

Violence social representations and teaching strategies used by undergraduate nursing professors

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ABSTRACT

An exploratory, descriptive study aimed to describe the social representations of the theme violence and the teaching strategies used by nursing undergraduate professors from two public institutions. For data collection, we used documental research, systematic observation, and a semi-structured interview. We analyzed data using the Collective Subject Discourse technique. The professors recognize the importance to work violence during undergraduate, describing that although it does not appear regularly in a formal curriculum, the subject informally arises in academic training. Social representations of violence in the professors' discourses appear as management of aggressive patients and institutional violence in the academic environment. The pedagogical strategies described are active and emancipating. Teaching should go beyond biological aspects, contemplating discussions about student's experiences to train nurses capable of dealing with violence.

Descriptors: Violence; Curriculum; Faculty; Education, Nursing.

INTRODUCTION

Interpersonal violence is a current issue in the human history. It is presented in many forms, for example, child abuse, juvenile, marital and sexual violence, elderly abuse at home or outside, as in schools, work environment, prisons and nursing homes. Violence is an issue acknowledged for keeping communication with all fields of human

knowledge due to its cross-sectional character and its insertion in discussions related to the health sector. It happens due to serious repercussions in the individual and collective health of individuals, and it is considered

a serious public health issue⁽¹⁾.

When considering it a complex phenomenon, violence is reaffirmed and assumed by the World Health Organization (WHO) as the intentional use of physical strength or power, real or threatened, that results or that can result in lesions, death, psychological damage, development deficiencies or privation⁽¹⁾.

The definition associates the intention with the action, regardless of the result. Such actions derive from a power relationship, including threats and intimidations. “the use of physical strength or power” comprehends the negligence and all types of physical, sexual or psychological abuse, as well as, suicide and other self-harm actions⁽¹⁾.

Violence is eminent in humans, and it is a phenomenon that requires responsibility of subjects. It presents profound roots in social, economic and political structures, as well as, individual conscience, and therefore, violence is possible to be analyzed, comprehended, intervened and surpassed⁽²⁾.

The health sector tries to go beyond its traditional curative function to care for physical and emotional aggravations caused by social conflicts, and it is of fundamental importance to define preventive and health promotion measures, including the approach to violence⁽³⁻⁴⁾.

Nursing undergraduate curriculums should contemplate this theme, reflection about violence as a public health issue, as nursing training influences the professional action, once the nurse’s knowledge, abilities, and competencies are part of the training. Thus, the training process can create positive or negative consequences, influencing the quality of the provided health assistance⁽⁵⁾.

The teaching process requires comprehending that education is a form of intervention in the world, as the contents well or poorly taught and/or learned can result in the reproduction of a dominant ideology or its unmasking⁽⁶⁾. Thus, in violence cases, the action of health professionals, can be related to how professors address this subject during their undergraduate.

Still today, the health teaching-learning process has the professor as the knowledge holder, and it follows a traditional teaching curricular model with the knowledge transmitted by the professor, resulting in gaps in training spaces, not holding all the discussion and instrumentalization needed to favor the process⁽⁷⁾.

Nursing training should follow the National Curriculum Guidelines for undergraduate courses, in which it is foreseen that the trained professional should have social responsibility besides being able to intervene in main health-sickness situations, identifying the biopsychosocial dimensions of the phenomenon⁽⁸⁾.

When thinking about nursing undergraduate curriculums in the main actual policies and discussions about the construction of Political-Pedagogical Projects (PPP) aimed at population’s social needs, the theme violence should be analyzed and discussed. Violence is a social-political praxis question, that is part of the human and social history, independently of what is its specificity⁽⁹⁾.

Therefore, the objective of this study is to describe the social representations of the approach of the violence theme and the teaching strategies used by undergraduate nursing professors of two public teaching institutions.

METHODS

An exploratory descriptive and qualitative study, which study fields were two undergraduate nursing courses of two public institutions of São Paulo state.

The study subjects were all the professors responsible for teaching subjects contemplating violence in their teaching plan, totaling 15 professors. The inclusion criteria were: to be active professors in the institutions; to be teaching the subjects which programs contained the word “violence” or correlates (abuse, aggressive, aggression, victim, victimizing, violent, trauma, negligence, fight, power, lesion, to hurt, to beat, drugs, provocation, provocations, mutilations, rape, coation, perpetration, perpetrator, perpetrated, abandonment, to spank, spanked), between June and September of 2012. We chose these selected terms for the study because they allow the search for interpersonal violence in the undergraduate curriculums of the two institutions, based on the most frequent words in the World Report on Violence and Health⁽¹⁾.

For data collection, we used documental research techniques, a semi-structured interview and, systematic observation.

We performed the documental research by consulting the programs of all nursing undergraduate disciplines foreseen in the PPP. We created a research protocol, contemplating the information regarding aspects related to discipline identification, objectives, amendment, program, and program content, references, time since the discipline creation, the appearance of the “violence” term or correlates and teaching strategies described to address violence.

Questions previously created by the researchers and submitted to three judges were part of the interview script. This way of obtaining data allowed us the free discourse and, at the same time, the conversation design trying to keep the interview consistent with the goals of the investigation.

This article specifically reports the obtained data through the semi-structured interview topics: “How do you work with the violence theme with the students?” and “What are the strategies used to address violence?”. Each interview lasted from 40 minutes to two hours and 30 minutes. They were conducted in a private room and with scheduled times. We recorded and transcribed all interviews.

To organize the data, we used the Collective Subject Discourse technique (CSD)⁽¹⁰⁾. It consists of the gathering of only one discourse-synthesis through many individual discourses emitted as an answer to the same research question, by subjects socially and institutionally equivalent, or that were part of the same organizational culture and a homogeneous social group.

To achieve the CSD, we analyzed the empirical material using the following operations: 1) highlighting the transcriptions’ parts that better described the discourse content, identifying the key-expressions (KE); 2) identifying the Central Ideas (CI) of answers from different individuals, recognizing the similarities and complementarities between them; 3) grouping similar CI and KE that originated the CSD, which is a synthesis-discourse written in the first person singular⁽⁹⁾.

As theoretical reference to analyze the interviews, we used the Theory of Social Representations (TSR), whereby the researcher can capture the interpretation of the participants’ reality of the group intended to

know, allowing the comprehension of their attitudes, beliefs, values, opinions, and knowledge when facing different themes⁽¹¹⁾, within them, violence.

The systematic observation consisted of taking notes in a notebook about the personal impressions and observations before, during and after each interview during the data collection, addressing the whole process.

The Ethics in Research Committee approved the research project (protocol nº 158/2011). All participants signed the Free and Informed Consent Term.

RESULTS AND DISCUSSION

From the total of 15 interviewed professors, 14 were women, and one was a man. We interviewed five professors of Institution I and ten of Institution II. Most subjects were between 51 and 60 years (46.6%). About their training, one of them is a pedagogue; all others are nurses. All of them held a Doctoral degree, and they worked full-time with a full-dedication contract.

At Institution I, the term violence or correlates were included in the subjects: “Mental health care,” “Education for health,” “Health and safety in nursing work,” “Education/sexual orientation in schools” and “The use and abuse of alcohol and drugs: general vision.”

At Institution II, the professors were responsible for the subjects “Nursing assistance in children’s and adolescent’s health I,” “Nursing assistance to women’s health” and “Caring process in psychiatric nursing,” in which we found violence or correlates.

We present the CSD in three themes gathered according to the categories built from the Central Ideas (CI) which emerged from discourses expressing Social Representation from the number of Key-Expressions (KE) from the interviewed professors, identified by the letter D. To better visualize and understand, we opted to present them in Charts 1, 2 and 3.

Chart 1: Discourse-synthesis about violence approach in theory and teaching practice in nursing undergraduate courses. Ribeirão Preto, SP, Brazil, 2012.

Theme 1: Curricular organization of the violence approach	
Central Idea	Collective Subject Discourse
The theoretical centralization in the curriculum – three KE (D7, D14, D15)	<i>Use of expository classes with theory content, I bring a little of the violence concept. One thing that calls a lot of their attention are images of the class, to remind them that, when we don't see this, it doesn't mean that it doesn't exist. There is a little of concept, signals, and symptoms that we can find in the child; I bring a little data of who is the aggressor, to whom is the child most vulnerable to violence. I start the class with a movie, in the end, we discuss a case, and I always emphasize with them the importance that I don't need to be sure to denounce, there had an exam yesterday about violence.</i>
The practical experience and the professor's curiosity – six KE (D4, D6, D8, D10, D12, D13)	<i>Sometimes, in truth, many times, unfortunately, I end up addressing this theme in practice, especially in the case of the child's health discipline. So I end up having the experience of talking to the student about this subject for having seen a child that suffered that. Through the theme discussion, sharing of each person's experiences, that is, I work locally, during the internship, when someone talks about a suffered violence, we point out, or I give some guidance about social action, social control, that are the paths [to deal with the problem].</i>

Chart 2: Discourse-synthesis about the social representation of what is violence addressed in the undergraduate curriculum, according to the interviewed professors. Ribeirão Preto, SP, Brazil, 2012.

Theme 2: What is the violence addressed in the undergraduate curriculums?	
Central Idea	Collective Subject Discourse
The management of aggressive patients - three KE (D2, D5, D12)	<i>The discipline is all contextualized between theory and practice: theory on Tuesday's afternoons, and on Fridays, they spend the day in the Clinic's Hospital, at the psychiatry ward. In this theoretical question, there is the management of the aggressive patient, ways of contention, and I do a lot of practice, I do all this management, all grounded in the question of therapeutic interpersonal relationship, which is what I work with. Theoretical support for a more humanized position, with all professors of the Medical course, with the students, because about the interpersonal relationship, if you have a good [relationship of] trust, he [the patient] will not hurt you, he will respect you.</i>
Institutional violence in the academic environment - five KE (D4, D6, D10, D12, D15)	<i>Also, when I go by the concepts of accidents, for example, harassment and even sickness, in lectures, I inform them [the students] that this cannot happen, in case it happens, it is a violent situation. I give some definitions of what is this institutional violence that can happen and few practical examples of the injured, I characterize this, as well as, a violence situation at in the work environment. I visit companies, so this practical part I comment after when the students go to the classroom and expose that, that is an episode of violence with the employee. Sometimes I give examples of the institution itself here; it is a dialogued class, they start to talk about professors against them during these discussions.</i>

Chart 3: Discourse-synthesis about pedagogical strategies used by professors to address violence. Ribeirão Preto, SP, Brazil, 2012.

Theme 3: Pedagogical strategies used to address violence	
Central Idea	Collective Subject Discourse
The use of active and emancipating methodologies – five KE (D4, D6, D10, D12, D13)	<i>Formally, the subject has an hourly load [in] which I do as if there was a roundtable, a panel. Not only with me, but I also invite a professional from the Reference Center of attention to women victims of sexual violence, and then we talk about that, we debate. There is the book that has one of the chapters about violence, it discusses situations and examples from the news, this from the theory point. In the classroom, I try to extract from each student their difficulties, and we problematize through dynamics, sometimes I do debates, brainstorming, plays, trying to problematize and in conjunction, I try to find a solution to the problems. I use a video, very good, very interesting, about sexual violence, and I discuss this question, and I talk about this subject, and [there is] student's exposition in the seminars. I also talk about these real experiences that they [students] have, it is a strategy that mixes a little of experience with it.</i>

About the curriculum organization of addressing violence, we obtained two synthesis discourses presented in Chart 1. In the first, there is a social representation that the violence approach is centered only in the theoretical part of the curriculum. In the second, the social representation is that teaching practices also approach violence when the theme appears in the stages.

For some authors, the students are not prepared to broadly understand the occurrence, for example, of the violence caused by an intimate partner and its social, economic and health implications; considering the approach of this theme in the curriculum is extremely important to develop this competency. Aiming at an effective educational curriculum strategy, the students should be in contact with the theme not only in theory but also during practice, in institutions as community organizations that deal with violence prevention⁽¹²⁾.

The transformation of something non-familiar into familiar constitutes the reason to form social representations. Familiar is what is known, the common sense, saved from any risk, friction or conflict, confirming our beliefs, reinforcing our tradition. The non-familiar is what causes us conflict; it is the unknown⁽¹¹⁾. Thus, in the studied universities, the violence does not appear in the practice teaching plans

formally, but it is revealed informally translated by the students. Thus, the appearance of the subject in practice routine becomes fundamental for discussions about the theme and to better prepare the professors to address and deal with the violence phenomenon⁽¹²⁻¹³⁾.

We noted that for some professors, there is still social representation in the written curriculum, in a theoretical manner. Besides the definitions from the National Nursing Curriculum Guidelines, the curriculum goes beyond what is written in legislation, as it is also built on the cultural tradition and by what happens in practice, not only from theoretical referential but on experiences from the participating subjects⁽¹⁴⁾.

In practice, health professionals have difficulty to acknowledge a violence situation and to attend the victims, attributing such difficulty to the professional training during undergraduate, that does not address the theme adequately⁽¹³⁾. In an American study, students of different health fields, including nursing, assisted a woman with a cut in her hand due to domestic violence and only 38% of them suspected of this cause, suggesting a better way to approach the theme in the curriculum⁽¹⁵⁾.

If violence is frequent in many social environments, it is fundamental to have discussions so that it is addressed in an organized way and grounded in practice activities in the internship, a source of profound debates between professors and students.

In Chart 2, we present the social representation of what is violence addressed in the undergraduate curriculums, according to the interviewed professors:

When asked about how they work with the violence theme with the students, the professors expressed their knowledge about violence anchored in the social representations of abuses (physical, sexual, psychological and negligence) that are addressed in undergraduate courses.

The first synthesis discourse demonstrates the social representation that to address violence in the curriculum is to discuss the management of aggressive patients. For that, such professors said that they mobilize theoretical concepts of therapeutical relationships centered on the person, the humanist position. The helping relationship is established when one of the parts tries to promote the development, the growth, the maturity and a better ability to cope with life in the other. These interactions occur between mother and son, professors and students, nurses and patients, within others, and the attitudes in this relationship can favor or inhibit the person intended to help⁽¹⁶⁻¹⁷⁾.

According to the World Health Organization (WHO), the nature of violent actions can be physical, sexual, psychological and, involve privation or negligence⁽¹⁾. It is important that every violent act, independently of its nature, can be addressed by professors during undergraduate so when they graduate, nurses are not only attentive to the manifestation of physical aggression, that can also be a social representation of this group about what violence is.

The second social representation about what is violence addressed in undergraduate curriculums refers to institutional violence present in the academic environment. As it is expected, how can we expect that the student, as a professional, will have a welcoming and empathetic posture, if not always the professor's posture is this one? The professor is a model. Professors need to reflect on the teaching-learning

process, that does not occur only through presentations and theoretical discussions, once the posture on the day-to-day, among students and work colleagues, instigates students' reflections and observations, positively inspiring or not this professional future.

Accordingly, it is important to reflect on the relationships that are processed between professors and students in the university environment and the elements permeating such relationship. It is possible to think about the existence of a disciplinary power when there is behavior control through norms to impose a utility relationship. Especially when teaching about health⁽¹⁸⁾, the approach of the knowledge-power relationship anchored in the common sense social representation that the school is the space where the disciplinary power produces knowledge giving it authority.

A study about violence manifestation in the university environment of nursing academics corroborates this finding. In it, authors found that in the classroom or internships, the interactions suffer influences of power differences, and there is a tendency to naturalize violence occurrences. The authors highlight the importance to discuss with professors and students about this theme⁽¹⁹⁾.

The need to discuss the relationships between professors and students, including the power relationships that permeate the university structure, it is urgent and needed so the learning process will not be unilateral and not given fully of authoritarianism. For that, it is indispensable to think about strategies to address the theme, and some of them are described in Chart 3.

The use of active and emancipating methodologies is a social representation of the collective thinking of this group of professors that reflect the preconized by the Nursing Curriculum Guidelines.

In this study, the professors cited teaching strategies, such as movies, reading texts, theoretical classes (expositive or dialogued classes), seminars, discussion of clinical cases and in groups, dramatic plays, and brainstorming. To reflect the importance of the incentive for students to actively participate in the classes becomes more as a didactic challenge for professors used to a traditional education, highlighting that for that, it is necessary to have chosen adequate techniques, depending on what is intended to teach and with which objectives⁽²⁰⁻²¹⁾.

In an integrative review, with the intention to know the most used teaching strategies by nursing undergraduate courses, the most cited methods were a simulation with high fidelity dolls and through the WEB (world wide web) (19%), followed by problem-based education (16%) and case study (5%). The results differ from what we found, as these are analyses related to teaching in other countries⁽²²⁾.

Another study investigated, also using integrative review, national studies about teaching strategies used by nursing courses. In the studies, there was a predominance of experiences with active methodologies applied isolated in disciplines or teaching activities, and personal interests motivate such experiences. Thus, the most seen methodologies were problematizing (46%), active methodologies (39%), participative methodologies (11%) and problem-based learning (4%)⁽²³⁾.

The group work method, or socialized teaching, focuses on integration with the institutional and

external social environment, aiming to develop the ability to interact, so students learn to express and defend their ideas⁽²⁰⁾. In our study, associated with the work as a group, it was cited the use of a panel, defined as an active way to present the theme.

Another resource used by professors were discussions of clinical cases. The case studies as the main benefit, the adoption of a guided approach for questions and it is not based on solutions⁽²⁰⁾. The discussions of clinical cases, according to the professors of our study, come from internship fields, when students have contact with violence victims, or they bring violence questions from their experiences at the internships or personal ones.

The interviewed professors also referred also to use seminars in their disciplines to address the violence theme. The seminar is a very used technique in universities, but it is questioned about its pedagogical validity by students that perceive themselves as taking the professor's role, without support to build the proposal⁽²⁴⁾.

The use of innovative and active learning-teaching strategies per se does not guarantee to result in the transformation of the student in the protagonist of his learning, as well as, of the professor being a facilitator in the process, as the application of these methodologies requires much more than its simple eventual use.

In the professor's speeches, there is a reference to the fact that, even with the institutional curriculum being described as non-traditional, in practice, professors keep the teaching basis in the traditional model.

Thus, a study analyzed portfolios of students attending a discipline in an undergraduate nursing course and found that the expected competencies were not discussed between students and professors in assessment's moments, signaling the maintenance of a traditional teaching model⁽²⁵⁾. In times of Curriculum Guidelines that incentivize the use of active methodologies, one should be careful about their use to not be part only of the professor's discourses, differing from practice. Despite the official texts presenting a discourse of valuing competencies, integrated and of flexibility, in practice, it can assume other meanings, and they can be rejected or re-signified according⁽¹²⁾ to the context in which they are found⁽¹²⁾.

CONCLUSION

The violence theme, in the two studied universities, rarely appears and in a fragmented and superficial manner in the curriculums. Even in disciplines where terms or correlates appear, many times, the theme is addressed only by one professor and theoretically, in one class of few hours and almost always anchored in social representations of the common sense qualified by the physical aggression. However, the theme approach depends on the individual motivation of each professor.

The theme approach in the curriculum is in a building process and, therefore, the health superior teaching institutions, and especially the nursing ones, should amplify the discussions about the subject in their academic activities. Although not always seeming to be formal and direct in the discipline's programs, violence is pedagogically experienced in practices and internships, when the students have direct contact

with the population. Therefore, it is fundamental to discuss the theme between professors, as well as, the organization of strategies for better approach during training.

Thus, a teaching model based on biological questions, although it is one of the important aspects of the construction of the formation of the future health professional, will not sufficiently address all the violence issue in a way to form professionals capable of dealing with it.

Institutional violence was also cited as something experienced by the students. Thus, the discussions about this type of violence should be broadened, once its occurrence is based on power relationships existing in the university environment.

Despite the teaching strategies cited by professors being active and emancipating, it would be interesting to conduct a new study with the students to know their perspective on the theme.

To meet the current demands of society, a nursing action with alternative practices to the conventional model is necessary. The violence decrease is a society demand, and the integrated nursing action and articulated with the multi-professional team is fundamental in the process to change its coping, which should be stimulated since the beginning of the training process of these professionals.

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