Editorial

Distance learning and the advancements for nursing research

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Distance Learning (DL) has always been questioned within academic circles for various reasons. The major reasons are: criticisms regarding the mass production of diplomas in private institutions; the utilization of questionable methodologies; the excessive valorization of technology over content; having on-site activities without a suitable educational justification; and the pervasive feeling that distance learning does not promote the humanization of learning, excludes individuals without the necessary economic means, and the reality that not everyone is prepared to partake in autonomous learning.

We have been using this technology in the Nursing and Health fields for more than eleven years and, based on our experience, we can say with confidence that the problems related to the training of DL professionals are due to specific aspects, such as the lack of training in policy making and andragogy in teaching; the need to further the discussions regarding the importance of using DL and blended courses in Higher Education Institutions (HEI); and the lack of knowledge development specifically regarding the strengths and weaknesses of DL in the field of education and health.

Regarding the training of educators, we believe that the problem is closely connected to a lack of political training because our curricula emphasize a content load that is predominantly technical, lacking a proper approach to human and political training. Another issue that calls for special attention in the health and nursing fields is on-site learning within a traditional and technical education model, which has been taking place in education for over three decades.

Pedagogy emphasizes the education of children, while andragogy focuses on adults. We do not receive sufficient training to educate children or adults, and this results in a replica of the traditional education model, which has been referred to by theory experts as banking education, considered reproductionist, unfair and exclusive. But how can we understand this if our own education has been this way? It is not difficult. We have successfully graduated but we are not trained to exercise citizenship and democracy in learning to the fullest, which would provide learners with various forms of accessibility and learning in education.

Our arguments regarding the importance of this teaching-learning strategy originate from our scientific production and the successful experiences we have achieved over the last decade in DL projects related to research⁽¹⁾, teaching⁽²⁾ and university outreach⁽³⁾. Our attachment and commitment to the practice of education is aligned with Paulo Freire, who stated: if it were not for love, we would not be educators.

In the 1990s, efforts to improve undergraduate education in nursing with projects such as the Teaching-Healthcare Integration (Integração Docente Assistencial - IDA) and A New Incentive in the Education of Health Care Professionals (Uma Nova Iniciativa na Educação dos Profissionais do Setor de Saúde - PROUNI) contributed to a qualitative leap forward in the innovation of nursing curricula. The highlight of this decade was the Program for Nursing Development in Latin America (Programa de Desenvolvimento da Enfermagem na América Latina - PRODEN), which promoted the training of nursing faculty using distance learning. We also highlight the strong influence of the National Seminars on Nursing Education Guidelines in Brazil (Seminários Nacionais de Diretrizes para a Educação em Enfermagem no Brasil - SENADEn)⁽¹⁾, which took place in 1994, where it was possible to reach a diagnosis regarding the status of education and the need to define guidelines for nursing education in Brazil.

Considering health undergraduate education in public institutions, thoughts regarding the use of DL and educational media are still incipient, although many education institutions are already using them in training programs, blended courses and as support for on-site education. Therefore, the fact that these learning methods did not undergo evaluations capable of measuring their effectiveness makes it impossible to draw conclusions about the impact of this particular methodology.

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Within this context, it is necessary to produce and follow up knowledge associated with the advancements of DL and the new education laws in studies regarding: education and distance education (public and private); the training of health professionals as educators, with ongoing training and improvement of the faculty; planning educational practice, rethinking teaching and evaluation models; and the policy for training and qualification to improve the performance of the faculty.

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In Brazil, Article 43 of the National Education Guidelines and Framework Law (Lei de Diretrizes e Bases - LDB/96) encourages scientific development and critical thinking, and stimulates research for the development of science and technology⁽²⁾. Considering these mandates, we believe that although the produced knowledge is tempered with the humanization of care, studies that address education in nursing have not been favored. Another very important aspect of this particular law article is the legitimization of the autonomy and flexibility of universities, respecting the deliberative actions of the institution regarding their political-educational projects already guaranteed by the Brazilian Federal Constitution of 1988 in Article 207 – emphasizing that universities hold educational and administrative autonomy– and 208 – which addresses the State's guarantee of access.

Regarding distance education, Article 80 of the LDB emphasizes that public power will encourage the development and attachment of DL programs, at all levels and models of teaching, as well as continuing education. Based on the LDB, in December of 2004 the Ministry of Education (MEC) stated through Ordinance 4059 that blended courses could be offered at Higher Education Institutions, limiting the offer of this teaching modality to 20% of the total class hour load of the course and establishing that evaluations should all be on-site⁽⁴⁾. In 2005, Decree 5622 regulated Article 80 of the LDB, establishing in Article 9 the criteria for the accreditation of higher education institutions.

Therefore, the Brazilian legislation regulates and enables the use of information and communication technology applied to education and research, thus allowing for the emergence of public policies favoring the democratization of undergraduate and graduate studies, thus breaking the barriers imposed by time and geographic location.

REFERENCES

- 1. Santana FR, Gaspar CC, Costa RA, Paica VG, Rodrigues MCS, Alves ED. Educação à distância nas instituições federais de ensino superior: a situação da enfermagem brasileira. Rev. Eletr. Enf. [Internet]. 2005 [cited 2012 sep 30];7(1):41-53. Available from: http://www.fen.ufg.br/revista/revista7_1/original_04.htm.
- 2. Alves ED, Kusano MSE, Serpa MGN, Kusano LME, Quaresma M. Añejos y avances en la utilizacion de la internet para la enseãnanza superior de enfermería en el Brasil. Revista Panamericana de Enfermeria. 2004;2(1):14-23.
- 3. Peixoto HM. Avaliação de disciplinas semipresenciais de graduação e pós-graduação na área de promoção da saúde na Universidade de Brasília [dissertathion]. Brasília: Departamento de Enfermagem/UnB; 2012.
- 4. Teatini, JC. MEC promete triplicar matrículas em EAD e alcançar 600 mil alunos até 2014 [Internet]. São Paulo: UOL Educação [update 2012 apr 24, cited 2012 sep 30]. Available from: http://educacao.uol.com.br/noticias/2012/04/24/mec-promete-triplicar-matriculas-em-ead-ate-2014-e-alcancar-600-mil-alunos.htm.

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