OBJN
Online Brazilian Journal of Nursing
ISSN: 1676 - 4285 | www.objnursing.uff.br

Submission: 02-Jun-2026
Approved: 02-Jul-2026

FAMILY HEALTH STRATEGY AS A FORMATIVE SPACE: THE EXPERIENCE OF SPANISH NURSING STUDENTS IN BRAZIL

ESTRATÉGIA SAÚDE DA FAMÍLIA COMO ESPAÇO FORMATIVO: EXPERIÊNCIA DE ESTUDANTES ESPANHÓIS DE ENFERMAGEM NO BRASIL

ESTRATEGIA SALUD DE LA FAMILIA COMO ESPACIO FORMATIVO: EXPERIENCIA DE ESTUDIANTES ESPAÑOLES DE ENFERMERÍA EN BRASIL

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How to cite: Abrahão AL, Azkue IH, Muguerza JL, Lima HSB. Family health strategy as a formative space: the experience of Spanish nursing students in Brazil. Online Braz J Nurs. 2026;25(1):e20267038. https://doi.org/10.17665/1676-4285.20267038

RESUMO

Objetivo: Relatar a experiência de estudantes de graduação em enfermagem da Espanha em solo brasileiro, na Estratégia Saúde da Família, tendo como referência as políticas de Atenção Primária à Saúde na cidade de Niterói, no estado do Rio de Janeiro. **Método:** Trata-se de um estudo descritivo, do tipo relato de experiência, que busca descrever a vivência de estudantes espanhóis durante estágio em Unidade de Saúde da Família, no período de abril a outubro de 2025. **Resultados:** A experiência permitiu reconhecer o território como elemento fundamental para a compreensão da saúde, a relevância do vínculo comunitário, das redes informais e das metodologias participativas em educação em saúde, além do papel do Agente Comunitário como figura de proximidade. Ademais, ampliou a identidade profissional e fortaleceu a compreensão da Atenção Primária como prática influenciada pelo social, pelo cultural e pelo territorial. **Conclusão:** Conclui-se que, a partir da experiência relatada, o campo da Atenção Primária mostra-se efetivo e estratégico para o fortalecimento da formação do enfermeiro, alcançando resultados significativos em relação à dinâmica pedagógica.
Descritores: Atenção Primária à Saúde; Enfermagem; Estudantes; Intercâmbio Educacional Internacional.

ABSTRACT

Objective: To report the experience of undergraduate nursing students from Spain in the Brazilian setting, inserted in the Family Health Strategy based on the guidelines of Primary Health Care policies in the municipality of Niterói, state of Rio de Janeiro. **Method:** A descriptive study, of the experience report type, concerning the experience of Spanish undergraduate students during an internship at a Family Health Unit, carried out from April to October 2025. **Results:** The experience enabled the recognition of the territory as a fundamental element for understanding the health-disease process, as well as highlighting the relevance of community bonding, informal support networks, participatory methodologies in health education, and the role of the Community Health Worker as a link of proximity. Furthermore, the experience broadened professional identity and consolidated the understanding of Primary Health Care as a practice inseparable from social, cultural, and territorial determinants. **Conclusion:** The field of Primary Health Care proved to be effective and strategic for strengthening nursing education, providing significant outcomes for pedagogical dynamics.
Descriptors: Primary Health Care; Nursing; Students; International Educational Exchange.

RESUMEN

Objetivo: Relatar la experiencia de estudiantes de grado en Enfermería de España en el escenario brasileño, insertos en la Estrategia Salud de la Familia, con base en las directrices de las políticas de Atención Primaria de Salud en el municipio de Niterói, estado de Río de Janeiro. **Método:** Estudio descriptivo, del tipo relato de experiencia, referente a la vivencia de académicos españoles durante una estancia de prácticas en una Unidad de Salud de la Familia, realizado de abril a octubre de 2025. **Resultados:** La experiencia posibilitó reconocer el territorio como elemento fundamental para la comprensión del proceso salud-enfermedad, así como destacar la relevancia del vínculo comunitario, de las redes informales de apoyo, de las metodologías participativas en educación en salud y de la actuación del Agente Comunitario de Salud como eslabón de proximidad. Además, la vivencia amplió la identidad profesional y consolidó la comprensión de la Atención Primaria como práctica indisociable de los determinantes sociales, culturales y territoriales. **Conclusión:** El campo de la Atención Primaria demostró ser efectivo y estratégico para el fortalecimiento de la formación del enfermero, proporcionando resultados significativos para la dinámica pedagógica.
Descriptores: Atención Primaria de Salud; Enfermería; Estudiantes; Intercambio Educacional Internacional.

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What is already known:

- Primary Health Care (PHC) constitutes a powerful setting for interprofessional practices. Interaction among students from different health fields fosters collaboration, communication, and an understanding of teamwork dynamics.
- Nursing student exchanges in PHC are described in the literature as a relevant formative experience for expanding clinical, cultural, interprofessional, and political competencies focused on health care.
- There is a scarcity of specific studies on the education and exchange of nursing students at this level of care.

What this article adds:

- Student exchange in PHC strengthens the understanding of this level of care as a practice shaped by social, cultural, and territorial contexts.
- The experience highlighted the territory and community bonding as essential pedagogical elements for academic education.
- Primary Health Care is highlighted as a strategic and effective field for strengthening nursing education and developing meaningful pedagogical dynamics.

INTRODUCTION

Primary Health Care (PHC), as the first level of care in health systems, is characterized by an integrated set of individual and collective actions. It encompasses health promotion and protection, disease prevention, diagnosis, treatment, rehabilitation, harm reduction, and the maintenance of well-being, with the aim of delivering comprehensive care that has a positive impact on community health[1].

In Brazil, PHC serves as the communication center for the entire Health Care Network of the Unified Health System (SUS in Portuguese), guided by the principles of universality, accessibility, continuity of care, comprehensiveness of care, accountability, humanization, and equity. Thus, it acts as the gateway and organizer of the flow within services, guiding users from the simplest to the most complex care settings[1].

PHC is structured around multidisciplinary teams, establishing strategic actions for health promotion, disease prevention, and comprehensive care for the population. The responsibilities assumed by family nurses and nursing technicians within the daily dynamics of PHC are central to ensuring access and continuity of care. In different countries, the scope of these actions and responsibilities is related to the degree of professional autonomy, which is conditioned by institutional support, appropriate training, and a collaborative culture[2].

Actions in PHC require professionals to consider the individual in their totality, complexity, and sociocultural insertion, providing health care alongside the family and the community. This reinforces the comprehensiveness of care dynamics, ensuring that programmatic actions and spontaneous demand operate continuously, in an integrated and longitudinal manner. In this process of articulation between services, policies, individuals, families, and communities, the importance of recognizing the territory where these actions take place is emphasized—not only from a geographical perspective, but as a central and organizing element of the teams' work process. In the Family Health Strategy (FHS), the territory is dynamic and embraces the diversity and uniqueness of people, as well as different family and collective configurations, all shaped by political, environmental, cultural, economic, and social factors[3].

Territory is defined as the singular geographical unit used in the decentralized construction of the SUS for the execution of strategic actions aimed at health surveillance, promotion, prevention, protection, and recovery.

The purpose of territories is to dynamize public health actions and support studies of a social, economic, epidemiological, care, cultural, and identity nature. Consequently, they enable an expanded view of each geographical unit and strengthen performance in PHC, ensuring that interventions meet the needs of the enrolled population and specific groups[1].

In the FHS, territorial articulation occurs through the process of territorialization, which transforms geographical space into a "living territory." In this model, the multidisciplinary team not only maps physical boundaries but also assumes sanitary responsibility for a specific enrolled population, enabling the establishment of real bonds and the recognition of social, economic, and cultural dynamics.

Obtaining this information makes it possible to understand the population's health-disease profile, family composition, housing conditions, areas of greater social vulnerability, risk factors, and other essential aspects for planning and executing care in Primary Care[1].

Primary Care—especially the FHS in the Brazilian context—plays a fundamental role in the education of health professionals, serving as a practical field of action and development of supervised academic activities during curricular internships or residencies in various undergraduate and graduate health programs.

The practice of nurses in PHC is supported by legally backed care protocols that guide and bound care, primarily based on the guidelines of the Ministry of Health. However, professionals' perceptions oscillate between recognizing their autonomy within these protocols and perceiving that such instruments also impose restrictions, even when there is room for decisions anchored in clinical judgment and oriented toward resolvability[2].

In this scenario, the National Curriculum Guidelines (NCG) signal professional training oriented toward the needs of the SUS, strengthen teamwork in pursuit of comprehensiveness, recognize the health-disease-care process in an expanded context, and encourage the use of different teaching methodologies[2].

The encouragement of health education that adopts the service as a pedagogical space broadens the capacity for problem-posing within the user's living reality. This allows the pedagogical dynamic to focus on the articulation between academic knowledge and that produced in the

living territory, positioning the student as an active subject in their own education.

International exchange for teaching and research purposes is promoted by educational institutions through specific agreements. This cooperation enabled nursing students from Spain to engage with the PHC network and experience the daily routine of Family Health teams in Brazil.

METHOD

This is a descriptive study, of the experience report type, which seeks to describe the experience of Spanish students during an internship at a Family Health Unit (USF in Portuguese), from April to October 2025.

The experience report is substantiated as a qualitative study, focused on the analysis of relations, representations, beliefs, perceptions, and opinions established between individuals and their ways of thinking[4]. The qualitative approach makes it possible to articulate reflection originating from practice with the investigated problem, allowing a deeper and more contextualized analysis.

In the construction of this report, the retrieval of the authors' memory was used as the primary resource for data production. The experience was analyzed based on the interpretation of events, articulating them with theoretical frameworks and the institutional and social context in which they occurred.

Considering that this is an exposition of the authors' own experience, it was decided to write the report in the first-person plural.

The experience

Our internship at the USF took place in a territory outlined by the sea. There, between the ocean and the dwellings, a formative experience unfolded, shaped by encounters, landscapes, and singular ways of caring. The living experience integrated an academic exchange between the Public University of Navarra (UPNA) and the Federal Fluminense University (UFF), conceived as a journey between health systems, professional cultures, and distinct ways of understanding Primary Care.

As senior nursing students, we set out with the desire to broaden our professional perspective, shake off certainties, and learn firsthand other ways of organizing care. The internship was not only a space for technical learning, but an invitation to observe, listen to, and inhabit the territory as a constitutive part of the health-disease process. The community where the USF is located extends along the shores of a bay, shaped by an irregular topography, narrow streets, and a heterogeneous urban fabric built over time. Life pulses primarily in the public space: on the sidewalks, at street corners, and at meeting points where the neighborhood recognizes itself, artisanal fishing sustains families, and the daily coming and going sketches a vibrant and constantly moving social landscape.

The social determinants of health become visible at every step: residences housing multiple generations, architectural barriers hindering the movement of elderly people or those with reduced mobility, striking socioeconomic inequalities, and an economy deeply tied to the sea. At the same time, dense community networks sustain forms of solidarity and shared care, playing a central role in collective well-being.

This territory reveals, in a concrete way, the urgency of integrating the social, environmental, and cultural context into the planning of PHC actions, recognizing that caring for health also means caring for the places where life happens.

Our first day at the USF began with a walking tour of the community. This methodological choice, uncommon in Spanish clinical training, opened up the possibility of experiencing the territory not as a background, but as a structuring element of health and disease processes. Walking through the streets, observing the dwellings, listening to the sounds, and perceiving local rhythms allowed for a sensitive and concrete approach to the reality lived by the population.

This initial experience was fundamental for understanding the logic of PHC in Brazil, where the territory, community dynamics, and living conditions hold a central place in the organization of care. Still on that first day, after recognizing the space, we were introduced to the FHS team, composed of two medical specialists in Family and Community Health, two specialist nurses, three nursing technicians, one dentist, one dental assistant, and six community health workers—three teams that, together, sustain the daily care of that population.

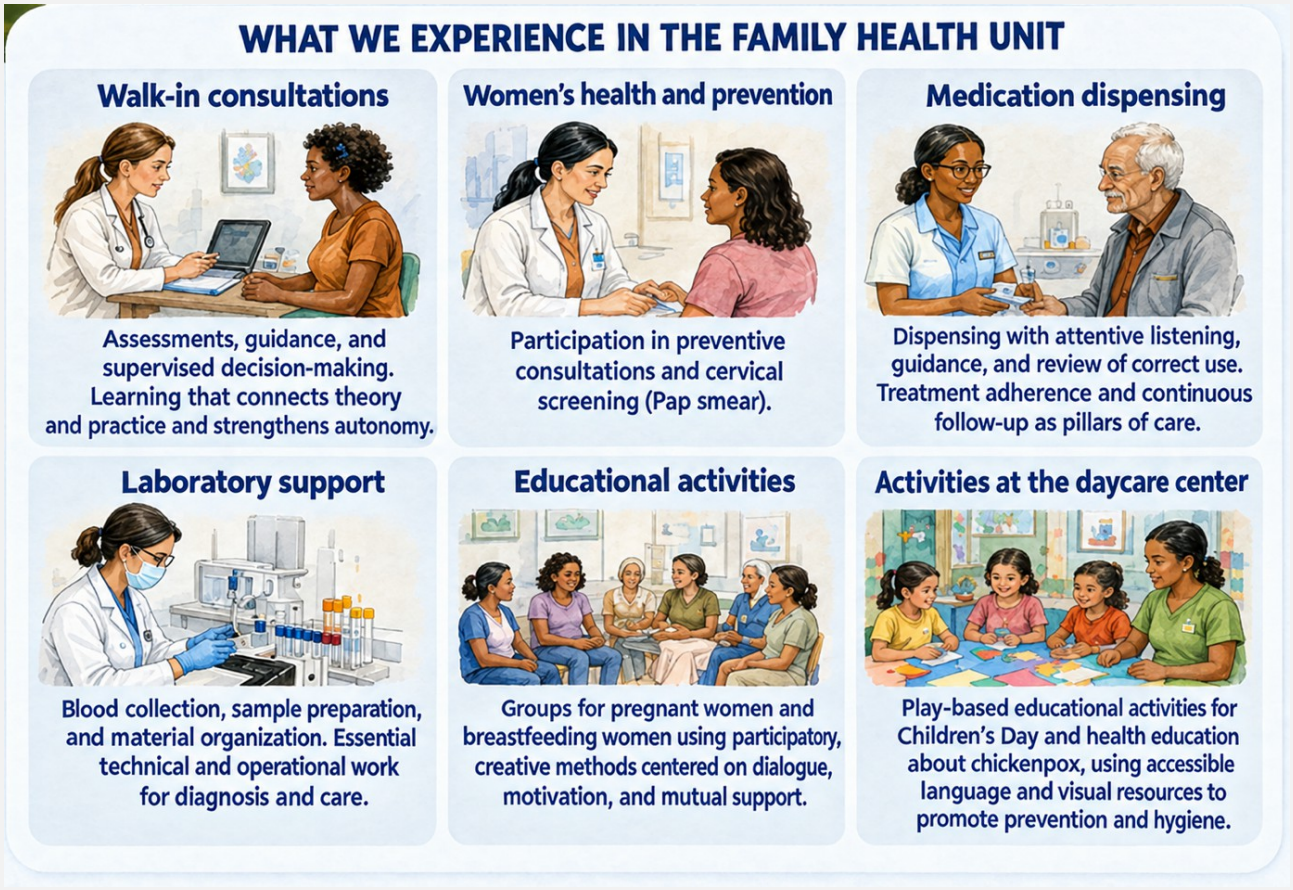
During our stay at the USF, we participated in a diverse set of activities that express the comprehensive nature of Primary Health Care in the Brazilian context. Between consultations, visits, and educational actions, we gradually grasped the complexity and richness of the work developed by the team.

Initially, we participated in spontaneous demand consultations, always under faculty supervision. On these occasions, we performed initial assessments and basic clinical orientations, in addition to monitoring the definition of clinical management plans. We thus experienced a formative space that articulates theory and practice, promoting progressive autonomy and the strengthening of professional confidence.

We also collaborated in preventive consultations focused on women's health, with emphasis on performing the gynecological preventive exam (Pap smear). Accompanied by the faculty member and the team, we observed and executed technical procedures, understanding the logic of screening and recognizing the centrality of prevention in sexual and reproductive health care (Figure 1).

Another significant moment was accompanying the distribution of medications, especially for individuals with chronic conditions. The delivery there was not limited to a technical act, but included listening, guidance, and reviewing the correct use of drugs, highlighting the importance of therapeutic adherence and continuous follow-up as pillars of PHC. We also collaborated with the nursing technician in laboratory procedures, such as blood collection, sample preparation, and material organization. This experience revealed the essential role of technical-operational work for the functioning of the service and for diagnostic support in community care.

Figure 1 – Activities experienced by students in PHC. Niterói, RJ, Brazil, 2026



Source: Prepared by the authors with the aid of the ChatGPT Plus tool.

Educational actions held a prominent place. In the pregnant women's group, we observed a methodology based on dialogue, active participation, and the collective construction of knowledge, promoting the exchange of experiences and the strengthening of bonds among women. Meanwhile, in the smokers' group, creative strategies—such as board games, cognitive dynamics, and positive reinforcement—were used to support the smoking cessation process, prioritizing motivation, reflection, and emotional support without biomedical overload.

Participation in the community daycare also marked our experience. In playful-educational activities carried out on Children's Day and, subsequently, upon the emergence of chickenpox cases, we developed health education actions adapted to the age group, using visual resources and accessible language to promote prevention and hygiene measures.

Finally, we accompanied the team on home visits (Figure 2), moments where care extends beyond the walls of the unit. During these visits, the direct impacts of social determinants on health, the strength of the bond with families, and the indispensable role of Community Health Workers (CHWs) in the early identification of needs and the articulation of care within the territory became evident.

RESULTS

The interdisciplinary team at the USF constitutes the foundation of this care model, organized quite differently from the Spanish reality—an aspect that deeply caught our attention. Particularly noteworthy are the presence of the CHW and the centrality of the nursing technician.

The CHWs, responsible for specific sectors within the territory, closely know the reality of families and act as a link between the community and the health system, recognizing local needs, vulnerabilities, and potential.

Nursing develops comprehensive practice that articulates clinical care, prevention, health education, and action within the territory, moving beyond the unit whenever necessary.

Medicine guides its practice by contextual relevance, prioritizing collaborative work and shared care.

Nursing technicians ensure continuity of care and sustain the daily functioning of the service through the performance of essential technical procedures.

This model explicitly incorporates the territory as a space for intervention and fosters close, contextualized, and deeply humanized care, in which the act of caring is built upon the relationship with the people, places, and histories that intertwine there.

The experience in Jurujuba required a conscious exercise of cultural and professional adaptation. The need to "take off our European glasses" became apparent from the very first days: the analytical categories learned in our context of origin were not sufficient to understand the logic of practice in Brazilian PHC.

Figure 2 – Activities performed during home visits. Niterói, RJ, Brazil, 2026



Source: Prepared by the authors with the aid of the ChatGPT Plus tool.

This process of openness made it possible to recognize:

- The centrality of the territory as a structural determinant of health;
- The importance of community bonding and informal networks;
- The relevance of participatory methodologies in health education;
- The crucial role of the CHW as a figure of proximity;
- The potential of a Primary Care model that moves into the spaces where daily life unfolds.

Consequently, this living experience broadened our professional identity and strengthened our understanding of PHC as a field profoundly influenced by social, cultural, and territorial factors.

DISCUSSION

The field experience in Brazilian PHC provided Spanish students with the opportunity to bridge theory and practice within a health system distinct from the Spanish National Health System. The discussion of the findings highlights the relevance of academic exchange as a multicultural tool for education, enabling critical reflection on health realities in both countries.

The students were able to observe the complexity and scope of the SUS, especially within PHC, which stands out for its pursuit of comprehensiveness and equity in care. Nursing practice in PHC, guided by clinical, educational, and managerial practices, emerged as a broad and challenging field.

The experience stimulated reflection on the competencies and role of the nurse. The students expressed surprise regarding the autonomy (or restrictions thereon, in certain contexts) of Brazilian nurses in specific activities.

The primary contribution of the experience lies in the personal and professional maturation of the students. Contact with a different culture and language, coupled with the need to adapt to a new care model, proved crucial for developing intercultural and communication skills.

The practical experience enabled the integration of theory and professional practice, a fundamental aspect for the education of future nurses.

The Brazil-Spain exchange, from the students' perspective, highlighted both the strengths and weaknesses of the Brazilian health model. The lessons learned suggest the need for continuous investments in strengthening the SUS and valuing Nursing in primary care, while also emphasizing the value of academic mobility programs for training more critical, autonomous professionals who are sensitive to global realities.

Interprofessional education, collaborative work, process-based evaluation, and the longitudinality of care were decisive elements for the learning of Spanish students in primary care in Brazil.

Thus, the commitment to contemporary health education advocated by the NCG is reaffirmed, given that the primary care setting favors meaningful learning; the use of active methodologies with learner autonomy in knowledge construction; teaching-service-community interaction within primary care settings; interprofessional education with collaborative practice; and the adoption of process-oriented and formative evaluation[5].

STUDY LIMITATIONS

As a limitation of the research, it is worth noting that this is an experience report circumscribed to the living experience of a specific group of nursing students in a determined territorial and institutional context of Brazilian PHC, which prevents the generalization of findings to other educational realities or health systems.

Furthermore, the analyses are grounded in the participants' perceptions and experiences during the exchange, and are subject to influences from cultural, linguistic, and subjective aspects related to the process of adaptation to the Brazilian context. Another limitation refers to the restricted time of immersion which, although it provided expressive experiences in the territory and in interprofessional work, does not allow for tracking the long-term effects of this experience on the students' academic trajectory and future professional practice.

CONTRIBUTIONS TO PRACTICE

The experience allows for the identification of insights applicable to other contexts:

- Integrating territorial analysis into care planning;
- Valuing participatory educational strategies as effective tools;
- Recognizing the importance of models that distribute responsibilities among different professional profiles;
- Utilizing playful dynamics as support for habit-change processes;
- Adapting interventions to the comprehension level and needs of the target audience.

Such elements can contribute to the enhancement of primary care strategies in both Brazil and Spain.

CONCLUSION

The internship in Brazilian PHC constituted an important lesson in teamwork and intersectoral action. Technical guidance and constant faculty support were fundamental for students to translate theoretical constructs into safe and contextualized practices. Moreover, direct contact with CHWs represented one of the highlights of the exchange, enabling an understanding of the true dimension of the territory and the relevance of community bonding.

Immersion in the Brazilian health system offered an enriching contrast to the Spanish model. Although both share the principles of universality, the experience in Brazil revealed a singular capillarity through home visits and direct involvement with local realities.

The experience surpassed initial expectations, configuring itself as a deep immersion process into a care and community model with dynamics significantly distinct from those observed in Spain. For the students, understanding the operation of a system that serves continental dimensions represented expressive learning regarding work organization, resilience, and adaptation. The exchange consolidated the premise that Nursing constitutes a universal language of care, which is strengthened when it absorbs the particularities and knowledge of different global contexts.

At the end of this experience, it is evident that academic education was profoundly enriched. The faculty members not only mediated technical knowledge but also helped students navigate the complexities of the Brazilian system with a critical eye. Concurrently, walking through communities alongside CHWs enabled access to realities that theoretical textbooks cannot reach, reinforcing that health care begins at the doorstep—a lesson in territorialization and humanization that remains the primary legacy for future practice in Spain.

It is hoped that the students carry with them an admiration for this care network, which articulates academic knowledge and popular experience, transforming their perspective on the professional practice of Nursing within the scope of a public health system.

CONFLICT OF INTEREST

The authors declare no conflict of interests.

USE OF ARTIFICIAL INTELLIGENCE

Artificial intelligence (AI) support was provided by the Copilot tool to assist with the organization and formatting of paragraphs during the drafting of the manuscript, and by the ChatGPT Plus tool for the creation of Figures 1 and 2.

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Study conception: Abrahão AL, Lima HSB.
Data acquisition: Abrahão AL, Azkue IH, Muguerza JL, Lima HSB.
Data analysis: Abrahão AL, Azkue IH, Muguerza JL, Lima HSB.
Data interpretation: Abrahão AL, Azkue IH, Muguerza JL, Lima HSB.
All authors are responsible for the textual drafting and critical review of the intellectual content, the final published version, and all ethical, legal, and scientific aspects related to the accuracy and integrity of the study.

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