Original article

Diversity in health training: experiences of undergraduate students at a federal university

Diversidade na formação em saúde: vivências de estudantes de graduação de uma universidade federal

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ABSTRACT | INTRODUCTION: The theme of diversity in higher education is still largely absent.In this context, Affirmative Action policies began to mobilize more intensely the need to rethink higher education.. Thus, arises the debate on the need to rethink the training and political pedagogical projects of undergraduate courses. **OBJECTIVE:** This study's goal is to understand how the theme of diversity is present in undergraduate health courses at a federal university, through the experiences of students in their final year of undergraduate. **METHOD:** This is a research with a qualitative approach. As a data collection tool, a semi-structured interview with a script of guiding questions was used. Seven students from nursing, physiotherapy, occupational therapy, and medicine courses at a federal university participated in the study. **RESULTS:** The meanings of the themes of diversity in health education were shown. They revealed the weaknesses in the lack of guarantee of these themes in a transversal way during graduation. One of the highlighted points is the presence of diversity in the university space as a form of mobilization and changes in teaching. **FINAL CONSIDERATIONS:** The study showed the need to develop strategies that ensure the discussion of diversity issues in health education in an institutionalized way, as well as an integral part of the university's broader project.

KEYWORDS: Pedagogical practices. Health and Diversity. Degree in Health. National Curriculum Guidelines.

RESUMO | INTRODUÇÃO: A temática da diversidade no ensino superior ainda se mostra em grande parte ausente. Nesse contexto, as políticas de Ações Afirmativas passaram a mobilizar de forma mais intensa a necessidade de repensar a formação superior. Surge, assim, o debate sobre a necessidade de repensar a formação e os projetos políticos pedagógicos dos cursos de graduação. **OBJETIVO:** Este estudo buscou compreender como a temática da diversidade está presente nos cursos de graduação da área da saúde de uma universidade federal, por meio de vivências de estudantes do último ano da graduação. **MÉTODO:** Trata-se de uma pesquisa de abordagem qualitativa. Como ferramenta de coleta de dados foi utilizada a entrevista semiestruturada com roteiro de questões norteadoras. Participaram do estudo sete estudantes dos cursos de Enfermagem, Fisioterapia, Terapia Ocupacional e Medicina de uma universidade federal. **RESULTADOS:** Mostrou-se os sentidos das temáticas da diversidade na formação em saúde. Revelaram as fragilidades na falta de garantia desses temas de forma transversal durante a graduação. Um dos pontos evidenciados é a presença da diversidade no espaço universitário como forma de mobilização e mudanças no ensino. **CONSIDERAÇÕES FINAIS:** O estudo mostrou a necessidade da elaboração de estratégias que garantam a discussão das temáticas de diversidade na formação em saúde de forma institucionalizada, bem como parte integrante do projeto mais amplo da universidade.

PALAVRAS-CHAVE: Práticas Pedagógicas. Saúde e Diversidade. Graduação em Saúde. Diretrizes Curriculares Nacionais.

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1. Introduction

Historically, higher education has been discussed not only as a "place" for technical and scientific knowledge, but also as a space for comprehensive education based on the values of citizenship, ethics, and human rights. According to the UNESCO World Declaration on Higher Education for the 21st Century, university education serves as a locus for democracy, rights, and peace[1], as well as the development of critical professionals and the subsequent advancement of citizenship.[2]

In this context, higher education is a tool in the fight for a democratic society where human and cultural diversity is valued in the formative process through pedagogical practices that contribute to social change.[1,3]

Based on the transdisciplinarity concept, pedagogical practices are based on contemporary issues through a critical dimension of the world's problems and everyday life.[4] In this sense, transdisciplinarity raises questions about the need to look at curricula and the inclusion of cross-cutting themes, historically rendered invisible, such as race, ethnicity, gender, inclusion, and human rights.

Dialoguing with a decolonial education perspective, rooted in Paulo Freire's legacy and the work of Boaventura de Sousa Santos on education, we understand the existence of a colonial heritage in the way teaching and learning occur, permeating curriculum frameworks. This is observed through the denial of certain themes and the delegitimization of knowledge and experiences. The coloniality of education is materialized in power relations, in Eurocentric education that reproduces racist, misogynistic, patriarchal practices rooted in a single epistemology, the Western one. In this sense, decoloniality exposes several forms of oppression that persist as a result of a long period of domination.[5]

Through the concept of banking education, Paulo Freire exposed the violence in education and a model in which individuals were dehumanized daily, with their voices and knowledge denied. Breaking this model is only possible through a practice of teaching-learning for freedom, which is a dialogical practice that recognizes and values each person within their context, culture, knowledge, and rights.[5]

Health education is a field of plurality, an interface of different theoretical perspectives and areas of knowledge. However, historically, health as a field of knowledge has been understood from a positivist perspective, where professional education has been constructed in a reductionist manner, centered on biological aspects, explanations of the disease process based on laboratory studies, and the dimension of the biological body, without taking into account the historical, social, and relational dimensions of life.[6]

The Diretrizes Curriculares Nacionais – DCNs (National Curricular Guidelines)[7] for health courses were developed with the aim of ensuring education based on the principles of the Brazilian Sistema Único de Saúde – SUS (Unified Health System). As these guidelines guide the pedagogical policy projects, they are increasingly seen as a key point in meeting social demands.[8,9]

Understanding, awareness, and knowledge about diversity are essential for healthcare education so that the life paths and stories of individuals are taken into account. Beyond the biological sphere, health education should encompass subjective, ethnic-racial, gender, generational, sexual orientation, ethical, socioeconomic, cultural, environmental, and other aspects that represent the diversity of the Brazilian population.

In the field of health, the DCNs[7] aim to contribute to human and social development, considering the inequities present in contemporary society and the challenges of everyday health care. In this sense, the training of a humanistic, critical, and reflective professional of their practice, in line with the principles of SUS, is highly valued.

Therefore, it is understood that ensuring the theme of diversity in the pedagogical policy projects of health courses can promote the training of a professional who is ethical, critical, reflective, and a promoter of citizenship, equity, and rights by means of their professional doing.

In this regard, the objective of this study was to understand how the theme of diversity is present in undergraduate courses in the field of health at a Brazilian federal university through the experiences of final-year students.

2. Method

It is a qualitative study aligned with the methodological framework of discursive practices and the production of meaning in everyday life based on the constructivist perspective of knowledge.[10] In this perspective, knowledge is constructed as a collective act, as a result of the socialization of knowledge that occurs through social practices. Language is seen as a social practice that reveals the conditions in which it is produced, namely, the social, historical, and interactional context.[10] In this study, experiences related to the teaching of diversity in health courses at a federal university in the interior of São Paulo are situated in a historical period when teaching for diversity has been widely discussed.

Data collection took place from October 2019 to March 2020. The invitation to participate in the research and contact with students was facilitated by Academic Centers through the study's promotion, as well as via social media platforms such as Facebook and WhatsApp. Inclusion criteria for participation were being at least 18 years old, being regularly enrolled in one of the health courses, and being in the final year of the course. The exclusion criterion was having a health condition that would prevent participation in the study.

Data collection was carried out through semi-structured interviews using a questionnaire with participant characterization questions and guiding questions. Seven students from the following undergraduate courses participated in the study: Nursing, Occupational Therapy, Physiotherapy, and Medicine. The guiding questions were: 1. During your undergraduate studies, were themes related to health and diversity, such as the inclusion of people with disabilities, ethnic-racial relations, and gender diversity, discussed in the classroom? In what context? 2. Has the education you have received so far provided you with experiences to work with these populations? 3. How do you think these topics could be addressed at the university? A pilot interview was conducted by the first author with a student from one of the courses who was a member of an academic center. This interview was important for confirming the guiding questions and proceeding with the study. Through the interview, an important point related to the students' site of speech was identified. After the study was publicized, students contacted the researchers expressing interest in participating. The number of participants was determined based on the content of the interviews and the achievement of the research objectives. There were no dropouts during the study.

The interviews were recorded digitally and subsequently transcribed in full into text documents. The average duration of the interviews was 40 minutes. The interviews were conducted in a private room at the university, according to the participants' choice. A field diary was also used as a tool for recording the researcher's perceptions, feelings, and reflections during the research process, constituting an important part of the methodological path for reflexivity. The researcher, the first author of this paper, conducted all stages of data collection after receiving prior training and continuous supervision from the supervisor.

As a methodological analysis framework, discursive analysis with the use of dialogical maps was employed. Considering that discursive practices are ways of making sense through language, they relate to how individuals position themselves in everyday social relations. In this context, the dialogical map emerges as a tool that allows visualization of the interactive process that occurs in the interview and the production of discourses and their meanings. After transcription, the interviews were read, and dialogical maps for each interview were constructed to synthesize and organize the contents of the discursive interactions acquired throughout the interviews. From the maps, three central themes related to diversity in health education were identified.

The project was reviewed by the Research Ethics Committee with Human Beings at the Federal University of São Carlos in accordance with Resolution 466/2012 of the National Health Council. The research was approved with opinion number 3.571.076, and data collection only began after approval. Participants read and signed the Informed Consent Form (ICF) before the start of the interview, and a signed copy of the form was retained with each participant.

3. Results and discussion

Among the participating students, four were 23 years old, two were 28, and one was 25 years old. Four self-identified as white, two as parda, and one as indigenous, comprising one cisgender man and six cisgender women. Three students identified as heterosexual, two as bisexual, one as homosexual, and one as asexual. Three students were in the final year of the Nursing program, two in Physiotherapy, one in Occupational Therapy, and one in Medicine. Three students gained admission to the university through the general competition, three through Affirmative Action programs, and one through an indigenous entrance exam. To ensure the confidentiality and anonymity of the participants, they were identified by the letter I (interviewee) followed by their respective interview numbers.

Site of speech and representation in the classroom: *"You have to do twice as much because of your skin color."*

Historically, Brazilian universities and colleges are spaces accessed by people from privileged social strata. With the implementation of affirmative action policies and programs, intensified in the 2000s, this scenario gradually began to change, and marginalized individuals who had been denied their rights started to access higher education opportunities.[11] From the perspective of ethnic-racial relations, universities' affirmative action implementation polices reflects the need for reparation for over 500 years of oppression and slavery in Brazil.[12-14]

In this sense, it is necessary to understand how race, class, and gender permeate the lives of students. The concept of intersectionality allows this reflection by debating how different hegemonic forms of domination feed and sustain social structures marked by violence, exclusion, and inequalities. The student's account reflects the impact of this structure in their daily life:

> *"Being followed in the market, having to show the purchase invoice to prove that you actually made a purchase. Having to get good grades to prove that you are truly capable. As my mother said: you have to do twice as much because of your skin color" (I1).*

University has become a field for these discussions and a heterogeneous place in relation to life stories, knowledge, and experiences. In this context, recognizing the influence that the student body has on the construction of knowledge during their undergraduate years, their demands, and experiences can become discussions and potential learning experiences when there is openness and dialogue for this to occur.[15]

> *"My class is very diverse; we have indigenous students, many black girls, a wide range of sexual orientations, including many bisexual and lesbian girls" (I6).*

> *"I think I've developed much more because of myself; I discovered myself during the course, and I felt the need to seek more, but I think that's it, I'm an LGBT woman" (I2).*

The experiences of students appear as fundamental elements, indicating the need for differentiated pedagogical practices in which students are active and protagonists in knowledge production.

> *"As a black person, I feel that it's lacking to bring in a black person to talk about it, and regarding indigenous issues, I feel that it is necessary to bring an indigenous person" (I1).*

> *"I think what we need the most is a course where we're not there to receive information, but to share" (I4).*

The following account demonstrates how contact with real individuals and everyday experiences can lead to significant formative processes that promote awareness.

> *"She [professor] once brought in a student from Social Sciences who is a wheelchair user, an amazing guy; he talked to us about sexuality, the body of a person with disabilities, and he brought a perspective that no one had on the subject, and it opened our minds" (I6).*

In the following statement, the indigenous student highlights the lack of dialogue between traditional, popular forms of care and Western healthcare practices, emphasizing the importance of this discussion and legitimizing the presence of indigenous students in healthcare courses.

"Because here, we see Western medicine, which is very different from indigenous medicine. This has a significant impact, if you think about it, especially in terms of care. For example, indigenous people deal a lot with the knowledge they already possess. So, there will be an impact on Western medicine, and there's no conversation; Western medicine wants to bring in what it has, and indigenous medicine also brings what it already has, and then it clashes, and there's no care at all" (I3).

The presence of individuals from diverse groups in the university environment breaks with the colonialist and dominant logic.[16] Students who enroll in undergraduate courses due to reserved places rarely find themselves represented at University teaching staff. This is due to the difficult access of these people to postgraduate programs, as well as teaching places, as access to these positions is hardly made possible by institutions through affirmative action policies.[17] In the broader context of diversity people, black, indigenous, transgender, and people with disability have had limited access to postgraduate education and, consequently, to teaching positions.[18-20]

(In)Visibilities: challenges in health education for diversity

In the face of social inequalities and disparities in access to healthcare and education, policies and specific programs have gradually been developed for marginalized populations, addressing their healthcare demands and needs. It is evident that these are recent initiatives, revealing a long history of barriers to healthcare access for these groups.[21-23]

In this context, the Curricular Guidelines for Health Courses emphasize the need for care qualification and the strengthening of the SUS. Although the Curricular Guidelines for Health courses discuss the need for comprehensive care based on the recognition of social, cultural, and political factors, a study analyzing the guidelines for health courses reveals that ethnic-racial, gender, sexual orientation, socioeconomic, political, environmental, and cultural dimensions, among others that impact social rights and living conditions, are either mentioned in a limited manner or not addressed at all.[8]

The manifestation of this issue can be observed in the absence of diversity themes in the Pedagogical Political Projects and, consequently, in the perceptions and experiences of students during their undergraduate studies.

"We ended up learning more about diversity in specific situations. Diversity in a more in-depth manner, we think about gender and racial aspects, but they remain largely ignored. I've never had any exposure; what I've seen so far has been very limited" (I7).

"I wanted to know what gender is, what diversity is. I think there's a law that mandates including these topics in the university curriculum, in undergraduate programs, but it hasn't happened yet" (I3).

In the formal curriculum, diversity-related topics appear in the early years of education as part of courses in the humanities, with little integration into the specific subjects of health-related undergraduate programs.

"Mainly in the first years of graduation, we studied a little about the psychosocial aspect, we saw social issues in general, about sexuality, about mental health issues, in the first two years" (I7).

"I don't remember much about gender diversity in class. Maybe in the humanities courses that we took more in the first year, anthropology, philosophy, those subjects covered it more, but it was only in the first year" (I5).

The accounts reveal that "outside" the curriculum of the courses, there are formative spaces related to diversity topics, such as elective courses, extension projects, and scientific research projects, as reported.

"I took a course that was not part of the specific curriculum; it was about ethnic-racial issues, and I took it as an elective course. It's not in the nursing curriculum" (I3).

"I had an experience in Scientific Initiation doing research with Haitian individuals in Campinas, which was fantastic. With them, I saw the issue of diversity and encountered terrible racism. I believe that, in general, when you work with vulnerable populations, you will encounter systemic racism". (I6).

"I'm part of the Indigenous Programa de Educação pelo Trabalho – PET (Education through Work Program) for health courses, so we debate this a lot, because it's a curricular problem" (I3).

Despite efforts to raise awareness, the exercise of empathy appears to have little space for deep reflection on the structural inequalities processes in society and the development of health strategies and practices in the educational process that can deepen these issues.[24]

Encounters with diversity in healthcare practice: "We didn't know how to handle it"

Discrimination and violence in daily healthcare services have their roots in the lack of Education for Diversity. For example, studies conducted with the transgender population show healthcare services as places that reproduce and reinforce violence.[25-27] The reflection of the lack of training for diversity leads to a scenario of daily production of dehumanization practices in healthcare settings.[28]

The restructuring of health courses' curriculum is a necessary action that requires breaking away from conservative structures to make room for changes that encompass innovations and the demands of contemporary society.[29] Part of the coursework in health courses is dedicated to practical healthcare experiences, which take place in healthcare services such as primary health units and hospitals, among others. On this topic, students report the challenges they face during practical internships in patient care.

"She was deaf, and we didn't know how to handle it; even the professors didn't know. We didn't have the tools for it (...) In our class, there was a colleague who had taken a sign language course on her own and could communicate with the patient. I wouldn't have known what to do; I really wouldn't. Sign language is elective; it should be mandatory" (I3).

Students' experiences reinforce the lack of integration of various aspects of diversity throughout their educational process, both in the early years and on a continuous basis.

"I was in the pediatric ward, and there was a child with her godfather who was a trans man. The healthcare team had a lot of difficulty understanding who he was. People were very confused when they looked at him and didn't know his gender identity or how to address it" (I7).

"Because we will be dealing with this, it's very essential. I'm in the final stage of practical training, so we deal with various diverse populations. We don't know how to handle it, like, the name, for example, in terms of gender, how are we going to address it?" (I3).

Healthcare work demands an eye for complexity. Challenges arise in an education system that breaks away from prescriptive and symptom-focused logic, and it is necessary to foster healthcare education that promotes empathy in practice.[30]

The following account demonstrates that by getting closer to individual experiences, it is possible to recognize the need, acknowledge each person, and engage in dialogues about diversity.

"There was a girl who talked to me about being bullied at school due to her race. I'm a white person, so I can't know what it's like to experience racism, but I can have empathy for it, and in some way, I managed to provide her with other references of representation for Black women" (I6).

"The fact of being a lesbian is very different, so I have several examples of obtaining treatment, of convincing a girl to undergo an examination because she is also a lesbian, and she identified with me, she understood what I was saying (...) It's important to have a representative who knows what you are and doesn't judge you for who you are" (I2).

The encounters that take place in practice are formative in multiple ways, not limited to the procedural components of healthcare but also encompassing relationships, contact with different realities, and reflections on social structures, privileges, and a sense of belonging.

"There are moments of reflection when you stop and think, 'I never thought about this.' And it's them [service users] telling their stories. You're there to care for them, but what I've learned from my experiences with them is incomparable to what I've learned from patient narratives, about their reality, which is not my reality. I have no words" (I4).

4. Concluding remarks

This study has highlighted the lack of in-depth and cross-cutting inclusion of diversity themes in the academic journey of students. Consequently, it has emphasized the importance of listening to the voices of the student body and creating spaces where they can act as protagonists in the educational process.

It can be concluded that there is an urgent need to develop strategies that ensure the comprehensive integration of diversity themes in healthcare education, as well as the agenda of the more comprehensive project in higher education. Education for diversity, as part of a broad University project, translates into a commitment to building a society based on rights, equity, and non-violence.

The primary limitation of this study was the lack of participation from educators and a more diverse group of students. These aspects have the potential to inspire further research that can enhance our understanding of diversity in healthcare education. The results indicate significant pathways for promoting changes in the pedagogical and political projects of healthcare courses.

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Authors' contributions

Silva CI contributed to the research question conception, data collection, analysis and interpretation of data, and the writing of the scientific article. Stofel NS, Borges FA, and Teixeira IMS contributed to the writing of the scientific article. Salim NR contributed to the research question conception, methodological design, data analysis, interpretation of results, and the writing of the scientific article. All authors reviewed and approved the final version and agreed to its publication.

Conflicts of Interest

No financial, legal, or political conflicts involving third parties (government, companies, private foundations, etc.) have been declared for any aspect of the submitted work (including, but not limited to, grants and funding, participation in advisory boards, study design, manuscript preparation, statistical analysis, etc.).

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