



Current challenges in nursing education: the professor's perspective

Desafios atuais na formação do enfermeiro: o olhar dos docentes

Cássia Regina Fernandes Biffe Peres¹, Maria José Sanches Marin¹, Sílvia Franco da Rocha Tonhom¹, Maria de Lourdes da Silva Ferreira Marques²

Objective: understanding the perspective of professors of nursing courses on the challenges faced in the process of curricular reconstruction. **Methods:** a qualitative research with 21 nursing professors from six Higher Education Institutions. The data analysis was carried out using the hermetic and dialectic technique. **Results:** there are difficulties in curricular reorganization in relation to teacher training according to the new social requirements and a lack of integration of the different knowledge areas. There are also aggravating factors such as knowledge gaps in high school students, the distance between education and the working world, and a lack of interest in becoming a nurse. **Conclusion:** according to the professors' perceptions there is positive movement toward curricular organization, despite the outstanding challenges involved in nurses' training/education such as the lack of teacher training for dealing with innovative proposals, the distance between the working world and the training process, little social valorization of the profession, and the low quality of primary and secondary education in Brazil.

Descriptors: Curriculum; Faculty; Education, Nursing.

Objetivo: compreender a visão de docentes de cursos de enfermagem sobre os desafios enfrentados no processo de reconstrução curricular. **Métodos:** pesquisa qualitativa com 21 docentes enfermeiros de seis Instituições de Ensino Superior. A análise dos dados fez-se pela técnica da hermêutica e dialética. **Resultados:** ocorrem dificuldades na reorganização curricular em relação à capacitação docente conforme as novas exigências sociais e à falta de integração das diferentes áreas do conhecimento. Há ainda, agravantes, como as lacunas de conhecimento do ensino médio, o distanciamento entre formação e mundo do trabalho e o desinteresse em ser enfermeiro. **Conclusão:** na visão dos docentes há movimento positivo para organização curricular, embora destacados desafios para a formação do enfermeiro, como falta de capacitação dos docentes para o enfrentamento de propostas inovadoras, distanciamento entre o mundo do trabalho e o processo de formação, pouca valorização social da profissão e baixa qualidade do ensino fundamental e médio brasileiro.

Descritores: Currículo; Docentes; Educação em Enfermagem.

¹Faculdade de Medicina de Marília. Marília, SP, Brazil.

²Universidade Estadual Paulista. Botucatu, SP, Brazil.

Corresponding author: Maria José Sanches Marin

Av. Brigadeiro Eduardo Gomes, 1886, Jardim Vale Verde. CEP: 17515-000. Marília, SP, Brazil. E-mail: marnadia@terra.com.br

Introduction

From a brief historical rescue of the curricular organization for the training of nurses in Brazil, we can observe the trajectory of efforts to meet the social needs of each moment. The first initiative was in 1890 with the creation of the Professional School of Nurses in Rio de Janeiro. It was created by doctors from the perspective of the French model and the intention was to prepare people at a low cost to care for the mentally ill due to the departure of the sisters of charity⁽¹⁾.

In 1923, the activities of the School of Nursing of the National Department of Public Health began, created according to the nightingale mold, and is considered the first modern Nursing school in the country. It aimed to train professionals to meet the urgent needs of public health for maintaining foreign trade that was threatened by epidemics. The course was predominantly theoretical⁽²⁾ with the curriculum organized into short-duration courses.

With the Bill 775/49 in 1949, the Nursing course began to have a length of 36 months, and secondary education and age between 16 and 38 were required as the prerequisites for admission. The teaching was centered on tasks and diseases, not allowing health promotion actions, nor did it allow reflections⁽³⁾. Within a context of increasing advancement in the hospital medical equipment industry in the 1950s, public health actions lost focus to individual hospital medical care, leading to changes in nursing training/education⁽³⁾.

Thus, in 1962 the Public Health Nursing course was excluded from the curriculum, reinforcing the model to be aimed at individual and curative care, in which only 10.0% of the course hours were dedicated to the internship⁽³⁾.

With the University Reform in 1972, the curriculum was constituted by three parts: pre-professional, common professional and qualifications in medical surgical nursing, midwifery or public health⁽⁴⁾. After an extensive debate by the Brazilian Nursing Association, a curriculum based on teacher

assistance integration was proposed. The previously excluded public health discipline returned as collective health. Even so, the organization was maintained regarding the logic of medical specialties, evident fragmented training which was primarily curative and individual⁽⁴⁾.

With the promulgation of the current Brazilian Federal Constitution and the creation of the Unified Health System in the 1980s, changes to the institutions that train health professionals became necessary to meet the needs of the new National Health Policy. Thus, the (until) then hegemonic model of attention had to give way to a model based on the principles of the Unified Health System, meaning of integrality, universality and equity⁽⁵⁾. In order to train professionals that satisfactorily fulfill this proposal, it is necessary to invest in changes in the training process, with insertions into the working world.

In accordance with the Law of Guidelines and Bases and the principles and guidelines of the Unified Health System, the Brazilian Nursing Association presented documents that culminated in the National Curricular Guidelines for the Nursing Undergraduate Course of 2001, and which is still in force. However, while proposing a generalized profile, the National Curricular Guidelines only presented general guidelines, without clear definition of the knowledge that nurses need to build throughout their under graduation, which has generated a diversity of conceptual understanding and led to the need for new guidelines for the curriculum.

Thus, the current moment is one of intense and deep discussions. At the 14th National Seminar on Guidelines for Nursing Education, emphasis was placed on looking at nurses who want and need to be trained, considering the social determinants of health, the needs of the Unified Health System and changes in the care model⁽⁵⁾. In continuation of this movement, discussions held in the state and regional sessions of this association have focused on reconstructing the Nursing Curricular Guidelines have resumed. This new proposal is currently in the National Council of

Education for analysis and approval⁽⁶⁾.

In a context of intense challenges with the need to care for and teach from a new conceptual perspective, nursing training has progressed between advances and setbacks, since it is necessary to involve the different actors of the process, as well as institutional support and collective construction. In this process, we emphasize the role of teachers who need to be sensitive regarding the need for changes and understand the principles that guide them based on reflexive and dialectical movements⁽⁷⁾.

Considering professors as fundamental actors in the continuous movement of thinking/developing nursing training, this study seeks to understand the perception of professors of nursing courses on the challenges faced within the curricular reconstruction process.

Methods

This is a qualitative research developed through interviews with 21 nursing professors from six Nursing courses of Public and Private Higher Education Institutions of the State of São Paulo, Brazil, conducted from October 2015 to March 2016.

To define the sample of private institution courses, it was decided to include those with a score of three or more in the National Higher Education Evaluation System. Based on a selection of 72 courses from private institutions, in addition to the score the courses should have at least ten years of operation as inclusion criterion, considering that in order to meet the new curricular guidelines they should develop change processes. Thus, 25 courses were obtained.

The total number of public institution courses (n=9) was included, regardless of the score achieved on the National Higher Education Evaluation System, since those that are regulated by the Secretariat of State are not obligated to be evaluated according to the criteria of the Ministry of Education. After applying the inclusion criteria, three public institution courses and three private courses were selected by draw in

seeking organizational diversity of Higher Education Institutions.

Twenty-one (21) professors participated in the study, with 2 to 4 teachers interviewed at each institution, and the sample was determined by theoretical saturation of the data⁽⁸⁾. In order to contact the participant, e-mail and/or telephone number of the professors was requested from the coordinator of the course, and an invitation was made by the researcher to the professors. If they did not accept or could not be reached, another teacher was contacted until reaching the necessary amount to answer the study objective. The interviews were held at the teachers' own workplace in a reserved space or by Skype, according to the availability of the participant. The interviews were recorded in full and transcribed for later analysis.

A script was designed in order to carry out the interviews including (the participant's) identification data and a guiding question about the challenges encountered in curriculum restructuring for nurse training. Institutions were identified as PRI (Private) or P (Public), and the participants as T (Teacher) following a numerical order.

Data analysis was carried out by dialectical hermeneutics. This union enabled the understanding and the critique of reality to complement one another, considering that the former allows for understanding texts, historical facts, everyday life and the reality in which they occur; and the second underlines the difference, the contrast, the dissent and the rupture of meaning. Together they represent the movement required to produce rationality in relation to the social processes constituted by complexity⁽⁹⁾.

For the interpretation, "data ordering" followed by "data classification", and finally the "final analysis" were performed, articulating the collected data and the theoretical references of the research in a dialectical movement, especially considering the contradiction in order to understand the interfaces of the process of changes in nurses' training and compliance with the National Health Policy⁽⁹⁾.

This study complied with formal requirements

contained in national and international guidelines for research involving human beings.

Results

Nineteen (19) (90.5%) of the interviewees were female. Their ages ranged from 32 to 59 years, with the majority being over 50 years old. The training time ranged from 9 to 36 years, and the working time in the institution ranged from 2 to 28 years. In relation to their degrees, 5 (23.8%) were specialists, 7 (33.3%) had Masters' degrees, 8 (38.1%) had doctorates and 1 (4.8%) was a full/tenured professor.

Four categories emerged based on the analysis of the interviews with the professors: the professor in the context of curricular reorganization; the distance between training/education and the working world; the knowledge gaps presented by high school students; and a lack of interest in being a nurse.

The professor in the context of curricular reorganization

One of the main challenges pointed out by the research participants was the fragility of teacher training, as they present difficulties in understanding and operationalization of the pedagogical system. We can emphasize that every process of change tends to cause discomfort, as noticed from the following speeches: *...I feel a lag of the pedagogical process by several professors. ... they impose situations to the students which do not have a meaning...*(T3/P1).

Considering the fragility in teacher training, some counter-proposals were presented by them, such as the need to invest in teacher training regarding the process of curricular change necessary for the nursing training. *We've had some training, but a long time ago. It's been at least three, four years that we have not had any training... We already asked for it. It's hard...*(T1/PRI1).

The participants also pointed out a lack of teachers from different knowledge areas for constructing and operationalizing a curricular proposal with the

possibility of apprehending the health-disease process in an extended way. *Our school proposes an integrated curriculum, which intends to build an expanded concept of the health-disease process... We do not have sociologists, anthropologists... We basically (only) have professors of the Biological Sciences area* (T2/P1).

They also point out the need for investment in hiring professors from knowledge areas other than the biological area, and recognized that the appreciation of the teaching faculty and changes in the work contract could contribute to the training process. *Enriching our faculty, especially with professors from the Humanities area... (T2/P1)... if only we had enough full-time professors... the majority are hourly-professors... (T1/PRI1). And a policy of valuing the teaching work would certainly help...*(T2/P1).

The distance between training and the working world

The interviewed professors reported a distancing between training/education and the working world, since upon graduating nurses cannot perform actions that were developed during their graduate course/instruction *...Our students arrive in the job market and they have not been able to institute the process of change... So, I think that there are some barriers in the work, political, institutional or management process... (T3/PRI1)...the school is still far from practice. So, I think we still have to promote more closeness between them...* (T2/PRI2).

For the study participants, the teaching-practice integration is fundamental in the process of training nurses, considering the need for co-responsibility of both scenarios, as it is clear that the training/education needs service to perform training in line with the needs of the practice. *Matching the need for the service with the need for training. This implies a true partnership...*(T4/P2)... *the path to improvement lies in this word - integration - of co-responsibility, both in terms of education and service, and of the various professionals.* (T2/P2).

Another way of bringing undergraduates into the working world is by developing teaching-learning strategies that enable articulation of theory with the

practice, inserting them into the practice scenario as early as possible in order to make the process more meaningful, to awaken their potentialities and to motivate them. *I think our role as educators is to bridge this gap between theory and practice... taking advantage of the experiences and to awaken their potential... (T2/PRI1)...it is to try to bring the students, as early as possible, close to the population and the professionals... Understanding the Unified Health System because they have learned about the Unified Health System in theory (T3/PRI2).*

The knowledge gaps presented by high school students

The interviewed professors identified that the students bring important knowledge gaps from high school, which hinders their interpretation of texts and their ability to express themselves. *Many of them have a hard time interpreting (texts), and expressing themselves... (T2/PRI3) ... the students come from high school with many difficulties... We even have lessons so they can catch up...(T3/PRI1).*

Although there is the proposal of leveling up the students, the required participation is not verified due to its non-obligatory nature and the number of tasks in which they need to be inserted. *So the university has a leveling program, however... the students practically do not attend because... it is not mandatory (T1/PRI3)... some students sometimes have such a hard time. We offer several courses, Portuguese, Mathematics, Reading, for them to try to keep up with their class... (T2/PRI2).*

A lack of interest in being a nurse

Opening new courses is considered disorganized and inconvenient, which consequently leads to high vacancy rates. This fact together with the low financial return and the great responsibility necessary for exercising the profession certainly causes a demotivation in its demand. *We have too many undergraduate Nursing courses in our region... It is an inconvenient, disorganized proliferation that does not follow any criteria...(T3/PRI1). Because after all, the (financial) return in the job market is low... It's better to work at the mall than to take on so much responsibility, isn't it? (T/P2).*

Discussion

This study presents a limitation in the fact that the selection criteria of the sample included all State Public Institutions and only the private ones qualified by the National Higher Education Evaluation System. In addition, the qualitative approach only allows an extrapolation of the interpretation performed from the results. Thus, we propose that further studies be carried out in a more comprehensive way so that it is possible to broaden the understanding on the challenges of nursing training.

Currently, efforts are directed toward curricular changes and teaching-learning models aiming at advances beyond the traditional teaching models in nursing. Its objective is to provide more comprehensive training with social relevance and focused on the real problems of the people from a reflexive and transforming practice of reality⁽¹⁰⁾.

In this context, the teacher stands out as an important actor, since their involvement is essential for the teaching-learning process to achieve the expected transformations. However, it is emphasized that they have difficulty in understanding the complexity of a transformative proposal and its theoretical aspects to distinguish it from other pedagogical tendencies. Thus, there is a necessity of implementing and maintaining constant training for the Nursing professor in order to meet the needs of understanding pedagogies and methods that favor critical, reflexive and articulated learning with reality⁽¹¹⁾.

This continuous movement of teacher empowerment, as pointed out by the research participants, must be understood as fundamental in the process of curricular reorganization and developed by Higher Education Institutions. It is necessary to promote the teaching-learning process focused on comprehensive care and permanent knowledge restructuring based on problematization and the internal demands according to the logic of Permanent Education in Health.

Thus, learning takes place in doing the work, in which learning and teaching are incorporated into

daily life. Its principles are based on meaningful learning and the possibility of transforming professional practices. In this type of permanent education, learning is developed from real problematized situations, taking into consideration the knowledge and the previous experiences, and respecting the training needs of workers and people's health⁽¹²⁾. Thus, the challenge is incorporating Permanent Education in Health into the health services' and training institutions' agendas, with articulated participation of professors and professionals of the services so that new changes are developed in both scenarios⁽¹³⁾.

Despite the proposals of the National Curricular Guidelines on the need for articulated training with the working world in order to build the expected profile, we still see a mismatch between training and the real needs of the Unified Health System⁽⁷⁾.

Theoretical-practical articulation has occurred superficially throughout the undergraduate course. In addition, there is a difference between the ideal activities developed in under graduation and those actually found in the working world⁽¹⁴⁾. Such a situation is favored by fragmenting the curriculum into subjects with few opportunities for practical experiences, which makes it difficult to articulate theory with reality for critical reflections that enable transformative actions. In this context and with the intention of changing the profile of the professionals, Institutions of Higher Education should invest more in innovative Pedagogical Course Projects, capable of promoting the desired theoretical-practical articulation and favor comprehensive care of the population.

The proposal of curricular organization by dialogical competence is the one closest to the professional profile proposed by the National Curricular Guidelines, which articulates the school with the work world, seeking a reflexive and transforming practice of reality, theory-practice integration and articulation of the affective, cognitive and psychomotor resources mobilized in the action⁽¹⁵⁾. According to this logic, diversifying practice scenarios from the initial years (of the graduate course) should contribute to an approxi-

mation with the health system in Brazil⁽¹⁶⁾.

In addition to the organizational aspects of the Institutions with regard to nurses training, attention has currently been drawn to the fragility of basic training, since this has interfered in the teaching-learning process for the study participants.

The experience in elementary and secondary education is related to success or not of the student entering higher education. In addition to the difficulties related to entry, retention and dropouts in the early years are associated with the inadequacies in secondary education⁽¹⁷⁾. The foundations for later segments and problems are established in Primary Education, because students with difficulties in reading and writing distance themselves from what is desired in higher education and the reality of the training⁽¹⁸⁾. This situation, in addition to interfering in the academic training/education, causes difficulties for their insertion into the job market.

Basic mathematics and Portuguese knowledge are essential for good professional performance, as nursing actions are anchored in communication, whether written, oral or non-verbal, in addition to the necessity of articulating the information for effective critical and clinical reasoning. Thus, as students enter higher education with these weaknesses, it is necessary that Higher Education Institutions not only diagnose them, but also invest in teaching-learning strategies throughout the training process, without excluding and causing embarrassment to people. To do so, the courses must consider the cultural base of the students in the definition of their pedagogical projects and in confrontating the difficulties⁽¹⁷⁾.

As was observed through the participants' speeches, they emphasize the need⁽¹⁹⁾ of Higher Education Institutions getting organized to provide the leveling up of Portuguese and Mathematics (knowledge); however, these efforts have not produced the expected results, since they are voluntary and not very motivating to students who feel the intense routine of a higher education. Thus, the need for training institutions to include proposals articulated to the training

processes in their pedagogical course projects that enable greater impact on the profile of the student in order to favor the professional training expected for nurses is evident.

Another aspect pointed out is the lack of interest in being a nurse. Historically, Nursing has not been valued either financially or in recognition of the importance of the work, which makes it unattractive as a profession. This panorama is national and it has increased over the years, as shown by the candidate placement ratio decrease. The proportion of students enrolled in the college entrance exam (*Vestibular*) between 2001 and 2011 dropped from 5 to 2.46, respectively⁽²⁰⁾.

This context is further aggravated by the expansion in the number of courses offered, especially private ones, with affordable cost and with classes at night, which enables daytime work and dilutes the candidate/placement ratio. It was also noticed that 37.0% of the placements offered in that decade were not fulfilled, indicating an opening of new courses without control and without an analysis of the demand. Moreover, we can also point out evasion in undergraduate courses⁽²⁰⁾. Much more than just expanding access to nursing courses, it is also necessary to monitor the quality offered to meet nurses' training needs.

This study may contribute to a broadening of the reflections on the theme, considering that movements led by the Brazilian Nursing Association are under development seeking the approval of the new National Curricular Guidelines to provide greater clarity and direction regarding nurses' training.

Conclusion

According to the teachers' perspectives, a positive movement for curricular organization has been taking place, although important challenges for nurses' training have been highlighted such as the lack of teacher training on how to confront innovative proposals, the distance between the working world and the

training/education process, the low social value of the profession, and the low quality of Brazilian primary and secondary education.

Collaborations

Peres CRFB, Marin MJS, Tonhom SFR and Marques MLSF contributed with the study conception and design, analysis and interpretation of data, with article writing and relevant critical review of intellectual content and the approval of the final version to be published.

References

1. Pava AM, Neves EB. A arte de ensinar enfermagem: uma história de sucesso. *Rev Bras Enferm.* 2011; 64(1):145-51. doi: <http://dx.doi.org/10.1590/S0034-71672011000100021>
2. Silveira CA, Paiva SMA. A evolução do ensino de enfermagem no Brasil: uma revisão histórica. *Ciênc Cuid Saúde.* 2011; 10(1):186-93. doi: <http://dx.doi.org/104025/cienc cuidadsaude.v10i1.6967>
3. Santos SSC. Currículos de enfermagem do Brasil e as diretrizes: novas perspectivas. *Rev Bras Enferm.* 2003; 56(4):361-4. doi: <http://dx.doi.org/10.1590/S0034-71672003000400009>
4. Galleguillos TGB, Campos OMA. A gênese e o desenvolvimento histórico do ensino de enfermagem no Brasil. *Rev Esc Enferm USP.* 2001; 35(1):80-7. doi: <http://dx.doi.org/10.1590/S0080-62342001000100013>
5. Associação Brasileira de Enfermagem. Carta de Maceió para a educação em enfermagem no Brasil. *Rev Bras Enferm.* 2014; 67(4):646-8. doi: <http://dx.doi.org/10.1590/0034-7167.2014670422>
6. Teixeira E. Em tempos de novas Diretrizes Curriculares Nacionais (DCN) para o curso de graduação em enfermagem. *Rev Enferm UFSM [Internet].* 2017 [citado 2017 set. 25];7(2):iii-iv. Disponível em: <https://periodicos.ufsm.br/reufsm/article/view/28859/pdf>

7. Mesquita SKC, Meneses RMV, Ramos DKR. Metodologias ativas de ensino/aprendizagem: dificuldades de docentes de um curso de enfermagem. *Trab Educ Saúde*. 2016; 14(2):473-86. doi: <http://dx.doi.org/10.1590/1981-7746-sip00114>
8. Minayo MCS. Amostragem e saturação em pesquisa qualitativa: consensos e controvérsias. *Rev Pesqui Qual [Internet]*. 2017 [citado 2018 jan. 7]; 5(7):1-12. Disponível em: <http://rpq.revista.sepq.org.br/index.php/rpq/article/view/82/59>
9. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. São Paulo: Hucitec; 2013.
10. Peixoto NMSM, Peixoto TASM. Prática reflexiva em estudantes de enfermagem em ensino clínico. *Rev Enf Refer*. 2016; 4(11):121-32. doi: <http://dx.doi.org/10.12707/RIV16030>
11. Tonhom SFR, Costa MCG, Hamamoto CG, Francisco AM, Moreira HM, Gomes R. Competency-based training in nursing: limits and possibilities. *Rev Esc Enferm USP*. 2014; 48(esp.2):213-20. doi: <http://dx.doi.org/10.1590/S0080-623420140000800031>
12. Lemos CLS. Educação Permanente em Saúde no Brasil: educação ou gerenciamento permanente? *Ciênc Saúde Coletiva*. 2016; 21(3):913-22. doi:10.1590/1413-81232015213.08182015
13. Miccas FL, Batista SHSS. Permanent education in health: a review. *Rev Saúde Pública*. 2014; 48(1):170-85. doi: <http://dx.doi.org/10.1590/S0034-8910.2014048004498>
14. Fernandes JD, Silva RMO, Teixeira GA, Florencio RMS, Silva LS, Rebouças LCC. Aderência de cursos de graduação em enfermagem às diretrizes curriculares nacionais na perspectiva do Sistema Único de Saúde. *Esc Anna Nery*. 2013; 17(1):82-9. doi: <http://dx.doi.org/10.1590/S1414-81452013000100012>
15. Trevisan DD, Minzon DT, Testi CV, Ramos NA, Carmona EV, Silva EM. Education of nurses: detachment between undergraduate courses and professional practices. *Ciênc Cuid Saúde*. 2013; 12(2):331-7. doi: <http://dx.doi.org/10.4025/ciencucuidsaude.v12i2.19643>
16. Winters JRF, Prado ML, Heidemann ITSB. Nursing education oriented to the principles of the Unified Health System: perception of graduates. *Esc Anna Nery*. 2016; 20(2):248-53. doi: <http://dx.doi.org/10.5935/1414-8145.20160033>
17. Diogo MF, Raymundo LS, Wilhelm FA, Andrade SPC, Lorenzo FM, Rost FT, et al. The concepts of course coordinators about the dropout, academic failure rates and about intervention strategies. *Avaliação (Campinas)*. 2016; 21(1):125-51. doi: <http://dx.doi.org/10.1590/S1414-40772016000100007>
18. Reis GA, Duarte ABS. Leitura e letramento informacional na universidade: um hiato, um construto fragmentado ou um dilema? *Inf Inf*. 2017; 22(3):136-57. doi: <http://dx.doi.org/10.5433/1981-8920.2017v22n3p13619>
19. Silva MAB, Azevedo C. Letramento: processos educacionais no contexto social e político. *Rev Iberoam Estud Educ*. 2017; 12(4):2138-54. doi: <https://doi.org/10.21723/riaee.v12.n4>
20. Teixeira E, Fernandes JD, Andrade AC, Silva KL, Rocha MEMO, Lima RJO. Panorama dos cursos de Graduação em Enfermagem no Brasil na década das Diretrizes Curriculares Nacionais. *Rev Bras Enferm*. 2013; 66(esp):102-10. doi: <http://dx.doi.org/10.1590/S0034-71672013000700014>