

Nurse educator degree: historical, political and social responsibility

Licenciatura em Enfermagem: responsabilidade histórica, política e social

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Immersed in the sadness related to COVID-19 pandemic and aware of the struggle that lies ahead, and considering the current context of sociopolitical and economic instability in Brazil, this paper highlights the need for investments in higher education teaching courses, which have a historic and social commitment to addressing vulnerabilities and gaps in basic education, with a consequent effect on health training⁽¹⁾. Then, this study seeks to discuss some approaches to the historical, political and social responsibilities of nurse educators. For this reason, the current multifaceted Brazilian educational reality must be considered, as it shows contradictory guidelines, ideas, facts, and socially created values.

A nurse educator degree is a license granted by the education system to graduates, allowing them to be teachers in Middle-Level Technical Professional Education in Nursing (Portuguese acronym: EPTNME), which constitutes a category of basic education in Brazil. This historical and legal trajectory began with a plan to create this degree in nursing, which was proposed to the Federal Education Council (Portuguese acronym: CFE) in late 1968 and approved in 1972 by a CFE resolution (Parecer CFE no 163). Today, this degree is supported by Article 62 of the Law on National Education Guidelines and Framework (Portuguese acronym: LDBEN) – Law no 9,394/1996. Higher education training is required in order to be a nurse educator in the Brazilian basic education system, as reaffirmed in Article 53 of the 2021 General National Curriculum Guidelines (Portuguese acronym: DCNs) for Professional and Technological Education, although other alternatives are legitimized, such as pedagogical complementation⁽²⁾.

Although legal and historical milestones guarantee that this degree is offered in higher education, a teaching degree in Brazil involves a commitment to and responsibility for training teachers, but this process is not a simple task. Ethical and legal discourses show the complexity of training teachers and support a much-needed discussion about the training process, which requires knowledge, skills, and aptitudes.

Beyond simplistic views, being a nurse educator does not mean having a natural gift or aptitude, or technical skills in patient care, or the ability to master a certain subject. It requires graduates to see the teaching role through the lens of science, demystifying deficient conceptions about teaching courses, and recognizing the need to articulate a set of pedagogical and curricular knowledge that considers contexts and subjects involved in education. This leads to a higher education teaching degree that has its own identity and specificities, and it must be integrated with the bachelor's degree, but not just as a complementary subject at the end of the degree course⁽³⁾.

This degree course is guided by the DCNs for the Training of Basic Education Teachers (full degree) and by the DCNs for a Nursing Degree, which have been widely discussed lately⁽²⁾. These guidelines have a direct impact on the training of graduates and, consequently, of nursing technicians who will be part of the health system. Therefore, this training must be understood as a space for reflection and dialectic articulation of reality. We agree with Cunha⁽⁴⁻⁶⁾ when he states that “a teacher becomes a teacher in a cultural and human institution, which is a depository of the values and expectations of a given society, understood in a historical time”. In this context, an

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example is the Brazilian National Health System (Portuguese acronym: SUS), a public policy based on democratic doctrinal principles and focused on providing comprehensive care to every Brazilian citizen.

The Brazilian health system represents progress and the result of intense social movements, as seen in the DCNs. Training professionals to act in the SUS network means embedding the SUS principles in any scenario of action, whether public or private, which implies supporting training under the EPTNM and, mainly, its educators⁽²⁾. In order to offer care that values human comprehensiveness, health professionals need to receive comprehensive, autonomous critical training that considers intersubjectivity in health care⁽⁵⁾. Therefore, there is an urgent need for a libertarian, critical and dialogic concept of education that awakens transformative and participative awareness in subjects, according to the ideals of Paulo Freire⁽⁶⁾.

Without a doubt, fragmented, dissociated, subordinate, inexperienced training that is deprived of critical thinking has a central role in the anachronistic maintenance of a biological health model that limits the transformative potential of education⁽⁷⁾. In addition, with the advent of COVID-19, teachers have had to handle emergency remote teaching, which dematerializes classrooms, and is supported by hegemonic interests⁽⁸⁾. The consequences of the pandemic for the teaching-learning process are still being evaluated.

In this scenario, it should be noted the new approaches that use virtual teaching technologies, although they enhance new forms of mediation, do not fully replace human pedagogical intervention, since a methodology without objectivity is not configured as active and/or significant. These new possibilities for teacher-student interaction and collaborative actions require planning, a pedagogical foundation, and access to technological educational resources. Otherwise, hybrid teaching may become an obstacle to the teaching role and a barrier between students and the broader goals of the teaching course⁽⁹⁾.

In summary, there is no question that nursing education enhances changes in the construction of a democratic and fair society⁽¹⁾. During the struggles that lie ahead, higher education teaching courses must be expanded and offer indissociable conditions for performing teaching work, such as decent salaries, professional autonomy, and the opportunity to be dedicated exclusively to teaching, in addition to the imperative of continuous professional development for teachers⁽³⁾. Therefore, licensed nurses have the responsibility to fight for health and education, since there are still setbacks involved in this increasingly recognized scenario.

From this perspective, nurse teachers plan and qualify the teaching-learning process and guide school management towards citizenship education, and are socially committed to the SUS⁽¹⁾. Investments in higher education teaching degrees

certainly have an impact on the training of numerous health professionals, nursing assistants and technicians, who are part of health teams and work directly in the provision of nursing care to millions of Brazilians⁽²⁾.

In short, the pandemic revealed a potential for historically redefining the social role performed by nursing educators, that is, we need ethically and politically committed education if we want to change our view of the world and our actions in health. Nursing is an essential part of this change. Investments in training are required in order to fulfill increasingly complex demands. We need people who think critically, because we are immersed in a scenario with lots of misinformation, fostering in people historical and ideological ideals and beliefs that lack scientific evidence⁽¹⁰⁾.

Considering this reality, as Freire wisely taught, we need to leave the role of the oppressed and find freedom through emancipation and critical thinking⁽¹¹⁾. In view of these developments, nursing symbolizes struggle and resistance in a continuous and responsible process of historical, political and social construction, driving critical reflections for active citizen education, which is distant from educational neutrality in training for licensed higher education teachers in Brazil.

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