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NURSING COURSES REGARDING NATIONAL CURRICULUM GUIDELINES: COMPREHENSIVE REVIEW

OS CURSOS DE ENFERMAGEM FRENTE ÀS DIRETRIZES CURRICULARES NACIONAIS: REVISÃO INTEGRATIVA

LOS CURSOS DE ENFERMERÍA FRENTE A LAS DIRECTIVAS CURRICULARES NACIONALES: REVISIÓN INTEGRATIVA

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ABSTRACT

Objective: analyzing how the curriculums of nursing courses are changing, including the framework, processes and results. **Method:** comprehensive review, using the database of the System of Latin American Literature in Health Sciences (LILACS), from 2005 to 2013, guided by the question: << How are the curriculums of nursing courses changing regarding the new National Guidelines? >>. Twenty-five articles were selected and the study was based on descriptive statistics and the development of thematic categories. **Results:** nearly all of the articles were qualitative; 84% were carried out in public institutions and 60% in the southern and southeastern regions of the country. Collective elaboration of educational projects faces various difficulties. The principles and guidelines of the Brazilian Unified Health System (SUS) and new approaches to the learning process permeate their elaboration, being necessary in facing great challenges. **Conclusion:** in some institutions, difficulties begin in the structural bases; in others they occur mainly in dialogical processes. **Descriptors:** Curriculum; Nursing Education; Education, Nursing, Diploma Programs.

RESUMO

Objetivo: analisar como estão ocorrendo as mudanças curriculares dos cursos de Enfermagem incluindo a estrutura, processos e resultados. **Método:** revisão integrativa, utilizando-se da base de dados no Sistema da Literatura Latino-Americana em Ciências da Saúde- LILACS, do período de 2005 a 2013, norteada pela questão << Como estão ocorrendo as mudanças curriculares dos cursos de enfermagem frente às novas Diretrizes Nacionais? >>. Selecionados 25 artigos e a análise pautou-se na estatística descritivas e na elaboração de categorias temáticas. **Resultados:** quase a totalidade dos artigos é de natureza qualitativa, 84% realizados em instituições públicas e 60% na região sul e sudeste do país. A construção coletiva dos projetos pedagógicos caminha entre distintas dificuldades; os princípios e diretrizes do SUS e os novos enfoques na aprendizagem permeiam a sua construção, mostrando-se necessário o enfrentamento de grandes desafios. **Conclusão:** em algumas instituições as dificuldades iniciam-se nas bases estruturais e, em outras, principalmente nos processos dialógicos. **Descritores:** Currículo; Educação em Enfermagem; Programas de Graduação em Enfermagem.

RESUMEN

Objetivo: analizar cómo suceden los cambios curriculares en los cursos de Enfermería, incluyendo estructura, procesos y resultados. **Método:** revisión integrativa, utilizando base de datos del Sistema de Literatura Latinoamericana en Ciencias de la Salud -LILACS- de 2005 a 2013, orientada por la pregunta <<¿Cómo están sucediendo los cambios curriculares en los cursos de Enfermería ante las nuevas Directivas Nacionales?>>. Fueron seleccionados 25 artículos. El análisis se convino en estadística descriptiva y elaboración de categorías temáticas. **Resultados:** casi la totalidad de artículos es de naturaleza cualitativa, 84% realizados en instituciones públicas y 60% en región sur y sudeste del país. La construcción colectiva de proyectos pedagógicos atraviesa distintas dificultades; los principios y directivas del SUS y los nuevos enfoques del aprendizaje influyen en su construcción, provocando necesidad de enfrentar grandes desafíos. **Conclusión:** en algunas instituciones las dificultades se inician en las bases estructurales, y en otras, fundamentalmente, en los procesos dialógicos. **Descriptores:** Curriculum; Educación en Enfermería; Programas de Graduación en Enfermería.

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INTRODUCTION

The health care context requires new ways of organizing the teaching and learning process for the training of professionals. Implementing these changes is very complex, and requires investments in the curriculum framework and teaching and learning strategies. The Law of Directives and Bases of National Education (LDB) provides that professional training shall occur through: development of competencies and skills; scientific, technical and cultural improvement of individuals; curricular flexibility; and innovation in educational projects.²

In compliance with the LDB, Resolution CNE/CNS nº 03 of 11/7/2001 was approved, which established the National Curriculum Guidelines for the Nursing Undergraduate Course (DCN/ENF), and explained the need for commitment to the principles and guidelines of the Brazilian Unified Health System (SUS, as per its acronym in Portuguese). Principles were thus established for the development of critical and reflective professionals, within a historical and social context, guided by ethical principles and able to intervene in health-related problems and situations of the population.³

Although some years have passed since the approval of the DCN/ENF in Brazil, we have observed little progress with regard to elaboration and innovation of educational projects, and there are still several challenges to be overcome, especially with regard to changes expected in professional profiles.

The difficulties are rooted in the history of the nursing curricular programs; although they have undergone many changes in reaching the current guidelines, some research suggests that competency-based teaching may help to transform the learning process in the nursing course. Inclusion of active methods, articulation between teaching and service, and effective implementation of the National Curriculum guidelines are essential.

Changes in the nursing curriculum that follow the directives in of the DCN/ENF may be a way to develop nurses with political commitment and the ability to deal with complex problems in the health field. However, for this curriculum model to be effective, the DCN/ENF suggest that all those involved in this process take responsibility for change.⁴

Curricular change is permeated with power relations, tensions and contradictions, and often features a silent, hidden struggle involving positions, interests, social, political,

cultural and educational projects, which prevent neutral, objective action.⁶

In view of the implications that curriculum elaboration entails, this study proposes to:

- analyze how such elaboration has been occurring in different contexts, including structural organization, processes and results obtained.

METHOD

Comprehensive review and analysis of the literature.⁷ The question set out for the study was: How are the curriculums of nursing courses changing in view of the DCN/ENF, including structural organization, processes and results?

Due to the need to obtain literature that could reveal conditions related to the issue within the national reality, the System of Latin American Literature in Health Sciences (LILACS) was used for the research. Data collection was done in October 2013, and the descriptor “Nursing” (“*Enfermagem*”) and its combination with “Curriculum” (“*Currículo*”), “Teaching” (“*Ensino*”) and “Education” (“*Educação*”) were used for the period from 2005 to 2013, yielding a total of 251 publications. After careful reading of the titles and abstracts, we excluded those with no direct relationship to curriculum organization in accordance with the National Curriculum Guidelines, repetitions, and those dealing with theoretical reflection and literature review, leaving 25 items that were used for analysis.

The articles selected were classified according to year of publication, journal title, type of study and means of data collection, data source, type of institution where the study was performed, and location according to the geographic region of the country. These data are shown in the tables, using descriptive statistics.

To answer the main question of the research, three categories were defined: “*Collective elaboration of course educational projects*”; “*Curriculum elaboration permeated by principles and guidelines of the SUS and new approaches to the learning process*” and “*Challenges of curriculum elaboration in accordance with the National Curriculum Guidelines*”.

The results were interpreted and a review/synthesis of the knowledge was carried out.

RESULTS

Table 1 shows that there was a predominance of studies published in 2010

and 2011 (44%) and, in relation to the journals, the *Revista Brasileira de Enfermagem* published the greatest number of studies on curriculum organization of nursing courses in Brazil in accordance with the DCN/ENF (Table 1).

It was also observed that 84% of the studies were conducted in public institutions, and no research was conducted in private institutions (Table 1).

Table 1. Articles analyzed, according to year of publication, journal, and type of higher education institution - HEI, and study location.

Data	n	%
Year of publication		
2013-2012	3	12
2011-2010	11	44
2009-2008	4	16
2007-2006	5	20
2005	2	8
Journal		
Rev Bras Enferm	12	48
Rev Esc Enfermagem USP	4	16
Ciência, Cuidado e Saúde	2	8
Cogitare Enfermagem	2	8
Others	5	20
Type of HEI		
Public Institution	21	84
Public/Private Institution	2	8
Not specified	2	8

The studies were almost entirely qualitative (96%), and the most-used means of data collection was document analysis (40%) and interviews (52%). The educational projects were used as a data source in 28% of the studies analyzed (Table 2). Thus, the evidence of the studies analyzed is classified as level 4 and 5.

Table 2. Articles analyzed according to the type of study/means of data collection and data source/participants.

Data	n	%
Type of study/means of data collection*		
Qualitative/interviews/focus group	10	40
Qualitative/Documentary analysis	13	52
Qualitative/experience report	4	16
Quantitative/survey	1	4
Data source/participants*		
Educational project of courses	7	28
Professors	7	28
Graduates	2	8
Students	3	12
Course coordinators	1	4
Former course coordinators	2	8
Enade (National Student Performance Examination)	2	8
Institutional documents	4	16

*In the studies, one or more means of data source/participants were used.

The analysis of educational projects, although it is of great importance for showing the intention of the course and providing a basic direction so that it develops satisfactorily, such analysis does not actually reveal what happens in daily implementation.

From this perspective, some studies used more than one data source, such as interviews with professors, seeking better elucidation of the reality experienced. It should be emphasized that the role of professors is essential in this process, because they are the ones responsible for implementing changes in daily teaching and learning practices, which occur by means of a didactic and pedagogical approach that has great social relevance.⁸

Aspects related to public and private higher education institutions are key elements of discussion. On the one hand, public institutions are deteriorated and lacking investments, mainly if we consider the replacement of professors who are retiring. On the other hand, we observe a greater number of professors when compared with

private institutions, which prioritize downsizing of professionals, and also do not consider deficiencies in the skills of many professionals.⁸ Public institutions are also given greater autonomy in public services for the changes, whereas in private institutions it is necessary to consider the interests of managers, who usually aim for profit.

The context of little evidence of incentive to make curricular changes in private institutions is alarming, considering that nowadays they are turn out the majority of students who become health professionals, since the number of public institutions is insignificant in comparison to the number of private institutions that are working in the field.

Another gap to be considered is the fact that 60% of the studies analyzed were conducted in the southern and southeastern regions of the country, mainly in the states of São Paulo and Paraná, which reinforces the regional disparity with regard to the offer and qualification of the processes for professional training.

In this comprehensive review, after characterization of the studies described above, we analyzed different aspects that permeated the curricular changes in nursing courses, including their structure, processes and results, and identified three thematic categories that will be discussed below.

♦ Collective elaboration of course educational projects

Among the studies analyzed, we highlight the difficulties and progress in collective curriculum elaboration, with emphasis on the inability of professors to engage with the new proposal in order to fulfill their new role. Although most had actively participated in the new curriculum elaboration process, there was some difficulty in raising awareness about contemplation on social practice. In view of these results, it is understood that involvement of the collectivity must be based on a dialectical process that requires constant debate, confrontation with internal disputes over power, and confrontation with different positions and criticisms among peers that are not made explicit.

The importance of collective elaboration regarding curricular changes was also highlighted when analyzing the concepts of evaluation in a competency-based curriculum. It was found that, when evaluating student performance, professors focused on the process as well as the product, which comes closer to the dialogical competence approach

and contributes to reducing the negative effects of evaluation. In view of this, it is emphasized that changes in curriculum concepts require institutional action, including active participation by the actors. However, the existence of progress and regression in this elaboration are also recognized, along with the need to consider different visions of the world and constant dialogue among those involved.

It is mentioned that this process requires a predisposition for continuing change, and awareness that implementing innovative actions requires constant innovation and discussion leading towards active, collaborative and critical development.¹⁰

In this process, a consensus on the need for changes becomes clear, but not all those involved commit themselves to the process with the same intensity. It is also noted that collective elaboration is a “hard task” due to the difficulty of dealing with what is new, misunderstanding among professors, and times of indifference in the group.¹¹⁻²

There are some unfavorable scenarios for the collective elaboration of educational projects, such as shortages of professors and the use of temporary employment contracts,¹³ which hinder permanence and training for actions in their professional field, discouraging professional development itself.

♦ Curriculum elaboration permeated by principles and guidelines of SUS and by new approaches to the learning process

In the studies analyzed, the principles and guidelines of the SUS were addressed in educational projects. Based on this, there are educational projects in five nursing courses in Goiania, in which the ethical and humanistic references seem to be cross-curricular, with emphasis on interpersonal relationships and comprehensiveness of health care, which, for the authors, contributes to the development of the National Policy of Humanization and Implementation of the DCN/ENF.

In Ceará, based on analysis of three educational projects in nursing courses, we concluded that they all began to focus more on primary health care, with one of them bringing up a proposal for a comprehensive curriculum; this reinforces professional training in accordance with the principles and guidelines of the SUS.¹⁵ Regarding the effectiveness of the curricular changes that occurred in a nursing program, from the viewpoint of the graduates, it was found that there is still gaps in education towards performance in primary health care.¹⁶

In Rio Grande do Sul, studies were carried out based on interviews with nursing professors, aiming to find out about the challenges and links between training and professional practice, following the recommendations of the DCN/ENF. The interviewees mentioned principles and concepts such as SUS, humanization, and general education, and those were strongly highlighted as being important in the professional training of nurses. However, juxtaposed with such remarks, contradictions were seen between theoretical and practical training and professional practice, leading to emphasis on the need for further exploration of innovative teaching strategies, diversification and greater involvement of students and teachers in the production of knowledge that is relevant to meeting the health-related needs of the population assisted.

A study was conducted in nursing courses in the State of Paraná in order to determine if the training of nurses has in fact been oriented to the SUS; it was found that it is possible to observe concern with nursing training according to the DCN/ENF in educational projects. However, in the curriculum framework, the theoretical and practical workload focused on primary health care had not been reduced. In addition, it was observed that some projects disregard the practical classes during the undergraduate program and that the curricular internship is still considered the main space for theoretical and practical development, leaving it to be accomplished during the last two semesters. This practice hinders, at least in part, the development of a critical attitude based on social reality.¹⁸

A study which reported on an organization whose focus is meeting the guidelines of the DCN/ENF showed a comprehensive curriculum framework and indicated that, for its development, it is necessary to approach the practice scenarios and the use of active learning methods. For this purpose, a continuing elaboration process over seven years and a significant investment in the professional qualification of professors were necessary. Strategies such as the implementation of continuing education and support from external advisory services, especially in educational matters, were used.

In another study, assessment of the satisfaction and suffering of nursing professors regarding a radical curricular change showed that it caused more pleasure than pain, since it provided flexibility, creativity and initiative

in work organization. Nevertheless, the authors suggested that, during the change process, professors count on the support of pedagogues, educators, administrators and psychologists, so that they can effectively face possible adverse conditions.

Another relevant aspect of new curriculum elaboration is integration of education and service, understood to be necessary to new curriculum proposals by students of four nursing courses in a city in the northeastern region of Brazil, emphasizing the importance of student engagement in the nursing work process.²¹ On the other hand, indications of disassociation between education and service were observed, which hampers the experiences of students in their professional practice.

Yet in curriculum elaboration in accordance with the principles and guidelines of the SUS, the use of active learning methodologies is considered an important tool, since they enable learning from the world of work and thus give value to students.²² Many authors also feel that this is a way to make students more critical and open to dialogue; although initially they had felt fearful and insecure, they were becoming more self-reliant and gaining better understanding of the meaning of a continuing building of knowledge.

This is also a teaching and learning method in which both students and professors have little or no proximity, considering that for years there has been a preponderance of traditional methods in teaching processes.²²

We can also conclude that the comprehensive curriculum is an important tool in nursing education and that curricular changes have shown articulation with political, social, cultural and technical changes, according to the regional and national sectors.²⁴⁻⁵

♦ Challenges of curriculum elaboration in accordance with the National Curriculum Guidelines

The essence of the DCN/ENF for nursing courses is a huge challenge, since it suggests curriculum elaboration that is very different from the patterns in which the curriculums have previously been elaborated over the years. Flexibility given to educational institutions, when they are escaping from the normative orientation that has always guided the curriculum grid, imposes on them the need to develop proactivity and creativity in their internal processes. By considering that this elaboration must be based on the social reality in which professors and students live,

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important concerns come under discussion, such as the need to recognize the health profile of the location and to articulate teaching with service. To go forward under this perspective, it will be necessary to provide differentiated spaces for conversation, exchange, and building up and innovation of rooted knowledge and values among the actors involved.

The studies selected in this analysis reinforce that, during the nurse training process, the challenges are related to the need for paradigmatic changes. That is because the training aims to develop professionals with technical and political competence who have up-to-date knowledge, critical thinking skills and the sensibility to recognize the real needs of the community, considering the complexity involved in daily health actions.¹ It is worth mentioning that the proposed change is not limited to rebuilding the curricular organization, it also aims at changing the training process based on comprehensiveness. For this, it is necessary to dissolve the current structure of disciplines and the approach of content disconnected from professional practice.

Also among the challenges are the bureaucracy existing in large universities and the difficulty of entering into agreements that are appropriate to the practice scenario.²⁷ It is still important to recognize as challenging uncontrolled increases in the number of courses that do not provide an effective guarantee of their capacity to develop a curriculum in accordance with the guidelines of the DCN/ENF.²⁸ Related to this, we can mention the temporary or partial employment of professors and the low value placed on insertion of students into a practice scenario. Even so, the analysis of nine educational projects showed that, while some courses continue to adopt self-elaboration, others faithfully reproduce the descriptions in the DCN/ENF.²⁹

In general, significant progress is necessary in order to link the epistemological basis of the DCN/ENF to undergraduate courses.³⁰ Within the scope of this confrontation, we suggest deepening discussions about curriculum changes that include theoretical and pedagogical references that support a meaningful and transformational learning process, health and nursing concepts and practices and disassociation with particular resistance of professors, students and professionals of the services.⁴

Finally, the main challenge seems to lie in the acceptance and involvement of all

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members of the academic community, in order for curriculum change to occur.²⁴⁻⁵

CONCLUSION

We concluded that, although the articles describe different structures and work processes, and have been conducted in different regions of the country, it was possible to observe similarities in progress, difficulties and challenges. We could also conclude that many institutions have been trying to change their teaching and learning practices by making use of dialogical processes and simultaneously facing the difficulties that this movement entails.

Even with evidence that a path is being followed towards new curriculum elaboration, there are many challenges faced by the institutions that are interested in such a change. In addition, we must consider the gap existing in the research on the implementation of the DCN/ENF in private institutions, since there are few data about this reality.

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