Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

ORIGINAL ARTICLE

OPINION OF NURSES ON PERMANENT EDUCATION IN A PUBLIC HOSPITAL

OPINIÃO DOS ENFERMEIROS SOBRE EDUCAÇÃO PERMANENTE EM UM HOSPITAL PÚBLICO

OPINION DE INFERMEROS SOBRE LA EDUCACIÓN PERMANENTE EN UN HOSPITAL PÚBLICO

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ABSTRACT

Objective: to analyze the opinions of nurses on a permanent education program, identifying reasons that influence adherence. ***Method***: cross-sectional study with 152 nurses in a public hospital in Pernambuco. We applied a questionnaire with 25 questions, after authorization by the Ethics and Research Committee of the Pernambuco Faculty of Health under No. 02-2012. ***Results:*** respondents agreed that lifelong learning improves formation professional. The majority of participants appreciate the methodology and approves three types of program: in practice simulation room; *on the spot*; and clinical meeting. ***Conclusion:*** it was found to be essential to consider the opinion of nurses reporting workload after participating in training activities and who prefer to be consulted in advance about the subjects offered. Recognize and value the professional advice shows up relevant for to adopt measures aimed at increasing the effective entry into the program. ***Descriptors:*** Nursing Education; Continuing Education; Nursing.

RESUMO

Objetivo: analisar a opinião dos enfermeiros sobre um programa de educação permanente, identificando motivos que interferem na adesão. ***Método***: estudo descritivo transversal com 152 enfermeiros em um hospital público de Pernambuco. Aplicou-se um questionário com 25 perguntas, pós autorização pelo Comitê de Ética e Pesquisa da Faculdade Pernambucana de Saúde nº 02-2012. ***Resultados:*** os entrevistados concordaram que a educação permanente aprimora a formação profissional. A maioria dos participantes aprecia a metodologia e aprova as três modalidades do programa: em sala de simulação prática; *in loco*; e reunião clínica. ***Conclusão:*** constatou-se ser fundamental considerar a opinião dos enfermeiros que relatam sobrecarga de trabalho após participar das atividades de capacitação e que preferem ser consultados previamente quanto aos temas oferecidos. Reconhecer e valorizar as sugestões dos profissionais mostra-se relevante para adotar medidas voltadas a aumentar a efetiva adesão ao programa. ***Descritores:*** Educação em Enfermagem; Educação Continuada; Enfermagem.

RESUMEN

Objetivo: analizar la opinión de los enfermeros sobre un programa de educación permanente, identificando motivos que interfieren en la adhesión. ***Método***: estudio descriptivo transversal con 152 enfermeros en un hospital público de Pernambuco. Aplico se un cuestionario con 25 preguntas, después autorización del Comité de Ética y Pesquisa de la Facultad Pernambucana de Salud nº 02-2012. ***Resultados:*** los entrevistados concordaron que la educación permanente primara la formación profesional. La mayoría de los participantes aprecia la metodología e aprobó las tres modalidades del programa: en sala de simulación práctica; *in loco*; y reunión clínica. ***Conclusión:*** constató-se ser fundamental considerar la opinión de los enfermeros que relaten sobrecarga de trabajo después participar en las actividades de capacitación y que prefieren ser consultados previamente sobre los temas ofrecidos. Retoñecer y valorizar las sugestiones de los provisionáis muestra-se relevante para adoptar medidas volteadas a aumentar la adhesión efectiva al programa. ***Descriptores:*** Educación en Enfermaría; Educación Continuada; Enfermaría

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INTRODUCTION

The professional nursing education is primarily engaged in transforming the work process that involves managing, caring and educating. Starting point for this is the reflection of what occurs in the work environment where nursing takes place, with all scientific and social innovation, and where patients increasingly demand and envy their rights.[1]

Permanent education adds to programs for education in health and continuing education. Continuing education aims at professional qualification through technical and scientific training activities, while health education seeks appreciation of popular knowledge and the co-responsibility of the individual towards proper health. Continuing education focuses on the transformation of the practices at the time they occur, through questioning, meaningful learning and coordination between the actors involved in the quadrilateral training of health professionals: service, management, academic and social control.[2]

The learning process through continuing education is of participatory nature and its central axis is the daily work in health services; it is in the work that the behaviors and forms of individual and collective professional performance consolidate. Lifelong learning is seen as a strategy for reinforcing the Unified Health System (SUS), as it provides meaningful learning as a mechanism for empowerment and improvement of health care actions[2]. It is relevant in professional nursing team work process be aware of their personal, professional and social commitment to the environment in which it is inserted and seek improvement in training, within and out of the work institution. [1]

It is important to keep in mind that vocational training quality should have a solid general and basic basis in a solid construction, which is a process and a tool to complement the formation of the subject as a whole.[1/4]

The implementation of a system for nursing care from standards and standardized criteria is founded on the principle that nursing care goes beyond the execution of medical and administrative information and directs the actual needs of the patient by means of holistic and combined vision to knowledge.[5]

Another significant point is the safety of the patient as well as the preservation of the quality of care provided. In this sense, the health institution acts on a large scale in programs aimed at quality, a term that implies the commitment of the entire organization; that values the quality of procedures and the service's goal is to identify problems and act towards them with preventive actions. For this, the involvement of all team members is necessary to examine each case the best to conduct the procedures.[6,7]

This became essential specifically in the area of nursing care, which is characterized by the involvement and enrichment of interpersonal relationship. However, taking care of everyday situations that are not always considered failures, seeing that it is the nursing staff that remains more time with the patient during treatment. In addition, insufficient knowledge and lack of standardization may also entail numerous problems. Standardized and reproduced safely techniques are essential for building a good professional.[6,7]

With training activities for nursing teams, it is crucial to value the resources of active methodology, mainly encouraging the use of life experiences and intrinsic motivation, observing a transformation of dependent people into independent, self-directed individuals, accumulating life experiences that will be the foundation and substrate of future learning[8]. Continuing education is required for the development of the individual. It consists of self-improvement in order to promote training activities technical, acquisition of new concepts and attitudes.

This skill has be worked at on all of the individual's relations. Besides that, to deliver quality care, nursing professionals need to adopt health actions with knowledge, skill and competence in order to meet the expectations of patients and achieve the desired quality of care.[9]

In this context, health professional training processes should be structured from the questioning of the work process, which aims to transform the professional and work organization practices with reference to the health needs of individuals and populations, the sector management and social control in health.[10]

The active subject that needs to have an authentic experience with defined, interesting and thought stimulating purposes will seek, after observing the situation, information and use the most appropriate instruments. The outcome of the work should be concrete and proven through its practical application.[11]

Aiming to change this paradigm, the introduction of permanent health education is a key strategy for the recovery of training

practices, care, management, policy formulation and social control in the health sector, establishing official intersectoral actions.[12] The permanent education policy validates this need within institutions, and is based on successful experiences developed by professionals who held prominent positions with the Ministry of Health, aiming to provide an educational project to meet the needs of SUS in search for its consolidation and qualification, since the latter will only become reality through professional education.[13] Training is seen as an ongoing process that occurs throughout life and is not limited to a short period, i.e. the duration of a course, and is linked to both professional training as personal growth[14]. The training aims to change the traditional education that puts the teacher at the center of teaching and learning. How to provide knowledge is the transmission for an education that interacts and discusses with the individual; now attention is directed to build new health practices, considering the principles of integrity, fairness and humanization, and the management values the importance of continuing education in hospitals to improve professional practice.[15]

Hospitals are complex systems absorbing much of the health professionals working in various fields. The work, however, is usually performed in a fragmented way, favoring the gap between the actions developed by nursing professionals, which leads to the mechanization of assistance.[16]

Education policy was established by the Ministry of Health for use in general health care, including hospitals, but its adoption and consolidation often seems to be more associated with basic health services, due to the fact that there is more incentive and implementation training activities this segment. According to the criteria of the continuing education policy, hospitals are also seen as potential sites for vocational training.[17]

Given the above, this study aims to find the opinion of nurses towards the continuing education program, given that lifelong learning is a strong ally and communication vehicle for achieving quality patient care and objectives in organizational health services.

OBJECTIVES

- To analyze the opinions of nurses towards adherence to the continuing education program of a public hospital in Recife (PE).
- To describe the sociodemographic profile of the research subjects.
- To identify factors affecting the participation of nurses in the continuing education program of the institution under study.

METHODOLOGY

We use a cross-sectional study with quantitative approach. The study was conducted at Hospital Otavio de Freitas, a public state institution located in Recife. This institution offers a continuing education program in three modalities. The first mode occurs in the practice room simulation, the times from 9:00 to 10:00 and 22:00 to 23:00 from Monday to Thursday, taught by a nurse for continuing education and by resident nurses, respectively. The contents conform to the protocol operating procedures (POP) of the nursing institution. In order to support the professional will to ongoing training, nurses from neighboring stations and industry and duty supervisors are responsible for any complications or demands that arise.

The second mode is offered *on the spot*, in nursing stations, in times of 11:00 to 12:00 and 21:00 to 22:00, taught by quality management and the supervisory nurse nursing duty. Classes are 15 minutes and are administered during the week. The contents are defined by occurrences in day-to-day work, for example, difficulties with procedures and registration of nursing care, implementing new routines, among others. This theme is selected at the first meeting of the month of the college formed by the supervisors and the advisor and manager of nursing. The first and second modes occur in the service schedule and the professional does not need to move from their place of work.

The third mode is a clinical meeting, occurring monthly on three consecutive days, from 8:00 to 11:00, off-duty time; nurses choose one of the dates to attend. Participants have the incentive of a monthly gap entitled workload of compensation. The contents are case studies, systematization workshop nursing care (SAE), preparing and updating POP, standards and routines. This activity is conducted by nursing supervisors, the manager and by guests.

In each of the three modalities, nurses attend once a month. The teaching methodology is active, with questioning of the contents defined for each modality.

The population consisted of 250 nurses populating the hospital. The sample was non probabilistic for convenience, consisting of 152 nurses who agreed to participate in the

study by signing the free and informed consent form (ICF) and met the inclusion criteria.

Eligible participants were nurses who participated in the clinical nursing meetings between January and March 2013. Nurses on holiday were excluded, as were those on license, those who did not attend the meeting of three clinics and those who refused to participate.

Data collection took place between January and March 2013.

A questionnaire was drawn up after reading articles related to the subject, with 25 questions divided into 3 parts: the first related to the socio-demographic profile; the second on the opinion of nurses regarding the continuing education program offered by the hospital; and the third with issues related to factors affecting the effective adherence to the continuing education program offered by the institution.

Before starting data collection, there was a meaningful process with the two research assistants and a pilot test was applied. After analyzing the replies minor changes resulted in a better understanding of the instrument by the participants.

The questionnaire was administered during clinical meetings. Before its application, the researcher gave information about the study, with reading of IC, protecting the right to participate or not in the research, and underlining the relevance of the study to improve the quality of care.

As the principal investigator held the position of manager of nursing institution, she was absent from the room during the questionnaire in order to prevent discomfort or embarrassment by nurses who did not accept to participate. Research assistants conducted the delivery of IC; the accepted and signed were collected and a route was given to the participant along with the questionnaire, making resources available to clarify any doubts.

Data were entered in duplicate and verified with the module "Validate" from the statistical program *Epi-Info*, Version 3.3.3, to check its consistency and validation. Statistical analyzes were carried out in the module "Analysis" of *Epi-Info*. The data were presented in tables.

The study was approved under Protocol 02/2012, by the Research Ethics Committee of the Pernambuco Faculty of Health (FPS) and meets the standards of Resolution no. 196/96 of the National Health Council (CNS). Procedures for collecting and analyzing data defined each subject using a numeric code, ensuring the safety, security and confidentiality of the results and participants. He was entitled to the right even of not responding to the entire questionnaire or a few questions when so wished. The risks were minimal for participants, except to occupy part of the time of respondents or the possibility of embarrassment regarding any questions.

RESULTS

Table 1 shows that the majority (93.4%) of respondents were female, aged between 22 and 43 years (71.0%). As for education, more than half had only specialization. In relation to the analysis of weekly working hours, results indicate that the range over 40 hours is the most frequent (61.1%). As for the time of work as a nurse, 58% of the study population had less than 10 years of experience.

Table1: sociodemographic characteristics of nurses Public Hospital Recife (PE), in 2013.

Variables	n	%
Gender		
Female	142	93.4
Male	10	6.6
Total	152	100
Age (years)		
22 | 43	108	71
> 44	44	29
Total	152	100
Level of Education		
Specialization	93	61.2
Undergraduate education	57	37.5
Master's Degree	02	1-3
Total	152	100
a 40 hour working week.		
> 40	88	61.1
up to 40	56	38.9
Total	144	100
time necessary for applying		
0-10%	87	58
11-21	37	25.6
22-32	26	17.2
Total	150	100

Table 2 shows that 88.8% of nurses approve the method offered by the institution. The vast majority of nurses consider the location of training activities as being good, both at the nursing station (80.9%) as in the practical simulation room (78.3%). Among those who felt bad and exposed his motives can be seen that 9.4% does not like to "attend" classes at the nursing station because they believe it undermines support and think it an inappropriate location for learning. In relation to training activities held in the practice room simulation, 18.4% say they are dissatisfied, claiming to be better prepared and that the room is small and hot. For clinical meeting modality offered off-duty hours, 52.6% of respondents say they would not participate if they do not receive off time in return.

Table 2. Opinion of nurses regarding procedures for ongoing education program in a public hospital. Recife (PE), in 2013.

Variables	n
Adopting the method of continuing education?	
Yes	135
No	17
Total	152
training activity at the nursing station on the spot	
Good	125
Bad because it undermines the assistance and the location is inappropriate	13
no opinion	14
Total	152
training activity in the practical simulation room	
Good	119
Bad, the content should be better prepared and the space is inadequate	28
no opinion	14
Total	152
training activity in clinical meeting: participate off-duty hours without receiving off time?	
No	80
Yes	72
Total	152

In Table 3, 92.5% of the sample, report that another nurse takes their activities during classes, yet it was found that 46.7% report heavy workload returning to their activities. As for the times the training arrangements are offered in service, 69.7% believes the time for these activities is right and 30.3% feel bad and suggest changes

occurring in the afternoon instead of the morning and before 22:00 in night shift. For clinical meeting modality offered off-duty hours, 52.6% of respondents say they would not participate if they do not receive the off time in return. As for the selection of the continuing education program content, 82% would like to be consulted in advance on the issues.

Table 3. Nurses' views on factors that influence adherence of a public hospital education program in Recife (PE), in 2013.

Variables	N	%
Who is responsible for patients in their absence?		
Another nurse or sector supervisor	142	92.5
Nobody	10	6/5
Total	152	100
There is work overload to return to service?		
Yes	71	46.7
No	81	53.3
Total	152	100
What do you think the schedules of in-service training?		
Good	106	69.7
Bad, because during the day should be in the afternoon and at night should be sooner	46	30/3
Total	152	100
You participate outside of the service timetable		
No	80	52.6
Yes	72	46.7
Total	152	100
And the content should be selected		
I would like to be consulted in advance on the issues	124	82
Like the training activity through POP issues	28	18
Total	152	100

DISCUSSION

Regarding the profile of the sample, it was observed that the majority of nurses are female, corroborating the historical reality of the profession in Brazil. Another relevant feature was age, the majority was younger than 43 years, indicating a rejuvenation of the workforce with increasing participation of young people in nursing. As for education, it was observed that most of the nurses have expertise and a small part has a master's degree, thus we realize that the professional qualification of surveyed nurses is a factor that can positively interfere in the performance and quality of care provided to clients. Similar results were found in a study of nurses in a public hospital in the city of Recife, where the most of the respondents were female, aged 30 to 40 years, experts with only 2 masters.[12]

Because of hours worked, it was found that the larger number of nurses works over 40 hours. An university emergency department in Botucatu also demonstrated a workload of more than 40 hours, on the grounds need for double shifts in order to meet the wage deficit.[13]

Half of the surveyed nurses have less than 10 years of experience. A university hospital in São Paulo, where the nursing staff had training time between 5 and 10 years, showed similar results[14].

As the frequency in the classes of permanent education, almost all the surveyed nurses participated and almost all nurses consider it important for professional qualification. Research conducted with nurses at a university hospital in São Paulo showed the importance and necessity of technical and scientific knowledge to ensure the quality of care.[15-6] In contrast, a study conducted with nurses from a hospital in Pará professionals, Maringa (PR), demonstrated that only a small part of the sample often participated in the permanent education actions.[17]

Nurses trained through active methodology with questioning offer the continuing education program at the research institution. The day shift has a nurse hired for permanent education and resident nurses teach night shift classes. Nevertheless, a minority say they do not like the adopted methodology and point out that it should be elaborated further, and no reported issues of interest. The problem-based education founds on the dialogic relationship between educator and student, allowing both to learn together through an emancipating process. This type of methodology, considered participatory because it involves interaction, reflection and knowledge building, proves more effective

and promotes the application of knowledge built.[1] Although the results evidence the research that the institution offers conditions for the participation of nurses in the continuing education program, it is important pointing out that part of the group disagrees on relevant factors as work overload returning to service and the choice of themes by nurses. Comments that should be taken into consideration for an effective and massive participation in the program.

The physical structure used; a small part of the sample of nurses do not like the approaches undertaken at the nursing station, the grounds that it undermines the assistance, and considered this an inappropriate place for learning. As for the practical simulation room, a few nurses reported dissatisfaction with the location of training activities, claiming it is a small, warm environment. It is worth noting that the room in question has infrastructure, with equipment connected to the Internet, as well as materials used for simulation of technical procedures. Structural actors, such as small, warm and dimly lit room, diminish the adherence of nurses to continuing education programs; moreover, an appropriate room can improve the education process.[16]

The contents of the continuing education program offered in practical simulation room are selected from POP nursing standard. More than half of nurses surveyed would like to be consulted in advance about the topics covered. Studies with the nursing staff of a university in São Paulo found that the survey and evaluation of training needs (ANT) are the first and some of the most important steps in planning an educational activity, which involve the availability and preparation professionals to recognize its limitations and training needs. ANT also links to the integration of the teams with the staff of continuing education services[1]. Where the need for educational activities is indicated by the team, it turns out to be more acceptable. It is noteworthy that, in the educational processes, it is considered essential that the person who learns to choose the object to be learned, because knowledge results from the interaction between subject and object and the instructor is a *facilitator* this process.[16,18]

It is important to emphasize the need to develop an efficient method to meet this consultation on the issues. Before the establishment of the current education program, a survey was conducted to identify the topics that nurses would like to be addressed, however, a variety of issues that made it difficult the selection has been made.

The strategy for the continuing education program has as one of its features the use of nursing POP is to educate the group about the standardized achievement of its procedures. It is noteworthy also that the use of nursing POP is an item evaluated by the auditors of the Ministry of Health and Health Surveillance, as well as accreditation from the Ministry of Education as a teaching hospital.

It was found that the highest percentage approves the times the method *class service* are provided, however, suggest schedule changes, for example, training activities at night to take place before 22:00 and daytime activities to be held in the afternoon. A study developed in a hospital in Rio de Janeiro showed that the nursing staff reported that the most difficult time for training activities is aimed at night (at 7:30, after the night shift), considered a unproductive time for learning, once the professional has become extremely tired. At the beginning of the call there are low adhesion workers, due to the dynamics of units.[19] Nurses were also asked about the implementation of activities off-duty hours without getting off in return, however, the majority of respondents indicated the impossibility of their participation, justifying with the existence of other employment, the lack of time and encouragement, and because living in distant location of the institution. It states that the clearance encourages participation because it can be used to solve particular issues, devoting themselves to family and rest. A study conducted in a university hospital in Rio de Janeiro with nurses and nursing technicians, showed that the education activities were always conducted during the service to increase membership.[20]

Another factor that hinders participation in continuing education program is the work overload, because almost half of the respondents reported no backing up of work returning to their activities after participating in the training program, even with the collaboration of nurses from neighboring stations, shift supervisors and industry supervisors who are responsible for any complications. Apparently, the workload of nurses is one of the factors that hinder participation in lifelong learning activities, as some of these reasons were exhaustive workload, high demand of service and lack of staff to cover the unit.[21-2]

CONCLUSION

The opinion of nurses on adherence to the

continuing education program showed that some adjustments should be adopted to better participate in the institution. Thus, one can act on the observed scene to promote measures to encourage the participation of professionals and leverage your membership. This knowledge contributes to the continuing improvement in the quality of patient care.

Nursing and senior management see permanent education in the research institution as a strong ally and a communication vehicle for the achievement of organizational objectives. It is essential that the general direction assumes a role of provider of structural, material and human resources, necessary for effective implementation, operation and maintenance of the continuing education program, continuously, for learning and change are inexhaustible sources for the improvement of the human being.

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Submission: 2015/07/08
Accepted: 2016/02/12
Publishing: 2016/05/01

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