of Basic Education, things intensified, it was very complicated, because we had a demand for initially good students with nursing. With the reform, the professional option was made in the

third phase. So the students entered the Health Sciences Center, in the basics. And by completing the basics, by classification, they chose which course they would take. According to your interest and your grade. But there was the second option afterwards. It was very complicated. We had a year with only two students. Carmen Lucia and Nira Koerich. (Nursing Professional Wilson Kraemer de Paula)

The University Reform had already begun with the second class group. Everyone was in the area of health sciences. After three semesters, the student chose whether to do medicine, dentistry, or nursing. With this basic curriculum there was a very large decrease in the demand for nursing. Then when the choice was made again in the first enrollment, there was more demand for nursing. (Nursing Professor Lydia Ignez Rossi Bub)

The option system generated insecurity and negative competition among the students, because, for the most part, they did not opt for their courses of interest because they had exhausted the vacancies, and the Nursing Course began to receive smaller number of students. The experiences with this form of entry into the Nursing Course brought dissatisfaction to the Professors of the Course and provoked numerous discussions for the need for urgent curricular changes.

Usually, it was the course coordinator who headed these discussions and suggestions were made, or the diagnosis was first made of what had to be changed and why. Discussions in small groups, of course, there was the Teaching group, there was the coordinator and members of the course collegiate. They looked more deeply into the teaching plans and pointed out where there was weakness in the subject plan itself. This was then brought to a larger group for discussion or for endorsement. But the commission was always the coordination of the course. (Nursing Professor Vera Radunz)

(Note 6.a) The characteristic of the course was concerned with this integration of the student with the professors. I think the students had a lot of opportunity to give feedback in relation to the course itself. Of course, it was more controversial, but on the other hand, it also answered a more specific demand. (Nursing Professor Margareth Linhares Martins)

In addition to the internal discussions in the Nursing Course, it was necessary that the professors understood the importance of the reform for the qualification of the course, in addition to the documents that supported the need for curricular change.

There's always been an evaluation. We started with three years, then it was moved to four. There was an evaluation at each curricular change, it

was verified that there was a need for a change, and coincidentally with the change in the structure of the University itself. Always based on the evaluations made. The students participated in the discussions and evaluations of the curricula. (Nursing Professor Collects Rinaldi Althoff)

Since the creation of the course, there have been numerous discussions, evaluations and reformulations of the curriculum, aiming to reach a consensus of what was best for the reality experienced in the course.

The challenge of implementing integrated education

With the intention of correcting the form of entry, UFSC participated in the New Methodologies Teaching Program in 1976, applicable to Higher Education, at the invitation of the Ministry of Education and Culture (MEC).

In the integrated curriculum in the Child Health phase, all subjects were included, both in Public Health and in Nursing, in the Hospital area. They taught the discipline together and formed the curricular units. Then came the obstetric part, not with the classic terms. It was Administration, in Adult Health it included Medical Clinic, Surgical Clinic, Intensive Care Unit (ICU), Emergency. There was a group of professors and a phase coordinator, and we did individual assessment in the internship field, but when it came to giving the final concept, it was in a professors' meeting.

The implementation of the integrated curriculum caused dissatisfaction in the professors of the basic cycle, who were not nurses, and in the professional cycle, the result was very satisfactory, since the nursing professors accepted and faced the challenge well.

The difficulty was to get teachers who were not nurses to adjust to this type of teaching. At the time, I was a coordinator with Kenya. Sometimes I had to go to basics, talk to some professors, adjust teacher workload, those curricula. We had a greater burden of teaching than when it was a separate discipline. (Nursing Professor Maria Albertina Braglia Pacheco)

In 1983 the proposal of the integrated curriculum was already inserted in the professional cycle of the Nursing Course, but the disciplines and contents still caused dissatisfaction in the academic community, because it still remained very traditional.

We were very dissatisfied with the curriculum, because it remained a very traditional curriculum until 1983. In 1983, when I was already Head

of the Nursing Department, we led a great curricular reform, which was when we introduced all these aspects of bringing services, going beyond the technical dimension, thinking about a profile of critical, reflective nurses, committed to social issues and also to the issues of the profession. We brought this whole view of Nursing in the social context and brought this view of not reducing this view of specificity of discipline by specialty. (Nursing Professor Jorge Lorenzetti)

There were five years of discussions, training, evaluations, creations of new concepts, understanding of certain terminologies and, finally, in 1988, this proposal of an integrated curriculum in the undergraduate nursing course was implemented. The internal discussions were influenced by the national scenario that was taking place at the time, the reformulation of the Federal Constitution, the Sanitary Reform, the VIII National Health Conference in 1986, the Professional Nursing Practice Law approved in 1986, and the role of nursing in society.

The reform began when we were discussing the change of the minimum curriculum, but it started basically because we had a very strong group politically speaking, which was working in the discussions of the National Health Council – CNS, which at the time was not the CNS yet and had not even changed the Constitution. But all the ideas for the Unified Health System (SUS) had already begun, and then all the discussions that were made in our curriculum were very much related to what was happening in Brasilia to change the Constitution. The Brazilian Nursing Association - Santa Catarina Section (ABEN/SC) brought these discussions with the nursing department. (Nursing Professor Kenya Schmidt Reibnitz)

There was both a change in the structure of the curriculum, as well as in the contents and its provisions throughout the curriculum. There was also a document containing the philosophy of the course, the graduation profile and the conceptual framework. In the basic cycle, some professional disciplines were inserted and, from the beginning, the student understood the importance of each discipline to achieve the desired profile.

We started the introduction to the course, and showing the students the importance of each discipline, to reach that profile. Why were we looking for that profile? What result would it bring to society? Their responsibility to the Public University. In the history of nursing I started bringing Florence Nightingale and we discussed the role of women in society, as well as Florence's contribution to nursing. Another discipline that we put in the curriculum was the social context applied to Nursing, which approached sociology and philosophy. (Nursing Professor Kenya Schmidt Reibnitz)

The experience with the new proposal of the integrated curriculum had positive results. This insertion of the contents of the profession at the beginning of the course, the discussions of the student's role in Nursing and the influence of the social context in the patient's life, resulted in an increase in the confidence of the students themselves, instrumentalizing them to deal with the social issues that would be part of their daily work.

Discussion

In the national context, public health and education policies, in the 1960s and 1970s, influenced the creation of nursing courses, as their goal and need was for the qualification of human resources for the health area. From this perspective, third-level education had become a key issue in a quantitative perspective, due to the small number of health professionals, and qualitative, aiming to train a nurse directed to biomedical issues, however, making room for public health issues.¹⁶

The nursing curriculum implemented in its creation aimed for, in its curriculum, subjects of basic education associated with teachings by other health professionals, and vocational education was linked to the nursing department. The statements revealed the concern that the professors had with the quality of the teaching that would be transmitted to the students and with the success of the course that was being created.

Despite the democratic environment in the development of curricular reforms, power relations between coordinators, professors and students were present in the daily routine of academic practice. There would be no power relationship without the constitution of a field of knowledge, focused on by Michel Foucault, and the great goal of nursing in UFSC was to conquer a space of power to develop quality teaching and serve as a model for Santa Catarina Nursing. This space of power and knowledge allowed professors to master the conduct of teaching and the way they thought the training of future nurses should be.¹⁷⁻¹⁸

In this first class group the course was three years, full time (morning and afternoon and sometimes evenings), developed through the serial regime, each series consisting of two semesters. The nursing course curriculum followed the

recommendation of Opinion No. 271, of October 19, 1962, of the CFE, which determined that this course should be held over three years, with the option of the fourth year for specialization in Public Health or Midwifery. In 1961, with Law No. 4.024/1961, which established the National Education Guidelines and Bases, the minimum curriculum for undergraduate nursing courses began to be fixed through Opinion No. 271/62, which established a general course and two alternatives for early specialization, in addition to reducing the duration from four to three years and excluding public health and social sciences disciplines.⁴⁻⁵ This dissociation of public health in the nursing curriculum generated dissatisfaction in the professors involved, who considered this theme extremely important in the social construction of nurses and their influence as a category of health in society.

The Brazilian Nursing Association (ABEn), through Letter No. 115 of October 27, 1962, asked the CFE to support the approval of that opinion, while proposing substantial changes. These proposals, however, did not get an echo, and the distortions of the new curriculum adopted were maintained: conception of the social diluted according to the exclusive conception of the biological, with teaching focused on the care of hospitalized patients and with the predominance of curative measures in health.¹⁹⁻²⁰ There is a clash of powers, considering that power is something that is exercised in a network. There is no entity that centralizes it. This is exercised both at the macro and micro level. For there to be this type of relationship, the other, the one on which the action is exercised, must be fully recognized and maintained to the end as a subject of action.¹⁷

The University Reform implemented in 1970 brought about important changes in the structure of courses. In addition to the extinction of colleges, Brazilian universities now offer courses, inserted in Departments that, together, formed the Teaching Centers. It is also required that credit regimes by disciplines are adopted, the curricula are adapted, and the entrance becomes through a unified entry exam grouped by area of knowledge.²¹ From that moment on, the curriculum of the Nursing course of UFSC underwent its first modification and was approved by the Rector João David Ferreira Lima, through Ordinance No. 216, of June 2, 1971.²²

In the national scenario, the reformulation of the minimum curriculum for the undergraduate nursing course was being studied, which was approved by the CFE,

through Opinion No. 163 of January 28, 1972.⁸ The new curriculum brought an increase in the duration of the course, an increase of one semester for the vocational cycle and the inclusion of the social sciences professor. However, it maintained the biological, individualistic and hospital-centered model, in addition to a technical view of health. In this curriculum, the qualifications in Public Health, Medical-Surgical Nursing and Midwifery were created to be attended in an optional way.²²

At UFSC, these changes were approved and implemented in the second half of 1973, through Ordinance No. 344, of August 4, 1972, by The Rector Roberto Mundell de Lacerda.²³ There were many challenges in the first years of the Nursing Course, changes in physical and curricular spaces, adaptations, structuring of the Course and faculty, but they were promising years. Despite the challenges encountered, the Undergraduate Nursing Course at UFSC was ahead of others that were being created in Brazil, as an example, the Nursing Course of the University of Brasília. The latter, in addition to going through numerous difficulties in its creation, suffered from the absence of professors and budget forecasting, and when it was created in 1975, there were no nurses in its teaching staff until six months after the first entry exam.²⁴

The statements highlights the struggles and resistances that challenged the pioneer nurses of UFSC, and that, according to Foucauldian thought, there is no power relationship without resistance. Any fight takes place in the very network of power. There is no defined place of resistance, but floating and transient points that are distributed throughout the social structure.²⁵

In 1973, Rector Roberto Mundell de Lacerda signed Ordinance No. 210 of October 10, 1973, approving a curricular adaptation in which the basic cycle would no longer be common to all courses, in an attempt to improve the number of students entering the Nursing Course. However, this alternative was not yet the best, and was only surpassed when the first choice of the course by the students became mandatory for the classification in the vestibular exam.^{21,26} In the mid-1970s, the course was recognized through Decree No. 76,853/75 by President Ernesto Geisel, after evaluation of a special CFE committee. This was considered an important fact, since it consolidated the work that the coordination and teachers of the course had been doing so hard. And for the graduates it was the legalization of their title of Nurse, and the right to exercise

the profession.^{21,27}

Integrated Teaching was implemented at the beginning, bringing numerous challenges for coordination, professors and students, but, in the course of the implementation process, it became interesting and provided students with a more globalized perspective. The disciplines are now integrated, and entitled curricular units from the beginning to the end of the course. The integrated curriculum seeks to develop an articulation between all phases of the course, from the teaching of basic to professional subjects, through the integration of contents and approach of transversal topics such as ethics, creativity, citizenship and teamwork.

Although the professionals, who believed in the possibility of integrating the curriculum, agreed that the early interaction between the subjects of the basic cycle and the vocational cycle would generate greater satisfaction in the students, favoring the critical spirit and commitment to the teaching-learning process, this was not what happened in the Nursing Course. In 1978, two years after the implementation of the integrated curriculum project began, the MEC prepared an evaluation and offered the possibility of continuing this project. The Nursing course made some adaptations related to workload adjustment, discipline content, among others, and with the acceptance of the MEC decided to continue with the integrated curriculum. However, the basic cycle decided that it would no longer participate, mainly due to the difficulties in adjusting the workloads of teachers.²¹

With the approval of Ordinance No. 103, of April 17, 1991, of the Pro-Rector of Teaching of UFSC Luiz Rodney Mello, there was a new structure of the integrated curriculum, in which a significant change in the structure, content and layout in the curriculum was made.¹¹ The professors of the Nursing Course of UFSC, in addition to the commitment to the quality of teaching, used the device of visibility, thus making an encounter of power with knowledge, exercising powers and producing knowledge in the search for the organization of the nursing course.²⁵

Thinking about a history of the present enables authors to interpret facts from the past, in the light of knowledge and relationships, as it built a strategy for the historical analysis of the events and happenings of overlapping individuals, institutions and organizations in their networks of knowledge-powers. The Foucauldian framework

allows us to understand that new subjects emerge with new powers and knowledge, showing that relationships are in constant movement.

As limitations of the study, it can be inferred that, in some moments, the participants' memory about the past, even recent, may not match the macro reality at the time of the study. A larger number of participants who experienced the historical outline of this study could further expand the discussion on the topic.

This research aims to contribute to the historical-social construction and highlight the importance of the Undergraduate Nursing Course at UFSC in strengthening and implementing teaching in the state. It also makes it possible to understand the challenges and difficulties of implementing a curriculum in a new course. In addition, knowing the history of nursing education in Brazil, even if evaluating the reality in a specific state, can point to the analysis of the ways in which a curricular structure developed by nursing and education professionals considerably expands nursing knowledge.

Conclusion

When following the trajectory of nursing education in the Undergraduate Nursing Course at UFSC, one cannot fail to recognize that it has suffered countless influences from different contexts at each time. Since 1969, the year it was created, the purpose of the course has been to prepare nurses to work in the health field, sometimes prioritizing the medical/hospital, curative model, sometimes with actions also focused on the social aspect.

From the beginning, the course was structured, following the evolution of Brazilian curriculum reforms, valuing collective discussions, evaluations and reformulations of the curriculum, in order to qualify it, including valuing the participation of students. The implementation of different curricula was guided by the pedagogy of trial and error, most of the time, in innovative situations. With the consolidation of the implementation of the integrated curriculum, nursing teaching becomes a model for other schools in the state.

Concomitantly with the study of the curricular reforms reported in this research, significant advances were noted both in the implementation of new disciplines in curricula,

as well as in the training of new professionals working in the health area, specifically in the nursing curriculum, with repercussions in the various nursing courses by the State of Santa Catarina.

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Author Contributions

1 - Juliana Bonetti de Carvalho

Corresponding Author

Nurse, PhD in Nursing - E-mail: julianapersempre@hotmail.com

Concept or study/research design, analysis and/or interpretation of the data, final review with critical and intellectual participation in the manuscript.

2 - Maria Itayra Padilha

Nurse, PhD in Nursing - E-mail: itayra.padilha@ufsc.br

Concept or study/research design, analysis and/or interpretation of the data, final review with critical and intellectual participation in the manuscript.

3 - Roberta Costa

Nurse, PhD in Nursing - E-mail: roberta.costa@ufsc.br

Final revision with critical and intellectual participation in the manuscript.

4 - Mariana Vieira Villarinho

Nurse, PhD in Nursing - E-mail: nanyufsc2004@gmail.com

Final revision with critical and intellectual participation in the manuscript.

5 - Stéfany Petry

Nurse, master's in nursing -E-mail: petrystefany@gmail.com

Final revision with critical and intellectual participation in the manuscript.

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