EDUCATION IN NURSING: IMPLICATIONS IN THE MANAGERIAL COMPETENCIES OF NURSES

FORMAÇÃO ACADÊMICA EM ENFERMAGEM: IMPLICAÇÕES NAS COMPETÊNCIAS GERENCIAIS DO ENFERMEIRO

FORMACIÓN ACADEMICA EN ENFERMERÍA: IMPLICACIONES EN LAS HABILIDADES DIRECTIVAS DE LAS ENFERMERAS

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ABSTRACT

Objective: to reflect on issues related to human resources training in Nursing, concerning the formation of managerial skills of nurses during graduation. Method: a descriptive study of theoretical reflection regarding the strategic importance of academic training in human resource development policy in Brazil since it boosts citizenship, scientific-technical and cultural knowledge and impacts the labor market. Results: as an analysis it was considered that by teaching skills can help transforming nursing education in which theory and practice dissociation is evidenced due to the egress of traditional education is faced with the world of work. Conclusion: it is necessary, therefore, the inclusion of active methodologies, articulation of teaching/service and the actual implementation of the National Curriculum Guidelines, which have a text with pretensions of forming a critical-reflective professional, active before the demands of the labor market. Descriptors: Health Management; Professional Competence; Training Human Resources; Nursing.

RESUMO

Objetivo: refletir acerca das questões relacionadas à formação de recursos humanos em Enfermagem, referente à formação de competências gerenciais do enfermeiro durante a graduação. Método: estudo descritivo, de reflexão teórica com vistas à importância estratégica da formação acadêmica na política de recursos humanos para o desenvolvimento do Brasil, uma vez que impulsiona a cidadania, o conhecimento técnico-científico e cultural e impacta o mercado de trabalho. Resultado: como análise considerou-se que o ensino por competências pode ajudar a transformar a formação de enfermagem onde a dissociação teoria-prática é evidenciada quando o egresso da formação tradicional se depara com o mundo do trabalho. Conclusão: faz-se necessário, portanto, à inclusão de metodologias ativas, articulação entre ensino/serviço e a aplicação real das Diretrizes Curriculares Nacionais que apresentam um texto com pretensões de formar um profissional crítico-reflexivo, ativo frente às demandas do mercado de trabalho. Descriptores: Gestão Em Saúde; Competência Profissional; Formação de Recursos Humanos; Enfermagem.

RESUMEN

Objetivo: reflexionar sobre las cuestiones relacionadas con la formación de recursos humanos en Enfermería, en relación con la formación de las capacidades de gestión de las enfermeras durante la graduación. Método: Estudio descriptivo de reflexión teórica sobre la importancia estratégica de la formación académica en la política de desarrollo de recursos humanos en Brasil, una vez que aumenta la ciudadanía, el conocimiento científico-técnico y cultural y los impactos del mercado de trabajo. Resultados: como análisis se consideró que mediante la enseñanza de habilidades se puede ayudar a transformar la educación de enfermería en la que se pone de manifiesto la teoría y la práctica de la disociación cuando el egreso de la educación tradicional se enfrenta con el mundo del trabajo. Conclusión: es necesario, por lo tanto, la inclusión de metodologías activas, la articulación de la enseñanza/servicio y la aplicación efectiva de las Directrices Curriculares Nacionales que tienen un texto con pretensiones de formar un profesional crítico-reflexivo, activo, teniendo en cuenta las demandas del mercado laboral. Descriptores: Gestión de la Salud; Competencia Profesional; Formación de Recursos Humanos; Enfermería.

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INTRODUCTION

Trends in health work point to a more versatile training towards multiqualification.\(^1\)\(^{-15}\) The education constitutes a fundamental point in the human resources policy so that higher education should be understood as social equity, given its strategic importance for the country's development as it boosts citizenship, scientific-technical and cultural knowledge and impacts the labor market. In this sense, the policy of managing work and education brought advances with increased retraining programs that work cross-curricular content. However, even with these improvements to administrative and managerial part, considered less important facing an over valuation of techniques, even the reflections of the hospitalocentric-curativist model of the 1960s and 1970s.

The essential challenges to management in healthcare and specifically in Nursing make nurses constantly need to exercise managerial powers, even without exercising formal management positions. Nurses differentiate between self and other professionals through the acquisition of skills in the exercise of their function, as they were related to the opportunities of successive approximations with the general skills and provided opportunities for interdisciplinary performances throughout the training.\(^5\)

The practice of nursing is not limited to patient care, over the years there has been a growing presence of directorships by nurses in central and operational levels of the health systems in primary and hospital network.\(^3\) In the core network, in the context of the municipalities, the Family Health Program (PSF) stressed the need for recruitment of health professionals, especially in the Northeast, where the strategy was adopted earlier and more intensely.\(^4\)

Although nearly two decades have elapsed from implementation of the Unified Health System (SUS), researchers point out that among the problems still persist SUS: "fragmentation of the management process and the consequent marked amateurism to insufficient professionalized paintings, reproduction of clientelistic practices and corporate statement on the occupants of leadership positions at all levels".\(^2\)\(^\text{3,4}\) In this context, many newly graduated nurses are invited to take a management position because of the paternalistic welfare- policy and clientelist, the example, the position of secretary municipal health, coordination of primary care, coordination of surveillance without the knowledge essential to assume such positions. Study on training human resources in health shows that a significant proportion of nurses who hold an executive office unaware of the technical and administrative documents that organize the work process.\(^3\)

Another aggravating factor is the strongest brand in the curative model in the training of human resources in health. The teaching is geared to assist with few opportunities for management, which are developed focusing on bureaucratic activities, giving a distorted view of the supervisory function to the academic.\(^6\) The area of human resources is more characterized by the fulfillment of bureaucratic activities than a strategy for decision making, being the manager no autonomy in the exercise.\(^7\) However, it is essential that the graduate skills and general skills of nurses described in the National Curriculum Guidelines/2001 for nursing education are met: health care, decision making, communication, leadership, administration and management and continuing education.\(^2\)

Decision making and critical reflection in service are directly linked to meaningful learning in undergraduate as well as by lifelong learning on the job. The theory of knowledge emphasizes that meaningful learning is possible with the combination of prior knowledge only because rote learning does not refer to reflections on past experience and the current context. Thus, the nurse will not be an instrument of change and improvement in your work sector disregarding the socio-cultural context, personal motivation and knowledge of the mechanisms of social control and health management.

Failures in management skills bring great harm to public health, and judicial implications for the manager himself/health care professional. Assertive decisions, planning, implementation and proper evaluation in the management process in health generates improvements in access to health care, appropriate use of financial resources, active participation of three actors (managers, professionals and users) and consequently services better health care SUS.

This study focuses on the issues related to the training of human resources in nursing, specifically in regard to the formation of managerial skills of nurses during graduation. It is a part of the Training research and training of human resources in health of the Group of Study and Research in Management and Health Informatics/GEPAIE University, Federal University of Paraíba/UFPB line. Aims
service providers, the Board of Health, and the user community.

The process of change has promoted advances concerning the universality of the health system, it appears that the way services are managed in this process is hindering the quality care and creating obstacle to the implementation of the changes. From this perspective, new skills are needed for health care workers, which means' to redefine the ways to recruit, select, train and retain professionals in their respective activities, requiring the creation of essential management tools to this new approach to human resource management.¹⁰

The Federal Constitution points out in its article 200, section III, it is for the SUS, in addition to other duties, “to organize the training of human resources in health care.” The Federal Law n. 8.080/1990 defines, in its Article 27 that the policy of human resources in health care will be formalized and executed, pivotally, the different spheres of government, in compliance with the following objectives: to organize a system of training of human resources in all levels of education, including postgraduate, and develop continuous improvement of personnel programs.

On the training and development of workers for the NHS is noticed that despite the significant expansion in staff training for health, are routine difficulties in having professionals with suitable profiles and committed to working in public services. It is necessary to an effective action of municipal and state authorities, as they are closer to the reality of local health.

The number of health professionals at the local level has grown significantly due to the implementation of the Family Health Program (PSF), requiring even greater attention in this sphere of government. Research reveals that in the 1970s, the country had 13.133 health facilities, rising to 18.489 in 1980 and 67.612 in 2002, with the inclusion of more than two million jobs. Municipalities, in 2002, become committed to having professionals with suitable profiles and committed to working in public services. It is necessary to an effective action of municipal and state authorities, as they are closer to the reality of local health.

In municipalities is very common diversity of links which entails tensions between professionals, thus, affecting the provided care. The phenomenon of the diversity of ties tense coexistence of teams within departments, compromising the good management practices and exacerbating

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**THEORETICAL REFERENTIAL**

- **Management Policy of the Health Work and training for the NHS**

The area which discusses the management of workers, previously known as Human Resources (HR), now called the Labor Management in Healthcare (GTS) has been incorporating knowledge of sociology, political and economic, in the face of needs for adaptation to changes in health work. The term HR but today in the process of adaptation to the demands of a new way of understanding the complex and interdisciplinary work processes that cross organizations.⁸

During long period of XX century (1950-1980) the issue of human resources was understood as an input, along with the material and financial resources. The decades from 1980 to 1990 were marked by discussion of a new paradigm of work in post-industrial societies and industrial restructuring, with the centrality of the worker.¹

Workers are not considered mere resources of an organization so that the relationships between them and the work environment reflect on the achievement of individual and organizational goals.⁶ Professionals should be motivated and organizational environment must offer safety and quality of work in order to add desired professionals to grow in their exercise, experts in the organization's mission.

Organizational change causes an extensive process that involves cultural managerial, strategic, and other aspects. This phenomenon involves changing various aspects of the organization, its structural forms, its procedures, the roles played, technology, objectives, goals, policies, decision-making processes, styles of leadership, as well as the qualitative and quantitative composition of the people that integrate.⁹ This sense, the management of the health system undergoes cultural, managerial and strategic changes with emphasis on decentralization and participatory management. It should involve all members of the organization members, as managers of health services, professional

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to reflect on the managerial skills acquired in academic education in nursing by the literature.

This is a descriptive study of theoretical reflection regarding the strategic importance of academic training in human resource development policy of the country, since it boosts citizenship, scientific-technical and cultural knowledge and impacts the labor market.
conflicts, by non-compliance, in some cases, the labor protections, reflected in attention to health.\textsuperscript{1,18}

We need health professionals and managers to work in the NHS in the perspective of equity, comprehensiveness and universality. We need a dynamic training that incorporates technological advances, changes in the epidemiological profile and is strengthened by intersectoral policies coordination between the areas of health and education.

Facing the challenge of training, the National Curriculum Guidelines (DCN) approved by the Board of Education in 2001, emerged as a key element in contributing to the construction of such policies.

As a first initiative to implement the approved curriculum guidelines then, officials from the Ministry of Education (MEC) and the Ministry of Health (MoH) approved in late 2001, the creation of a Program to Stimulate Changes in the Curriculum Courses Medicine (Promed). In 2005, inspired by Promed, the National Reorientation of Vocational Training in Health (Pro-Health), which provides for the consolidation of a more active, in which teaching back to the reality of health care by learning model arises SUS, strengthening the relationship between education and service delivery. In 2007 it established the Inter-Ministerial Commission for the Management of Health Education (Presidential Decree of June 20, 2007) with the role of establishing guidelines for the training of human resources for health in Brazil, in particular with regard to the criteria for the regulation of higher education courses in Health and provision of training in priority areas, according to regional needs.\textsuperscript{1}

Changes in the training of health professionals, based on the new curriculum guidelines, profiles predict more professionals entered in the system dynamics, aware of teamwork and contextualized with social reality, in search for a professional practice grounded in humane relations and narrow with the population.\textsuperscript{1}

In this context, it becomes paramount use of active methodologies that lead students to "learn learning "in order to bring theory and practice and reflect on their role as being transformative, as a citizen. No use a large volume of information with training of highly qualified professionals from the technical point of view, not to prepare these tables to the reality facing them in the routines of services.\textsuperscript{1,2,2} There must be consistency between their academic trajectory and the universe of work and timeliness of professionals throughout their careers\textsuperscript{m, 11:915}.

Education in nursing: implications in the managerial...

Policies to better qualification during academic training or professional practice stand out pacts aimed at the development of the Education Policy Permanent Health, imposed from the Health Pact, such as: Multidisciplinary Residency Health, Pro-Home, Pilot Revalidation of Medical Diplomas Obtained Abroad , Internship Pro-Medical, National program Reorientation of Vocational Training in Health (Pro-Health), (PET-Health) Education Program at Work, National Telehealth Program, National Program Management Development in SUS (PNDG), Open University of the Unified Health System (SUS-UnA) Fund Student Financing of Higher Education (FIES), Vocational Training Programme in the Field of Health (PROFAPS), RET-SUS and training of Community Health Agents (ACS).\textsuperscript{1}

The National Policy on Continuous Education presented significant advances since contributed to the process of regionalization of SUS, ensuring greater involvement of managers in decision-making and leadership services. However, to advance this discussion, it is of fundamental importance to analyze the professional qualification for graduation at the end that can be inserted into various points of the attention of the health care network.\textsuperscript{1}

\textbf{Nursing management}

Knowledge management of health technologies for municipalities is essential at all levels of complexity, since the process of decentralization of the public health system puts the managerial competence as a worrying factor for the implementation of a regionalized system, hierarchical and participatory. The management has been placed as a strategic area for the transformation of health practices by their intermediate position between the central structures, with power of policy guidelines and the direct provision of services.\textsuperscript{3}

The management has a coordinating and integrative character, being determined and decisive management action in the organization of health services and a tool for process and execution of policies. You could say that management does not simply comprise a rational or technical and, yes, presents scientific dimensions, technical and artistic action.\textsuperscript{3}

The ability to manage a team of health and meet the users’ perspectives requires a balanced professional who can overcome the limitations that the service features and, in addition to providing assistance based on the principles of the NHS, can deal with the shortage of staff, materials, resources, and
with the increasing demand of users. Moreover, the professional acting in the management of health services needs to have the ability to work interpersonal relationships within organizations, minimizing conflicts. Managerial competence, determination in achieving goals and objectives, personality and people skills are crucial features to cater to the shares, team motivation and user satisfaction.12,13,14

The activity management permeates the care process and is always present in the work of nurses. The management covers the administrative and clinical processes. The first is related to the coordination of resources to achieve some purpose in the institution, while the second concerns the coordination of assistance to the user in meeting their needs. The systematization of nursing care (SAE) configures itself as a search for continuous improvement in the field of manage, a working tool used to facilitate and make possible the realization of care through care planning.13

Managing in Nursing, both in hospitals, and in the context of public health, consists of a set of complex activities that require increasingly, cognitive, technical and attitudinal skills. Manage in the nurse assumes the role of coordination between the various professionals, the organization of nursing service.13 The nursing management of today not just satisfied with watching the routinized activities of mid-level activities.

We talk about management unit that is in the forecast, provision, maintenance, control of material and human resources for the operation of the service, and care management consisting of the diagnosis, planning, implementation and evaluation of care, through the delegation of activities, supervision and team orientation. Therefore, the nursing management can be understood as an instrument that effectively contributes to the nursing care becomes a production model of service, which is able to guarantee quality for the entire population.14 Thus, compared to the real importance of the act of managing health, specific skills are required to ensure effective management and problem-solving performance of nurses.

Education in Nursing X managerial skills

Regarding the training of human resources for health in Nursing, the same is one of the challenges in sustaining a meaningful learning, especially in managerial skills.

It is important to understand that not just have theoretical knowledge, but knowing how to act through the use of purchased content. Professional competence is the ability “to mobilize, articulate, put into action, values, knowledge and skills necessary for efficient and effective performance of activities required by the nature of the work”2,13,14,15 Therefore, skills are not knowledge, but the ability to act effectively in a particular situation, based on knowledge, but not limited to them.13 The training process goes through the dimension of knowledge (knowledge), know-how (skills), learn to be (attitudes and behaviors) and know-learn, eventually generating a knowledge-transforming, which constitutes competence.16

Competence is a polysemic word and used by various professional segments. The use of the concept of competence in the field of education dates from 1960 and emerged in the wake of the U.S. movement performance based pedagogy. The nursing itself has been making use of this concept since 1986, when the Australian Nursing Conference Authorities approved the development of skills for the registration and enrollment of nurses.13

Nursing education needs to be attentive to their social role and not just the demands of the labor market. The well-prepared professional should be competent to resolve the problems of their day-to-day even before they appear.12

There are three different ways to approach the concept of responsibility, according to its universe of reference: the worker is running a job agent and Prescription; worker is an actor or performer, the worker is the author of its own jurisdiction. The former is a mechanical model, the second has a margin of ease, however, rarely dares to develop or experience something different from what the company expects of him and the third always act anew.13

The training must lead nurses to be the author of its own jurisdiction overcoming the centrality of the very common knowledge in traditional pedagogical approaches. The use of professional nursing as a worker “agent” or “actor/performer” undermines the guidance of the professional critic -reflexive attention to his social role opposing the proposed oriented training for a fitness professional to take initiatives.13 In this respect, national curricular guidelines for the training of nurses, as proposed in Resolution no 03/2001 of the CNE/CES, predict, as general skills and abilities, the capacity for decision making, as well as administration and management. Nursing education aims to provide the
professional knowledge required to perform the following skills and general skills.¹⁷

All these skills are related in some way to manage the process and need to be acquired during undergraduate nursing, through active methodologies that take the student to reflect on their social role, while its potential to be transformative in nature and national.

Another important issue is that management should be articulated with care, since the management is paramount for the best quality of nursing care. Study shows that ‘being a nurse’ collaboration in the management process, however, warn of the issue that not all positions are occupied manage by experienced nurses in the practice of caring.¹⁸

Without ignoring the importance of being a nurse, we must also consider a larger focus on graduation because many are young nurses in leadership positions. A mechanism that greatly assists the formation are extra walls university projects , such as community outreach projects that involve students in the community, giving opportunity to link theory and practice and exercise decision making.

The pedagogical project of the Undergraduate Nursing should include complementary activities and Higher Education Institutions should establish mechanisms for utilization of knowledge acquired by the student through studies and independent person and/or remote practices, namely, tutoring and internships, undergraduate research programs, extension programs, and complementary studies courses taken in other related areas.¹⁷

The historical path we see that for a long time universities were focused on elites, aimed at training of students, linking up academic knowledge only to the competitive job market. In the current context, you already see the need for investment in research and extension programs focused demands of the local community. For this, the university should serve society, because if that does not happen, you lose sight of the purpose of higher education, which should meet the individual development, allowing you to broaden discussions about their rights and duties in an increasingly dynamic and full context changes.¹⁹

Studies show that there are nurses managers fail in forming device, such as the concern only teach norms and routines and developing scales, forgetting the other functions and administrative skills, instruments and tools for the job in management.¹⁸ Thus, resulting in the absence of an autonomous management, able to interact with community groups and government agencies, with improvised ways of conducting social programs wingspan.

We must invest in active methodologies because the professional performance as discussed is not limited to knowledge itself, because competence refers to knowing how to act. In a complex context that nursing acts are critical-reflective, active professionals needed not expect the emergence of problems to take any position. Nurses are required to act in the profile of SUS.

The most relevant features of this new management profile for health services include the ability to work in a complex and variable environment full of limitations. Action that unfolds in three stages that define, by projection, the areas of managerial training: assessment framework of health needs, the provision of services and the availability of resources on institutional and socio-political; reorganization of the production process in particular environment of a professional organization (schedule of operations to meet or anticipate problems) and conduct of operations by adjusting decisions constantly changing context.²⁰

**FINAL REMARKS**

From the reflections on the managerial skills acquired in academic nursing education, we emphasize that the search for these skills permeates the difficulties of educational policy and external training issues as diversity of ties, the absence of a permanent education, lack of motivation in the organizational environment, and public health service facing difficulties in entering and maintaining a professional who actively act in the health system.

Educational processes tend to be cumulative and the acquisition of skills and attitudes is a slower process than the simple incorporation of knowledge. The purchase of the product resulting from the lawsuit is more urgent, the hospital building will help meet more people need it, but no political will both transformative impact and sustainability so will the SUS well as an educational policy conducted with health professionals in the country.

Advances relating to the formative process in health are slow, but we highlight the DCNs presenting a text with pretensions of forming a critical-reflective, active professional given the demands of the labor market. The educational process should include active teaching methodologies and teaching/service sectors should be articulated. The teaching of skills can help transform nursing education in
which theory and practice dissociation is evidenced when the egress of traditional education is faced with the world of work. In this sense, trends in health work point to a more versatile training towards multi-qualification, but is out of the primary intentions and implement actions.

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