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ORIGINAL ARTICLE

Digital technology in the continuing education of nursing professionals in a hospital setting

Tecnologia digital na formação permanente de profissionais de enfermagem em ambiente hospitalar

Tecnología digital en la formación continua de profesionales de enfermería en el ámbito hospitalário

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Abstract

Objective: To propose digital resources that help in learning the training process of a team of nursing technicians and nurses, analyzing interactions and relevance in the construction of knowledge. **Methods:** The research is qualitative and uses the participatory research method. To collect data, an open and semi-structured questionnaire was used. **Results:** Digital resources were highlighted as an excellent tool in the process of training health professionals, promoting autonomy for testing knowledge and sharing experiences. It was observed that the participants' interest arose from the motivation to learn about the topic and gain experience in resources previously unused in formal education. **Conclusion:** The difficulty of digital literacy is inferred due to the lack of knowledge of the functionalities, however, synchronous digital resources facilitated the engagement of learners.

Descriptors: Education; Continuing; Learning Health System; Digital Technology.

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Resumo
Objetivo: Propor recursos digitais que auxiliem na aprendizagem do processo formativo de uma equipe de técnicos em enfermagem e enfermeiros, analisando as interações e relevâncias na construção do conhecimento. **Métodos:** A pesquisa é qualitativa e utiliza o método de pesquisa participante. Para coleta de dados utilizou-se um questionário aberto e semiestruturado. **Resultados:** Evidenciou-se os recursos digitais como excelente ferramenta no processo de formação de profissionais da área da saúde, promovendo autonomia para testagem de saberes e compartilhamento de experiências. Foi observado que o interesse dos participantes surgiu pela motivação em aprender sobre o tema e obter experiência em recursos antes não utilizados na educação formal. **Conclusão:** Infere-se a dificuldade do letramento digital pelo desconhecimento das funcionalidades, entretanto os recursos digitais síncronos facilitaram o engajamento dos aprendizes.
Descritores: Educação Continuada; Sistema de Aprendizagem em Saúde; Tecnologia Digital.

Resumen
Objetivo: Proponer recursos digitales que ayuden en el aprendizaje del proceso de formación de un equipo de técnicos y enfermeros de enfermería, analizando interacciones y relevancia en la construcción de conocimiento. **Métodos:** La investigación es cualitativa y utiliza el método de investigación participativa. Para la recogida de datos se utilizó un cuestionario abierto y semiestructurado. **Resultados:** Los recursos digitales fueron destacados como una excelente herramienta en el proceso de formación de profesionales de la salud, promoviendo la autonomía para probar conocimientos e intercambiar experiencias. Se observó que el interés de los participantes surgió de la motivación por aprender sobre el tema y adquirir experiencia en recursos previamente no utilizados en la educación formal. **Conclusión:** La dificultad de la alfabetización digital se infiere debido al desconocimiento de las funcionalidades, sin embargo, los recursos digitales sincrónicos facilitaron la participación de los educandos.
Descriptores: Educación Continua; Aprendizaje del Sistema de Salud; Tecnología Digital.

INTRODUCTION

Continuing education emerged during the industrialization process, through a policy focused on human resource training. Continuing education in health represents on-the-job learning, in which learning and teaching are incorporated into the daily lives of organizations and work.[1] Considering health sector, continuing education gained momentum through the National Policy for Continuing Education in Health (PNEPS), established by Ordinance No. 198/GM/MS in 2004, representing a milestone for health training and work in the country.[2] Its implementation guidelines were published in Ordinance No. 1,996/2007 and are based on qualified initiatives to address shortcomings in the national health system, aiming to improve the work process.[3]

Continuing education initiatives enable professionals to expand their capacity for self-assessment regarding the gaps between the ideal scenario and the actual experience in healthcare services. These initiatives encourage professionals to engage in reflection on their daily practice and their lack of interest in the work

environment, positively influencing the care provided by contributing to the creation of new possibilities.[4] Continuing education in the hospital setting fosters meaningful learning and enables positive changes and actions. However, employees need to be motivated to seek knowledge, and motivation leads to engagement in services.

The continuing health education is reconstructed in the work process, where innovations are developed through technologies and skills acquired as care is updated, and the providers of this fact are the subjects involved.[5] Continuing education in health should be the guiding axis of this process, since learning at work incorporates learning and teaching into the daily life of organizations.[1]

Nursing is a constantly evolving profession that requires a foundation of knowledge and clinical skills. Changes, such as demographic and epidemiological profiles, are some of the demands in the healthcare work process - and here we especially mention nursing professionals - who need innovations in the training procedures in this area. Faced with new demands, the encouragement of learning technologies has contributed to the dissemination of information necessary for the performance of work processes. In this context, online education, which emerges amid constant changes and transformations throughout society, digital technologies, and telecommunications infrastructures contribute to changes in learning.[6] Platforms or operating systems facilitate access to learning support environments and influence knowledge sharing through their applications and tools. In cyberspace learning, there is data production, distribution, and sharing, and in this context, we can relate it to the Personal Learning Environment (PLE).[6]

Personal learning environments (PLEs) were created based on social networks and Web 2.0 digital resources. PLEs are digital resources for learning and acquiring skills, strengthening social interactions, and improving the organization and management of learning content and resources, playing a role in managing the flow of learning-related information. PLEs are unique to each user and change according to their needs and experiences.[7] They also offer countless possibilities for combining Web 2.0 digital resources to ensure an effective learning experience in a personal, non-mass, way. PLEs are comprised of individual educational platforms used to manage learning and achieve educational objectives. The tools can be shared and enable continuous, lifelong learning.

Given this scenario, the question arises: what are the perceptions of nurses working in hospitals regarding the use of digital resources as a means of engagement in their training processes? To this end, the study aims to propose digital resources that assist in the learning process of nursing technicians and nurses, analyzing the interactions and relevance in the knowledge construction of these professionals.

METHODS

The research is qualitative in nature, using the participant research method as an approach to the problem. The hospital setting was chosen because it is the researcher's working environment; observations gathered over years of professional experience were also important in deciding on this context.

The topic used for the proposed activities is wound management, a relevant topic for the institution where the research was conducted, since the nursing team is responsible for intensive observation of local, systemic, and external factors that determine wound development or interfere with the healing process. The proposed topic emerged from observing the concerns that arise in daily practice and that need to be addressed to ensure the quality of the services provided.

The research participants were technicians and nurses who were part of the nursing team in the Intensive Care Unit (ICU) of a hospital in the metropolitan region of Rio Grande do Sul. The ICU has 60 employees (including nursing technicians and nurses), and the training process was offered in person during the four work shifts (morning, afternoon, night 1, and night 2). Those on vacation, sick, or maternity leave, as well as those absent due to time off or compensated time off from a time bank, were excluded from the invitation to participate. Thirty-one participants signed the Informed Consent Form (ICF) and joined the WhatsApp group to receive guidance.

Selection of digital resources

The proposal for digital resources, in the context of this work, had as its starting point the website Top 200 Tools[8], which brings the main digital resources for learning in 2020. This is a list of digital learning resources based on the results of the 14th annual learning tools survey, launched on September 1, 2020. The method used for curating digital resources was based on literature author’s proposals.[9]

To proceed with the selection of digital resources, two criteria were established: they must be relevant to the target audience of this research and be part

of the digital resources offered by Google Play. These criteria were chosen because of the different categories of professionals that make up a hospital's nursing team, which have different training and study backgrounds (COREN-RS). The choice of the Android® platform is justified because it is the most popular operating system in Brazil.

The first selection of digital resources, extracted from Top Tools 200 of 20208, based on the established criteria, resulted in 51 tools, presented in Table 1.

Table 1- Digital Resources extracted from the 2020 Top Tools 200

YouTube	WhatsApp	Kahoot	Evernote
Zoom	Facebook	Gmail	Google Sites
Google Search	Excel	Instagram	Coursera
power point	Google Meet	Google Forms	Share Point
Microsoft Teams	Slack	Google Translate	Quizlet
Word	Skype	Outlook	aNewSpring
Google Docs & Drive	LinkedIn Learning	Google Chrome	Google Scholar
getAbstract	Padlet	Flipgrid	Netflix
Spotify	Survey Monkey	Prezi	Blogger
Google Alerts	Coggle	Mindmeister	Google Lens
Tweetdeck	Medium	Slideshare	Telegram
Firefox	Freemind	Sway	OpenLearn
Workplace by Facebook	Quora	Podcast Addict	Jamboard

Source: Prepared by the authors based on research data (2020).

Based on the digital resources extracted and systematized in Table 1, a set of digital resources related to the target audience was formed. Understanding that lifelong learning permeates the learner and is simultaneously a process of social interaction mediated by technologies, the digital resources from these studies were related based on authors in the literature.[10,9] Digital resources are identified as mechanisms that learners use to read, produce, and share.[9] The 35 validated tools are illustrated in Figure 1.

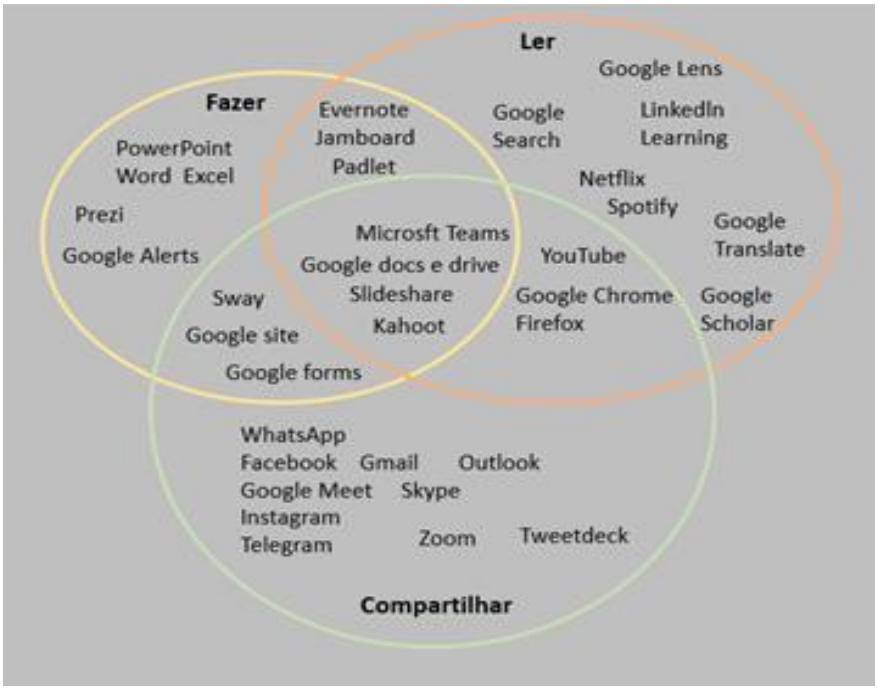

Figure 1- Digital resources that can be used in the nursing field
Source: Prepared by the authors based on research data (2020).

Figure 1 shows the sets of digital resources organized into spaces labeled as learning mechanisms (Do, Read, and Share). At some points, the sets intersect, suggesting that some digital resources belong to more than one learning mechanism. These digital resources are tools, information sources, connections, and activities that each person uses to learn.[10]

For the study, a training process on wound management was planned, produced and implemented using eight digital resources that aid learning: Jamboard, Facebook, Instagram, Google Docs, Google Forms, YouTube, WhatsApp, and Padlet. It should be noted that these resources were selected considering the perspective of PLE authors in the literature, as well as the influence of research in educational technology.[10,9]

Training process

Access to the training process was virtual, taking place in the participant's own time and space. Activity links were shared via WhatsApp. The WhatsApp group also served as a means of communication between the researcher and participants, as well as a learning path, as participants could revisit the shared links and content through their chat history. The training process lasted 30 days, beginning on August 15, 2021. One or more activities were proposed each week using the digital resources selected for the research.

A semi-structured questionnaire administered at the end of the process, as

well as participant interactions during the activities, were used as data collection instruments. Data were analyzed through content analysis.[12] This method consists of fragmenting the text into categories, focusing on similar discourses, and is the best alternative for qualitative data. The category formation process was completed after reading the material developed from the interactions with the digital resources used and the final questionnaire.

RESULTS

The training process began with 31 participants, but by the end of the training period, 29% of them had dropped out, leaving 22 participants who remained until the end of the 30 days. Of these, 68.18% (15 participants) responded to the semi-structured questionnaire sent at the end of the process. The 15 respondents were female, 8 were nursing technicians, and 7 were nurses. Regarding employment status, 9 participants had been employed for 1 to 2 years, a trend explained by the sector's structural increase due to the advent of the COVID-19 pandemic. Regarding training time, 9 said they had 1 to 4 years of training, 4 participants had more than 4 years, and 2 had less than 1 year of training.

The incentive to participate in the training process of this research was related to the intrinsic desire to learn how to learn and acquire new skills, rather than being an institutionally encouraged process. By observing the development of the activities, it was possible to observe that participants readily use digital resources that are part of the reading mechanism, that is, content receivers. However, activities that required "doing" and/or "sharing," such as those proposed by Google Docs, Padlet, and Jamboard, had low participation.

This "reading" form of learning is justified by the learning culture experienced by digital immigrants, who previously relied on the expertise of the teacher (instructor, lecturer), manuals, and audiovisual aids. The preference for knowledge transmission was noted in the Google Meet sessions, where the researcher delivered the content using PowerPoint as a guide for discussion. This resource sparked debates and the sharing of experiences. The preference for this form of instruction was also noted in the reports in the WhatsApp group and in the responses obtained from the questionnaire, where eight participants identified Google Meet as the resource they learned the most from during this training process.

In a study conducted with eleven students enrolled in the Bachelor of Nursing program at a public university in northeastern Brazil, a preference for using Google Meet to deliver online classes was

also observed. Through this platform, other platforms were used for learning and interaction, such as Google Classroom, Google Forms, WhatsApp, Canva, PowerPoint, Kahoot, and Jamboard.[13] Other digital resources, such as YouTube and Google Docs, which are also included in the "read" mechanism, 10 were cited by nine respondents as the digital resources they learned the most from. It can be assumed that the preference for YouTube as a digital resource is related to visual learning, stimulated by body language and facial expressions, elements that can facilitate understanding of the subject. In addition, it can be inferred that it is a more widespread resource used by participants to access information and entertainment.

When participants were asked for their perceptions on the use of these digital resources in the training process and on their importance for the ongoing training of professionals in the nursing field, comments such as:

They are incredibly helpful. They respond immediately to any questions you may have. You do not waste time; all you need is interest. (P8)

A unique, practical experience that is easily accessible across multiple devices, enabling the sharing of information and updates. (P14)

The participants' statements also revealed a lack of opportunities to discover new possibilities with digital resources present in our daily lives. Over a 10-year period, there has been a rapid shift from traditional teaching models to new ways of transmitting information. Many participants did not have experience using digital resources during their basic nursing training, as evidenced by some responses:

I had never used some of the features before and it's good to know that they are available in such a simple way. (P1)

I did not use it when I was studying. (P3)

In this sense, there has been a shift in teaching methods that has emerged from the digital age, influencing the ways of teaching and learning.[14] It is noteworthy that the participants in this research are among those individuals who are adapting to new technologies and their resources. Smartphones are also contributing to this change and are becoming increasingly embedded in our daily lives. In addition to enabling communication, smartphones enable navigation and online communication, and this was the technology chosen by 12 participants to access the activities.

Therefore, with the help of smartphones, personal learning can often begin informally, and the digital resources offered support this learning. This support was noted in the responses of 14 participants when asked whether collaborative digital resources facilitated learning of the topic. 10 participants

strongly agreed with this statement, and 4 agreed. Another important finding concerns motivation and engagement in the training process and learning, with 13 participants agreeing or strongly agreeing that digital resources were able to promote engagement and motivation. This aspect is consistent with another study, in which the authors believe that employees who receive support from companies for learning feel more motivated. Through motivation, combined with formal or informal education, professionals can achieve all their goals and ideals, in addition to becoming recognized and successful professionals.

In hospital practice, continuing education is necessary for the training of employees, who need renewed practices through knowledge.[16] Continuing education should promote, in addition to technical training, the acquisition of new knowledge, which should influence practice.[17] The ease of access to information and content provided by technology is mentioned by one of the participants, as shown in the following excerpt:

Yes, it is important, not just in our field. It has the advantage of being able to do it whenever and wherever you want (or can). It is easy to receive information, share knowledge, or address questions so they can be clarified, even as a way to exchange ideas and seek solutions. However, for it to be effective, it relies heavily on the dedication and commitment of those seeking knowledge. This means that, on tiring and busy days, a certain procrastination can occur for those who need motivation. (P9)

A study has shown that distance learning is a possible and potential innovative strategy for continuing education in health, facilitating learning development inside or outside the health institution.[18] Nonetheless, there are limitations to implementing learning programs, such as the reduced availability of time, in addition to the need for preparation to deal with technologies and the availability of a tutor as a learning facilitator.[18]

Given that the research took place during the COVID-19 pandemic, it is understood that the training process for these professionals ended up being compromised. Corroborating this, another study also identified that the pandemic period influenced the educational training of nursing professionals, in addition to interfering with their personal and professional lives. Participants in the aforementioned study highlighted positive aspects of remote learning, such as speed and the diversified use of information technology, but also highlighted negative factors, such as internet connection problems and fatigue resulting from increased workloads, among others.

Fourteen participants gave the reason for not having enough time to participate in the proposed activities. When contacted

individually after leaving via WhatsApp, this reason was evident:

I work in two places, I get home and I am too tired to do the activities. (P2)

I thought I would be able to participate, but I cannot. (P6)

I started working another job, now I am out of time. (P7)

I could not do all the activities, a lot of them required time that I did not have available. (P12)

Participants 2 and 7 explicitly point to the double work shift as a factor that hinders their availability of time for other activities. In this context, it is observed that in one study, reports of fatigue were also present in the statements of nursing students, where this adverse condition for remote learning is combined with the lack of interaction among participants, internet failures, and learning difficulties.[13] Another study conducted with 30 nursing workers, in which 76.7% of the participants were female, found that one of the reasons for adopting double shifts is the devaluation of the profession due to low wages, the lack of a decent minimum wage, and the fragility of relationships in the workplace.[20] Furthermore, it is worth highlighting the role generally assumed by women regarding housework and childcare, leaving these professionals even more overburdened. In situations like these, self-care, whether for one's own health or even for one's professional development, often ends up being neglected.

CONCLUSIONS

This study analyzed the use of digital resources for ongoing training of nursing professionals in hospital settings, aiming to encourage engagement in the training processes. During the research, synchronous and asynchronous digital technologies being used in ongoing healthcare training, such as virtual learning platforms, were identified. Digital resources that can support learning processes were explored, which were used in a hospital setting. The participants were nursing staff, nursing technicians, and nurses working in an adult intensive care unit.

Participants' interest was driven by a lack of knowledge on the topic, as well as the opportunity to gain experience using digital resources previously unavailable in formal education. It is possible to infer that this group of participants struggled with digital literacy due to their lack of familiarity with the functionalities of the digital resources offered. There was also a greater sharing of experiences and knowledge on the topic synchronous activities, as well as a preference for learning using digital resources modeled on

a set of mechanisms that learners use to read.

It was identified that the greatest difficulty in carrying out the activities was the lack of time, which is related to the professional bond in more than one institution, as well as the double shift, which includes domestic tasks related to the female group, which makes up the sample.

Furthermore, it should be noted that this research was conducted at the peak of the COVID-19 pandemic, when the target audience was being reorganized to meet work demands. This can be considered a limiting factor, as the period demanded greater professional stress, with uncertainty, grief, and the challenges of this moment, which may have influenced the loss of meaning and hopelessness. As a suggestion for future work, we suggest applying the study during another period when there is no pandemic and/or endemic disease. This will allow for comparison of the results and an understanding of how much the pandemic influenced the training process.

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