

# Teaching-service integration in technical nursing training\*

*Integração ensino-serviço na formação técnica de enfermagem*

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## ABSTRACT

Nursing technicians make up the largest portion of professionals in the health sector, and as such, their training and performance deserve attention. Teaching-service integration works as a strategy for simultaneous reorganization, both in the world of professional training and in the world of work. This study aimed to understand teaching-service integration in technical nursing education using a qualitative, exploratory-descriptive method. To gather information, collective interviews were conducted with 34 participants, including managers, teachers, students and professionals. Content analysis was used for the treatment of information. It was found that teaching-service integration can benefit training and professional performance, although there are challenges to be overcome to consolidate its proposal. It is concluded that, there is no institutionalized structure that guides practices, causing institutions to create partnerships with one another, in a dialogical and constructive stance, with bilateral agreement of objectives, creating opportunities for healthcare qualification.

**Descriptors:** Education, Nursing, Associate; Teaching Care Integration Services; Education Nursing.

## RESUMO

Os técnicos de Enfermagem compõem a maior parcela de profissionais no setor saúde, logo sua formação e atuação merecem atenção. A integração ensino-serviço funciona como estratégia para reorganização simultânea, tanto do mundo da formação profissional quanto do mundo do trabalho. Esta pesquisa objetivou compreender a integração ensino-serviço na formação técnica em Enfermagem e utilizou-se de método qualitativo, exploratório-descritivo. Para estudo das informações, foram realizadas entrevistas coletivas com 34 participantes, sendo gestores, professores, estudantes e profissionais. Para tratamento das informações, utilizou-se análise de conteúdo. Verificou-se que a integração ensino-serviço, pode beneficiar a formação e a atuação profissional, entretanto há desafios a serem superados para consolidação de sua proposta. Conclui-se que, não há uma estrutura institucionalizada que norteie as práticas, tornando as instituições parceiras entre si, em uma postura dialógica e construtiva, com pactuação bilateral de objetivos, abrindo oportunidades para qualificação da assistência em saúde.

**Descritores:** Educação Técnica em Enfermagem; Serviços de Integração Docente-Assistencial; Educação em Enfermagem.

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## INTRODUCTION

Technical level Nursing professionals carry out almost all of their activities in direct contact with the patient. Given that qualified technical and human skills are necessary for the good development of their daily practice, their training needs to be solid.

The performance and training of professionals who are able to meet the growing demands of health care have demanded changes in the way of learning, teaching and practicing in health, requiring methodologies that integrate and contextualize work and science<sup>(1,2)</sup>.

The discussion in regard to changes in Nursing education is not new in the international context. In this context, the perspective of a student-centered educational process is followed, aiming for learning that expands the development of autonomy and empowerment for a reflective praxis<sup>(3,4)</sup>.

Current health needs call for the reorganization of professional practices developed in healthcare services, requiring their remodeling. Furthermore, their implementation essentially requires legitimation through the reorientation of professional training<sup>(5)</sup>.

Thus, teaching-service integration acts as a strategy for the simultaneous reorganization of the world of professional training and the world of work<sup>(6)</sup>.

Teaching-service integration is based on the collective work and collusion of students, teachers and workers who make up the healthcare-service teams. Inserted into the training of technical professionals in Nursing, it relies on articulation between teaching and healthcare processes, and aims to train critical professionals, prepared to learn, create, propose and work as a team from an interdisciplinary, humanized perspective, with a view to the transformation of practices<sup>(5,7)</sup>.

Teaching needs service fields to qualify professional training, and healthcare services need the renewal and vigor that accompany academia in sharing experiences, which constitutes a teaching/learning process in action-reflection-action in service<sup>(1)</sup>.

The establishment of this partnership also represents one of the current challenges for professional training in the healthcare area, with gaps and inconsistencies in the information on how the integration processes between teaching and in-service practices are taking place<sup>(5,7)</sup>.

This study aimed to understand the teaching-service integration in Nursing Licensure from the perception of the different actors involved.

## METHOD

This is an exploratory, descriptive study with a qualitative approach, carried out from January to March 2017, at the headquarters of the Brazilian Nursing Association – Rio Grande do Sul Section.

Participants were nurse teachers of technical Nursing courses, students, healthcare service professionals, and managers of health institutions and the 16 technical nursing schools in Porto Alegre and the metropolitan region.

Invitations to participate in the research were sent to managers, teachers and students from all the nursing schools and to Nursing professionals working in the healthcare services where these schools develop their internships.

The inclusion criterion for students was attending or having attended the mandatory curricular internship; for teachers and service professionals, participation in technical training activities included in healthcare services in the last five years; and for managers, affiliation with the mandatory internship activities of the technical nursing courses held in the institutions where they exercise their functions.

Information collection took place through four collective interview sessions, moderated by the researcher. The sessions were carried out separately with each group, aiming at the free expression of the participants.

The initial group interview, composed of managers, lasted 1h35min, with four participants. In this first group interview, managers were invited to contribute the contacts of all the nurse teachers, students and professionals from the healthcare services linked to their institutions for participation in the study, initiating the snowball sampling technique.

The use of this technique led to the participation of more actors, who made up the subsequent groups.

The second group interview, composed of nurse teachers, had 11 participants and lasted 2h30min.

In the third group interview, 14 students participated, for 2h15min; and in the fourth and last group interview, carried out with healthcare service professionals, six participants were present, for a period of 1h45min.

In total, 34 participants were interviewed. The meetings were audio-recorded and transcribed, and information analysis was carried out using the methodological framework of the categorical content analysis proposed by Bardin<sup>(8)</sup>.

The guiding questions of the group interviews were constructed based on a previous analysis of the literature and on studies related to the theme<sup>(5,9-11)</sup>. The questions were: What does teaching-service integration mean to you? Does teaching-service integration generate benefits? If so, for whom? How do you experience teaching-service integration and what are your experiences? What is your role in the teaching-service integration process? What strategies do you believe would promote teaching-service integration?

Based on Resolution CNS/MS 466/2012<sup>(12)</sup>, the research was approved by the Ethics and Research Committee of the Federal University of Health Sciences, under no. CAAE61395816.6.0000.5345. An Informed Consent Form was signed before the interviews were conducted.

To guarantee anonymity, the statements were coded in an alphanumeric system, with the first participant in the group of managers being identified as “G1”. This was done successively with the other groups; for the nurse teachers the letters “EP” were used; for the group of students, the letter “E” was used; and the letter “P” was used for service professionals.

## RESULTS AND DISCUSSION

### Teaching-service integration and technical training

To explain how they perceive and experience the relationship between teaching and service, the participants described how the actors involved in the process perform their roles, interact and relate to one another in teaching-service integration for technical training.

The nurse teacher was described as a link between teaching and service, being described in the responses as a guide to the students they accompany. This is similar to the role attributed to the teachers in a study that evaluated teaching-service integration in undergraduate nursing<sup>(6)</sup>.

*E13: [...] experience varies a lot depending on your teacher [...] they tell you: Go on you can do it. If you got this far, it's because you know what you are doing, so, go there and show it!*

*EP2: [...] we either have to plant a seed in them [students] or go to the unit and conquer [...] It's about the bond, isn't it?!*

Service professionals were given the role of welcoming students and teachers. They provide spaces for students to participate in patient care and, consequently, meet the requirements of service, achieving the objective of mutual benefit from teaching-service integration, as can be seen in the following statement:

*E3: [...] we were very well received, the staff liked it a lot and I think we contributed a lot.*

In this sample, the in-service team's self-responsibility for student learning was noticeable, with the Nursing technician appointed as the specific professional of the healthcare team that accompanies the training of the student, and is partly responsible for the formation of their professional profile.

*P6: [...] the more we provide opportunities for students to have knowledge, the better. [...] If I want that student [...] to be a good nursing technician, I will put a good technician with them.*

The dynamics established in the integration of the service and teaching actors contribute to contextualized training that

is consequently connected to real healthcare needs. The spaces for reflection on integration depend on how professionals take ownership of the responsibility for the training process or not<sup>(13)</sup>.

It was noticed that the interest of professionals in participating in the training of students is based on the reported image of the student as motivated and eager to learn, awakening greater possibilities of integration with service, as follows:

*P1: You only see the eyes in the mask, they are looking for what they want to learn. Then we put steps or a platform so they can see the surgery.*

*E13: You don't have to say: I'm an intern, do I have to wait for things to come into my hands? You have to take initiative: Do you need anything? Do you want me to do it? Can I accompany you?*

In this process, patient care, a common goal between teaching and service, is increased, having already been reported in the literature on the topic, as a positive aspect arising from teaching-service integration<sup>(5)</sup>.

*P4: Sometimes [the student] ends up noticing something else that you did not notice while in a hurry, then they say: "Oh this is normal, this is how it is". Then you stop, look: "This is not normal". [...] the intern still helps you because they are a third eye that is watching.*

In addition, the presence of teaching in the context of service has the power to influence the critical and reflective improvement of workers and, if integration is successful with shared motivations, there will be direct implications for training and continuing education<sup>(5,11,14)</sup>.

*P2: [...] I had no hope of a better future; not today, everyone studies. [...] I think it opens the mind more, "let's study".*

*EP5: [...] it ends up making them [the professionals] reflect, right? "Oh my, am I doing enough, is it good?"*

*P6: [...] they [the technician accompanying students] have to be different, because they're teaching.*

In this manner, the contact between teaching and service fulfills its role of also enhancing educational development among service workers, through exchange and encouragement to seek new knowledge by professionals who are already working<sup>(6,7)</sup>.

### Difficulties and potentialities

The practical conditions shared between teaching and service are a great challenge for the development of teaching-service

integration, since, according to the participants, there is a discrepancy between theory and practice.

From what they experience in practice, students should be able to find a relationship with theory, seeking strategies that can positively contribute to the reality in which they are inserted and motivate themselves to seek studies based on the real demands of the practical professional scenario<sup>(13)</sup>. An inseparable relationship is assumed, therefore, between the production of knowledge and its field of practice<sup>(6)</sup>. However, this relationship often results in a clash between the idealized and the real, as pointed out in the statements below<sup>(13)</sup>:

*E4: [...] the theory is much more beautiful [...]. You get to the hospital and you see that it is nothing like what was taught in the classroom.*

*E11: [...] we learn to do the right thing, but they don't do it very correctly. They say: My child, you are studying, learning, but, in practice, you will see that it is quite different.*

This dichotomy can generate suffering, especially for teachers and students<sup>(15)</sup>. This can be seen in the following statement by a student who describes her in-service practice:

*E4: When I entered (name of a hospital), I went to the bathroom and cried. It was all different!*

The intertwining between theory, considered the ideal world, with practice, considered the real world, requires collusion between teaching and service, aiming at a partnership based on dialogue and sharing of objectives, thus generating an integrated and reflective practice in the face of the processes<sup>(13,16)</sup>.

It is emphasized that teaching-service integration appears precisely as a source of overcoming the theory-practice dichotomy. The hope is that the insertion of teaching into healthcare services will promote problematization of the work process, with the objective of overcoming obstacles and aiming at reflective practice, through a consistent collaborative relationship<sup>(2,9)</sup>.

However, when service is just a place of practice for the student, without a glimpse of a transformation in healthcare processes, there is a risk of using service merely as an outbuilding of the school<sup>(16)</sup>.

In part, the difference between theory and practice, associated with lackluster performance in the teaching-service interface, is related to issues of asymmetry between the actors, in which the nurse teacher and teaching are reduced in comparison to the assistant nurse and service.

*EP4: Yes, unfortunately, there are some colleagues who end up really thinking that, because we are teachers, that we are inferior, right, so unfortunately we notice this [...].*

*EP9: There's this thing that we [...] as teachers, have to be put down, you know? When you work only with teaching and you arrive somewhere, they always ask you: What do you do? Ah, you only teach. The point is that it is a person that we are preparing! Workers, right?! So, in this way, you're training professionals!*

These weaknesses in the integration of the nurse teachers involved in practice scenarios results in disengagement, which may cause stagnation or setbacks in teaching-service integration and thus impact the teaching-learning process.

Teaching being considered less important compared to service, is also a perspective found in the perception of technical school managers. When asked about the occurrence of the unavailability of an internship in the field, previously agreed upon between the institutions, they reveal, in their statements, traces of unequal relations between teaching and service:

*G1: [...] I've already had a situation [...] the internship was agreed upon, the students would start the following Monday. And on the Thursday, the hospital called me saying it had cut the internship.*

The reality of disputes between educational institutions for the use of practical fields is a fact. Specifically, in nursing, there was an increase of 721.3% in undergraduate courses from 1995 to 2015 in Brazil. Mainly, due to the expansion of private educational institutions<sup>(1,17,18)</sup>.

This expansion of the educational system was not accompanied by an expansion in the Unified Health System, especially in the organization of human resources<sup>(1,18)</sup>.

Some professionals show little receptivity to students, highlighted in studies as the main difficulty in the teaching-service integration process<sup>(1,11,13,17)</sup>.

*EP6: [...] the technicians also have that thing: "I don't want anyone to touch my patient".*

*E11: My first impression of the technicians who are already working there is that not everyone accepts interns [...] they think that we are going to take their place [...].*

The results presented evoke reflection on the role of the care team in the training of new professionals. The professional should be with the teacher following the student's development, integrating with technical support, participating in the knowledge exchange process with rethinking of their practices<sup>(13)</sup>.

In this perspective, health service professionals need to recognize their role, and be protagonists of the educational process, creating opportunities for transformation with qualified care<sup>(11,19)</sup>.

On this point, it is noteworthy that the antagonism of roles was also identified in the perception of students, who, like teachers and professionals, are mentioned by some participants in situations that are the exact opposite of those previously presented as promoting teaching-service integration. In the managers group, students' lack of interest in acquiring knowledge was pointed out, with students maintaining their focus on obtaining the title and professional qualification, as perceived by the group of nurse teachers, as shown below:

*EP1: I asked the following question to my internship group: [...] without using a cell phone, 18 divided by 3?! [...] [no answer] then you put 10 patients, having to calculate the serum drip!*

A study carried out in 2015, found that according to the assessment of nurses, the profile of post-secondary nursing vocational training does not correspond to care needs<sup>(4)</sup>.

Weakness in the student's basic education, associated with lack of interest and lack of concern regarding the responsibility they assume when developing care practices, cannot comply with the values and professional precepts of Nursing, or the integration proposal<sup>(20)</sup>.

Among all the actors, the teaching and service managers were not mentioned negatively in view of teaching-service integration. However, there was also no mention of formalizing actions aimed at a partnership promoting integration between educational and service institutions. Furthermore, an institutionalized structure guiding the integration of educational practices and health care, with clarity and sharing of goals, was also not perceived.

It is necessary to reflect on how much managers are aware of the prerogative that this privileged space exists both for contextualized teaching and for the transformation of reality<sup>(7)</sup>. Despite the data obtained, there is a consensus that the low participation of managers in the planning and development of practices is an important obstacle to integration<sup>(6,14,21)</sup>.

The research exposes communication gaps between managers of educational and service institutions and other actors involved in teaching-service integration:

*EP9: [...] the relationships are established between managers, but in fact, the teaching takes place on the front line, so, at times, these relationships are not well established, right, with the operational [...].*

*P3: We didn't even know exactly what level those students were at or how much help we could ask them for.*

As already reported in another study, lack of communication creates a feeling of insecurity, which ends up harming the teaching-learning process and integration<sup>(22)</sup>. Service professionals do not have guidance on how to conduct

students and do not understand the purposes of practical activities in different disciplines. This makes it difficult to interact with the field of practice, demonstrating the need for planning the teaching-learning process with service<sup>(23)</sup>.

The considerations presented demonstrate that the objectives of the institutions need to be aligned, converging on common ideals and correcting the distortions that affect teaching-service integration, agreeing that the central focus of all actions should be qualifying the population's health care through performance and professional training<sup>(14)</sup>.

When questioned on suggestions for effective teaching-service integration, respondents brought up the topic again. They suggested that effective communication, coupled with preparation for the process, with clear exposure of the needs and expectations of academia and service, is the way to overcome difficulties, as follows:

*P5: [...] action with hospitals that receive students to do thorough training saying how they receive students; what to do to receive students; how these professionals should conduct themselves [...].*

The dialogue between education and service is one of the solidifying axes of the teaching-service integration proposal. Just by joining institutions together, based on critical reflection, partnership and bilateral agreement of objectives, needs can be met and solutions found for real healthcare problems in the face of daily challenges, for which professionals that are trained and capable of interfering in reality are needed, in seeking to provide people with quality health care<sup>(1,7)</sup>.

It should be noted that teaching-service integration is not a new proposal. For its consolidation, however, political will and involvement of all levels, both strategic and operational, with individual and inter-institutional engagement that consider the multidimensional nature of the integration processes between teaching and service, are required<sup>(2,16,24)</sup>.

Many challenges need to be overcome if institutions are to be truly permeable to each other, in a constructive relationship<sup>(2,11,17,25)</sup>.

Consistent institutional investment is necessary to avoid discontinuity of the integration process. This should involve raising managerial awareness and formal partnerships between academia and service, through the negotiation of spaces, schedules and technologies for better adaptation of service activities and training practices, with as many actors as possible participating in discussions<sup>(2,11,17)</sup>.

In addition, it is necessary to consider the impact of the pedagogical approach, with the objective of facilitating the dialogical relationship between teaching and service, training and performance, acting as a foundation for integration, effecting approximation and favoring integration in favor of the quality of care and professional qualification<sup>(13)</sup>.



## CONCLUSIONS

The research findings revealed that teaching-service integration is perceived in Nursing technical training and can benefit the world of work and the world of training, with positive impacts on the quality of health care.

Contradictions and obstacles to the integration of teaching and service were also reported. These may reside in the absence of permanent spaces for dialog in which the actors can expose and discuss their needs, review processes, align objectives and goals, and celebrate contribution pacts, so that integration makes sense within work and teaching-learning processes.

Several actions, including in the management sphere, could consolidate the relationships that have been established in the operational sphere, in the teaching and service interface, transforming isolated actions into collective actions within an inter-institutional culture or profile.

To this end, an important limitation of this study is highlighted, as it portrays a restricted reality, given the small number of participating teaching and service managers. Moreover, questions were not raised regarding other factors that interfere with the view of the world, education and health of the participants, although these aspects directly impact the teaching-service interaction.

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