

The nursing professionals' engagement to educational practices

Adesão dos profissionais de enfermagem às práticas educacionais

Adhesión de los profesionales de enfermería a las prácticas educacionales

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ABSTRACT

Objective: The study's goal has been to further understand the causes that lead to non-adherence of nursing professionals to hospital training. **Methods:** It is a descriptive-exploratory and cross-sectional study with a qualitative approach, which was carried out by using questionnaires with nursing professionals from a hospital in Belém city, Pará State, Brazil. **Results:** The total population of this study was composed of 25 employees: 5 registered nurses, 11 nurse technicians, 8 nursing assistants. After analysing the questionnaire responses, it was possible to identify three major categories. **Conclusion:** The results demonstrate the need to adapt the practices of permanent health education to both professional's and institution reality. It is important to underline that despite the difficulties encountered by the professionals, they understand the importance of permanent education. Therefore, it demonstrates relevance of this study, because by realizing the causes of non-adherence one can work in programs aiming to reduce the nursing professional's dispersion in the educational activities at the workplace.

Descriptors: Health education, nursing, training.

RESUMO

Objetivo: Compreender as causas que levam à não adesão dos profissionais de enfermagem às capacitações realizadas no hospital. **Métodos:** Estudo de caráter exploratório-descritivo, do tipo transversal e de cunho qualitativo, realizado com profissionais de enfermagem de uma clínica de um hospital de Belém/PA por meio de questionários. **Resultados:** O total da população deste estudo é composto de 25 funcionários: cinco enfermeiros, onze técnicos de enfermagem e oito auxiliares de enfermagem. Após a análise dos questionários, identificaram-se três categorias. **Conclusão:** Os resultados demonstram a necessidade de se adaptar as práticas da Educação Permanente em Saúde à realidade do profissional e da instituição. É importante salientar que, apesar das dificuldades enfrentadas pelos profissionais,

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eles compreendem a importância da educação permanente, isso demonstra relevância deste estudo, pois percebendo o porquê das causas da não adesão podem-se trabalhar medidas que reduzam a dispersão do profissional de enfermagem nas atividades educativas no local de trabalho.

Descritores: Educação em saúde, Enfermagem, Capacitação.

RESUMEN

Objetivo: Comprender las causas que llevan a la no adhesión de los profesionales de enfermería a las capacitaciones realizadas en el hospital.

Métodos: Estudio de carácter exploratorio-descriptivo, del tipo transversal y de cuño cualitativo, realizado con profesionales de enfermería de una clínica de hospital de Belém-PA por medio de cuestionarios. **Resultados:**

El total de la población de este estudio está compuesta de 25 funcionarios: 5 enfermeros, 11 técnicos de enfermería, 8 auxiliares de enfermería. Después del análisis de los cuestionarios, se identificó 3 categorías:

Conclusión: Los resultados demuestran la necesidad de adaptar las prácticas de la Educación Permanente en Salud a la realidad del profesional y de la institución. Es importante subrayar que a pesar de las dificultades enfrentadas por los profesionales, ellos comprenden la importancia de la Educación Permanente, eso demuestra la relevancia de este estudio, pues percibiendo el por qué de las causas de la no adhesión se puede trabajar en medidas que reduzcan la dispersión del profesional de enfermería en las actividades educativas en el lugar de trabajo.

Descritores: Educación en Salud. Enfermería. Capacitación.

INTRODUCTION

The *Sistema Único de Saúde (SUS)* [Brazilian Unified Health System] presents as one of its commitments and challenges the permanent need to foster development policies for workers who are part of their scenario, proposing a permanent process of learning through work, designing possibilities for deconstruction and construction of new values, ideas and struggles to produce changes in practices, management and social participation.¹

The National Policy for Permanent Health Education (NPPHE)² was proposed by the Ministry of Health as a *SUS* strategy for the training and development of health workers, with the aim of provoking self-analysis and self-management of the work process, and enable the identification of training and development needs of health workers.³

Ricaldoni and Sena (2006),⁴ “[...] the challenge of permanent education is to stimulate the development of awareness among professionals about their context, for their responsibility in their permanent education process.” Professional training is recognized by the NPPHE as one of the strategies most used to strengthen understanding, skills, attitudes, and practices towards providing care.

Nowadays, it is possible to observe nursing professionals lacking reflection in their workplaces, with difficulties and even resistance in changing already established caregiver standards. Permanent education offers a contribution to professional practice and this is made clear through the professional's attitudes while taking care of others, among which is the commitment established with himself, through the motivation to seek improvement and updating and seeking to improve the care provided to the patient and to the community.⁵ Faced with this issue, the following was defined as a guiding question: What factors can influence

the engagement of nursing professionals in hospital training? This study aimed to further understand the causes that lead to non-adherence of nursing professionals to hospital training.

METHODS

It is a descriptive-exploratory and cross-sectional study with a qualitative approach that was carried out from May to June 2017 at the University Hospital named *Hospital João de Barros Barreto* in the *Belém* city, *Pará* State, Brazil, at the clinic of Infectious-Parasitic Diseases. The research had as target audience the 25 nursing professionals of the clinic. The inclusion criteria were: professionals who had an employment relationship with the hospital with a higher education degree in nursing or a medium level training, such as technicians and nursing assistants, of both sexes; nursing professionals who worked in the provision of direct patient care and who consented to participate in the study through the signing of the Informed Consent Form (ICF). Taking into account these criteria, 25 nursing professionals participated, covering the total target audience.

In order to achieve the objectives of this study, a questionnaire containing questions about the subject was distributed among the professionals of the service in order to elucidate the questions of the described problem. It is important to emphasize that the questionnaire was only applied after the favorable opinion from the Research Ethics Committee with Human Beings of the *Hospital João de Barros Barreto* through the Legal Opinion No. 1.911.829 and with authorization evidenced by the signature of the ICF, according to the Resolution No. 466/12.

Data analysis was performed using the Bardin content analysis methodology. The data were transcribed and identified with tree names in order to preserve the identity of the participants. After analyzing the data, thematic categories were identified, according to the proximity that emerged from the context of the subjects' answers.

RESULTS AND DISCUSSION

Sample characterization

The study population of this research was the nursing team, composed of 25 professionals. The study sample consisted of nurses, nurse technicians and nursing assistants of the morning and afternoon shifts that are active in direct patient care. Despite some resistance, all servers accepted to participate in the study, which means that 100% of the target population was considered.

The first part of the data collection instrument was composed of direct questions in order to obtain data to draw a profile of clinic staff. Considering the total population of this study, 22 were female and 3 were male. The population of servers interviewed is composed of 5 nurses, 11 nurse technicians, 8 nursing assistants, and 1 participant did not respond. Regarding the age group, the total of 5 participants were between 31 to 40 years old, 14 participants were between 41 and 50 years old, 6 were between 51 and 60 years old, and

1 participant left the answer blank. Observing for the time spent working in the hospital, 6 employees worked from 6 to 10 years, 7 employees worked from 11 to 15 years, 2 worked from 16 to 20 years, 8 worked from 21 to 26 years and 2 participants left this answer blank.

After analyzing the data according to the methodology of Bardin, then proceeded the categorization. Three categories were defined according to the information acquired from the questionnaire.

Conceptions of permanent health education: importance and purpose

From the data collection, it was verified that 15 employees participated in training in the last two years and 10 did not participate. It was requested in a questioning that the professionals punctuated the importance of the training activities in a scale of 0 to 10, where 19 participants demonstrated to recognize the importance of the capacities with the grade 10, 4 professionals rated 9, 1 scored with 8 and 1 participant did not score. The majority of the study population scored with note 10, demonstrating great relevance to the training, as shown by the following professionals:

“Note 10, because we learn every day, our professional knowledge and skills depend on professional qualification (Eucalyptus).”

“Note 8, I find it important to acquire knowledge (Cherry tree).”

“Note 10, aiming the integration of the practice process with technical-scientific knowledge (Ipe).”

“Note 10, due to their magnitude for cognitive empowerment and improved care delivery (Jambo tree).”

It was sought to investigate the impact that the training had on the professionals' daily practice, where 24 participants said that the training had a positive impact, and 1 participant said that it has a negative impact, as shown in the following reports:

“We experienced various impacts. If it is possible doing, the impact is positive and satisfactory, but if it is impossible, then the impact is negative and discouraged (Sandalwood).”

“Positive, since we can improve our potential by producing knowledgeable professionals (Acacia tree).”

“Negative, because it coincides with the working hours (Almond tree).”

“It is of the extreme importance, when there are quality, completeness, and resolution in the assistance, then this professional is going to get better (Araucaria tree).”

“Always positive, since it aims at improving the care quality (Oak tree).”

It is possible to visualize in the professionals' discourse a posture of knowledge recipients, something very common in continuing education where the main objective is the knowledge updating, not posing as reflexive actors of the practice and constructors of knowledge and alternatives of action as proposed by the permanent education.

The literature researched confirms the results of this research. The authors report that the professionals of their study also see permanent education as an opportunity to update their knowledge, aiming at professional qualification to better serve their clients.⁶

Another study⁷ found that the nurses in their research also had difficulties in differentiating between permanent and continuing education. Though, when stimulated to reflect on the subject, they obtained a satisfactory understanding as to the differences between the two modalities. The authors also say that “there is a need to promote effective educational opportunities, based on the awareness of the value of education as a means for the growth of nursing professionals.” In other words, it is necessary to recognize and make these professionals aware of their roles as educators, inherent in the exercise of their function.

Permanent education is closely associated with continuing education, it has punctual, fragmented teaching actions and traditional teaching methods. On the other hand, the permanent education in health has its actions based on problematizing practices, with learning in service, conceiving action-reflection-action as the guiding focus.⁸ Despite the confusion of the concepts in the discourses of the servants, the great majority perceives the importance of permanent education in their professional practice, besides being a considerable tool for transforming professional practices.

Corroborating to the results of this study, researches developed with health professionals and managers, identified the knowledge of this professional about the permanent education in health and the concepts described in the literature. This reflects the need to discuss the issue in health services, so that it can be effectively implemented as a strategic tool for the transformation of SUS.⁹⁻¹²

The nursing professionals' viewpoint on the teaching methods and the addressed topics

In another question, we tried to identify the opinion of the professionals regarding the teaching methods used in the training. In general, they find the way of teaching satisfactory, as some explanations show:

Reasonable (Coconut).

Very good (Jambo tree).

Some people think that training is repetitive and with little innovation:

A little archaic (Jacarandá tree).

Mere repetitions, little innovation (Açaí palm tree).

Other professionals, find the current training, as shown in the following statement:

We always have trained professionals with dynamic and modern approaches (Australiano pine tree).

The professionals also expressed their opinions regarding the applied educational methodologies:

I miss the real practice, just a lot of theory (Cotton).

Very large interval between one and another (Wild fig tree).

The professionals considered were able to comment on the teaching methodologies used in the training. Opinions were very different, however, most of the servers found the methodological approaches satisfactory. Part of the respondents think that the capabilities are dynamic and modern, others think they are repetitive and outdated. It is a fact that managers need to implement actions that have active methodologies and proposals compatible with permanent education, in order to sensitize the necessary actors and to stimulate the committed participation of the workers.

In addition to being a policy, the permanent education in health is a teaching-learning practice that uses active teaching methods, relying on the concept of problematization, producing knowledge based on the critical analysis of the day-to-day health institutions.¹³

The active teaching methodologies are better suited to the health professional profile that is currently required, since it aims to actively search for information, stimulates teamwork and small groups, provoking the critical analysis of the situations experienced, thus favoring, the constant development of the profession.¹⁴

Pursuing to identify from the professionals what would provide their greatest engagement and what subjects they are interested, we asked for suggestions and several ideas were proposed, as shown in **Table 1**.

Table 1 - Topics suggested by the clinic professionals.

SUGGESTED TOPICS	TOTAL
Infectious diseases	7
Infected wounds and dressings	6
New technologies in the health area and current topics	6
Critical patient	3
Humanizing health care	2
Caring for cancer patients	1
The feelings of professionals working with HIV patients	1
Self-image of colostomized woman	1
Bundles for nurse technicians	1
Caring for diabetic patients	1
Rights and duties of nursing technicians and nurses	1
Urgency and emergency	1
Laboratory tests	1
Medications	1

Source: Research data.

Several topics of interest to the professionals have been suggested, and the majority of the themes are focused on the reality and routine that the professionals have in the hospital, since they work in a clinic with patients affected by infectious, transmissible diseases, where often the patient is critical, intubated, and because of lack of beds in the Intensive Care Unit (ICU), end up receiving intensive care right there in the clinic. These patients require the professionals with the vast ability and knowledge in the most diverse areas so that it is possible to offer a quality and safe assistance. It is also perceived the desire to learn about newer topics related to health care, enabling the professional to update knowledge, a fact that is characteristic of continuing education, reinforcing once again the little clarification of these officials regarding the policy of permanent education and its components.

Another study addresses that bringing together health professionals around a theme generates debates, not only related to the theoretical content, but also in relation to the daily practice of their actions. It instigates reflection on the work processes that involve a team and an individual and collective self-assessment process, in relation to the usual practices.¹⁵

The professionals gave several suggestions that would improve their engagement in the training activities, as shown in **Table 2**:

Table 2 - Suggestions for better engagement according to the clinic professionals.

SUGGESTIONS	TOTAL
Course/training for all	3
Semiannual/annual activities planning	1
Monitoring and assessment of training results	1
Flexibility of schedules and from the boss	12
Training in working hours	3
Training must be in a different time from the working hours	1

Source: Research data.

The transforming practice of PHE is to provide professionals with the possibility of constructing knowledge anchored in the perspectives of expanding and valorizing both collective and individual knowledge so that health workers perceive themselves as citizens and can take more control over their process of work.⁶

It is necessary to rethink and introduce actions that stimulate and potentiate the participation of the subjects, in order to obtain the maximum use of the training activities. Bearing in mind the aforesaid, it is possible to perceive that the possibilities of changes through PHE can happen in several ways, transcending traditional methods of education.¹⁶

Difficulties in engaging with the educational activities

In this category, the objective was to identify the motivation and the main difficulties that influence the professionals' adherence to PHE activities. In this questioning, it was tried to verify if the team felt motivated or not in participating in the activities. 11 participants answered yes, they felt

motivated, and 13 others said they did not feel motivated to participate and finally 1 employee did not answer. Here are some testimonials from the professionals:

No, because we have no incentive from the head of the clinic (Mango tree).

Yes, because the training is very important for the day to day (Olive tree).

No, because we are not freed from work to participate (Pau-Brazil tree).

No, because the employee is not allowed to participate. When this happens, it creates a blockade on the part of the professional, which deals with the capabilities, because the same is not seen as something essential (Brazilian cherry tree).

Yes, because I am aware that I need recycling to improve the service (Brazilian pine tree).

No, there are no stimuli, motivation, facilitation, time to participate (Rubber tree).

A negative fact identified in the discourse of the professionals surveyed was their lack of motivation to participate in the training meetings. Some factors were associated with them, such as: the lack of motivation, incentive and little investment by managers and, when the training is in working hours, the boss will not allow the employee to participate, since it is a permanent health education.

In a study that reports the experience in the training of facilitators in permanent education in health in a municipality in the state of São Paulo, they also pointed out as main difficulties encountered in carrying out training actions to the daily routine of intense work that makes difficult the team meetings and the demotivation of some workers in participating in training. Reality also present in the professionals interviewed in this study.³

In the context of permanent education, it is necessary to think collectively, valuing the experience and creativity of each individual, and as a consequence, education becomes reinvent and reconstruct knowledge in a personalized way, seeking in fact the professional's qualification, making him a transformer of reality. Thus, the construction of knowledge must be permeated by dialogue and the appreciation of interpersonal relationships, in the search for understanding among professionals.¹⁷

It was also sought to identify the main difficulty that the professional has in joining the training. In this questioning, factors such as lack of personal interest, lack of disclosure, Human Resources (HR) deficiency for replacement, lack of flexibility management and the training be done in the working hours were the most commented, being often associated, as shown in the following reports:

The fact that the training is in working hours (Chestnut tree).

The difficulty of being allowed to participate of the course, when it coincides with working hours and the lack of advertising about the training courses (Jatobá tree).

The deficit of HR: for high turnover (Jequitibá tree).

There are several: Flexibility from the boss, be in the same working hours and lack of personal interest (Orange tree).

There is a lack of information on training, for prior programming and willingness to participate (Lemon tree).

The lack of availability, in other words, lack of time. Most have two jobs, and when it is in working hours the boss cannot allow the employee to participate because there is no way to replace (Lime citrus tree).

In relation to this category, professionals reported several factors that hinder their adherence to training, the most cited, almost unanimously, were the low flexibility of the manager and the fact that activities are in working hours. These two factors go hand in hand, being reported by the servers in combination. Because there are no substitutes for the professionals while they are being trained, due to the lack of HR for this, professionals are often prevented from participating in the activities by their leadership. For this reason the professionals end up giving preference to activities outside of working hours, which would no longer be configured as permanent health education, becoming a mere extra activity. This fact demonstrates that the majority of the nursing professionals of the clinic have little clarification about the meaning of permanent education, moreover, it is often confused with continuing education. In order for the learning process to take place, it is necessary that the subject's presence be participatory, critical and creative, aiming at their own autonomy with regard to knowing how to think and learn, and not just participation for mere obligation.¹⁸

In order to have an PHE as transformative learning, it is necessary to overcome the domesticated, technicist and uncritical practice of performing its functions, with compartmentalization of ideas anchored in the routinization of the process, it is necessary to institute new ways of thinking and acting in education, bringing with personal, professional and institutional transformation.¹⁶

Similarly, a systematic analysis study points to the challenge of permanently educating the teaching-work articulation between the nursing team, the low availability of professionals, the predominance of imprecise concepts of health promotion, as well as the training and meetings.⁸ The resistance of health professionals to permanent education is a real obstacle, and is associated with the fact that the active professionals had a technical training and did not give priority to issues related to the incorporation of education into the health service.⁶

Another research presents as difficulties for the development of the capacities, for the managers themselves and their managers due to the scarce debate around the

thematic, pressured by the demand of the services, pedagogical limitations and resources.⁸

Corroborating to the results of this research, research shows that the insufficient number of professionals and the overlapping of tasks that require adaptations in the work routine, are negative determinants of the performance of permanent education.^{19,20} And this is exactly what happens with the team of nursing research in this study.

The resistance of managers is also a reality in health services, which makes it impossible to implement interdisciplinary actions, intersectoriality, teamwork and the autonomy of the subjects, compromising and limiting the central objectives of permanent education, distancing professionals from activities which are not those of origin and which prevent the synergy that occurs when there is the participation of all the actors involved in the work process.⁶

Understanding the difficulties of professionals related to training, it is suggested as a strategy that the institution should promote changes in activities so that these moments of education can be reinvented according to the reality of the hospital; if the institution provides more freedom for the nursing professional, either through substitutions during lectures, better marketing of training, or promoting personal and team encouragement, a change might occur in this scenario of difficulties, thus providing more opportunities for the team and promoting safe care with up-to-date professionals.

FINAL CONSIDERATIONS

The results of this study demonstrated that most of the professionals surveyed consider the activities of permanent education in health important for their professional practice. Server reports cover the context that PHE is necessary for updating new practices, thus improving care delivery and personal knowledge. The main difficulties observed by professionals regarding adherence are personal and institutional issues, such as lack of personal interest, lack of publicity, lack of leadership and lack of motivation. Considering suggestions for better engagement, professionals consider that planning adapted to the reality of the workplace, which involves all professionals, also offering an evaluation of the results of the training, would be very impacting to support the actions.

These results are consistent with the literature used and demonstrate the need to adapt the practices of Permanent Education in Health to the reality of the professional and the institution. It is important to emphasize that despite the difficulties faced by professionals, they understand the relevance of Permanent Education, this demonstrates importance of this study, because by realizing the causes of non-adherence one can work in programs aiming to reduce the nursing professional's dispersion in the educational activities at the workplace.

This study sought to clarify the reasons that hindered the adherence of nursing professionals to the proposed permanent education activities, as well as to reflect on the perspectives and the many challenges to be faced for their real consolidation.

Therefore, the permanent education in health needs to be strengthened, continuous and must also be destined to the human development, being essential for the acquisition of new attitudes in front of the dynamism and the challenges of the health sector.

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