

O cuidado na formação dos técnicos de enfermagem: análise dos projetos políticos pedagógicos

Care in the training of nursing technicians: an analysis of political pedagogical projects

Cuidado en la formación de los técnicos de enfermería: análisis de los proyectos políticos pedagógicos

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ABSTRACT

Objective: To analyze the Pedagogical Political Projects (PPP) that guide the formation of nursing technicians, questioning the care dimensions in educational practice related to interactional approaches, cognitive, emotional, physical and sexual, inherent in working in health care. **Method:** For data analysis, there were used documents developed by the technical schools of nursing that had the PPP. It was sent a letter requesting access to documents to twelve schools, of which four have provided us. **Results:** The PPP does not corroborate the added dimension of care; they have focused primarily on education and the practice of techniques centered in the biomedical model, in the cognitive dimension. Bit address sexual, interactional and emotional dimension in the work of caring. **Conclusion:** It is of great need debates from the docents who think and do the training so that the broad dimension of care may be apprehended and contextualized by the nursing technicians.

Descriptors: Nursing care, Nursing technical education, Professional education.

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RESUMO

Objetivo: Analisar os Projetos Políticos Pedagógicos (PPP) que norteiam a formação de técnicos de enfermagem, indagando as dimensões do cuidado na prática educativa relacionada às abordagens interacionais, cognitivas, emocionais, físicas e sexuais, inerentes ao trabalho de cuidar em saúde.

Método: Para análise dos dados, utilizou-se de documentos desenvolvidos pelas escolas técnicas de enfermagem que possuíam o PPP. Enviou-se uma carta solicitando o acesso aos documentos para doze escolas, das quais, quatro nos forneceram. **Resultados:** Os PPP não corroboram com a dimensão ampliada do cuidado; possuem como foco principal o ensino e a prática de técnicas centradas do modelo biomédico, ou seja, na dimensão cognitiva. Pouco abordam a dimensão sexual, interacional e emocional no trabalho de cuidar. **Conclusão:** É necessário maior debate dos docentes que pensam e fazem a formação para que a dimensão ampla do cuidar possa ser apreendida e contextualizada pelos (as) técnicos (as) em enfermagem.

Descritores: Cuidados de enfermagem, Educação técnica em enfermagem, Educação profissionalizante.

RESUMEN

Objetivo: Analizar los Proyectos Político Pedagógicos (PPP) que guían la formación de técnicos de enfermería, cuestionando las dimensiones del cuidado en la práctica educativa relacionada con los enfoques de interacción, cognitivos, emocionales, físicos y sexuales. **Método:** Se utilizó documentos elaborados por las escuelas técnicas de enfermería que tenían el PPP. Le enviaron una carta solicitando el acceso a los documentos para doce escuelas, de las cuales, cuatro nos han proporcionado. **Resultados:** Los PPP no corroboran con la dimensión añadida de la atención; se han centrado principalmente en la educación y la práctica de técnicas de enfoque del modelo biomédico; la dimensión cognitiva. Poco hacen el enfoque de la dimensión sexual, de interacción y emocional en el trabajo de cuidado. **Conclusión:** Necesario un debate más grande de los profesores que piensan y hacen el entrenamiento para que la amplia dimensión pueda ser apreendida y contextualizada por los técnicos en enfermería.

Descritores: Atención de enfermería, Graduación en auxiliar de enfermería, Educación profesional.

INTRODUCTION

“Caregiving, in today’s world, it’s a challenge. Therefore, educating for care is also a challenge.”^{91:182}

The enlargement of nursing education and technical training courses have expanded rapidly with private network advancement and the increase in the number of students enrolled. Currently, technical nursing courses claim to train qualified professionals in technical and humanized assistance focused on care. However, the concept of care in nursing curricula dialogues with the technical procedure and the hegemonic biomedical model. The larger view of care is little exploited, which highlights a contradiction between what is proposed and what is actually practiced. Caring is understood as a way of being and relating, existentially speaking; it means to ensure. It is the unveiling of another, driven by consideration and patience, understanding the moral aspect and the ethics of nursing profession.^{1,2}

Caring emerges in relationships between people and may have different meanings interconnected like attention, solicitude, zeal or even inquietude and concern for others, and it is permeated by emotional relationships. We may say the practice of caring is that one in act, i.e., when a person practices it, he/she transfers her/his knowledge, identity and way of acting to the cared person.³⁻⁶

In society, care is given off so there is the production of social life, marked clearly by the historical context “[...] derives from the Latin *cogitare* meaning imagine, think, meditate, judge, assume, treat, apply attention, reflect, prevent and have.”^{97:111} This paper takes different dimensions and activities, namely, the care provided to a child, for example, will be differentiated from that provided to an elderly person. So the relationship between the caregiver and the person being cared for is determined by the participants of this process and by characteristics such as age, gender, race, social class, among others.³

We understand that there are distinct ways and behaviors of caring, varying according to the feeling and the relationship that has been established between the nursing professional and the person being cared for. This is integrated by the concern, solicitude, diligence, zeal, attention, good treatment, that is, actions and attitudes that will be directed to another person with the intention of satisfying momentary and later needs.^{3,5,6}

For Soares,³ to care is understood as an integrant of various dimensions such as physical, interactional, sexual, emotional and cognitive. The physical dimension comprises the manual work, requiring physical effort, such as to hold, to move, to carry or even to support the person. On the cognitive dimension, uses healthcare knowledge, for example, establishing medications’ schedule, knowing the signs and symptoms that a person can come to present, providing explanations about the route and the evolution of a disease to family members and types of treatment that can be adopted, in addition to the knowledge for preventing diseases.

If the caring work involves emotional and corporal relations³, it requires the knowledge of how to deal with physical contact between the employee and the person cared for, as nursing professionals perform procedures such as cleaning the intimate parts, passing probes, bathing, among others. In this case, the sexual dimension must also be understood as a point of debate in the training of nursing professionals.

Another relevant dimension present in the caring daily life is the relational aspect³. It requires balance and dialogue on situations of dissatisfaction, errors and unwanted facts that may occur with the process of illness, aging and death. These challenges must be placed on training, because it is through them that it’s possible to listen to students about the difficulties faced in daily work, demystifying them as innate to the caring work. Thus, it seems relevant to bring to training the emotional dimension. Emotions “can be incorporated by a variety of signs and symptoms such as tremors, pulse

acceleration, flushing, among others. Emotions can vary in intensity, but they always have a cause and an object.^{23:48}

So, caring involves the dimension of human life: the proximity, personal engagement, attention with others' bodies, education of a family member, concerns with vulnerable people or not. Therefore we must consider the dimensions in which caring is presented, such as corporal contact and sexuality; physical efforts; the relations between individuals (technicians and people); the emotions (crying, laughing, pleasures, suffering, and concerns) for the professional person and also for the cared person.^{3,8}

On care education reflections, we must consider the influences of biological medical knowledge in healthcare education. We observed in hospital units that, during assistance, nursing professionals centralize their concern in biological aspects and, most of the time, they don't consider the emotional, social, relational and affective aspects of the individuals, generating in this way the fragmentation of care, as they do not consider the human being in its totality and complexity.⁹ Thus, we have the predominance of biomedical care, seeking only the resolution of signs and symptoms and pathologies: "[...] the statute that still prevails is the one of natural sciences, which is reflected in the healthcare biomedical model, where we can observe that these situations lead to standardized care, impersonal."^{10:3492.}

To practice caring it is imperative that the nursing technician develops a broader view of the person being cared for. He/She should cover the care in its multiple dimensions enabling the practice of a more humanized assistance. For this to happen, it is necessary that, during their training, the conceptions and representations related to caring are discussed, helping students to understand the topic, facilitating their reflections. It is necessary that educational institutions build the educational process that involves the expanded concept of caring in its multiple dimensions, discussing it collectively with the contingent of teachers and students involved. When being prepared by professionals who will act on the pedagogical part - teachers and coordinators - it is important to explain its representations, structuring the pedagogical practices, promoting the caring and showing its relation with techniques and biological knowledge.²

Considering the caring history, by the end of the 20th century, the administrative model of nursing care was based on prescription and on tasks standardization performed with virtually little or no empathic approach to the other person.¹¹ In nursing, the social division of labor was presented as auxiliaries, technicians and nurses. This division requires differentiated working conditions and therefore, in this sense, the history is important:

"Historicize the relation of 'working process and worker qualification' helps us to understand that, in the hard work process, there is an exaggerated supervision control over workers who are forced/induced to develop a

fragmented working process, with repetitive tasks, with majority tendency to disqualification."^{12:19}

The training of mid-level healthcare professionals has been debated more intensely from the 1970s, with the rise of mid-level healthcare professional educational centers, in order to foster education policies. During the decades of 1980 and 1990, more precisely in 1981, the Training Program in Large Health Personnel Scale was implemented (Large Scale Project), in order to qualify healthcare workers who acted in assistance practices without the slightest qualification, named as nursing attendants. They corresponded to an amount of 300.000 people, representing 50% of the workforce in the early 1970. This project is characterized for having a "new methodology", leading education to students' workplace (employees) and it addressed the integration between subject and object, for the construction of more elaborate knowledge, but always based on workers' prior experience and reality perception, according to situations they've experienced.¹³

Another qualification policy and professional training is the Professionalization Project of Nursing Workers (PROFAE), characterized by the training of nursing attendants who executed healthcare services, performing actions without any qualification and technical capability, in addition to low education and low income, making it difficult for searching training and professional courses. One of the arguments for PROFAE's implementation was the low quality of healthcare services that were offered to the population. The PROFAE was considered the main public policy organized by the Ministry of Health for the qualification of the nursing workforce in Brazil. Officially, it was established on October 15, 1999, featuring as its main purpose: "Improving the quality of healthcare services through the qualification of industry professionals. Therefore, the project has as main objective the provision of training opportunities on a large scale."^{14:2} Thus, the main idea was to form 225,000 auxiliaries and about 90,000 nursing technicians.

Already in the year of 2000, another proposal implemented was the Mid-Level Professional Training Program for Healthcare (PROFAPS), which started to be discussed from 2006, time when significant changes in healthcare public policies occurred: reorientation of caring model, expansion and decentralization of the services network. Initially, the PROFAPS served in the formation of four technical areas, such as: Radiology, Healthcare Surveillance, Cytopathology and Hematology, and other formations in Oral Health, Equipment Maintenance, Dental Prosthesis and Nursing. Considered as the heir of PROFAE, PROFAPS extends the mid-level technical training, since its goal is to contribute to the improvement of basic and specialized attention of medium and high complexities in order to meet the regions that present lack of these services.¹⁵ It is in the context of PROFAPS that nursing falls, in terms of

SUS Technical Schools (ETSUS) and training centers linked to the Ministry of Health.

If mid-level and technical nursing training policies are presented, the question that guides this research is: do the pedagogical projects indicate the dimensions of caring (interactional, sexual, cognitive, physical and emotional) in nursing technical training? Therefore, the objective of this research is to analyze the Pedagogic Political Projects (PPP) that guide the training of nursing technicians, questioning the dimensions of caring in educational practice related to interactional, cognitive, emotional, physical and sexual approaches, inherent in working in health caring.

METHOD

To fulfill this goal, the research was conducted through the analysis of educational institutions' PPP offering the nursing technical course, that through contact with researchers, provided the PPP for the analysis of this study. The following official documents were used:

“The chosen font necessarily depends on the object of study and on the way it was defined, but also on the possibilities and materials and, more especially, on the creativity of the researcher. Often, data coming from various sources were used to meet the limitations and exploit the opportunities of each one.”^{16,59}

The option for the documents analysis brings up representations of relations in society, and in this survey, a way to understand and make the education of nursing technicians. These are, above all, one of the expressions of caring and education concepts. Having performed the option for documents analysis, we did the collection in August 2013. A letter stating the purpose and objectives of the research was sent to the institutions (managers and/or coordinators), with the justification of the PPP's request for technical schools that offered nursing course, public and private. At this moment, we are faced with a great challenge. Many institutions did not have their courses' PPP; some were outdated or even under construction for a long period of time. Of the twelve institutions that were contacted, only four have provided us. Receipting of documents occurred from November 2013 to January 2014.

The justification of PPP's analysis is given for being an educational document built by everyone involved in the educational process. Therefore, for it to be drawn up are necessary reflections, with viable alternatives for its implementation in the school context and the effectiveness of its intentions. For the management and construction of PPP are necessary the participation of professors, administrators and students. This is one of the biggest challenges, since it provides for the participation of all, putting into practice the democratic administration of education.¹⁷ Therefore the PPP drafting process should ensure transparency in decisions,

allowing criticism and broad participation in its construction and development, ensuring the implementation of what has been built.

To perform analysis of the documents that have been made available, we seek to answer the following questions: What are the dimensions of caring cited by Soares³ that are addressed in the PPP? And which dimensions are prioritized?

RESULTS AND DISCUSSION

To carry out this research, we contacted 12 nursing technical education institutions, eight of them SUS Technical Schools (ETSUS), one State School in Rio de Janeiro and three private schools. Among the institutions for which we requested the document, four are located in the city of Rio de Janeiro, being three private schools and one ETSUS. All other schools are public belonging to ETSUS, five located in Sao Paulo, two in Minas Gerais and one in Espírito Santo. Among these schools that were contacted, four provided us with PPP (two public and two private), according to the table below.

Table 1 – Participating Institutions: Region/State; public or private; courses and pedagogical approaches. Rio de Janeiro/RJ, 2015

Political Project	Pedagogical	Region/State	Public/Private	Technical Courses	Pedagogical approach
Institution A		Rio de Janeiro	Public	Healthcare Administration Dental Hygiene Healthcare Surveillance Nursing Community Healthcare Agent	Yes. Problematical
Institution B		Rio de Janeiro	Private	Nursing	No
Institution C		Rio de Janeiro	Private	Nursing Radiology Clinical Pathology	No
Institution D		São Paulo	Public	Nursing	Yes. Problematical

We emphasize that ETSUS “are public institutions created to meet local demands for technical training of workers who already work preferably in healthcare services, following the municipalization process of SUS in Brazil.” Currently, the 40 schools have the following configurations: Nursing, Clinical Analyses, Radiology, Oral Health, Community Health Agent, Endemic Disease Control Agent, Health Surveillance, Health Management, Elderly Caregiver, Hemotherapy, Pharmacy, Cytopathology, Orthopedic Immobilization, Nutrition and Dietetics, Rehabilitation of Drug Addicts and Healthcare Records and Information.¹⁸

By analyzing the documents of the surveyed institutions we found that the intentions set out in the proposals are guided by the Law of Directives and Bases of National Education (LDB) nº 9,394/96, in which it found suitable spaces for developing and implementing its political and pedagogical guidelines directed to technical healthcare workers. The PPP is a document built by the school community with permanent reflections, seeking viable alternatives to its implementation in the context and the execution of its intent. It assumes management and democratic participation. The school democratic management ensures transparency in decision-making, allowing critical and broad participation in its construction and development, ensuring the implementation of what has been established: “It aims to break the separation between conception and execution, between thinking and doing, between theory and practice. Attempts to revive the process control and product of work by educators.”^{17:18}

The curricular organization is divided into modules, in all surveyed schools. Students have theoretical and practical classes, in addition to supervised internships, for a total of 1800 hours. Theoretical and practical lessons are developed in the classroom, laboratories and Basic Healthcare Units (UBS). Supervised internships are developed in healthcare units with varying levels of complexity, from the contact with the primary caring to specialized centers, such as Intensive Care Units, Surgical Centers, etc.

The pedagogical approach of two institutions belonging to ETSUS is influenced by problem-based education of Paulo Freire, that encourages the active participation of the students taking into consideration their experiences, needs and interests in the teaching and learning process: “no one educates anyone, and no one educates himself: men are educated in communion, mediated by the world”^{19:68}. Knowledge is constructed in an integrated and interactive way. According to this teaching approach, teacher with students construct knowledge through dialogical educational process, articulating the experience of practical life with theoretical support, providing solutions to the problem at hand. In the study on the conceptions and pedagogical practices in ETSUS, we find that:

“The teaching-learning process is presented as inseparable from the concrete experience of the students, being organized based on questioning. [...] The importance of instructional materials and teaching methods is often highlighted and, in these cases, the teacher appears as an instructor and supervisor, including as a model in the proper operation of the instruments used in the teaching-learning process. Praxis, practice and experience arise as synonyms of professional practice, now understood as a set of procedures for which students must be instrumented from the educational content, or as learning situations.”^{20:158}

However, for the author, the knowledge built is geared towards professional practice, which does not allow the understanding and changing the social reality: the exploitation conditions, social inequality, forms of emancipation of these workers, mediation of social relations of production in capitalism.

Regarding the caring dimensions in the PPP analyzed, we found only one ability related to the physical dimension. It is bound to the physical effort that the student will exercise when performing the nursing practice. An example is how

to maintain ergonomic principles while performing the work in order to prevent diseases derived thereof. The caring practice requires healthcare professionals to perform manual labor requiring carrying or moving the person being cared for, involving physical professional effort. A similar result was found in a survey²¹ when studying the PPP of a nursing technicians training program from the State Government of São Paulo, which encouraged the education for the prevention of healthcare problems due to physical efforts in nursing work.

We found the following skills related to interactional dimension aimed at students: to own therapeutic relationship with the person being cared for and their families, to support patients who have insecurity to perform surgical procedures and to guide woman and/or couple regarding family planning. As much as this is one of the key dimensions that the professional should have with the person, since they are interacting and relating all the time, this approach has not been virtually found in the analyzed documents. Being caregiving a relational work, in the case of nursing students: “[...] the meeting with the patients initially raises fear reactions, and anguish and grief that seize the bodies and generate panic and the urge to escape.”²²

Regarding the sexual dimension, the documents discussed very little. They show only that students should possess skills to guide the woman in self breast examination, meeting hygiene and disposal needs. In carrying out the activities with people, “body to body” interaction happens, which can generate constraints and embarrassing situations since the professional must know how to handle these situations, without hurting his/her feelings or embarrass the person being cared for, for example, when she/he has a sexual stimulation at the time of performing any procedure³. We realized by means of the data that this issue is hardly discussed during students training. We corroborate that nursing is focused on the clinical and pathological assistance. There is an absence, a certain silencing in theoretical discussion and practice in nursing care with regard to human sexuality.²³ These authors show how the sexuality of patients cared for by nurses imposes obstacles and challenges. Caring and sexuality are considered as difficulties at work, namely, the nurses run from the “problem”, or remain silent when they experience an erection, for example.

Therefore, this discussion should be put under discussion during the training of nursing technicians to guide them to deal with this kind of situation in their professional practice. On the other hand, if they are taking care of life, at some point, these professionals will be watching the aging, death and disease processes. In what time this approach is made in training?

From all analyzed PPP, we found only an ability related to the emotional dimension: student, after formation, should assist people in agonizing state. When facing a situation like this, the professional can develop different kinds of reactions and feelings. The emotional dimension is one of the main illness

causes for healthcare professionals because it involves feelings that often cannot be externalized, needing to be suppressed or manipulated. Even this being an important dimension with which the technician is faced in his/her professional life, we realize that the approach taken in the documents on this dimension is almost irrelevant before its magnitude.

We believe that beyond all these emotional relations that nursing technicians may experience, we may add the violence aspect, since many professionals can suffer humiliation by the person who is being cared for or by his/her families, being requested to support a harsher or even violent treatment. This situation does not allow these professionals to externalize their emotions which contributes to an overload on their emotional work.³ The work, in general, is a carrier of emotions. At work, employees may or may not express feelings of anger, aversion, satisfaction or pleasure, endangering their health, as the cases of exhaustion at work posed by *burn out*.²⁴

Another aspect is that emotions can influence the caring as, for example, when professional is tired or sad and have to pass a pleasant image to other people, always smiling and showing happiness, not missing a gesture or unpleasant facial expression when facing any situation that does not like to handle, such as cleaning excrement or nausea due to poor hygiene.³ In this sense, the work can also result in “mechanical” attitudes and detachment of affective relationships.²⁴

And what about the cognitive approach? All documents prioritize the cognitive dimension on the skills and competencies that should be attained at the end of the course, because students must possess the domain-oriented techniques for biological medical care: measurement of vital signs, care focused on administration and handling of medicines of the person being cared for, using scientific principles to prevent aggravations and sequels, among others. This dimension involves most of the competencies and skills to be achieved, providing students a superficial training based only on biomedical methods and techniques. Therefore, the analyzed PPP prioritize technical training not forming future professionals with a broader vision of caring:

“Behold the conception of care is highlighted in this analysis, i.e. the work presents components of invisibility by educational legislation or in work routine: the hopes and expectations, fears, insecurity, pleasures and suffering, the forms of learning in the face of difficulties and all relational detachment with which professionals are involved.”^{21:15}

It is necessary that during the formation occur discussions on the theory of caring dimensions: invisibility, fear, insecurity, lack of recognition, violence, physical fatigue, etc. This is crucial because if not done its absence is immediately noticed, generating dissatisfaction and the loss of its meaning.³

CONCLUSIONS

Caregiving is the essence of all nursing staff. The nursing technician plays an important role in this context because usually he/she is responsible for much of the care provided to the individual who is being cared for. Currently the care provided is not being conducted in a comprehensive and humane way. Increasingly, technical nursing courses have an extremely rapid formation and low quality, contributing to the inclusion of unqualified professionals.

This fact contributes for professionals being trained only with technical content, without discussions aimed at the multiple dimensions of caring: sexual, relational, cognitive, physical and interactive. In the case of this research, these aspects little were approached in the documents. This fact confirms the historicity of caring in nursing: the influences of the biomedical model and the superficial training of nursing technicians. It is to consider that the absence of PPP by some schools puts under discussion the need of an educational project for healthcare training, because through it should be explicit theoretical and methodological ways to think and make healthcare technical education.

Through this study we realize the importance of rethinking the formation process for future nursing technicians, enabling caring practices in its multiple dimensions. To this end, in our perception, the content focused on caring needs to be inserted into the institutions' Political Pedagogical Projects to be developed in the classroom and/or in the healthcare field, whether in primary care, whether in hospitals.

The synthesis brought in this study, referring to the formation of dedicated nursing technicians to the dimensions of caring, may assist the understanding of this issue and serve as a reference source for those interested in this approach. So that the voice of nursing "We care!" may be echoed in the doings of nursing technicians.

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