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Academic experience in nursing in a context of social vulnerability: an experience report in the Jequitinhonha Valley - MG

Academic experience in nursing in a context of social vulnerability: an experience report in the Jequitinhonha Valley – MG

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Summary

Objective: To report the experience of nursing students in an extension program carried out in a vulnerable community in the municipality of Pedra Azul, Minas Gerais, in the Jequitinhonha Valley. **Method:** This is a descriptive experience report with a qualitative approach, referring to participation in a university extension project developed between July 21 and 30, 2006. The activities were promoted by a higher education institution in the interior of São Paulo state, in partnership with local religious and health organizations. **Results:** Home and community care was provided, including dressings, nursing consultations, vital signs checks, blood glucose testing, educational guidance, and referrals. The population was receptive, expressing acceptance and gratitude.

The reality was marked by precarious basic infrastructure, hunger, lack of sanitation, and a shortage of health services. The experience fostered critical reflection, the development of practical skills, social awareness, and strengthened teamwork among students. **Conclusion:** Immersion in vulnerable contexts contributes significantly to the human and professional development of nursing students, reinforcing the importance of extension projects as instruments of social transformation and enhancing the ethical and technical training of future health professionals.

Keywords: University extension; Community nursing; Social vulnerability; Health training; Humanization.

Abstract

Objective: To report the experience experienced by nursing students in an extension action carried out in a vulnerable community in the municipality of Pedra Azul, Minas Gerais, in the Jequitinhonha Valley. Method: This is a descriptive experience report, with a qualitative approach, regarding the participation in a university extension project developed between July 21 and 30, 2006. The actions were promoted by a higher education institution in the interior of the state, in partnership with local religious and health organizations. Results: Home and community care were performed, including dressings, nursing consultations, vital signs verification, blood glucose tests, educational guidelines and referrals. The population was receptive, expressing welcome and gratitude. It was observed a reality marked by the precariousness of basic infrastructure, hunger, lack of sanitation and lack of health services. The experience promoted critical reflection, development of practical skills, social awareness and strengthening of teamwork among students.
Conclusion: Immersion in contexts of vulnerability contributes significantly to the human and professional training of nursing students, reinforcing the importance of extension projects as

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instruments of social transformation and improvement of the ethical and technical training of future health professionals.
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1. INTRODUCTION

University extension is one of the fundamental pillars of higher education Brazilian, alongside teaching and research. In the field of Nursing, it stands out for provide students with practical experiences that transcend the limits of the classroom, bringing them closer to the social and health realities of the most vulnerable populations. This The articulation between theory and practice contributes not only to the consolidation of knowledge technical-scientific, but, above all, for ethical, civic training and commitment to the principles of the Unified Health System (SUS), such as equity, universality and comprehensive care.

In this context, extension experiences in regions marked by deep social and structural inequalities become even more significant. The Jequitinhonha Valley, located in the state of Minas Gerais, it is historically recognized as one of the most impoverished parts of the country, facing serious difficulties related to access to health, sanitation basic, education and infrastructure. Including nursing students in this scenario not only broadens your understanding of the multiple dimensions of health care, but also encourages empathy, resilience and a sense of social responsibility.

The role of nurses in contexts of social vulnerability assumes a strategic role in Primary Health Care (PHC), articulating care actions that consider the determinants social and the specificities of territories marked by exclusion. Even in the face of structures precarious and with limited access to services, the Nursing professional is able to implement resolution and educational practices, promote acceptance and strengthen community ties. According to Soares *et al.* (2020), nursing plays an essential role in promoting access to health and in the humanization of care in vulnerable communities, reaffirming its commitment to equity and social justice.

Based on this panorama, a project was carried out between July 21st and 30th, 2006 extension focused on health care and health education in the city of Pedra Azul - MG, through the initiative of a higher education institution in the interior of São Paulo, in partnership with

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religious organizations and the local health network. The activities developed included home care, nursing consultations, dressings, educational guidance and others actions aimed at disease prevention and health promotion.

In view of the above, this article aims to report the experience lived by Nursing students in extension activities in the Jequitinhonha Valley, reflecting on the challenges faced, the impacts generated in the community served and the lessons learned incorporated into professional training. This report is expected to contribute to strengthening of extension practices in undergraduate Nursing, reaffirming its transformative potential both for students and for the territories involved.

2. DESCRIPTION OF THE EXPERIENCE

2.1 Project Organization

The reported experience was developed from a university extension project with focus on health care and education for the population in situations of social vulnerability, in the municipality of Pedra Azul, located in the Jequitinhonha Valley region, in Minas Gerais. proposal arose from a partnership between a higher education institution in the interior of state of São Paulo, the Padre Albino Foundation and the Congregation of the Sisters of Our Lady of Resurrection. The initiative aimed to offer fourth-year Nursing students a practical experience through extracurricular internship in a reality different from that usual in academic context.

The preparation for the extension action was carried out carefully, taking into account prior meetings with the participating team, definition of strategies, review of general objectives and specific and logistical organization. Meetings were held to align the procedures assistance and pedagogical, as well as to promote ethical reflections on care in vulnerable territories. Furthermore, materials and equipment were organized necessary, such as dressing kits, vital signs checking devices, rapid tests, instruments for clinical evaluation and teaching materials for educational activities.

The general objectives of the action were based on raising awareness among academics about Brazilian social realities marked by inequality, aiming to strengthen a

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humanized and critical training. Among the specific objectives, the following stood out: to offer nursing care for the sick population, sharing technical knowledge and human values with local residents and collaborate technically with existing health initiatives in the region, such as the Pastoral da Saúde.

The choice of a territory with characteristics of high social vulnerability, such as the Vale of Jequitinhonha, was strategic to provide students with immersion in a setting challenging, in which the scarcity of resources, the absence of basic sanitation and the lack of services public impose concrete limits on the practice of care. In this sense, careful organization of the project allowed us to guarantee not only the safety and effectiveness of the services, but also the creation of spaces for listening, dialogue and exchange of experiences between academics and the community.

2.2 Characterization of the Territory

The municipality of Pedra Azul, located in the Jequitinhonha Valley region – MG, presents a socioeconomic context marked by deep structural inequalities, reflecting directly on the health conditions of the local population. This is a region that has historically neglected in terms of public policies, with low social and economic indicators, high unemployment rate and precariousness in basic services, such as health, education, transportation and sanitation. A large part of the population lives in poverty or extreme poverty, with per capita income below the minimum wage, which limits access to fundamental social rights.

The families served by the extension team demonstrated high vulnerability, not only economically, but also in terms of access to information, ongoing assistance and services of health prevention. Informal work and subsistence agriculture are still the main community sources of income, which contributes to financial and social instability. Many residents depend on income transfer programs, such as Bolsa Família (currently Auxílio Brasil), to guarantee basic sustenance.

The lack of basic sanitation was also observed in most homes. visited, as well as the difficulty in accessing drinking water and adequate waste collection. This poor health situation increases the risks of infectious, parasitic and chronic diseases transmissible. Furthermore, precarious transportation compromises travel to health services health, making it difficult to monitor clinical conditions and adhere to treatment for health problems.

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The lack of adequate basic sanitation in Brazil continues to represent a serious public health problem, with direct impacts on the lives of the population, especially those most vulnerable groups. In 2023, 11,544 deaths from Related Diseases were recorded to Inadequate Environmental Sanitation (DRSAI), an alarming fact that highlights the precariousness of the country's health infrastructure. Among the main groups of diseases, those of fecal-oral transmission, responsible for 49.1% of deaths (5,673 cases), and those transmitted by vector insects, which accounted for 46.7% of deaths (5,394 cases). These numbers reveal how the lack access to essential services such as drinking water supply, sewage collection and treatment contributes significantly to the spread of disease, perpetuating cycles of poverty, social exclusion and overload of the health system (Instituto Trata Brasil, 2023).

Despite material difficulties, the local population demonstrated a strong sense of community solidarity, emotional support and willingness to participate in the proposed actions by the Nursing team. Cultural and religious values were present in the daily lives of families, functioning as important mechanisms of resistance and social cohesion. Attentive listening of the community's needs revealed how much the lack of continuous public policies deepens the feeling of institutional abandonment, while the presence of projects extension workers, even if occasional, is experienced with enthusiasm and gratitude by residents.

In this scenario, the Nursing team acted in a humanized, respectful manner. and committed to the emergency and structural demands of the territory. The experience allowed understand that health care cannot be separated from social determinants, demanding from the professional sensitivity, creativity and ability to adapt to the changing adversities imposed by local reality.

2.3 Actions Taken

During the period of operation in the territory of Pedra Azul – MG, various health care and promotion actions, based on qualified listening, in its entirety assistance and valuing the bond with the community. The activities were carried out both in institutional support units, such as health posts and community centers, and through home visits, ensuring the capillarity of care and adaptation to local conditions.

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Among the main procedures performed, nursing consultations stood out, focusing on clinical evaluation, listening to main complaints, monitoring conditions chronic diseases and therapeutic guidance. In home care, priority was given to checking vital signs (blood pressure, temperature, heart rate and respiratory rate), performing tests capillary blood glucose, verbal assessment of pain, and referral of cases considered more serious to the local health service. This approach is in line with the role of the nurse in Health Care Primary, which involves comprehensive and continuous care, with a focus on resolute and based actions in real needs of the territory (Furtado, Queiroz and Andres, 2021).

In a PHC context, the nurse assumes functions that reconcile clinical and management actions, ensuring comprehensive care. This includes conducting consultations, home visits, health surveillance and care coordination, activities that require technical autonomy and ability to articulate territorial resources (Sanca, 2022). These professionals play a key role in connecting with the population, promoting longitudinality of care, a fundamental attribute of PHC that favors monitoring continuous over time and therapeutic adherence (Tosso, Fungueto and Maraschin, 2021).

Furthermore, the nurse in PHC plays a strategic role in the prevention and control of chronic non-communicable diseases (NCDs), through systematic monitoring, education in health and support for individuals' self-care. This structured care requires integration between the various points of the network, the coordination of care, ensuring that the patient's demands are met in an articulated and decisive manner, with appropriate referrals and promotion of user empowerment.

Healing actions were also present in the team's routine, with the performance of dressings on wounds of different natures and guidance on post-treatment care. The shortage of materials and precarious sanitary conditions required creativity and adaptation by professionals, which highlights the importance of training that develops skills such as decision-making, teamwork and responsible improvisation.

In parallel with individual care, a set of activities was developed educational activities focused on disease prevention and promoting healthy habits. They were topics such as high blood pressure, oral hygiene, prevention of sexually transmitted infections were covered. transmitted infections (STIs), breast self-examination, cervical cancer prevention, hygiene body and water care. Health education, in this context, was configured as

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fundamental strategy to increase the population's protagonism in self-care, as reinforced by recent studies that associate educational actions with the reduction of preventable illnesses in populations vulnerable (Souza *et* al., 2021; Gitirana, 2021).

Home visits, in turn, allowed the identification of environmental factors and social issues that directly impact the health of residents, such as the lack of basic sanitation, food insecurity and limited access to transportation. These elements contributed more targeted and humanized interventions, favoring not only the clinical approach, but also active listening and emotional support. As highlighted by the Ministry of Health (2021), home visit should be understood as an expanded practice of care, which takes into account the social, cultural and affective dimensions of the health-disease process.

It is worth highlighting that the actions were developed in partnership with community agents from health, representatives of the local pastoral and professionals from the region's basic unit. This coordination interinstitutional was essential to ensure the continuity of the care initiated and to respect the flows already existing in the territory, avoiding overlapping actions or disruption of community references. Integration with the health care network strengthens the principle of intersectorality, essential for the implementation of the SUS (Mendonça; Lanza, 2021).

2.4 Challenges and impacts

Working in vulnerable territory required constant adaptation from the team in the face of scarcity of material resources and infrastructure, putting creativity and organization to the test in the face of insufficient equipment and limited sanitary conditions. This reality highlighted the need to develop the ability to improvise responsibly, prioritize responsibly effective and make autonomous decisions in adverse contexts.

Additionally, logistical obstacles, such as poor transportation and significant distance between residences, affected adherence to prolonged monitoring and demanded planning careful management of visits. The complex logistics highlighted the importance of management strategies that integrate community knowledge and service modalities adapted to local reality, reinforcing the value of the nurse as an articulator of care.

From an emotional point of view, situations such as neglect of diseases were experienced chronic diseases, precarious housing and food insecurity, which intensified the ethical commitment to

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humanized care. The experience reinforced that Nursing must serve not only clinical needs, but also consider the social, cultural and affective context, promoting active listening and empathy in relationships with residents.

In this sense, the central role of the nurse in Primary Health Care (PHC) stands out, which brings together clinical and managerial functions, such as consultations, health surveillance and coordination of multidisciplinary teams, essential elements to promote continuity of care and strengthen ties with the community served. Interprofessionality is strongly emphasized as one of the most effective ways of dealing with the complexity of local demands, promoting the construction of integrated and efficient care networks (Pires, Lucena and Mantesso, 2021).

The prevention and control of chronic non-communicable diseases (NCDs), such as diabetes and hypertension, articulated in longitudinal monitoring and educational actions, are effective strategies to promote self-care and reduce complications. The study by Melo *et* al., (2023) demonstrated that advanced practice nursing care in PHC achieved results positive in the management of these conditions, confirming the relevance of this approach for populations vulnerable.

Home visits stood out as an essential tool for collecting information on social determinants of health, such as lack of sanitation, food insecurity and transportation difficulties, allowing the nurse to evaluate aspects that go beyond the plan traditional clinical practice. This practice, as highlighted by Bolzan (2024) in a study on comorbidities and social conditions of elderly people linked to home care, allows identifying structural factors that directly impact health and mobilize care strategies contextualized.

Home visits stood out as an essential tool for identifying determinants social health issues, such as lack of sanitation, food insecurity and transportation barriers, allowing the nurse to understand the users' living environment to develop interventions more adherent. Bolzan (2023) emphasizes that this approach “allows us to identify structural factors that directly impact health and mobilize contextualized care strategies.” Additionally, the World Health Organization's *PHC Primer* emphasizes that care should be carried out “as close as possible to people’s everyday environment”, highlighting the mastery of territory as a key element to ensure continuity and comprehensive coordination of care primary (WHO, 2023). *On-site* observation enables the formulation of individualized plans,

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that combine health education, appropriate referrals and continuous monitoring according to the identified needs, characterizing a truly PHC practice resolute, sensitive and user-centered.

Based on this data collected *on site,* it is possible to develop care plans individualized, integrating educational actions, appropriate referral and monitoring systematic care directly at home. This personalized care strengthens PHC as a network resolute, capable of responding effectively to the needs of the community without depending exclusively restricted outpatient services. In addition, home visits promote building a stronger therapeutic bond between the team and users, encouraging listening active, trusting and empowering citizens in the care process. It is a space relational work that enhances nurses' skills, such as empathy, communication and negotiation skills.

From a health equity perspective, home visits help reduce barriers access, especially in rural or peripheral regions where transportation is limited. When moving the service to the user, the nursing team takes on a proactive role in overcoming the structural inequalities present in the territory.

Home practice is not limited to clinical evaluation, but is configured as an action strategic approach to integrate social and environmental determinants into the care plan. This practice robust and sensitive confirms Bolzan's (2023) assertion, by demonstrating that home visits, when well conducted, it generates essential information to formulate personalized actions and promote a more effective, humanized and territorially qualified PHC.

Another fundamental factor was close communication with community agents and members of the local team, including health pastoral care, ensuring continuity of care and respect to already established flows. Studies show that intersectorality and good communication between professionals are crucial to optimizing results and strengthening the care network (Mendonza; Lanza, 2020).

The impacts on the community were noticeable in indicators of self-care, improvement hygiene habits and increased adherence to the proposed treatments. This evolution is in in line with the goals of the Family Health Program, which aims to reduce avoidable hospitalizations due to through preventive actions and health education. Bringing professionals closer to the territory favored not only clinical effectiveness, but also the strengthening of bonds

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community, creating spaces for listening, trust and shared responsibility for care. These results highlight the strategic role of Nursing in promoting health as a process collective, continuous and integrated into the local reality.

For the academics, the immersion in the Jequitinhonha Valley represented a significant leap forward. in professional and personal development. Direct contact with challenging realities confirmed that PHC requires skills beyond the clinical, encompassing social, cultural and community, reinforcing the SUS principles of comprehensiveness, equity and participation community.

The experience highlighted how Nursing, based on humanistic values and practices extension workers, has the potential to transform not only the training of future professionals, but also the dynamics of care in vulnerable territories, acting as an axis of equity and social justice in public health.

3. DISCUSSION AND CRITICAL ANALYSIS

The extension experience in a territory marked by profound social vulnerabilities provided nursing students with an experience that transcended technical practice, expanding understanding of the multiple factors that determine the health-disease process. insertion into the real context of the population's life exposed structural inequalities that hinder the access to basic services and daily challenge the principles of universality and equity advocated by the Unified Health System (SUS).

Providing services in communities with a lack of infrastructure, absence of basic sanitation and food insecurity required students and staff involved to critical and sensitive stance towards social reality. In this sense, extension practice confirmed as a powerful pedagogical instrument, capable of integrating technical-scientific knowledge to ethical and social commitment, bringing future professionals closer to a more empathetic, humanized and decisive.

Primary Health Care (PHC), as the preferred gateway to the SUS, proved to be the ideal field for carrying out this training. The proximity to users, favored by home visits, allowed not only clinical monitoring, but also qualified listening and mapping of environmental and social factors that directly impact the

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population health. The actions carried out demonstrated that PHC is a privileged space for promote comprehensive care, especially when the Nursing professional takes on his/her role role with autonomy, commitment and social responsibility.

Intersectoral work, built in partnership with community agents and local leaders and religious representatives, reinforced the importance of coordination between different social actors in the production of care. This collaboration expanded the scope of actions, enabling continuity after the departure of the extension team and strengthened the belonging of health actions to everyday life of the community. However, a recurring weakness also became evident: dependence on specific and voluntary initiatives to fill historical gaps in the health system, revealing the urgency of structuring and permanent public policies aimed at these territories.

From an academic perspective, the experience proved to be transformative. students faced situations of human suffering, inequality and scarcity, which required more than technical skill: they required listening, sensitivity, the ability to improvise with security and, above all, empathy. These experiences boosted professional maturity and the development of skills such as teamwork, assertive communication, leadership and clinical judgment in the face of concrete reality, often marked by the absence of support appropriate institutional framework.

Activities focused on prevention and health education also played a central role in experience. When addressing topics such as hygiene, nutrition, women's health and chronic diseases, the team promoted spaces for dialogue and learning with users, strengthening their protagonism individual and collective care. However, the challenge of promoting educational actions was observed in scenarios marked by low education levels, material precariousness and the absence of policies continued health promotion, which requires differentiated methodological strategies and pedagogical sensitivity.

Home visits, in this context, have become a privileged tool for PHC, allowing personalized care and recognition of the uniqueness of each family. direct observation of living conditions, family dynamics and environmental risk factors contributed to more precise and contextualized interventions, overcoming welfare models and fragmented. This form of action reinforces the problem-solving capacity of Nursing when exercised based on active listening, shared responsibility and expanded understanding of health.

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The experience also brought to light the limits faced by healthcare professionals in contexts of extreme poverty. The lack of institutional support, the lack of material resources and the fragility of the support network highlighted the tension between the individual commitment of professionals and the precariousness of public structures. It is necessary to reflect on the extent to which Nursing can compensate for the absence of the State alone, at the risk of reinforcing practices compensatory measures that naturalize exclusion.

On the other hand, contact with the community revealed an important paradox: even in the face of scarcity, emotional bonds, solidarity and acceptance had a profound impact the team's performance. This contrast between material scarcity and relational wealth produced effects powerful formatives, teaching that care is also built on reciprocity, on respect for University extension, in this case, was not limited to an extracurricular internship, but constituted as a space for the production of knowledge, care and mutual transformation of the community and future professionals. The meeting between academic and community knowledge revealed the potential of Nursing as a practice committed to life, social justice and the construction of a truly democratic health system. In addition to technical training, it is about to form critical, sensitive subjects capable of acting with dignity and ethics in the most challenging contexts challenging.

4. FINAL CONSIDERATIONS

The experience lived in the municipality of Pedra Azul - MG, in the context of the project of university extension, demonstrated that integrated actions between teaching, service and community can generate significant impacts both on the training of academics and on the quality of care provided to health in vulnerable territories. Direct contact with the social reality of the population allowed understanding health beyond the biological field, demanding action that considers the social, cultural and environmental determinants as an inseparable part of care.

For the students involved, the extension was more than an opportunity to apply knowledge: it was a profound formative experience, capable of developing ethical skills, communicational, technical-scientific and care management in real contexts, marked by challenges and complexities. At the same time, it was possible to observe concrete changes in

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community, especially in terms of adherence to self-care practices, strengthening links with local services and increased access to health information.

This experience reinforces the importance of extension programs in undergraduate studies. Nursing as a structural part of the training process, not as an occasional activity. institutionalization and encouragement of projects of this nature are fundamental to forming professionals who are more prepared, critical, empathetic and committed to the principles of the Unified Health System.

As a reflective development, it is necessary to recognize that the impact of these actions will only be sustainable if there is continuous investment in public policies that ensure access, equity and resolution in Primary Health Care. The role of Nursing, when strengthened by critical training and community integration, it becomes a tool for transformation social, especially in territories where care is often the only link to ensuring rights.

This performance, as a nursing professional, showed that the articulation between academic training and territorial insertion, through extension, contributes in a concrete way for the construction of a fairer, more humane and efficient SUS, reaffirming Nursing as essential profession in the defense of health as a right for all.

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