

The illness experience at university: narratives of students from the health field*

A experiência do adoecimento na universidade: narrativas de estudantes do campo da saúde* (resumo: p. 15)

La experiencia de enfermarse en la universidad: narraciones de estudiantes del campo de la salud (resumen: p. 15)


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Issues that are part of students' daily life are not limited to the ways in which they adapt to academic life; they also involve habits and changes related to health. The objective of this study was to analyze the illness experience of students enrolled in the Interdisciplinary Bachelor's Degree in Health of the Federal University of Bahia. It is a qualitative study that used the technique of narrative interview. The research was carried out with students who became ill during academic education. Through the narratives, it was possible to perceive that the illness experience was mediated by health education and by the university institution, which plays two roles: it is a place that favors the contraction of diseases, but it is also a space that provides students with knowledge and reflection on the health-disease process and care.

Keywords: Illness experience. Health education. Students' health. University.



Introduction

Issues that are part of students' life are not limited to the ways in which they adapt to and develop academic life. Such issues also involve habits and changes related to health, eating patterns, leisure, cultural practices, sexual practices, and students' relationship with their family. The permanent correlation and interaction between the personal, professional, social and structural dimensions determine and can generate processes related to health promotion and quality of life and, at the same time, destructive processes that affect the student's physical and mental health¹⁻³.

It is possible to identify, in the international literature, a number of stressors that contribute to increase the health problems of higher education students, such as: examinations, time demands and financial pressures⁴ changes in sleeping and eating habits, new responsibilities and increased workload⁵, meeting new people, career decisions, fear of failure and parents' pressure⁶.

In a recent literature review about the health of higher education students, the university emerged in the studies as a space that intensifies some health-related problems, like anxiety, depression, poor sleep quality, cardiovascular diseases, increased consumption of alcohol and other drugs, poor eating habits, sexual vulnerability, among others. These studies attribute to students the responsibility for producing health risks. Few studies have problematized the issues involved in students' health-disease process⁷.

The education model of the Brazilian universities is a factor to be considered in students' health-disease process. In this sense, students attending the Interdisciplinary Bachelor's Degree in Health (Health BSc) of the Federal University of Bahia (UFBA) are inserted in a new proposal for higher education that poses new challenges. The Health BSc is an education program divided in cycles. The first one encompasses the education provided by the Bachelor's Degree in Health. After completing the first education cycle, which lasts three years, the student can choose to continue his or her academic trajectory in one of the Linear Progression Programs (LPP) in the area of health and/or in other areas, start a third cycle through postgraduate programs, or enter the job market⁸. The options of programs offered in the area of health for the second cycle are: Psychology, Biotechnology, Biological Sciences, Nursing, Pharmacology, Physiotherapy, Speech-Language Pathology and Audiology, Gastronomy, Natural Sciences, Veterinary Medicine, Nutrition, Medicine and Dentistry.

Teles carried out a study⁹ in which she found that students who start attending the Health BSc are motivated by the strong desire to enter, subsequently, the Medicine program, as it offers higher remuneration, social status and prestige. Today, the process of career choice brings with it conflicts pervaded by the forms of social bonds, under the protection of capitalism, in which the subject aims to meet the demands of immediacy, of professional success, without taking into account his/her identifications, without perceiving him/herself as a subject of possibilities and choices⁹.

The trajectory up to the second education cycle for the Health BSc students who want to study Medicine has been permeated by conflicts and afflictions. Entrance into the second cycle depends on the academic performance coefficient that the Health BSc student obtained during the program. Each semester, 200 students start attending



the Health BSc in the evening period and 100 students in the daytime period. At the end of the second cycle, only 32 seats are available for the Medicine program of the Salvador campus (16 for racial quota holders and 16 for non-quota holders). In addition, the Vitória da Conquista campus, also in the State of Bahia, opens 6 seats for broad competition. The small number of seats does not match the contingent of students who want to study Medicine. Due to this, students establish tiring study routines, change their eating habits and their practice of physical activities, and reduce their social interaction outside the university, not to mention that conflicts with teachers and peers arise. This way of experiencing the education process can lead students to develop many health problems.

The ways in which individuals or social groups respond to health problems have been analyzed in some studies by means of the analytical category “illness experience”. Generally speaking, studies about the illness experience are materialized by the hermeneutic-phenomenological approach and aim to understand and problematize how individuals undergo an “experience of feeling ill” and how they attribute meanings to this experience¹⁰. The use of this concept can be articulated to an amplified concept of health that involves social determinants of the health-disease process and not only health as the absence of disease. In a broad sense, health results from the person’s conditions of eating, housing, education, income, environment, work, transport, employment, leisure and freedom, as well as their conditions of access to and ownership of land, and access to health services¹¹.

In view of what was exposed so far, the aim of this study was to analyze the illness experience of students attending the Interdisciplinary Bachelor’s Degree in Health who became ill during their academic trajectory.

Methodology

This study, guided by the qualitative approach, aims to identify aspects of university life that can affect the health of students attending the Health BSc, and to investigate the senses and meanings attributed to the illness experience. The study derives from a Master’s thesis entitled “The illness experience and the search for care in higher education: Narratives of students attending the Interdisciplinary Bachelor’s Degree in Health of UFBA”, submitted to the Postgraduate Program in Interdisciplinary Studies about the University (UFBA).

Health BSc students who had some health problem during undergraduate education were included in the study. To identify these students, the researchers contacted the administrative office of the Institute of Humanities, Arts and Sciences Prof. Milton Santos, of the Federal University of Bahia, and requested a list containing the electronic mail of all the enrolled students. Based on this list, the first contact with the students was made through an e-mail that explained the objectives of the research and invited them to participate in it. At first, ten students answered the e-mail, showing interest in participating in the research. Then, the researchers contacted those ten people, and only three accepted to participate in the research.



The study was submitted to and approved by the Research Ethics Committee of the Nursing School of the Federal University of Bahia (CAAE: 62335516.2.000.5531), and complied with the provisions of Resolution no. 466/13 of the National Health Council about research involving human beings.

The interviews were conducted from February to June, 2017. The use of an audio recorder was previously authorized by the interviewees. The technique of Narrative Interview (NI) was employed, with the purpose of matching the life histories to the social and historical contexts of the subjects who participated in the study. A script was used to conduct the interviews, containing the following guiding topics: the student's biography, her admission to university, and the onset of the health problem at university.

The theoretical framework adopted in the study was that of the illness experience. The specialized literature about this concept is based on the premise that people (re) produce medical and non-medical knowledge existing in the sociocultural context in which they are included. This experience, in itself, discloses aspects that are both social and cognitive, subjective (individual) and objective (collective)¹².

In the analysis of the narratives, thematic analysis, as proposed by Jovchelovitch and Bauer¹³, was adopted. It consists of the gradual reduction of texts, aiming at performing meaning generalizations and condensations, through the following stages: transcription of the interviews and comprehensive reading; creation of three categories, based on the interview script, which will be presented in the discussion; compartmentalization of the narratives into units, taking the meanings, contexts and framings into account, enabling to create codifications in each interview in an individual way; finally, construction of a synthesis based on the interpretation of the entire produced material.

The stories presented below refer to three female students who participated in the study, aged 22 years on average, who were attending the 2nd, the 5th and the 6th semesters of the Health BSc at the time of data collection. It is important to mention that fictitious names were used in order to protect the interviewees' identities.

Ana: was born in the city of Maceió (State of Alagoas, Northeastern Brazil) and is 22 years old; her father was a bank employee and a teacher, and her mother was a commercial representative. Ana wanted to study Medicine. After one year attending a course that prepares students to pass the university entrance examination, she was admitted to the Health BSc (daytime period). She reports that the first semester was peaceful: despite the nervousness and expectation related to entering the Medicine program on a subsequent date, she succeeded in going to the gym, waking up early, and performing extra-class activities. However, from the third semester onwards, her routine changed and the first signs of pain in the knee and spine, which would later become chronic, started to appear; according to her, due to sedentariness and to remaining seated in the same position for long periods of time.

Lara: was born in an inland city of the State of Bahia, Northeastern Brazil, close to Chapada Diamantina. She is 20 years old and was raised by her mother. Before she was 8 years old, her father moved to São Paulo and when she completed High School, she moved in with her father. In São Paulo, Lara started to work and attended a course to prepare for universities' entrance examinations, with the objective of studying Medicine;



however, she did not pass the exams. Then, she decided to return to Bahia and succeeded in entering the Health BSc (daytime period) through the National High School Exam (ENEM). Lara's family has few financial resources and, when she started university, she devised some strategies to be able to continue her higher education studies. One of them was to have lunch and dinner at the University Restaurant, which, as time went by, resulted in gastrointestinal discomfort.

Manu: was born in Salvador, the capital of the State of Bahia, and is 22 years old. Her mother is a bank employee and her father works in sales. Her family is evangelical and she has always dreamed about being a missionary and participating in an exchange program. She believed that if she studied Medicine, she would be able to help many people. In the third year of High School, she won a grant from a preparatory course and, through the National High School Exam (ENEM), she succeeded in entering the Health BSc (daytime period). Manu reports that she has always been too hard on herself, as she believes she must be an exemplary daughter and perform all the tasks required at school or at church. Since she was 12 years old, she has had anxiety crises, but her Christian father said that the only psychologist was God and refused to let her undergo treatment for the anxiety crises. According to Manu, the crises worsened when she started university.

Illness experience and health education

The life histories of the students who participated in the study are different regarding the specificity of each one's trajectory towards higher education, but they are similar in that the interlocutors share the same dream: they want to study Medicine. By sharing the same dream within the same context - the Health BSc -, the students' illness experience acquires senses and meanings that are mediated by their life at university. To Dewey¹⁴, "experience" is related to the living being and his or her social environment. Furthermore, an experience has a pattern and a structure because it is not an alternation between doing something and being subject to something; rather, it consists of the two things related to each other. Becoming ill at university does not mean, necessarily, having an experience. The action and its consequence must be joined in perception for it to become an experience.

The narratives below highlight the beginning of the first signs of illness, which appeared when the students started university and began to adapt to the academic routine.

In the first semester, I wasn't sedentary: I went to the gym, I woke up early, I did the stuff required by the university. In the second semester, the timetable changed and I reduced the rhythm at the gym... Then, when I stopped going to the gym, I didn't practice any physical activity... Then I started feeling something, but it wasn't a big deal. In the third semester, I started to feel pain in my spine. (Ana)



In the first semester, as I didn't have financial assistance [...] I used to eat at the University Restaurant every day, but there was a problem: the food there [...] I don't know what they put in it, it's very heavy, it turned my stomach... I stopped having dinner there because it was getting worse, I had gas, I felt ill, sometimes I felt nauseated. (Lara)

I can't sit an examination if I haven't studied all the material [...] I tried to reconcile family, university and church [...] and at university, the amount of texts... the amount of subjects... my God, it was too much... this helped a lot to trigger the crisis. (Manu)

Based on the narratives, it is possible to notice there are three distinct elements that triggered the students' illness process: Ana tries to balance the practice of physical activity with an academic routine that is unstable; Lara addresses the financial difficulties that prevent her from choosing what to eat; and to Manu, the central issue is the amount of material she needs to study to correspond to what she demands from herself. Alves¹² argues that the conscience of feeling ill is always a "conscience in situation" and is related to specific projects and existential contexts. The context in question is the process of transition and adaptation to higher education, which is complex and multidimensional, dependent on personal and contextual factors, that is, this process is marked, on the one hand, by students' exchange of expectations, skills and characteristics and, on the other hand, by the university, its community, structure and organizational elements¹⁵.

In the reports above, when the students are asked how the health problems started, they begin their narratives by trying to justify the causes of the illness, revealing a feeling of guilt in relation to their actions and their consequences. This feeling became even more present in the narratives below:

[...] I know that, specifically in this case of the crisis, I'm to blame, because I didn't take care of my health... I don't take care of my health because I have goals to meet, and sometimes I'm a bit disorganized and I'm having trouble to organize my schedule... to study adequately. (Manu)

[...] I have a guilty conscience because I know I have to do [physical activity], but I don't have time for it: I also need to sleep. (Ana)

Ana and Manu experience a conflict between their desire to take care of their health and the need to complete the academic activities. According to Dewey¹⁴, in the process of lived experience, what we observe and what we think, what we desire and what we get may disagree. When these disagreements addressed by the author happen, the students start to feel guilty. According to Ayres¹⁶, wondering why, how and to what extent you are responsible for something is like wondering who you are and what place you occupy before the other. The feeling of guilt is associated precisely



with who one is and what is expected from a student in the field of health. Demanding that students should adopt healthy habits and putting the blame on them when they do not adopt those habits are present in common sense and in scientific studies¹⁷⁻²⁰. In these studies, the senses and meanings of the adoption of practices that are considered inadequate have not been problematized and are reduced to blaming the subject for the adoption of a conduct that is not expected from a student in the field of health. It is believed that attending a health education program is sufficient for students to adopt healthcare practices. These studies do not take into account that university life and the educational trajectory are dynamic spaces, permeated by conflicts and full of contradictions, as they are not isolated from the world and from people's life experiences, which are different from one another. This dynamics of life is revealed in the histories of the students who were part of our study. They undergo financial difficulties to continue studying at university, must choose between sleeping and completing the academic activities, and are pressed to have a good performance. Such factors make them neglect care and concentrate on other demands:

[...] I try to ignore it, I thought I was too busy to get ill [...] My father has a problem in his knee, but it is a ligament problem... but he never took it seriously, because he thinks that, as I complain too much about the pain, it has become part of me. (Ana)

When the pain Ana feels is considered part of her, the conception that there are psychological and social “components” in the form people feel and experience pain comes to the surface. This conception, however, implies that pain is a previous bodily experience to which psychological and cultural meanings are added²¹. Studying and living with pain are experiences that take place within different fields of meanings, in which the completion of academic activities assumes greater importance, to the detriment of the body's wellbeing.

To anthropology, a disease is not merely a “biological entity” that should be treated as a thing; it is an experience that is constituted and acquires meaning in the course of interactions between individuals, groups and institutions²². Universities are institutions where many people live and experience different aspects of their lives; therefore, they have great potential for protecting students' health and promoting their wellbeing²³. However, Ana draws attention to the fact that “no health student is healthy”:

I think that no health student is healthy. We study other people's health, but the disciplines' schedule, the schedule of examinations... a break that lasts half an hour, it's impossible to eat in 30 minutes... so, I don't think we have good health... care for yourself, in the case of sleeping... during the whole course... you don't get the 8 hours of sleep you need... our eating habits are also poor... our level of physical activity is also poor [...] I feel health is compromised here, you see the dark circles around people's eyes, you see that chronic tiredness, and you have to study... some people take Ritalin, others drink too much coffee. So, I don't think this is a good health condition. (Ana)



To Ana, the fact that students eat when they can fit it in their schedules, do not sleep well, feel pressed to have a good performance and good grades, feel tired and use medication and coffee to meet all the demands, means they do not have good health. Therefore, it is necessary to question the education model of the Brazilian universities, which is a factor to be considered in students' health-disease process. It is known that projects which aim to implement changes in the university, like the project of education in cycles represented by the Interdisciplinary Bachelor's Degrees, point to a more humanized dimension of personal relationships that takes into account the multidimensionality of subjects²⁴. However, what we see is an education process that is still much influenced by little humanized techniques, emphasizing the intellectual or cognitive dimension to the detriment of the emotional and social dimensions, without considering students' experiences of life, health and illness in their educational trajectory.

Afflictions triggered by the desire to study Medicine

In a study developed by Pimentel²⁵ that aimed to investigate the factors that affect the decision-making process of first-semester students regarding their choice for UFBA's Health BSc, it was found that 66% of the students who started university in 2016 informed they intended to study Medicine. Admission to the second education cycle after the Health BSc, represented by the desire to study Medicine, is permeated by different afflictions:

[...] anxiety is on everybody's face, mainly because we're at the end of the program, so everybody is feeling desperate, wanting to know if they will pass, if they won't... how they will pass. (Ana)

Anxiety emerges in the narrative as a collective feeling caused by the uncertainties regarding admission to the second education cycle in the Medicine program. According to Kleinman²⁶, in an anthropological perspective, disease is polysemic and multifaceted; the experiences and events related to it irradiate or hide more than one meaning. In this sense, studies^{27,28} carried out with students in the field of health have shown that anxiety is present among students and takes on various meanings. Ferreira et al.²⁷ analyzed anxiety traits in students from different areas of knowledge (technology, health and humanities) and found that the area of health was the one that most caused anxiety. In comparison to the other studied areas, health students had more intense academic demands, deriving from the daily classes that they attend in two periods, from monitoring activities, and from extra classes offered on weekends.

Leão et al.²⁸ estimated the prevalence and factors associated with depression and anxiety in university students in the area of health and concluded that the prevalence of anxiety and depression among these students was higher than that of the general population, due to reasons that were already presented in the study conducted by Ferreira et al.²⁷.

In addition to anxiety, in the narrative below, Manu reports the pressure she puts on herself because she is already an adult and the responsibility she now has for her life in terms of her professional career.



[...] this year is my last in the Health BSc, so I had decided it would be a calm year: this year I won't get stressed, I won't get desperate... this is my last year, and I want to study Medicine after it... but the competition in the Health BSc is very high and there are all sorts of issues... I'll be 23 next year, I'm not a child anymore. (Manu)

According to Feodrippe et al.²⁹, the medical career begins before any professional practice: it begins in the competitive selection process (as it is still considered a well-remunerated program of high social prestige), in the family's pressures and in the need for self-affirmation in relation to choices that lead the individual, early in life, to deprive him/herself of many pleasures to fulfil a greater objective: entering the Medicine program. However, this student's anguish does not end with the conquest of a seat at university. On the contrary: during the courses, this student's quality of life can be even more affected to meet the need of a good theoretical-scientific-practical education²⁹.

Lara, who came from a State school^(d), reports that attending the Health BSc with the expectation of studying Medicine has made her feel stressed:

[...] I'm still beginning the academic life... I'm still trying to understand things. Because, as I told you, the fact that I came from a State school [...] but, generally speaking, the Health BSc stresses me out, it's too much pressure... I'm too hard on myself, I feel very small in relation to my peers... sometimes I feel lost... I feel sad. (Lara)

In addition to the issues that involve the dynamics in relation to the Health BSc and the entrance to the Medicine program, Lara questions low-income people's access to and permanence in higher education. Entrance does not guarantee permanence in higher education, mainly of low-income students and students belonging to ethnical minorities, who face economic, pedagogical and symbolical-subjective difficulties. For students like Lara, who came from a State school and does not have a solid educational base to face the challenges imposed by higher education, this path can be even more difficult and generate a series of feelings. The pedagogical difficulties are related to the fact that low-income students have a smaller cultural and social capital, as many of them come from medium-level State schools that have a deficient infrastructure and lower quality when compared to elite schools. These students are not prepared to face the challenges of university programs. The same space can be considered an inclusion or an exclusion space, as it discriminates and expels students who are different from the cultured and elite standard that is still required by federal universities³⁰.

In the narratives below, Manu and Ana present aspects of relationships established in the Health BSc that, in some way, contributed to make the final stage of their trajectory and the arrival at the Medicine program even more difficult and afflictive.

I'm attending a Medicine discipline this semester that is called biochemistry. It's very strange, because I don't know anybody in the class. [...] then there's the class that you know... and in your class you find out they want to kill you [laughs] because they're your competitors. (Manu)



[...] there are many students who want to study Medicine and don't respect anyone or anything, this is something visible... the anxiety generated in everyone, the trustworthiness that doesn't exist [...] you don't have a relationship of trust. Some people had a very close relationship here at the beginning and today they're not even on speaking terms... it affects the health aspect, the mental aspect, the family aspect, the friendship aspect. (Ana)

Ana and Manu report the difficulty they have in trusting their peers due to competitiveness, which is stimulated by the system of entrance to the Medicine program. In light of this, it is possible to perceive that personal relationships interfere in the way of experiencing the education process and hamper the path that leads to the Medicine program. Ana clarifies the extent to which these relationships are capable of affecting students' health. In this sense, some studies have analyzed the relations between populations' health and the development degree of the weave of bonds and associations among individuals and groups. These studies identify the wear of the so-called "social capital", that is, of solidarity and trust relationships between people and groups, as an important mechanism that causes a negative impact on people's health³¹.

The transformation of the educational trajectory into self-knowledge

According to Alves¹², the point of departure to understand the disease is that it is necessarily tied to an experience. It is the experience of feeling ill that, on the one hand, originates, by itself, representations of the disease and, on the other hand, puts in motion the capacity to transform this experience into self-knowledge. Even with several situations that contribute to the wear and tear of relationships, due to the high competitiveness that exists in the Health BSc, Manu manages to find teachers who make her reflect on the education process, on the experience of feeling ill, and on healthcare:

Well... it has helped me to understand myself according to the discussions we've recently had about mental health... that our mental health is the most important aspect, as it influences physical health, too [...]. This semester, for example, I'm attending a discipline called Social Theories in Health, taught by professor Margarida... she is really fantastic and, the more I read the sociologists, Foucault, Durkheim, Weber, the more I realize that our society is sick, you know, it's already sick in its essence... and if I continue behaving in the way I am, I will be one more sick person in society... if I don't take care of myself, I won't be able to take care of other people. (Manu)

Manu's interpretation of the illness experience is a construction beyond institutions and biomedical knowledge. According to Alves¹², the interpretation that people give to a certain illness experience is the result of the different means through which they acquire their medical knowledge. However, based on Manu's narrative, it is possible to think of the construction of knowledge to deal with illness beyond biomedical knowledge, which is not the only one that is capable of explaining the health-disease and care process.



Manu's narrative carries a subjective-reflective dimension of the subject that emerged in the classroom, intermediated by a social sciences teacher that is not a health professional and was not even requested to subsidize the care. Based on this, it is possible to think about "existence as a form of self-care"; likewise, in the existential analytic developed by Heidegger in "Being and Time"³², he investigates man's way of being, which he calls "existence", "being-in" and "being-in-the-world". The existential-ontological unit of the being-in is called "care" by Heidegger.

The experience of care can occur in a dialectic between knowledge, recognition, estrangement and discovery: only in this way can it be apprehended and integrated into life³³. In this sense, the program provided a better understanding of her illness process and Manu starts to understand health in an amplified way. Understanding the field of health as a field of knowledge and practices³⁴, universities and other education institutions have been considered a fundamental space for a paradigmatic change in which health is seen in an amplified perspective, and this is one of the objectives of the Health BSc. According to Teixeira et al.³⁵, the Health BSc is a university education space that provides an introduction to the field of health, emphasizing knowledge appropriation and the development of skills and values that enable to understand the historical and social dimension of health conceptions and practices, thus contributing to enrich, humanize and improve future education in this area. Moreover, it enables students to situate themselves and become aware of the social determinants of health problems. These issues are present in Manu's narrative and also in Lara's:

Well, regarding the knowledge that the Health BSc brought about the issue of health... well... it is related to concern, prevention and promotion... if I'm promoting health to myself, if I'm protecting myself against diseases and health problems... also, the concern and responsibility, because I'm alone... I have to take care of myself because it's only me... if God doesn't take care of me, who will? I'm learning to take care of myself, to do things by myself, to have more responsibility. (Lara)

In addition to the knowledge acquired during the program, Lara reports a maturation process during university education: the care that used to be mediated by the family has become her responsibility. Silva et al.³⁶ argue that self-care is only questioned or valued and perceived as essential to the human being when people become aware of their right to live and of the lifestyle they have.

Final Remarks

The experience of illness and care is part of the human being's existence and can be experienced in different ways and contexts. In the present study, this experience is mediated by health education and by the university institution, which plays two roles: it is the place where illness takes place, but it also opens the possibility to learn about this process and reflect on it.



This study did not aim to exhaust the complex relationship that involves students' illness experience at university; rather, its objective was to provide an initial reflection, exploratory and panoramic, on the current situation, proposing that illness and care should be dealt with in places other than the formal healthcare institutions. We hope that further studies stimulate reflections on the challenges of health education, approaching the issues of students' illness and care, either in traditional courses or in innovative models like that of the Interdisciplinary Bachelor's Degrees.

The transformation of the health sector begins with subjects' education. The university needs to be constructed and analyzed beyond the status of educational institution and field of scientific knowledge. It is necessary to foster a university that promotes health and care and prioritizes the subjects who study and work in it.

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Authors' contribution

All the authors participated actively in all the stages of the preparation of the manuscript.

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As questões que fazem parte do cotidiano da vida estudantil não se limitam aos modos por eles adotados para se adaptarem à vida acadêmica, mas envolvem também hábitos e mudanças relacionadas à saúde. Nesse sentido, o objetivo deste estudo foi analisar a experiência do adoecimento de estudantes do Bacharelado Interdisciplinar em Saúde (BI em Saúde) da Universidade Federal da Bahia (UFBA). Trata-se de um estudo orientado pela abordagem qualitativa, optando-se pela técnica da entrevista narrativa. A pesquisa foi realizada com estudantes que adoeceram durante a formação acadêmica. Por meio das narrativas, foi possível perceber que a experiência do adoecimento foi mediada pela formação em saúde e pela instituição universitária, que assume dois papéis: favorece os adoecimentos, mas também possibilita aos estudantes conhecimento e reflexão acerca do processo saúde-doença e cuidado.

Palavras-chave: Experiência do adoecimento. Formação em saúde. Saúde de estudantes. Universidade.

Las cuestiones que forman parte del cotidiano de la vida estudiantil no se limitan a los modos adoptados por ellos para adaptarse a la vida académica, sino que también envuelven hábitos y cambios relacionados a la salud. En este sentido, el objetivo del estudio fue analizar la experiencia de la enfermedad por parte de estudiantes del Bachiller Interdisciplinario en Salud de la Universidad Federal de Bahía. Se trata de un estudio orientado por el abordaje cualitativo, optándose por la técnica de la entrevista narrativa. La investigación se realizó con estudiantes que se enfermaron durante su formación académica. Por medio de sus narraciones fue posible percibir que la experiencia de enfermarse fue medida por la formación en salud y por la institución universitaria que asume dos papeles: es un lugar que favorece las enfermedades, pero también es un espacio que posibilita a los alumnos conocimiento y reflexión sobre el proceso salud-enfermedad y cuidado.

Palabras clave: Experiencia de enfermarse. Formación en salud. Salud de estudiantes. Universidad.

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