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MANAGEMENT SKILLS DEVELOPMENT AND ORGANIZATION OF WORK PROCESS IN NURSING

DESENVOLVIMENTO DE COMPETÊNCIAS DE GESTÃO E ORGANIZAÇÃO DO PROCESSO DE TRABALHO EM ENFERMAGEM

DESARROLLO DE HABILIDADES DE GESTIÓN Y ORGANIZACIÓN DEL PROCESO DE TRABAJO EN ENFERMERÍA

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ABSTRACT

Objective: describing the perception of students of the Nursing Course of a public college in the State of São Paulo about the concept of skills and understanding how the management and organization of the work process has been developed in four series of this Course. ***Method:*** an exploratory study of a qualitative approach. The sample consisted of 19 students of second, third and fourth grades of the Nursing Course of Marilia Faculty of Medicine, from November 2009 to May 2010. Data were collected through semi-structured interviews and submitted to the Thematic Content Analysis technic. The research project was approved by the Research Ethics Committee, Protocol nº. 519/09. ***Result:*** the findings that emerged were presented in four thematic units. ***Conclusion:*** this research expands reflections about the development of the management and organization of the work process that can provide input to the ongoing curriculum development for nursing courses in the Brazilian context. ***Descriptors:*** Competency-Based Education; Curriculum; Professional Practice.

RESUMO

***Objetivo*:** descrever a percepção de discentes do Curso de Enfermagem de uma faculdade pública do Estado de São Paulo, sobre o conceito de competências e compreender como a área de gestão e organização do processo de trabalho vem sendo desenvolvida nas quatro séries deste Curso. ***Método*:** estudo exploratório com abordagem qualitativa. A amostra constituiu-se de 19 estudantes da segunda, terceira e quarta séries do Curso de Enfermagem da Faculdade de Medicina de Marília, no período de novembro de 2009 a maio de 2010. Os dados foram coletados por meio de entrevista semiestruturada e submetidos à Técnica de Análise temática de conteúdo. A pesquisa obteve a aprovação do projeto pelo Comitê de Ética em Pesquisa, protocolo nº. 519/09. ***Resultado*:** os achados que emergiram foram apresentados em quatro unidades temáticas. ***Conclusão*:** Essa pesquisa amplia reflexões acerca do desenvolvimento da área de gestão e organização do processo de trabalho que podem fornecer subsídios para o desenvolvimento curricular permanente de cursos de enfermagem em âmbito brasileiro. ***Descritores*:** Educação Baseada em Competências; Currículo; Prática Profissional.

RESUMEN

Objetivo: describir la percepción de los alumnos del Curso de Enfermería de una universidad pública en el Estado de São Paulo acerca del concepto de habilidades y entender cómo se ha desarrollado la gestión y organización del proceso de trabajo en cuatro series de este curso. ***Método:*** un estudio exploratorio con abordaje cualitativo. La muestra estuvo conformada por 19 estudiantes de los grados segundo, tercero y cuarto del Curso de Enfermería de la Facultad de Medicina de Marilia, de noviembre de 2009 a mayo de 2010. Los datos fueron recolectados a través de entrevista semi-estructurada y sometidos a la técnica de Análisis Temático de Contenido. El proyecto de investigación fue aprobado por el Comité de Ética en la Investigación, Protocolo nº. 519/09. ***Resultado:*** las conclusiones que surgieron fueron presentadas en cuatro unidades temáticas. ***Conclusión:*** este estudio amplía las reflexiones acerca del desarrollo de la gestión y organización del proceso de trabajo que pueden proporcionar entrada al desarrollo curricular permanente para los cursos de enfermería en el contexto brasileño. ***Descriptores:*** Educación Basada en Competencias; Currículo; Practica Profesional.

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INTRODUCTION

Building skills of health professionals is part of a set of initiatives that seek to respond to the needs of services for the resolution of health problems in view of the structural changes occurring in the health sector and the world of work, resulting from globalization and economic integration and changes in paradigms in public health.[1-2]

The practice of Brazilian nursing in its current model is presented as a challenge to reorganize the training of professionals, and determines the acquisition of knowledge guided by the Law of Guidelines and Bases of National Education (LDB) and the National Curriculum Guidelines for the Graduate Nursing Course (DCENF), establishing the skills and abilities to be developed in the nursing training process.[3]

There are checked three relevant conceptual approaches about competence: one considers competence as a collection of personal attributes, ie those essential elements for effective job performance: knowledge, practices and attitudes. It disregards, however, the context in which they are applied; another links the concept to results observed/obtained (tasks performed) and a third, in a broader perspective, proposes the notion of dialogical competence, originated from the combination of personal attributes to carry out actions in specific contexts, in order to reach certain results.[4]

The concept of competence undergoes changes in its meaning due to the influence of the world of work and, as a result, the requirements for educational background also changes, concerned more with the skills to be built than the knowledge to teach. Furthermore, universities should be supported in building a political-pedagogical project oriented to the formation of citizen participatory, critical and reflective, creative, compromised with the inclusion and change of reality.[5]

The management and the organization of the health work process can be understood as the role of articulating the relationship between people, structures, technologies, objectives/goals, environment and user satisfaction, this role requires a qualified professional as to their knowledge, their skills and atitudes.[6] This qualification of health workers should be structured from the questioning of their work process. The objective should be the transformation of professional practices and own management and organization of the health work process.[7] The nurse's performance in the area of competence of the management should not be understood as a task list or a sum of tasks, but it must be understood by its performance, which is a combination of attributes in the network.[6,8] The Marília Medical School (FAMEMA), in order to obtain favorable conditions for professional development and quality improvement purposes of services, implemented in 1998, pioneered in Brazil, with active teaching and learning methodologies in its resume, consider the professional competence the ability to articulately mobilize different resources (cognitive, affective, psychomotor) which to manage/resolve complex situations related to professional practices.[2,9]

The Nursing Course of this institution, implemented a Pedagogical Political Project (PPP), focused on the training of subjects through the integrated curriculum and oriented by competence, which seeks the link between theory and practice, academia, community service-providing interdisciplinary work and using a strategy of active training methodologies of teaching and learning and the completeness of the references in health care. This dialogical approach coupled active teaching-learning methodologies (Problem-Based Learning and Problematization), aims the formation of critical and reflective nurses, capable of transforming the realities of health.[10]

The adopted pedagogy has its support in the critical-reflexive concept of education. The student is considered an active and participative subject in the teaching-learning process, seeking a meaningful learning. The curriculum, the subjects that are no longer offered separately, shall belong to the Systematized Educational Unit and Professional Practice Unit, in which the contents are developed in an integrated manner in contextualized activities sequences with reality and practice experienced by the student. The development of comprehensive health care practice is realized through the performance in the areas of competence of care to individual and collective needs of health, management and organization of the health work process.[10]

The qualification of the health care professional is certainly one of the paths and, not least, one of the challenges to be faced in order to reach higher quality of health care services.[11] Apprehending the students' understanding of key competences for management and organization of the work process is also one of the gaps to be settled in that direction.

The relevance of this study is justified because the understanding of the development of the area of expertise in management and organization of the work process during graduation, as well as the characterization of the context in which it occurs, allows the analysis of the process of training professionals nurses in a resume template-driven expertise, and contribute to the ongoing curriculum development.

In this context, the present study aimed to describe the perception of FAMEMA nursing students about the concept of skills and understand how the area of expertise in management and organization of the work process has been developed in four series in this nursing course.

METHODOLOGY

This is an exploratory study with qualitative data analysis. The research was approved by the Ethics Committee of the FAMEMA under the number Protocol 519/09, to comply with the guidelines established in the National Health Council Resolution 196/96 governing research involving human subjects in Brazil.

The setting was the Nursing Course of the Marília Medical School - FAMEMA, public higher education institution in the State of São Paulo, a pioneer in Latin America in the use of active teaching and learning methodologies and is guided by integrated curriculum oriented by competences.[12] The institution Nursing Course takes place in four years and annually offers 40 seats. At the time of the survey contained 150 students enrolled in the four nursing series. Our final sample consists of 19 students, who were entered in the second, third and fourth grades of the Nursing Course.

The inclusion criteria of the study subjects was voluntary and spontaneous adhesion thereof, which indicated their willingness and agreement to participate in the study, and after recognizing the objectives and signed the free and informed consent. Seeking to ensure the integrity of the research subjects were protected privacy and preserved the anonymity of witnesses in order to ensure the confidentiality of information. Thus, the research subjects were identified by the letter E followed by Arabic numerals 0-19.

Data collection occurred through semi-structured interviews guided by a script composed of socio-demographic questions (sex, age, origin, year of entry into college, series that was attending) and three triggering questions involving our object of study, namely: a) What do you understand by competence?; b) What is your understanding of the area of expertise: management and organization of the work process?; c) In your perception, how it has been the development of this area of competence since joining the course?

The period of data collection took place between November 2009 and May 2010. The interviews were scheduled individually according to the schedule availability of research subjects who agreed to participate. The average length of each interview was estimated at about 20 minutes and they were recorded by the recorder use.

For analysis of the empirical material collected employed to Bardin[13] Content Analysis Technique which has been widely used to represent the treatment of qualitative research data. Such an approach is constituted by three stages: a) pre-analysis is the first contact with the content to be analyzed, favors the organization of the material and reading the interviews so there is impregnation of the ideas that emerge. At this stage, the initial objectives are resume-by reformulating them or placing them against the collected material; b) exploration of the material: essentially consists of the codification exercise. This stage takes place in the transformation of raw data in order to achieve the text senses cores. Later, choosing the counting rules that allow quantification of qualified material; c) classification of data into thematic categories and translation of each statement in a prepared speech, in short, it is believed to express the perceptions of students about the objectives of this investigation.[13]

When working the empirical data collected with such an organization, we identified the following thematic units: a) the different understandings of the concept of competence; b) the fragmentation of competence management and organization of the work process during the series of the course; c) the role of the teacher and the student in the construction area of competence management and organization of work; d) the development of the attributes centered on participatory management.

RESULTS

• Characterization of the research subjects

The participants were 19 students of the Nursing Course FAMEMA the majority 12 (63%) were female. Of all the interviewees, seven (37%) were inserted in the second series of

the Nursing Course, four (21%) were in third grade-eight (42%) in the fourth grade of that course. The non-representation of students from the first series of the course was due to the fact not agreed to participate in the study, and most justified that quality cannot answer the interview questions.

The year of entry of these students in the course ranged from 2006 to 2009. Among the respondents, seven (37%) joined in 2009, four (21%) in 2008, four (21%) in 2007 and four (21%) in 2006. Most are coming from the southeast region of Brazil, 70% of participants from the State of São Paulo. In terms of age, the average age of participants was 21 years of age, with a standard deviation of 3.0 years, median 21 years, minimum 18 and maximum of 25 years old.

● Analysis of emerging themes

♦ The different understandings about the concept of competence

The testimonies of the majority of the students point out that competence is the ability to know, in your field of work, to be able to do. This knowledge involves knowledge, skills and attitudes (attributes):

> *The ability of a person to develop some activity. And this capacity includes the resources it uses, the attributes that we call cognitive, psychomotor and emotional. Then it would have to have all this set of attributes to be able to do an activity satisfactorily. (E7)*
>
> *Competence are those requirements so that I can develop, play as a nurse. So this includes interpersonal skills and attitudes, training of clinical nursing knowledge and psychomotor, area of care. (E11)*
>
> *Competence, I think, it's something that the professional plays and involves skills, and eg dexterity to perform some technic [...] also has to do with attitudes, knowledge. (E6)*

We also observed some statements indicating that competence is know-how and, to this end, require certain security for the performance of a task. For the nurse may be appropriate, it is expected that the same achieves a number of objectives and have ability to do:

> *Be sure to perform given situation, what has been proposed to you; for example, you are responsible for performing physical examination [...].(E17)*
>
> *Number of goals to be achieved within a given time. (E1).*
>
> *We recognize, in a line, indicate an applicable knowledge in practice, i.e. to articulate and mobilize capabilities in a given situation:*
>
> *I think that in addition to technical competence is [...] speaking of our profession, nursing [...] beyond simple mastery of technique, you combine your practical knowledge, with the theoretical knowledge, and be able to join the two, and thus know apply in different contexts that each situation-problem requires, [...] in addition to the features of the theory and its practice, must mobilize also emotional resources, know how to handle people, know show what each problem demand in terms of practice, cognition and personal interrelations. (E10)*

♦ Fragmentation of competence of management and organization of the work process during the series of the course

The process of building of this area of expertise in the integrated curriculum of the nursing course in question confirms the need for inclusion of such content to be developed along the series through the educational units. The majority of the speeches of the students point out that the development of this area is most notable and concentrated in the third and fourth grades, and especially in Professional Practice Unit:

> *She actually enters the resume to us in the third year, so it's not that you notice, she does be perceived. She starts in on our discussion from the third year. Why so far in the professional practice of the first and second year, we see more individual and family care. (E10)*
>
> *[...] We had only one case which involved in management mentoring in second year [...] (E18).*

We found that some students point out that the late start and concentration of this area of competence in third grade are in a challenge to be overcome, since their complete understanding will be required in the fourth grade:

> *[...] the first that fell like a bomb for us in the third year [...] if we had more contact in the first two years of college [...] suddenly you are faced with a word 'management' on walking front and you have to learn [...]. (E9)*
>
> *We have a great difficulty in the fourth year because it is required to have a full understanding of what management is, collective care, and sometimes difficult to abstract it yet [...]. (E10)*
>
> *In the first and second year at UPP in primary care, we saw some management of the Family Health Units, such as staff and administrative meetings, activities of continuing education, lifelong learning [...] but with little articulated theory to it. (E18).*

We also note that, in the third grade, most respondents indicated that the development

of the management and organization of the work process was restricted to theory. In the fourth grade, through Exercise Planning Health Evaluation (EAPS), students recognize a greater understanding of the development of this area of competence, in which the student begins to experience it in the professional practice of setting and is inserted into this process beyond observation, searching for a link between theory and practice:

> *In Famema, I understood management in the fourth year [...] I only had an initial approach with the subject management in the third year, which was more theory than practice, and management right here in Famema, we can see in the fourth year, when the student starts to exercise management within the basic unit and in the hospital unit. (E 19)*
>
> *What is basic during college is EAPS; we do in the fourth grade, which is the Exercise Planning Assessment in Health, involving articulation of theoretical and practical knowledge. We learn to work in groups and in teams, and through the scientific method; we handle problems with the team through shared management. (E7)*

♦ The role of teacher and student in the construction of the area of competence management and organization of work

Registered statements suggest that students and teachers are points that require attention in the teaching-learning process, to build this competence. At the beginning of training the student has difficulty in making sense of this area of competence and a certain resistance to develop it, because of its complexity. Also, it is noted that teachers have difficulties in promoting the movement of learning in this area:

> *I think the difficulty is sometimes in my experience [...] is that sometimes teachers do not speak the same language. (E7)*
>
> *[...] here we learn with practice [...] we are in a methodology of problematization and problem-based learning, only that often had the experience, but we had no proper questioning. (E8)*
>
> *I think perhaps it is also because this subject is little explored in the first series of the course [...] somewhat lacking this charge, not to get too focused on individual care, but to make students understand that to drive to work, it need not only care for the patient, but also has the management, collective care. In fact, you end up doing all this, but do not stop at that time to think and reflect on [...] the fact that there is an organization of working process behind it all. (E9)*
>
> *When I was in UPP in the 1st year, there was the need for management, but it was not the focus [...]. Finally, the difficulty of applying the concepts of management literature in clinical practice, because you end up reading several articles, book chapters talking about unit management, management tools, and the readings are difficult, complicated, involve a very great intellectual maturity [...] arrives in the end you think: How does it happen in practice? (E11).*

♦ The development of participatory management-driven attributes

The statements regarding the attributes developed the first and second series relate directly to the management of the Unified Health System (SUS). In the third grade, students conceptualize and theorize the different models of management and organization of the work process. In fourth grade these concepts are expanded and applicable, considering the conflict management team, interpersonal relationships, co-responsabilization and co-management and add to the development of health planning:

> *About the issue of running a health unit, I think there are attributes that relate to their skills, for example, in the construction of joint decision-making and teamwork, conflict management of a team, also involves interpersonal relationships, or of interests, whether personal or institutional within a healthcare facility. We must recognize the tools available in the literature for application in the health service, in order to use direct management strategies as planning methods that exist. (E11)*
>
> *There are various types of management, all aimed at the same care, there depends on how the management is organized, if it is participatory, has comprehensive care, or whether it is a traditional model, fragmented, hierarchical and centered on the doctor's figure. The management would be the organization of the team work process for it to act in that environment. (E18)*

DISCUSSION

♦ The different understandings about the concept of competence

We identify different understandings of the meaning of competence. Such understanding is presented either as a collection of attributes/knowledge, or as compared to expected results (know how) and also there is a movement to understand it as a combination of attributes to be mobilized action, relating to professional practice. The competence to

be understood as a collection of attributes, focusing on the development of knowledge, attitudes and skills, translates an idea, from those who know are capable of doing. In this sense, its development during training can be disjointed attributes and reduce practice to a mere application of theory.[4]

The competence of understanding as a ratio of expected results consists of a know-how. This notion, based on the conductivist and functionalist matrix, originates in the United States and England, and is based on Skinner's psychology and the functionalist theory in sociology, in which the competence refers to the ability that reflects a person's ability , describing what it can do, not necessarily what it does in work situations in a given context.[14-5]

Competence originated in the combination of attributes in action, watching the situation and the context in which they apply, it has an integrative approach. So this notion prioritizes professional practice, enables the development of integrated capabilities by setting up in different ways to perform the essential actions inherent to the profession. Guided by the constructivist array of Australian origin, it is termed as dialogical notion of competence, to contemplate the history of individuals and society in their processing of knowledge and values that legitimize the attributes and expected results for a professional area.[4]

The theoretical concept of dialogic competence articulates the world of work and training and working with the development of skills or attributes (cognitive, affective and psychomotor) through reflection and theorizing from the actions of professional practice.[4-5] This approach, considered holistic, needs to be built on dialogue between education and the world of work in which the professional practices are developed.[4] The assumption of dialogical notion refers to the recognition of different aspects as complementary, recognizing the antagonistic and divergent perspectives, to be built on dialogue between the field of training and work.[16]

♦ The fragmentation of management competence and organization of the work process during the series of the course

We observe certain fragmentation of the construction of this area of competence between sets of course. This fragmentation is justified because of the first three grades prioritize the development of care remit to the health needs of individuals over the fourth grade, which works with the three areas of competence (individual care, collective and management) proposed for the course.

We emphasize that in the course of training guided by competence based on dialogic approach, the development of the performances can be structured in educational cycles and organized according to the progression of the student in his accomplishment, considering the degree of autonomy and mastery in each area of competence.[4] This so the knowledge they need to be expanded, considering in each series the increasing degree of autonomy in the exercise of professional practice and mastery of performance, that is, skills in action.[4]

We emphasize that the theory and practice are inseparable elements in the integrated curriculum proposal guided by competence, based on dialogic approach. The integrated curricula favor the link between theory and practice, academia and the world of work, and the use of active methodologies.[17] It is necessary to develop teaching and learning activities that allow the integrated development of actions and attributes, in scenarios diversified in a movement of action-reflection-action, in which the mobilization of capabilities favors the transfer of learning in order to transform the reality of professional practice.[4] So the training from the perspective of completeness and anchored in dialogic approach to competence, leads students to experience real situations in practice, using an active process of teaching and learning in confronting the practical thinking with theoretical thinking.[14]

♦ The teacher and the student's role in the construction of the area of competence management and organization of work

It may be noted that both the student and the teacher present difficulties in developing the area of competence of management and organization of the health work process. These difficulties point to the role that these individuals take on a curriculum oriented competence that uses active methodologies for the development of meaningful learning.

In active methods, learning occurs in the action of reflecting on professional practice, in which both the teacher and the student seek to build meanings of the action performed. The change of teacher and student posture requires a reflective work. The more students understand how subjects inserted in the labor market, the more they will feel challenged to achieve certain

outcome.[18] Thus there is a possibility of gradual expansion in capacity building in action. Thus, the transformation of professional practice requires that both the student and the teacher constitute themselves as subjects of the teaching-learning process.

For learning to be meaningful it is necessary that the previous capabilities are considered, the contents should have functionality, students have positive attitude and be active in the teaching-learning process. Thus, it will occur when there is a new relationship of information to the network of meanings that the student already possesses. Therefore, the pedagogical action should create conditions so that existing knowledge schemes allow networking and relationships. If the content does not display functionality, ie, with the possibility of their use in different contexts in which the student is inserted, the student can memorize it, however, are not guaranteed the possibility of its significance.[19]

Moreover, the critical-reflexive pedagogical proposal, the teaching-learning space is no longer considered a locus of transmission of knowledge, becoming a production capacity field that involves the organization of learning strategies that promote the ability of autonomy and responsibility to contribute to the democratization.[20] However, one has to optimize reflection spaces of the pedagogical practice of teachers, such as the continuing education for the transformation of the same is possible, either towards the teacher's role and the student active methods, whether in understanding the meaning and significance of this complex area of competence.

♦ The development of participatory management-driven attributes

While acknowledging the development of knowledge concerning the shared management model of health planning, most of the statements did not bring the mobilization of resources in a given context with scrolling by management.

In shared management is advocated the decentralization of decisions and the approach of all members of the engagement team, with greater democratization in decision-making, encouraging worker participation opportunities in the discussion, decision making and continuous improvement of the work process.[21] Therefore, the expansion of workers' dialogue among themselves between workers and users, and between workers and management, facilitate the promotion of participatory management, collegial and shared management of care/attention, based on commitments the health system.[22]

CONCLUSION

The descriptive and exploratory analysis points to different concepts of competence, which sometimes clashes with the dialogic model of competence established in the pedagogical-political project of the nursing program investigated.

We found that the development of the area of competence management and organization of health work process proved to be fragmented along the course of the series. We note that the first and second year students were most observers in regard to actions with little problematic and processing practice. In the third series, the development seems to have been restricted to theory, based on pedagogical cycles in educational units. However, in the fourth grade, there was a greater understanding and effective movement of action-reflection-action through the EAPS.

There were observed difficulties of both the student and the teacher in developing the area of competence management of work and organization of the work process. Regarding the role of the teacher is reported by participants as a weakness for questioning in the reflective moments of professional practice. As a result, students indicate the difficulty in understanding this area of competence.

The reflections presented in this study may contribute to the analysis of nursing education professionals in graduate programs, both those oriented competency as the others. It should be noted that this study is not intended to indicate routes to be followed by nursing courses to achieve the necessary changes, but above all, it extends reflections on their training focusing on the development of the management and organization of the work process to provide subsidies for the permanent curriculum development of nursing courses in the Brazilian context.

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