

NURSES' PERSPECTIVES REGARDING EDUCATIONAL PRACTICES IN THE DAILY WORK

PERSPECTIVAS DOS ENFERMEIROS FRENTE ÀS PRÁTICAS EDUCATIVAS NO COTIDIANO DO TRABALHO

PERSPECTIVAS DE LOS ENFERMEROS FRENTE A LAS PRÁCTICAS EDUCATIVAS EN EL COTIDIANO DEL TRABAJO

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ABSTRACT

Objective: To discuss the evaluation, from nurses' point of view, of the educational practices in the work environment through experiences lived by them as participants in continuing and permanent education programs. **Method:** Qualitative study conducted through open interviews with thirteen nurses from a university institution in Rio de Janeiro, Brazil. **Results:** Results demonstrate that one single modality cannot be seen as the only possibility of education in nursing, given that education undergoes changes and expansion of its concepts, valuing science as inexhaustible, articulating itself towards social management and control and inserting the professionals in the perspective of organizational changes. **Conclusion:** Continuing education brings subsidies to the discussion of the work process from the perspective of multidisciplinary, intersection of knowledge and valuation of the content and experiences of each worker, in the sense of a refined development of a care product.

Descriptors: Continuing Education; Nursing; Learning.

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RESUMO

Objetivo: Discutir a avaliação, sob a ótica dos enfermeiros, a respeito das práticas educativas no ambiente de trabalho, por meio das experiências vivenciadas por eles, enquanto participantes de programas de educação continuada e permanente. **Método:** Estudo qualitativo, realizado através de entrevistas abertas com treze enfermeiros de uma instituição universitária federal, do Rio de Janeiro, Brasil. **Resultados:** Demonstram que uma modalidade não pode ser vista como única possibilidade de educação em enfermagem, pois a educação sofre mudanças e ampliação conceitual, aprofundando a ciência, como inesgotável, articulando-se à gestão e ao controle social, inserindo o profissional na perspectiva das transformações organizacionais. **Conclusão:** A educação permanente traz subsídios à discussão do processo de trabalho sob a perspectiva da multidisciplinaridade, intersecção dos saberes e valorização do conteúdo e das vivências dos trabalhadores, no sentido da construção refinada de um produto assistencial.

Descritores: Educação Continuada; Enfermagem; Aprendizagem.

RESUMEN

Objetivo: Discutir la evaluación, bajo la óptica de los enfermeros, acerca de las prácticas educativas en el ambiente de trabajo, a través de las experiencias vivenciadas por ellos, como participantes de programas de educación continuada y permanente. **Método:** Estudio cualitativo, realizado por medio de entrevistas abiertas con trece enfermeros de una institución universitaria, de Río de Janeiro, Brasil. **Resultados:** Los resultados demuestran que una modalidad no puede ser vista como única posibilidad de educación en enfermería, pues la educación sufre cambios y ampliación de su concepto, valorizando la ciencia como inagotable, articulándose a la gestión y al control social, insertando al profesional en la perspectiva de cambios organizacionales. **Conclusión:** La educación permanente trae subsidios a la discusión del proceso de trabajo desde la perspectiva de la multidisciplinariedad, intersección de los saberes y valorización del contenido y de las vivencias de cada trabajador, en el sentido de la construcción refinada de un producto asistencial.

Descriptorios: Educación Continuada; Enfermería; Aprendizaje.

INTRODUCTION

No educational practice in health, particularly in nursing, can contemplate only isolated aspects and needs - consider it institutions or human resources.¹ Not only management and institutional requirements should guide the educational practices of nursing

training. Continuing training of professionals should be able to provide constant qualification in health, proposing comprehensive development of subjects, workers and citizens.²

In that way, the elements suggested by institutions and managers in the learning and training process

cannot be detached from the desire and the demand brought by the group; for this, it becomes indispensable to listen to their wishes.

For the *American Nurses Association* (ANA), continuing education and people development are complementary, from the point of view of orientation and education in service, with the purpose of developing individuals - both professionals and persons - pondering the objectives and responsibilities of the organization.³

Permanent education - a more contemporary modality of educational practice - works under the bias of transforming the health process, participating in the development of teaching actions in service, considering singularities and needs of the work training and development, strengthening the line of integral healthcare.⁴

However, even if permanent education considers learning appreciation through inherent challenges of the work process, this method is not dissociated from the possible return that a critical and conscientious professional has to offer to institutions when participating in other educational programs, such as continuing education. On the contrary, it is considered an indissociable product

of the application of this educational practice in the daily health work.

The continuing education program may be evaluated as an important tool, from the moment it embraces the scenario and the dynamism present in the duet "*institution-worker*" and its need to meet expectations regarding the qualification of the daily work processes.

Although there are peculiarities, there are also common features between educational modalities, especially in the core of the need for its development, based on meeting expected needs and competences, on the application of teaching-learning strategies and on the awareness and maintenance of the interest for learning.

Continuing education is characterized by the continuity of educational actions and, although it is based on different methodological principles of permanent education, once implemented it enables professional transformation through the development of skills and competencies, thus strengthening the work process.⁵

Continuing education emerged from the 1970s, in the context of nursing training. During such years, health educational activities aimed at contemplating institutional goals

through qualified work and productivity.¹

Due to the gaps related to meeting the learning demands by the groups involved in the teaching-learning process, it was necessary to link the educational practices to the panorama in which the workers were set, also considering the products that emerged from them and which returned for them.

The pedagogical practice in the Brazilian nursing work affirms its role in welcoming globalization, aiming to search approximation of this world with teaching-learning activities so that they can be expressive for the ones involved in the process - learner and educator.³

This practice - in special the continuing education method - deserves attention to what is involved in its development, given the need to prepare individuals to face changes and challenges, conciliating personal and collective development issues with organization and society.⁴

With regards to the set of duties by nursing professionals, the Code of Ethics establishes that the technical, scientific, ethical and cultural improvement for the benefit of the person, family and community - as well as the development of the profession - is responsibility of the category.⁶

Nurses are entitled with the responsibility of keeping up continuous learning, attending continuing education programs, requiring, searching, promoting and demanding - from the institution where one works - professional support in the specific work area.⁵

With respect to hospital institutions, it is indispensable to implement activities that offer this possibility to professionals, with a view to providing society with a qualified health product.

The Ministry of Health, through the National Policy on Permanent Education in Health, suggests that the health workers' education procedures should be based on problematization, warning that the demands for changes and improvements should be founded in the analysis of the work process, in its difficulties and challenges.⁷⁻⁸

More important than to name, to point specificities and importance of one modality despite another, more important than to reveal a common objective to the activities or to show the differences between them, or even more important than to discuss the ethical and legal implications of the learning and training process, it is the final product to be aimed at in the sphere of the goals of institutional managers and the demands

of the workers and organizers of these practices, given that from the interconnection of these aspects, an effective teaching-learning process emerges.

With that in mind, this study aimed to understand and to discuss the nurses' evaluation of the educational practices in the nursing work environment through experiences in programs of continuing, permanent education and in service.

This research is justified when considering the potential of these activities to qualify and to make sure there is continuous learning with a view to excellence in the provision of nursing services.

METHOD

This is a qualitative and descriptive-exploratory research conducted on an institute of assistance, education, research and extension in mental health and psychiatry at the city of Rio de Janeiro, Brazil.

The study population consisted of thirteen nurses of this unit who met the inclusion criteria related to having previous experience in continuing education and/or permanent education programs in this or other health institution.

Data collection was carried out through voluntary non-directive or open interviews recorded on a digital recorder, under the guarantee of confidentiality and anonymity.

Project was submitted to the proposer and co-participant institutions and was approved under the order of opinions numbers 209402 and 206034 - *Plataforma Brasil / Comissão Nacional de Ética em Pesquisa - CONEP* (National Commission of Ethics in Research), in compliance with the assumptions of Resolution 466 dated December 12th, 2012 of CONEP.

For the treatment of data, we adopted the perspective of Depth Hermeneutics, supported by the British sociologist John B. Thompson. His Social Theory of Mass Communication reveals that socio-historical aspects are fundamental to understanding what is currently in force and what is inseparable and mobilizing in the constructs elaborated by the groups in their historicity.⁹

By means of open interviews, we could have access to relevant data regarding the participants' understanding of educational modalities in health. Such data emerged as analytical content.

This technique for data collection implies not directing or

asking questions about the surveyed individual, but rather guiding and accepting the thematic reflection of the interviewee, who expresses his/her opinion rescuing aspects that may be considered essential to the memory and exploration of facts.¹⁰

The relevance of this technique relies in the possibility of free expression by the interviewee, what may lead to the expansion of the findings and delivery of a product free of directions by the interviewer.

RESULTS AND DISCUSSION

In order to assess the participants' characteristics, a form was used to find that 28,5% of them had participated in continuing education programs as listeners and/or coordinators in different times and, in the same percentage (28,5%), participation took place only as listeners. This first moment corresponded to a first screening, which completed the criteria of inclusion in the central study.

However, during the open interviews we observed that the interviewees considered "continuing education" any educational experience at work regardless of conceptualizations - according to the characteristics reported in the interview, such

experiences were sometimes typical of continuing education and sometimes typical of permanent education.

We also emphasize that, in the first analysis, participants do not indicate the intrinsic specificities of each program. They first highlight the common objective that permeates the educational process and not its details and nomenclatures, as explained in the following speeches

To ensure anonymity, we indicate the study participants by the letter "N" as in Nurse, followed by the corresponding interview number.

There was a timetable, an agenda of issues to be dealt with us. There was also a concern with participants, not only with the hospital. It was continuing education, as I see, and I always tried to attend. (N2)

We used to be summoned and there was a presence list which we used to sign. It was mandatory to the director and the superiors. We were not asked what we would like to see, it was mandatory and our evaluation would be impaired if we were absent. (N4)

It seemed very interesting, because we would start from a situation that really happened and discuss around it, how we dealt with it, how we could learn from it. There was not a specific name for the activity, but it was very important [...] It was nice attending and contributing. (E6)

In this statement, the interviewees share their experiences in educational activities attended in their

work environments. Some activities were given a specific nomenclature and others were developed without this concern.

What we should point out is that although such practices in the nursing work had different aspects, participants did not point out these distinctions in the sense of suggesting that one educational intervention was less important or less valuable than the other.

They emphasized the value of these activities within each scenario in which they worked, emphasizing the objectives and the importance of these experiences in the teaching-learning context and continuous training.

The activities in which the concern exceeded the fulfillment of the management goals and involved participation of the group regarding thematic choices, the levels of satisfaction and attendance was greater, as observed in the following statements:

I believe that all actions are welcome, regardless of the name they receive - it does not make difference for those who participate. We are reluctant to participate - be it Continuing Education, Permanent Education or anything else. We always find obstacles and, in in this case, it is worth captivating the professional. (N5)

Each of the programs receive a name, permanent education, continuing education... in

my view, what matters is the intention, the common goal. This is what will encourage the participant. (N7)

I participated in a Permanent Education Program and in three hospitals I participated in Continuing Education Programs. Even if you notice some difference or another, what matters is the invitation and the freedom to choose what you want to discuss, even though you know there is an institutional goal. Linking the goals attracts the ones who participate. (N2)

Based on the statements above, we emphasize the importance of offering educational practices in the nursing routine instead of pointing out a favorite activity.

For those who study the specificities of these actions, there are different ways of conceptualizing education in service - continuing and permanent -, however, they all have definite intentions that culminate in the fostering of institutional goals, in professional and personal development, in expansion of knowledge, refinement of skills and promotion of changes in attitudes.¹¹

This is corroborated by the interviewees' statements which, when asked about the understanding of what would be most effective or primordial to the development of professionals in the area of teaching and learning, sometimes pointed out some specificities between the modalities, but

eventually emphasized the common objective between them to be the priority. This common objective consists in efficiency in the process of teaching and learning uninterruptedly in the environment where work activities are performed.

[...] I'm not a professional expert in this area, but I participate in these activities and I do not conceive the idea that one modality has arisen to extinguish another for being better. I have always understood it as an activity which is difficult to develop, to awake in the professional the willingness and reflection regarding the importance of participating. (N3)

All modalities must exist, must be complementary to the others, must reformulate within the spaces and towards those who participate, but I do not see one as better than the other. (N1)

For me, I don't care if it's continuing education, training or class, permanent education... what matters is the goal, that is common and is dedicated to our group. Also, it is a result of a collective construction between the coordinations, institutions and demands by professionals. (N8)

For these actors, nursing education is a meeting of methods, practices, strategies and spaces for education - whether formal or not - that interwine with a central objective that should guide the entire process, with no modality taken as more important than others.

They value relational, democratic (as for the choice and

demands of knowledge) and motivational aspects as it fosters the development of educational activities, regardless of their particular perspectives. The most important is the teaching and learning goal that all modalities share.

Nursing education is a constant process in search of alternatives and solutions to health problems experienced by people and groups in their realities. This process has an impact on the reflection and transformation of current practices in services through complementation and/or acquisition of new knowledge. According to the opinions heard, such fact is not exclusive of a particular educational model.¹²

That observed, the premise is that every educational process does not have an end in itself and is not enough alone - it is necessary to feed it and re-evaluate it within the dynamics of nursing work, where Continuing and Permanent Education are tools for this construction.¹³

Continuing Education in Nursing is a process that seeks to provide individuals with different knowledge so they can reach their full professional capacity and personal development, always considering the social reality and the institution.^{14,15}

Permanent Education worked from the perspective of transformation. It participates in the development of teaching actions designed for the services and take into account singularities, training needs and development needs for the health work, strengthening a full health care.¹⁵⁻¹⁷

Although this modality is introduced in the current scenario (especially in Latin America and Brazil) as a standard that seeks to embrace public health policies, a considerable group of nursing workers participate in and value continuing education actions as an essential tool for human and professional growth. They emphasize its relevance and need for application in the care contexts.

CONCLUSION

By finishing this study, which will certainly evoke new discussions, we ensure that the educational practices (education in service, continuing education or permanent education) come from the socio-historical and political contexts. Such contexts have conducted the whole process that supported the emergence, development and implementation of each educational modality aimed at meeting the demands by groups, institutions and by sectoral coordinations.

However, these are not sufficient reasons to doom instructions to adopt a single educational intervention. Frequently, combining different modalities is valuable within the work settings.

It should be pointed out that the diversity of educational practices offered in the nursing work routine brings diversity but also sets obstacles and limited adherence by institutions and groups, given that each modality requires different devices and adaptations in order to succeed.

The interviewed workers emphasize that, in this context, the focus should be on the applicability, goals and participation by them in the selection of topics to be addressed in the trainings.

The managers of the institutions and organizers of these educational programs must understand that welcoming the knowledge topics is fundamental from the point of view of teaching-learning initiatives that intermingle rather than compete with each other.

In the case of daily education in nursing, one modality cannot be assumed as the only possibility, given that continuing education, just like other programs, undergo changes and broadening of its concept.

By appreciating science as an inexhaustible source, by conceiving knowledge from the subjectivity of the workers, by articulating it all to management and social control, by considering the organizational transformations in which the professionals are inserted and, finally, meeting the goals established by the field of professional training, the common objective of qualification is pursued.

The need for integration between these practices is not exclusively within the scope of the people, but in the range of the designations and positions that these programs' organizers adopt when defending their "ideals".

What should prevail are the objectives, aspirations and availability to learn within the arduous daily work of nursing, bringing applicability and success to the implantations.

The different conceptions can never lead to institutional discussions and disputes; instead, it should guide the educational processes with democracy, parity, reflection and qualification of people, institutions and work process.

Finally, as limitations to this study, we point out the fact that it is still necessary for service managers to understand the need to give voice to the employees regarding their learning demands so that adherence to educational programs can be efficient. On the other hand, scientific opportunities to publicize materials addressing this subject have the potential to strengthen results of scientific research and foster academic discussions that may have significant practical repercussions.

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