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RESEARCH

Percepção de enfermeiros em relação ao treinamento em serviço oferecido pelo serviço de educação permanente

Perception of nurses in relation to training services offered through the service of continuous education

Percepción de enfermeras en relación a los servicios de capacitación ofrecidos a través del servicio de educación continua

Letycia Sardinha Peixoto[1], Ana Cristina Silva Pinto[2], Marina Izu[3], Cláudia Mara de Melo Tavares[4], Ann Mary Machado Tinoco Feitosa Rosas[5]

ABSTRACT

Objectives: To understand the perception of nurses on the learning process of in-service training program and review the training program in service sector of Continuing Education. **Method:** A quantitative and qualitative descriptive study and Field, through a semi-structured interviews analyzed using Bardin content analysis's. **Results:** Three categories emerged: Discontinuity of the training process, Time as a determinant of the teaching-learning process and working as a decisive factor in the organization of in-service training. **Conclusion:** It must suit the needs of service in terms of presentation of training, taking into account the reality of the labor process, seeking to align the effectiveness of professional development training, minimizing differences between trained professionals and its resistance to actions of Continuing Education meetings. **Descriptors:** Continuing education in nursing, Professional training, Training service.

RESUMO

Objetivos: Conhecer a percepção de enfermeiros sobre o processo de aprendizagem do programa de treinamento em serviço e analisar o programa de treinamento em serviço do setor de Educação Permanente. **Método:** Estudo descritivo, quanti-qualitativo e de Campo, através de uma entrevista semi-estruturada analisada segundo a Análise de Conteúdo de Bardin. **Resultados:** Emergiram três categorias: Descontinuidade do processo de treinamento, O Tempo como um determinante do processo ensino-aprendizagem e O processo de trabalho como fator decisivo na organização dos treinamentos em serviço. **Conclusão:** É preciso adequar as necessidades de serviço à forma de apresentação dos treinamentos, levando em consideração a realidade do processo de trabalho, buscando alinhar a efetividade dos treinamentos ao desenvolvimento profissional, minimizando confrontos existentes entre os profissionais treinados e sua resistência às ações de Educação Permanente. **Descritores:** Educação continuada em enfermagem, Capacitação profissional, Treinamento em serviço.

RESUMEN

 Objetivos: Conocer la percepción de las enfermeras en el proceso de aprendizaje del programa de capacitación en el servicio y revisar el programa de los sector de Educación Continua. **Método:** Estudio cuantitativo y cualitativo y descriptivo, a través de una entrevista semi-estructurada mediante análisis de contenido de Bardin. **Resultados:** Surgieron tres categorías: la discontinuidad del proceso de formación, el tiempo como un factor determinante del proceso de enseñanza-aprendizaje y de trabajo como un factor decisivo en la organización de la capacitación en servicio. **Conclusión:** Debe adaptarse a las necesidades de servicio en cuanto a la presentación de la formación, teniendo en cuenta la realidad del proceso de trabajo, buscando alinear la eficacia de la capacitación para el desarrollo profesional, lo que minimiza las diferencias entre los profesionales capacitados y su resistencia a la acción de las reuniones de educación continua. **Descriptores:** Educación continua en enfermería, Formación profesional, Servicio de capacitación.

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INTRODUCTION

Globalization and the integration of new technologies into the labour market brought the need for professional development of all sciences and related areas, and in health is no different. By analyzing the nurse and the labour market that professional training becomes a basic requirement for the development of skills and competencies, since it lives the information age and the knowledge-seeking if excellence in services.[1]

Thereby, the improvement of the professional nurse already inserted on the market aims at qualifying the worker process from organizing its activities and skill development to bring effectiveness in their actions, contributing to their training, optimizing the know-how and processes of teaching and learning.

Seeks to highlight the need for training and qualification of the professional worker process being inserted in a hospital environment without prior contact with the institution, which brings us a challenge in such training, to think in a timely manner for training, the team's interest as well as satisfaction and effective planning strategies including training and different didactic methods.[2]

Educational proposals should seek to provide the integral development and the potentiation of the subject involved, starting from the educational conception of learning to learn, where guys can build knowledge and promote their autonomy and also of the group, and still understand the social dimension of the educational process proposed, and the commitment of the education at work.[3]

It is necessary then to plan in detail the proposals for professional training, thinking like a nurse professional who offers technical and scientific dimensions-political, ethical and socio-educational.[1] The in-service training consists in training that enables the development of critical thinking, preparing this professional for the challenges of the profession.

And education, as a permanent condition to make the health care professional fit to carry out their duties, brings the work as educational principle, of citizenship and of humanity, the human being in the overcoming of oneself, responsible and conscious to be an actor and agent.[4] Work and education are activities of human beings, and involves a critical process of social developmentethical, political, and economical.

In this way becomes explicit need for valorization of work and also of the worker, and of tools that can transform the subject in a critical, reflective and active, allowing dialogue and participation of those involved in the educational process in order to achieve the development of skills and competences through the dissipation of knowledge.

In the hospital environment Permanent Education (PE) develops from an educational activities that work as a strategy of training staff. Aiming at the training of its workers a health care institution shall establish a permanent education service to enable the technical-practical professional development.

In 2004, the Ministry of Health established the National Policy on Education Permanent Health through Ordinance n° 198/GM and still defines this as a strategy of SUS in training and professional development. Conceptualizes the PE as "learning on the job, where learning and teaching are incorporated into the daily lives of organizations and work".[5] That is, the PE works with meaningful service-learning, and considers the various aspects of the process of nursing work, where as this student to receive practical training in disseminating content to become a teacher in your team.

The PE provides ways for the training process from the needs of knowledge and organization of educational demands that arise through the process of work, is a "fundamental strategy to change in that sector will be place of performance critical, reflective, purposeful, committed and technically competent".[6-7]

This strategy has been addressed in several studies, what it gives an approximation of the professionals with knowledge about your concept, philosophy and relevance to the health sector. Thus, it is necessary to distribute this educational strategy due to little involvement of health professionals in the teaching-service relationship.[8:65]

And yet, the PE is a methodological approach capable of reaching workers in service, and make changes in their work processes, being the nurse manager of the nursing staff, the focus is to reach the team starting the formation of qualified Manager.

In addition to the PE, the own service education used in sectors of health and nursing addresses the needs that arise for the challenges of the profession, whereas the user and the institution, and encourages a relationship of reciprocity and seizure of shortcomings.[9]

When it comes to changes of attitude and values, those that are permanent education proposals, discussed the change in focus of the training of workers and in the consolidation of concepts within the profession, make this professional better suited to the performance of its functions, from the technical aptitude gain and personal development, causing them to become the protagonists of the educational process from the everyday reality is a path that the permanent education service hospital environment enables.[10]

Thus, our problem is based on the need to develop training in effective service within a hospital institution, to develop professional training strategies that are efficient for the professional qualification, enabling professional development in the workplace, and encouraging the promotion of education through training, creating interaction between media professionals, so that not only the professional developmentbut the personal needs and previous experience are considered.

In this context, our goals were: to meet the trained nurses' perception about the learning process of the program of in-service training and analyze the in-service training program permanent education sector of the hospital studied.

METHOD

The study was descriptive, with qualitative and quantitative approach to type design field study. Field research was developed through a semi-structured interview, in order to provide flexibility, so that the responder develop their responses to natural and narrative mode.[11]

The scenario of the research consisted of the Department of Continuing Education of a Federal Hospital in Rio de Janeiro. The study subjects consisted of nurses bound by tender to the institution to be searched. And Inclusion criteria were determined: Being professional nursing top level (nurse), have been admitted in the period October to December 2009 through a statutory employment relationship, have participated in trainings conducted from October 2009 to January 2010, and be in full exercise of their functions. And as non-inclusion criterion was adopted: being on leave, vacation and/or away from their duties at the time of the research. All nurses who participated in these selected criteria for inclusion trainings were invited to participate in the survey voluntarily. These trainings were selected because the coverage I had with the nurses of this hospital, increasing the possible number of research participants.

The subjects were identified numerically, and in no time the name was identified in the research.

The interview has three parts:

Part 1: identification Data subject such as age, sex, month of admission to the unit, sector of work (it was classified by area of concentration), end of year graduation time work experience, if you have expertise, and if yes, in which one area.

Part 2: open and closed questions, with emphasis on objective responses which addressed aspects related to training that subjects participated as: Organization, content presented, time and method of presentation. In addition to questions about the applicability of the contents in the process of work of these subjects and the contribution of training to the learning process.

Part 3: subjective response open question about the perception of the subject in relation to training in service offered.

After collecting data, the interviews were transcribed and thoroughly read where the answers of the questions in Part 1, were used to trace the profile of our subjects in Part 2 was to know what were the training that each part, and examining second reading of the transcribed interviews, opinion and perception of the subject in relation to training, and in Part 3, the responses were analyzed according to building upon content analysis of Bardin in order to categorize the data and gain a better understanding the perception of the subjects in relation to in-service training selected by the research through the identification of common characteristics in subjects speeches.[12] The quantitative part of the analysis,

statistical data regarding participation in training was presented in tables with descriptive data and subsequently discussed.

All limits and commitments of the researcher were respected according to Resolution 196/96 of the National Health Council,[13] and the study approved by the Ethics and Research Committee requested, the number of the consolidated (CAAE) was: 0051.0313.00-11, CEP where this was manifested by the approval of the research protocol proposed on December 20, 2011. Study subjects who met all inclusion criteria and were selected after reading and agreeing, signing the Instrument of Consent.

RESULTS AND DISCUSSION

Data collection took place in the period from January to February 2012, where the nurses initially were approached to participate in the interview and before starting the recording was the science application consent form, and after you agree and sign that began the questions.

Study participants had consisted of 18 nurses, interviewed at the workplace, where sector perform their functions. For the time of the interview we opted for a place holder in the nurses station to which the respondent could be more comfortable speaking about the questions.

It was initially made the objective questions, to plot the profile of respondents, where we identified:

-17 female participants and only 1 male participant.

-The training period is between the year 1992 to 2007, mostly formed from the year 2002 (13 participants).

-The time of experience are of 2 to 18 years, where only 3 respondents lacked experience to be admitted in this field of research unit.

-Of 18 participants of the survey, 15 nurses possess expertise, 5 of those being in residence, and mode of these 8 have more than one graduate and 2 nurses have master's degrees.

-Only 5 nurses work in areas that correlate with held specialization.

After we identify the profile of respondents, we progress the interview confirming the participation of the subjects in each hiring training, being that all subjects participated in at least one of the trainings, with the following results:

TABLE 1. Distribution of subjects' participation in training entering

NUMBER OF TRAININGS	NUMBER OF PARTICIPANTS	TYPE Of TRAINING/Nº NURSES PARTICIPANTS
1 TRAINING	4 NURSES	PCR / 2 PHYSICAL EXAMINATION / 1 ADMINISTRATION OF MEDICINES / 1
2 TRAININGS	2 NURSES	PCR AND PHYSICAL EXAMINATION / 1 PCR AND ADMINISTRATION OF MEDICINES / 1
3 TREINAMENTOS	12 NURSES	PCR, ADMINISTRATION OF MEDICINES AND PHYSICAL EXAMINATION / 12

It was noted then that training "PCR-cardiopulmonary arrest" was what concentrated the largest number of professionals.

Still in the second part of the interview, were presented 3 criteria for entering into service training were assessed by the respondent, and was placed pre-established notes. Evaluated the following criteria: Organization, Time Available and content presented, considering the notes of 0 to 5 and their meanings:

The notes were divided in line with the meaning of each one of them explained, for the respondent knew how much was each note to be assigned. The grade 0 meant "Without condition to respond", due to the time that the training was accomplished, we believe that not all professionals interviewed remembered the training offered and would have provided to evaluate them. Note 1 has set itself the meaning "Weak", the note 2 meant "Regular", the note 3 "Good", the note 4 meant "very good", and the note 5 attach the meaning "Excellent".

TABLE 2. Evaluation of training in relation to pre established criteria

NOTE / CRITERIA:	0- WITHOUT CONDITION TO RESPOND	1- WEAK	2- REGULAR	3- GOOD	4- VERY GOOD	5- EXCELLENT
ORGANIZATION	1 NURSE	1 NURSE	4 NURSES	4 NURSES	8 NURSES	-
TIME AVAILABLE	1 NURSE	1 NURSE	3 NURSES	9 NURSES	4 NURSES	-
CONTENT PRESENTED	1 NURSE	-	1 NURSE	4 NURSES	11 NURSES	1 NURSE

As can be seen in the table above, most nurses evaluated the trainings in relation to organization and content criteria as "Very Good", and note 2 which meant "Good" received a significant number of evaluations. And on the criterion "Time Available" most evaluations have focused on note 2, which as seen means "good". Which demonstrates that the nurses in part appeared to be satisfied with the way that the trainings were offered. More detailed analysis of the underlying table data lines of the subjects are described in discussions.

The third part of the interview with open-ended questions, discursive answers. In question 4 of the interview, where we question whether the trainings in service had applicability in the process of work of these nurses, of 18 respondents only 5 answered that "had no applicability", whose reasons cited were that the majority of training is not suited

to the reality of the sector, due to lack of human resources, the busy routine of nurses in the sector, the lack of depth in matters covered, being merely to inform/meet the theme and not to empower professional, and the lack of correlation of the trainings with the technological resources of the sector.

Already the nurses who responded "Yes, had applicability', one of the justifications submitted are the importance of the themes, the frequency with which certain situations happen in sectors and these trainings have brought knowledge about these everyday situations of nurses' work, the type of patient attended matches the trainings presented, since assisted for the provision of assistance.

The most cited training regarding its applicability was "PCR", where nurses spoke about the frequency of this situation in almost all sectors, and this training according to the lines of the subject was exemplified, and identified training as a source of knowledge and training in front of this situation of emergency assistance.

In relation to question 5, where we discuss the end to talk about their perception regarding managed training, the nurses spoke about the importance of the training be conducted periodically, believe that the lack of continuity in the trainings offered hinder establishment of content and the teaching-learning process that would be made possible. Another point discussed was the time available, due to the excess of information presented and themes many extensive to be worked, where deepening in the subject is unable.

Still on the perceptions of nurses, some nurses reported "good perception" that have in relation to entering training due to the incentive that is done in a professional, as a public institution, do not expect a preparation for nurses called take on the industry, but were surprised, since it was a concern of the institution, and also the professionals who were away from the functions of the position taken in this hospital.

In question 6 of the interview, the nurses were asked to cite themes that they believe have applicability in the work process, however the themes revolved around the reality of each sector where nurses act, so being well diversified themes have been cited thus be listed the ones that appeared: PCR, Medication Administration, Ethics, Handling and Deep Venous Catheter Mechanical Ventilation. Other themes also emerged, however, were specific to the reality of the area concentration of each interviewee nurse.

It is observed that among the cited thematic axes appear 2 trainings that were offered in the admission of these nurses (PCR and administration of medicines), confirming the importance of the subject in the training of professionals in order to ensure its applicability in the process of work.

Nursing education is understood as a means of lifelong learning in relation to educational institutions, health and the community, which should provide critical training and professionals concerned with the actual needs of the clientele.[14:46] And the continuity of the process training can be linked to the same goals of training, where the world of work count on a nurse able to reflect on the context of the work process that involves the client, the family, the institution and co-workers themselves.

By reading the transcribed interviews and comparing the reflections of other authors on the hiring training, we emphasize the concept that best adapted to the results of the study and especially the issues brought by the nurses, where admission training is a

systematic process, with the goal of developing skills and competencies through practical execution oriented with theoretical lecture directed and regular assessment.[15]

With the categories found and cited then it will be possible to realize that training is understood as a means of increasing the theoretical-practical knowledge that empowers the individual to the efficient realization of your work, which corresponds to the expansion of professional and personal skills that instrumentalizam the individual to the transformation of reality.[15]

Discontinuity of the training process

Permanent education is seen as a space for continuous learning, where the continuity of its actions is essential to comply with the proposed methodology. The PE has pre-established intervals, since is a multiprofessional, institutionalized practice where the activities carried out in this educational process to incorporate the needs of the institution and therefore are always continuous.

Bringing you speak of the subject, we can identify this absence on training continuity, and how that becomes a factor in the influencer training goals which is part of the process of permanent education in the hospital institution:

> *Had to have continuity, at least 1 time per year. (Enf 01)*
> *Lack of continuity, there was information and knowledge and learning would be if they had other meetings to secure content. First agent knows the topic, to internalize even would have had other trainings. (Enf 03)*
> *Should be performed periodically. (Enf 13)*

If the permanent education is based on professional and personal development of employees, and proposes change of paradigms for both the employee and the institution, is a medium to long-term process, after all socio-cultural transformations, besides professionals are difficult actions that require monitoring and restructuring of the work process, to then allow the development of skills in line with the more dynamic posture, reflective and critical of the employee.

The continuity of the activities of permanent education combined with a frequency known by the professional participant assists in information about the program and creates favorable conditions for the Organization of services and standardizing nursing procedures, since the training is incorporated to the daily life of the nurse and worker process contributes to the changes are facilitated by the frequency with which are proposed.

The need to provide information about specific routines and standards of the unit, as well as the reading of manuals of procedures, offering safety to the elements that make up an organization, especially the newly formed professionals, it is important for the help in the decision making.[16]

For the development of nursing practice be made possible through permanent education, the nurse has the need to qualify, and be prepared to develop your technical expertise, creative and interactive, and thus acquire the ability to learn and teach. To both develop a Permanent education program who worry about the future results mean prepare actions that observe and accompany the professional in order to intervene in the teaching-

learning process proposed, and for this the continuity of activities that will support this process.

Time as a determinant of the teaching-learning process

The time that was available to carry out those training was something much quoted by the nurses interviewed, where they might expose the inquietamento and dissatisfaction in the small amount of time reserved for the training, i.e. Despite being an initiative of impact, the way that was passed to the participants came to be very sloppy. This can be confirmed by the following lines:

> *I think that the time available for training is very short because in this period are provided various information that not only training. (Enf 18)*
> *The content is good, but could be made available over time. (Enf 14)*

Educational design that emphasizes the training is related to a praxis reiterative in which your transform mode is already known, because it was previously conceived, so there is a routine in the 'to do', distancing the improbable, the unexpected and unusual That these printing erroneous.[3] Trainings may be perceived in the following talks:

> *The learning process is based on a theory where there is only the transmission of information, not being dynamic, making the actual understanding of the professional. (Enf 09)*

An important point in the discussion, is that as the training had no continuity and the time available to present them was short, brought knowledge to be shared, however limited the learning because there wasn't time to correlate all knowledge presented. Already other nurses agree that there was teaching-learning process, but other factors have influenced this process since the Organization related to the various criteria presented in the evaluation can be optimized. The line below exemplifies our discussion:

> *Had knowledge, not learning, it was enough to know things, to know what it is, knowing how to do, but learning should have more time, I'd need more training, a greater amount of time, after you start your work within the sector had training closer to you, mainly because in my sector agent acts with the patient ...(Enf 02)*

Permanent education promoted through training in search service also the formation of a professional critic, able to learn how to learn, to work as a team, to take into account the social reality to provide a human and quality assistance.[16]

Thus, to promote in-service training in line with what is the permanent education, enabling meaningful learning requires thinking in planning and organisation, taking into account primarily the time linking with the content to be presented and extension of the theme.

Another point that emerged while reading the interviews was the fact of time compared to the number of participants in each group to be trained, factor that may hinder the concentration at the time of training. In addition to the space to be used that shall include all nurses participants. We highlight parts of these speeches to confirm this fact:

> *The time was short and small available space, which complicates the concentration and fixation due to the large number of people present.(Enf 05)*

We emphasize that the time available is factor that influences directly in the development of the teaching-learning process due to content can be worked in a more complete manner, in order to achieve better staff participants, contributing to the teaching and learning, enabling the trainings in service will be recovered and identified by participants as a method of qualification at work.

The worker process as a deciding factor in the Organization of trainings in service

Adapt the content of admission nursing team training your needs should be an object of analysis, considering the objectives of the training, its duration, its ministrantes, its meaning and forms of assessment, so as to effectively integrate theory and practice.[16]

The nurse's work process is complex, and permanent education work in this profession is a major challenge, given the problems faced by overwork, excessive workload, professionals who accumulate working link and if they overload, in order all of these factors bring to consequences if you wish to work education.

Education is A process that tends to be systematized, has character formation, working with various methodologies, such as the permanent education and training on the job. To do so you have to deal with this process of nursing work so as to achieve these professionals even in adversity. We bring a few lines to highlight this longing of nurses:

> *The training should happen in more peaceful times, as for example   in the afternoon. Should also be targeted according to the needs of each team and the industry. (Enf 15)*
> *Should be directed to the realities of the sector. (Enf 10)*

In developing the training admission, should be considered the ability of nurses in articulate knowledge and the performance of daily functions adds to it a continuous learning, produced for the provision of assistance to patients and the relationship with the multiprofessional team.[16] Therefore, promote joint working process with the content to be presented should be a goal of training.

In relation to the type of training, most nurses cited "physical examination" as a training that does not fit the reality of the sector, that being cited by nurses from different areas of concentration, strengthening the idea that although some sectors have differences in routines and number of procedures would not be viable for this training into practice, claiming a lack of professionals to develop such a practice.

This is another aspect that needs to be discussed, the reduced number of human resources, which prevents these trainings are leveraged by every team, namely, the training is appropriate, the content is relevant, but does not approach the reality of working process of nurses. So we put up for discussion as the number of staff in sufficient quantity is important for Permanent education initiatives will be fruitful and really promote changes in the process of work and professional.

The term "Reality of the sector" brought several connotations for the study, since in addition to considering what has been exposed above, bring also that each sector has its own profile, the type of patient answered, own routines, and a different flow, so when it promotes training in widespread service, as was the case of entering training, you have to consider that each employee and industry will bring its realities, and although they are young professionals, who are coming to unity, each will be forwarded to a different sector, so it is essential to consider its singularities. We highlight some of these speeches:

> *I think the fundamental realization of such trainings since the diversity of training, professional experience was huge at the time of admission. I believe that these trainings offer a minimum required standard of competence to the professional newcomer. (Enf 11)*
>
> *Encourages the professional as to the importance of permanent training and the responsibility of the institution. (Enf 12)*

Finally we point out that these trainings, according to their own research subjects, were of great value also for the fact that many of these nurses were apart of that post, or never worked at another institution, and for being the first job in the area, they felt more confident to take on his duties. We bring this speech to expound this idea:

> *I think of great importance, since several people who passed the contest were removed from his post, occupying different positions. (Enf 04)*

Continuing education activities must be exposed according to the reality of each one, so that it can stimulate the ability to think in new practices that will bring satisfaction to the work and improves the issue of attendance to each other and the team and also reflect in the quality of care of the needs of the users of the services.[17-8]

CONCLUSION

We observe that the perception of nurses in relation to entering training was well diversified, bringing depth to the information about the learning process, the organisation of training and the themes presented. The in-service training was something experienced that hadn't been questioned so far, so emerged so much information and points for discussion.

The frequency of training brings the essentiality of the continuation of the Permanent education actions to strengthen its constructive character, and trainer at professional life of these nurses, and so provide for monitoring changes and frequency of the proposed activities.

The time available was another strong factor, cited as a result of a fragmented learning or maybe not complete, where the learning process takes time to become reality at the time of these trainings and is dependent on other points as interaction between

participants, the way the subject is discussed and especially the time should be satisfactory for all that has been proposed by trainings can be worked out.

You need to adjust the service needs the presentation form of training, taking into consideration the reality of the work process, seeking to align the effectiveness of professional development training, minimizing confrontations exist between the trained professionals and its resistance to Permanent education initiatives.

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