

ORIGINAL ARTICLE

SPECIALTIES IN TRAINING NEWLY ADMITTED NURSES*

PARTICULARIDADES NO TREINAMENTO DE ENFERMEIROS RECÉM-ADMITIDOS

ESPECIALIDADES EN LA CAPACITACIÓN DE ENFERMEROS RECIÉN INGRESADOS

Fabiana Lopes Pereira Santana¹, Isabelline Freitas Dantas Paiva de Almeida², Fabiane de Amorim Almeida³

ABSTRACT

Objective: to identify the challenges faced by nurses in the training process of newly admitted in pediatric and neonatal units. **Method:** this is a qualitative, descriptive, field study, through semi-structured interview for nurses. Qualitative Analysis of conventional content was used. Categories were established for the interpretation of discourses, comprising the subject's thought expressed in the text, in a transparent conception of language. **Results:** the main category was identified << Outlining the particularities of the training process >> subdivided into five subcategories. **Conclusion:** the interviewees emphasized the importance of having a professional available in the team to assume the function of training, which would favor the integration of the new collaborator to the team, minimizing the work overload for the unit nurse, reducing the chances of occurrence of adverse events. **Descriptors:** Continuing Health Education; Inservice Training; Nursing; Staff Development; Permanent Health Education; Nurse Practitioners; Nursing Education.

RESUMO

Objetivo: identificar os desafios enfrentados pelo enfermeiro no processo do treinamento de recém-admitidos em unidades pediátricas e neonatais. **Método:** trata-se de um estudo qualitativo, descritivo, tipo estudo de campo, por meio de entrevista semiestruturada para enfermeiros. Utilizou-se a Análise Qualitativa do Conteúdo convencional. Estabeleceram-se categorias para a interpretação dos discursos, compreendendo o pensamento do sujeito expresso no texto, em uma concepção transparente de linguagem. **Resultados:** identificou-se a categoria principal << Delineando as particularidades do processo de treinar >> subdividida em cinco subcategorias. **Conclusão:** enfatizou-se pelas entrevistadas a importância de ter um profissional disponível na equipe para assumir a função de treinar, o que favoreceria a integração do novo colaborador à equipe, minimizando a sobrecarga do trabalho para o enfermeiro da unidade, diminuindo as chances de ocorrência de eventos adversos. **Descritores:** Educação Continuada em Saúde; Capacitação em Serviço; Enfermagem; Desenvolvimento de Pessoal; Profissionais de Enfermagem; Educação em Enfermagem.

RESUMEN

Objetivo: identificar los desafíos que enfrentan los enfermeros en el proceso de capacitación de los recién ingresados en unidades pediátricas y neonatales. **Método:** este es un estudio de campo cualitativo, descriptivo, a través de entrevistas semiestructuradas para enfermeros. Se utilizó el Análisis Cualitativo del Contenido Convencional. Se establecieron categorías para la interpretación de los discursos, que comprenden el pensamiento del sujeto expresado en el texto, en una concepción transparente del lenguaje. **Resultados:** identificamos la categoría principal <<Esbozar las particularidades del proceso de capacitación>> subdividida en cinco subcategorías. **Conclusión:** los entrevistados enfatizaron la importancia de tener un profesional disponible en el equipo para asumir la función de capacitación, lo que favorecería la integración del nuevo empleado en el equipo, minimizando la sobrecarga de trabajo para el enfermero de la unidad, reduciendo las posibilidades de ocurrencia de eventos adversos. **Descriptores:** Educación Continua en Salud; Capacitación en Servicio; enfermeira; Desarrollo de Personal; Enfermeras Practicantes; Educación en Enfermería.

¹University of São Paulo/USP. São Paulo (SP), Brazil.  <https://orcid.org/0000-0001-7540-9677> ²New Hope College of Nursing/FACENE. Mossoró (RN), Brazil  <https://orcid.org/0000-0002-2284-1949> ³Israeli College of Health Sciences Albert Einstein/FICSAE. São Paulo (SP), Brazil.  <https://orcid.org/0000-0002-8062-3579>

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INTRODUCTION

Nursing professionals are required by the current labor market to have a series of skills and, to keep up with these demands, health institutions need to invest more and more in education so that the Nursing team can develop.¹

An essential educational tool can be considered in this context: the Admissions Training (AT) of new employees. This structured and systematic training process enables new employees to acquire and develop skills and certain competencies required by the service through practical activities and continuous supervision. It also aims to promote the institutional adaptation of new employees. The goal of the AT is to propagate norms, routines, procedures and ensure that care guidelines are followed correctly, in order to maintain the quality of care.²⁻³

It is assumed, by personal training in the health area, in addition to preparing the professional from the educational point of view, also the important function of integrating the new professional in a suitable way to his new work environment, of which the new professional team are part of and the new institution. In this context, training should make the individual feel welcomed by the team and co-workers and feel safe in the institutional environment.⁴

It is known that, in the process of working in hospital units, nurses, in addition to assuming care and management functions of the unit and team, often also assume the educational function, which leads to work overload.

In general, in more complex areas, such as the Pediatric and Neonatal ICU, the patients are assisted by the patients, in a comprehensive manner, different from the low complexity pediatric inpatient units where the nurse's work is shared with other nursing categories.

This study focused on identifying the challenges faced by nurses in the process of training newly hired professionals in units that serve neonates, children and adolescents in a large hospital in the city of São Paulo.

In addition, although the literature shows the importance of admission training in Pediatrics and Neonatology, no publications were found contemplating the performance of the nurse-trainer in several databases searched.

OBJECTIVE

- To identify the challenges faced by nurses in the training process of newly admitted in pediatric and neonatal units.

METHOD

This is a qualitative, descriptive study through a semi-structured single interview after scheduling according to the availability of the participants,

recording them, and the speeches were later fully transcribed.

The collection was carried out from January to August 2016 only after the project was reviewed by the SGPP, approved by the Institution's Research Ethics Committee and authorized by the managers responsible for the pediatric and neonatal units. At the time of the interview, the FICT was delivered, which was duly read and signed by the nurse and the researcher according to Resolution 466/12 of the National Health Council.

The subjects of the research were senior and full nurses (total of 10) who agreed to participate in the interviews and were responsible for the admission training of the newly admitted. The study was developed in the specialties of Pediatric Nursing (ICU and inpatient unit) and Neonatology (ICU and low-risk nursery) of a large hospital in the city of São Paulo.

After the speech transcription, the conventional Content Analysis technique was used, through which categories were established for the interpretation of these speeches, including the subject's thinking through the content expressed in the text, in a transparent conception of language. The following steps were followed: coding; categorization; category integration and description.⁵

After the qualitative analysis, the perspective of Symbolic Interactionism (SI) was used as a theoretical reference because it believes that this approach is a guiding axis for understanding the meaning of the object of study, that is, the nurses responsible for the training of the newborns admitted to pediatric and neonatal units are the actors who take on a role, act and interact with themselves and others.⁶

The SI constitutes a theoretical perspective that enables the understanding of the way individuals interpret their interactions with objects and with other individuals, defining situations and acting in the social context to which they belong.⁷

RESULTS

The study population consisted of ten female individuals, aged between 27 and 53 years, whose training time varied between two and 30 years, and the time of participation of these professionals in the institution's training was from two to 25 years. It is revealed that all nurses interviewed have care experience and some worked in this position until the day of the interview.

With the help of the SI, the study made it possible to outline nurses' concerns about the process of training newly hired employees. Through the analysis of the interview speeches, it was noticed that the professionals involved with

the training process understand their important role in the education process. It is very evident that the professionals who train build their training actions based on their interactions with the environment and with other individuals (patients, nursing staff and multidisciplinary) and also taking into account their own experiences.

It is detailed that each unit has particularities in care, with protocols that need to be fulfilled, and a routine, with its specific duties. Within the main category identified through discourse analysis (outlining the particularities of the training process), it is possible to notice the difficulties encountered in training during the shift hours, and it is important to consider the work overload due to other activities, while inadequate staffing for activities, on-call events and constant requests from family members and doctors. In addition, the nurse, as coach, still has to deal with the new employee's lack of flexibility in accepting the routines established in the new job. Nurses also reported that recent graduates need more attention in relation to procedural techniques, so that errors do not occur, being asked not to perform the procedures without supervision. Among their reports is the lack of time to fulfill multiple functions, which hinders good training.

According to nurses, in the subcategory "Having to deal with the demands of the unit in the training process", the greatest difficulty in training new employees is to reconcile this activity with the demands of the units where they work. The nurse is overloaded by the insufficient number of employees in the unit, interfering with her training activity. The role of training new employees is considered an additional responsibility in their workday, having a great impact when it comes to specific units such as Pediatrics and Neonatology, which require greater attention in providing care.

[...]In addition to playing our role in the area, even as a nurse in the sector, you must also be focused on this person who is starting now [...]. Sometimes you can't get organized, it depends on the progress of the shift [...]. (E5)

My difficulties, I think is the demand of my work [...] you can not give a good training, you have your other patients to attend, so you divide, between training and the demand of the unit, requests from doctors. (E8)

Another item highlighted by nurses, in relation to the difficulties in training newly hired employees, is the fact that external contractors, that is, admitted employees, already with experience of another service, have greater difficulty in adapting to the institution's routine. Training in specific units causes insecurity in who is being trained, resulting in a need for the coach to have time available to follow up the newcomer fully.

[...]What I find difficult in nurses coming from other hospitals is the adaptation in relation to the routine [...]. They have a certain difficulty [...]. (E2)

[...]you have to have the patience, the time and being able to be really watching, going together in the bedroom, seeing how you do things [...] always being watching [...] sometimes when you let go of the individual, being there (alone) is already a big concern. (E6)

Nurses also reported an additional difficulty in the experience of training when there is more than one newly hired employee, especially when they are of different categories (nurses, assistants and technicians); another fact that further overloads the nurse responsible for training is the presence of nursing interns in the unit on weekends, when the staff scale is reduced.

[...]I train the weekend intern. Over the weekend, the scale is smaller, which makes it difficult [...]. (E4)

Another aspect that interferes in the development of training activities is described, which is the differentiated profile (demanding) of the clientele attended in these units, generating greater insecurity in the new employee.

[...]our children are from a population that is aware [...] asks for greater care, so in the [...] sense, of course, that they know everything that we are doing. There is the media [...] they understand. (E4)

Attention is drawn, in the subcategory "Sharing tasks with the Nursing staff in favor of training", to how the division of tasks among professionals in the sector in favor of training is done. It was evident from the interviewees' speeches that sometimes they can share their duties with other nurses so that they can dedicate themselves more to employee training.

I ask for help. Also because, in my days off, I need to have another reference person (to train). So, when I'm very tight [...] like that, on the scale [...] we sometimes even share (the training) because, when we are off, we always have to have another reference person too. (E7)

In the subcategory "Being important to have an exclusive professional to train in the unit", nurses present the need for continuous supervision of new employees, which is not always possible due to work overload and lack of time. Thus, it emphasizes the importance of having exclusive professionals for training.

[...]when we are away, the procedures are not reproduced the same as when we are near. This is the biggest difficulty: accompanying everyone to do the same procedures. (E1)

[...]when you have time to train the person, you are calmer, right [...] you can follow more closely [...]. (E7)

It is stated, as the Pediatrics and Neonatology units are very specific and not all newly admitted nurses have experience in the area that they feel

insecure to leave them alone to perform procedures with patients.

[...]then I say, "You had a question, ask about five hundred thousand times, but don't do it. Ask before [...]. (E1)

[...]theoretically, you should stand as a shadow of it for a week or two, three will depend [...] on each person's development [...]. (E8)

It was emphasized, in the subcategory "Training newly admitted", by the speeches, that some nurses prefer to train newly admitted employees in the institution because they are more interested in learning, adapting more easily to routines and protocols. Nurses, too, were quoted as preferring to train new graduates because they do not have "vices" from other services, although they have to supervise them more intensely, giving them more attention and understanding their insecurity.

[...]employee training is very pleasurable; I prefer an employee who comes raw, who comes without any addiction, a newly formed employee because then you teach the correct [...] but it is pleasant when he gives you a return [...]. (E9)

[...]but when you have no experience in pediatrics, you have to keep an eye on [...]. (E7)

It was also found that nurses are very concerned about the posture of new employees, when relating with patients and their companions, considering the peculiarities of this clientele. Regarding the posture, it is informed that some characteristics are important as: always demonstrate education; use appropriate language; have a proactive attitude and try to show confidence in their attitudes.

[...]they are very anxious and also the difficulty with the public here at the hospital [...] the public is differentiated [...]. So, the issue of posture, treatment with the patient, family members [...] I perceive this more (as difficulty) [...]. (E5)

[...]the communication process, the posture, the way of speaking, the correct spelling, the colloquial speech is as important as the technique for us [...]. Relationship, posture, communication are fundamental for us ... knowing how to speak, not using slang, using the correct Portuguese[...]. (E3)

Another difficulty in training, according to the nurses, is when the employee has experience of another service and has ingrained habits, having difficulty accepting new routines.

[...]but sometimes it gets harder because they present some crazes from elsewhere [...] a person who doesn't accept what you say and says, "But in the other, I did that." "So [...] let me tell you again, the other you did, there allowed, here not allowed" [...]. (E1)

In the subcategory "Training workers who already work in the institution", according to the nurses interviewed, it is pointed out that training employees who already work in the institution becomes easier because they already know the

protocols of care and the characteristics of the clientele.

[...]when you are a nurse just to train, when you start a nurse only, it is easy [...]. There is a side that gets a little more difficult than I think [...] is the transition from nursing assistant and technician to nurse. [...] It's not every assistant and every technician who has the profile, right, [...] of a nurse [...]. (E2)

It is inferred, on the other hand, that training professionals who have been promoted from a category or technical level employees who are studying undergraduate courses may hinder and interfere with the adaptation to the new function.

[...]We often work with nursing technicians who already have a bachelor's degree. Or, they are in the process of acquiring it [...] in these situations, we observed a little more difficulty in adapting these employees, as they have no previous experience [...]. (E3)

DISCUSSION

It is defined, as stated in the text, that the goal of AT in the area of Nursing is to prepare professionals to provide care according to institutional guidelines, aligning them with the mission, vision, values and philosophy of each institution, providing security in the performance of the procedures and aiming at cost reduction.⁴ It is emphasized, in critical units, for this type of training, also, the preparation for the execution of all kinds of procedures performed by the Nursing team.⁴

It is explained that in his work area, the nurse has a central role before the Nursing and Multidisciplinary team, as he exercises multiple skills and develops essential activities in the context of care, management (administration), education and research. The nurse, as a leader in the service in which they work, must be ahead of the events with the clients under their responsibility, because they need to know the institutional protocols, the profile of the public that frequents the institution, its work team, as well as their domain, consistent technical and scientific expertise in their area. They become the ideal professional for taking responsibility for your work unit training.

In the international and national literature, the role of the nurse as coach of his team stands out, giving them the role of leader and educator, recognizing them as one who interacts with their entire team and are able to better integrate the newly hired employee to this group.⁸

It is explained that Pediatrics and Neonatology are specific areas of activity that can create a feeling of insecurity both in the newly hired employee, due to their unfamiliarity with the context of their new work environment, as well as in the professional responsible for training, due to the fear of unpreparedness of new employees.

In this study, the SI provides an understanding of the process of training from the perspective of nurses from the understanding of their experience as a coach. This experience takes into account everything that has been addressed in the paragraphs above and, from this perspective, the meaning of the “process of training” takes on a central role within social interaction, gives rise to symbols and helps to organize the behavior process, leading to a resignification of the lived experience.⁹⁻¹⁰

It is clarified that when nurses assume the role of coach, they build their action plan based on the processes of self-interaction and interaction with other individuals in their work environment (collective interaction). It is perceived, by the nurse trainer, in this process of interactivity, which is significant, changing the course of their acts based on this acquired knowledge.⁹⁻¹⁰

The main category of the study emerged, which is “Outlining the particularities of the training process”, of the difficulties faced by nurses, having to train newly hired professionals in the daily routine of the units. It is explained that work overload and the different demands inherent to their position, related to assistance, management and teaching, were the main difficulties mentioned.

It becomes difficult to assume the role of training when the nurse has other duties, having to meet the constant requests of family members, patients and multidisciplinary team.

In a study conducted in Lebanon, it is pointed out that the workload and changes in the health-disease process of the 21st century present a need for improvements in nurses' training in practice, especially in the newly admitted, so that quality patient care is provided.¹¹

The overload of activities generates the feeling that the activities are performed with less quality than the nurses would really want, implying personal demands and, consequently, damage to their mental health, due to their discontent with their own performance.¹²

In a study about continuing education, it is emphasized that the failure of education programs is often due to the part-time nurse's performance when they are responsible for training, dividing their time in performing other management activities of the unit.¹³

In another study on ICU admission training, it is reported that the lack of clarity about who is responsible for admission training in the team compromises its quality, due to the failure to exchange information among the nurses of the unit, not having the proper follow-up of the new employee by the coach.⁴

It is noteworthy the institution where this study was developed for being highly specialized, having state-of-the-art technology and well-structured

routines, requiring greater effort from those who train to adequately prepare the employee for the new role. In addition, there is the need to take into account the particularities of the Pediatrics and Neonatology units regarding procedures, concern for adverse events and the approach focused on the child, newborn and family.

It becomes the safety of the primordial patient and errors should be curbed at any cost and consequently harm to the patient's health. It is believed that, in order to prevent the occurrence of these events in the nursing care process, continuous training in the units is fundamental as a way of guaranteeing the quality of care.¹⁴

Another point of attention that emerged from the speeches was the difficulty in following the newly hired employee throughout the training. It is inferred that supervising the activities performed by the newcomer fully is essential for the effectiveness of the training in relation to the accomplishment of its objectives; Thus, when there is work overload and the nurse who trains cannot perform this full monitoring, other activities may be offered to the detriment of practical activities, such as reading protocols and observing other professionals in the unit.

Nurses in this study stated that when overworked, they ask for help from other nursing professionals on their work shift, resizing the staffing scale so that they can delegate some of their duties to others to dedicate themselves better to the employee in training. According to them, the spirit of cooperation between the Nursing team occurs both in the redivision of tasks and in the exchange of information about the performance of the new employee, collaborating with the evaluation process in the admission training.

It was found in a study developed with nurses of a unit in the postoperative period of cardiac surgery found that when newly hired employees were inserted in the unit without undergoing an admission training program, they had difficulties in adapting to the care routine. In this study, professionals were followed only for a part-time period, either by the nurse responsible for the work shift or other members of the Nursing team.¹

Another issue that emerged from the nurses' discourse in this study refers to the new employee's previous experience. Opinions differed on the preference for training employees with and without prior experience, as well as whether professionals with experience were from or were outside the institution. Some of them prefer to train newcomers with prior experience because they believe it facilitates the educational process. These reports find consonance in the literature. A study on admission assessment for the nursing team shows that the best performance of professionals with previous experience is related

to the knowledge acquired in other institutions where they worked, facilitating the assimilation of new knowledge.¹⁵

In the case of a new employee with previous care experience in other services, his or her practical skills may be a positive factor, as he or she is already familiar with the more general aspects of the procedures. However, the coach still needs to address the specifics of institutional norms and routines, which may differ from those of the institution in which they previously worked.

It is noted that when the newly hired employee is from the institution itself, coming from another sector, they already know the rules and routines, and is aligned with the required professional posture. It is inferred, however, that if they change their professional category from technician to nurse, it is difficult to assume the professional profile required for the new position.

This position is reinforced by another study when it points out that workers tend to adopt, as a reference, their former role of nursing technician or assistant, compromising their performance in the current role of nurse.¹⁶

The nurses in this study show these employees from other institutions motivated by the new work environment, as many have no previous experience in Pediatrics and Neonatology and needed to seek additional knowledge, reporting to the nurse-trainer, who needed to be aware of your difficulties. It is reflected that there was a concern about welcoming the newly admitted so that he would feel safe in the workplace. In this sense, there is a reference in the literature that shows that the welcome of the newly hired professional reflects the institution's concern with the new employee and positively influences their future performance.¹⁷

It is revealed that there is also reference in the literature stating the importance of welcoming the newly hired employee respectfully, establishing an empathic relationship and considering the needs of the new employee in his current professional phase.¹⁷

CONCLUSION

Training for newcomers to health care units is believed to be significant to institutions that care about the quality of care provided to their clients. This study can contribute to the knowledge of the process of admission training from the point of view of the coaches, presenting the main points of difficulty encountered by them.

One can think of solutions and strategies of permenting education by understanding the difficulties presented, always aiming at individual and professional growth, quality of care and benefits for health institutions and, especially, for the patient.

Through the study in question, the researchers were made aware of the training process in the context of pediatric and neonatal units with their specificities and that require specialized and qualified professionals to meet the demands of a very demanding clientele.

It is considered a point of attention, which was the importance of having a professional available in the team just to assume the function of training, which would favor the integration of the new employee to the team. This practice would minimize work overload for unit nurses, who perform care activities, reducing the chances of adverse events due to more effective supervision.

Another important point is related to the monitoring of the new employee, which must be continuous, by the nurse of the unit itself, valuing the role of welcoming this employee, integrating him/her with the protocols and institutional norms, so that he/she becomes capable of incorporate institutional mission, vision, values and philosophy. Newcomers need a host to feel safe with the new job proposal and to fit the profile expected by the institution.

Many difficulties were encountered in the daily lives of professionals involved with the training activity, such as reduced staff and varied demands from the multiprofessional team, the patient and family members. Even in the face of difficulties, the training deserved special attention, as the professionals interacted to collaborate with a good training, dividing their functions.

It is concluded that, currently, there is difficulty on the part of those responsible for recruiting people to get qualified professionals prepared to fill some jobs, which puts in discussion the process of training and qualification of these professionals. Gaps in knowledge and lack of experience are evidenced as factors that hinder professional performance, because undergraduate courses do not emphasize the more specific areas, due to the more general training.¹⁸ Therefore, the importance of the continuing education process is emphasized, as the Admissions Training tool, which can help to fill in the gaps left by the deficient formation process.

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Corresponding author

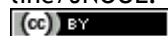
Fabiana Lopes Pereira Santana

E-mail: fabianalps@usp.br

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