ABSTRACT
Objective: to analyze the conceptions of professors about nursing education. Method: an exploratory, descriptive and qualitative study was conducted with the Nursing students from a public university of Rio Grande do Norte/RN. The technique of semi-structured interview was used after the acceptance by the Research Ethics Committee, CAAE No 03851112.5.0000.5294. Results: the data showed the factors that contribute to the continuity of the mismatch between what is learned in undergraduate courses and what is observed in reality, causing difficulties to achieve the desired profile of graduates. Conclusion: the need for a reorientation of the educational process was evidences to form professionals that meet the demands of SUS, the changes can only be consolidated if there is an intrinsic link between the educational process and the world of work and life. Descriptors: Curriculum; Nursing; Unified Health System.

RESUMO
Objetivo: analisar as concepções dos docentes sobre a formação em enfermagem. Método: estudo descritivo-exploratório de abordagem qualitativa, realizado com os docentes do curso de Enfermagem de uma universidade pública do Rio Grande do Norte/RN. Foi utilizada a técnica de entrevista com roteiro semiestruturado após a aprovação do projeto pelo Comitê de Ética em Pesquisa, CAAE nº 03851112.5.0000.5294. Resultados: os dados evidenciaram os fatores que contribuem para a continuidade do descompasso entre o que se aprende nos cursos de graduação e o que se observa na realidade, ocasionando dificuldades para alcançar o perfil pretendido do egresso. Conclusão: evidenciou-se a necessidade de um processo de reorientação do ensino, de maneira a formar profissionais que atendam as demandas do SUS, as mudanças apenas poderão se consolidar se houver uma ligação intrínseca entre o processo educativo e o mundo do trabalho e da vida. Descriadores: Currículo; Enfermagem; Sistema Único de Saúde.

RESUMEN
Objetivo: analizar los conceptos de los docentes sobre la formación en enfermería. Método: estudio descriptivo-exploratorio de enfoque cualitativo, realizado con los docentes del curso de Enfermería de una universidad pública de Rio Grande do Norte/RN. Fue utilizada la técnica de entrevista con guía semi-estructurada después de la aprobación del proyecto por el Comité de Ética en Investigación, CAAE nº 03851112.5.0000.5294. Resultados: los datos mostraron los factores que contribuyen para la continuidad del desajuste entre lo que se aprende en los cursos de graduación y lo que se observa en la realidad, ocasionando dificultades para alcanzar el perfil pretendido del egresado. Conclusión: se vio la necesidad de un proceso de reorientación de la enseñanza, de manera a formar profesionales que atiendan las demandas del SUS, los cambios apenas podrán consolidarse si hay una unión intrínseca entre el proceso educativo y el mundo del trabajo y de la vida. Descriptores: Currículo; Enfermería; Sistema Único de Salud.

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INTRODUCTION

The Unified Health System (Sistema Único de Saúde-SUS), established in the Constitution of 1988, addresses doctrinal principles and guidelines aimed at overcoming biologicist hegemonic model, centered on medical and disease by a universal, equitable and comprehensive model of health care. In this aspect, the NHS introduced to the Higher Education Institutions (HEIs) one of their biggest challenges: the training of health workers according to the ideals of this political project for the health of population in Brazil.1

It was realized the need for professionals committed to health care, able to understand the determinants and constraints of health and articulating the professional knowledge with the knowledge and practices involved in health. To form this new professional, there must be a continuous reflection for professors about their practice, to examine whether it has been according the renovations in the education system and if the profile of graduates is according to the proposal of formation presented in the political pedagogical project (PPP). It is evident, therefore, that there is a need for a new proposal for the undergraduate nursing which meets the demands of professional in XXI century.2

What can be seen is that there are challenges in building a linkage between training institutions and SUS, which is evidently a mismatch between the training and the actual needs of the system, so it the institutions must train nurses to be able to meet the health needs of the population.3

The reality provides challenge not only for the development of pedagogical projects and curricular designs, but for a pedagogical practice that allows training of nurses committed to tackling the serious health problems of our society, which means not losing sight of completeness, equity, efficiency and effectiveness of care. The challenges of training is related to the acquisition, development and evaluation of competencies and skills, practices and work training.4

Nurses are responsible for new assignments and responsibilities in this system in which the nurse is a major foundation for the implementation of health policies. It is important to investigate how nursing professionals is being formed and, likewise, to discuss and propose suggestions to strengthen the foundations of this teaching practice in higher education institutions.

The guiding question of this research was: What are the conceptions of nursing graduation on training? To address this issue, it was traced the following objectives:

- To analyze the conceptions of professors about nursing education.

METHOD

An exploratory descriptive study with qualitative approach5, with nine professors from undergraduate nursing at the Universidade do Estado do Rio Grande do Norte/UERN - Campus Caicó. It was used a technique with semi-structured interview, with the questions: What are the biggest challenges in nursing education? What are the greatest difficulties of the current nursing education? About the profile of graduates of the course, what is the main obstacle to this profile to be formed in the training?

The interviews took place in UERN-Campus Caicó, when the interviewees chose and in a reserved place. They had thirty minutes, each one, and they were recorded in an electronic device - mp4, by one of the team members involved in this research work. Respondents were informed before the beginning of the interview about the purpose and methodology of the research, the purposes of their study participation, guarantees of anonymity, and the right to end the participation at any time if they so wished.

Data production occurred in the period from August to November 2012, after the project was approved by the Search Ethics Committee of UERN through CAAE Nº 03851112.5.0000.5294. All study participants signed a consent form.

The data were analyzed by the technique of content analysis, in the form of thematic analysis. The analysis was performed at three time points: pre-analysis (initial reading of the transcripts data of the record); exploration of the material (selection of participants’ speech and organization of categories or thematic groups) and using the results (interpretation). So, the speeches were divided on the issues of the research tool, cut and grouped into context units.4 From the responses of the interviews, it was grouped the lines into three categories: technical and policy expertise; training field and dichotomy between reality and training. The anonymity of participants was maintained by the use of pseudonyms as gemstones: Pearl, Agate, Amethyst, Ruby, Jade, Emerald and Sapphire.
RESULTS AND DISCUSSION

After analyzes of the interviews, it was revealed that six of the respondents have a master's degree, one is specialized and only two are in PhD.

Technical and political competence

The process of nursing education points to the training of the professional for general and specific competencies, and skills which are according to the conceptions of students as subjects of their training process, the link between theory and practice, and active methodologies. Due to the magnitude of these competencies required for nurses, the training becomes challenging in the sense of encompassing on curricular themes that surround the knowledge and ‘know-how’ in order to accommodate the established profile as generalist nurse.7

With regard to this aspect, professors highlighted the need to prepare students with skills and abilities to meet the requirement of SUS. This contrasts with the image historically constructed about the good health professional, facing the biomedical model of training. The technical issue was highlighted as an important factor. However, they believe that other factors related to the development of knowledge/science and issues of humanization are also essential for the formation due to the logic of competition that most educational institutions focus more on training professionals to labor market, and they forget the ethical and political dimensions which are necessary for the training of nurses, who is a social actor that needs to be inserted in the spaces of political decision making.7

The nurse who is inserted in health work should be innovative, critical, creative and aware of their ethical, political and professional responsibilities.8 For this, it is necessary to develop general skills during the academic training. Thus, training professionals with technical and political competence constitutes a major challenge, which is an educational restructuring in order to train professionals who are able in ‘learning to learn’, learning to know, learning to do, learning to live together and learn to ensuring the training of nurses to act with autonomy and discernment.

It expressed the view that ideal is contributing to the formation of a competent professional in various dimensions, which cover completeness of future nurses.

This image constructed historically of this professional contrasts totally with the professional image that we have in the SUS.

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Not entirely, because the professional of SUS also need to have technical and scientific competence undoubtedly in their local area, but he also needs to have a policy competence. (Pearl)

Regarding this aspect, the training for skills proposes strategies for knowing how to act and transform the practice of health care through the identification and mobilization of knowledge that support for solving problems.2

So, it’s not sufficient to do a good technique for a bandage, an antisepsis without contaminating, but he [the student] needs to understand who the subject is, to preserve his identity. (Agate)

We still cannot break the practices which are still facing the biomedical model. Breaking it for me is still one of the biggest challenges for nursing education, not only for nursing, for health education. (Jade)

The logic of competition helps to focus a lot on training professionals for labor, forgetting the ethical and political dimensions required to nurse, who is a social actor that needs to be inserted in the spaces of political decision making in the social sphere. We cannot also fail to consider the technical needs, since he acts as a professional nurse also from the technical knowledge, and we cannot forget this dimension. So it’s challenging to link and cross these techniques, policies, ethical requirements, inherent in the education of nurses. (Ruby)

In contrast, the pedagogy of skills demands to standardize attitudes and practices of health workers, what favors even more the process of individualization of society, discrediting the collective work.9

Traineeship Fields

The analysis of participants’ speech revealed the precarious situation of the practice fields, with significant limitations for training. In this context, it was depicted the fragility of the health system of Caicó/RN, not only from the point of view about the lack of diverse scenarios for learning, as the production of strategies to overcome the formation strictly focused on pathophysiological aspects.

The service organization hinders nursing education with weakness mainly in the level of hospital nursing care. These conditions interfere in the proposed formation of profile in the pedagogical project. The integration between teaching and service is the source and basis for the re-articulation of theory and practice10, however, the possibilities of this assertion to be completed at the university, in the spaces of learning and teaching practice, are a complex and challenging issue.

English/Portuguese

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The traineeship is the time for joining knowledge in order to lead the student to be more conscious, and a critical and creative professional. However, some testimonial point to the lack of articulation of the traineeship with the SUS, when the student is resisted by the services to accept it in the fields of practice. In this context, students are harmed due to lack of this practice activity, because, in some cases, many students leave graduate without having contact with different realities, damaging with respect to professional performance. Thus, it is important to approach to health services, as that will provide different life experiences capable of producing implications that go beyond the scope of scientific and technical training, reflecting on the production of subjectivity on the part of the subjects - students and professors.

Through the articulation between training instances of health workers, health services may seek to qualify and modify practices in teaching and research and care. This articulation has to come from a common toil, living together in the health services and training: students, professors, workers and users.

We need to move forward and improve the flow of training within the academy and beyond; this is one of the steps that we need to move forward and really, because this joint is very failure, inefficient, dialogue is not happening. (Jade)

The health network in this municipality is really very fragile, not only from an organizational point of view, but from the practice of health care, the issue of professional practice interferes directly in the formation profile. The organization of services also contributes for we do not achieve this training profile, of course, by considering that we will not achieve excellence that we propose in profile, but recognizing that these barriers exist and if they were placed back we could actually have a training profile within what we expect better in student education. (Amethyst)

The nurse also needs to be inserted in different spaces of health care settings and we are in a region that does not have all the fields of the network. So, we have a lot of weakness in relation to emergency care. I see that our student leaves with great difficulty in dealing with this, because we do not have any devices of this level. (Ruby)

I think the biggest challenges are in the own network of health care of municipality, of the state, from the conformation of health model which has not moved towards the concept of health, the health-disease process, from conception of completeness, of inter-sectionalinity. (Sapphire)

This difficulty in the collective construction may favor a non-reflective look at the dynamics of health in different contexts, needs and possibilities. Thus, thinking of teaching-service integration to health education is to think of possible learning next to the reality of people’s health and the health system that meets the specific needs of both.

- Dichotomy between reality and training

The professors stated that there is a great distance between the training process at university and reality of public health in Brazil. The differences are striking because health services are centered on the productivity of their technical and operating procedures and logic of the work of the educational institution is focused on the production of its theoretical and methodological knowledge of pedagogical fields. This dynamic reinforces the model of health education in which knowledge and actions are passed on to services with no collective construction that favors the questioning and reflection on the context of everyday life.

This disarticulation is guided mainly in conformation that the health model has not moved towards the concept of health in the health-disease process, from conception of completeness. Policies and structures of health and education services difficulties this integration because they preclude the most effective participation of both healthcare professionals and professors in the integration of teaching-service. Thus, without the expected dialogue, the possibilities of a different work is limited, a work that takes conceptions about care, processes and work organization, management and user listens. Partnerships are valued by participants as essential to the achievement of the expected profile of egress by the institution, from the perspective of health promotion.

I realize that we still can, staying with a very great distance from the process of training at the university, the training...
process of health services, the process of management training. (Jade)

The greatest difficulty is to associate a program of courses that are consistent to the reality of public health in Brazil. The reality of public health in Brazil is full of regional heterogeneities and failures in the management of health and the academy, for necessity, cannot agree with these forms of management. This difference between the market reality and the society reality, and the way that they conduct the practice at university, generates this difficulty. For example, the reality of SUS in the daily Brazilian public health is totally different from the way the SUS is seen at university. (Emerald)

The perception of distance between the conceptual formulation and concreteness of promotion practices in learning scenarios is evident. Undergraduate education has difficulty to suit the requirements of the labor market because the school focuses on ideal content, which have no counterpart in practice. Thus, for the consolidation of SUS its required intense coordination between the teaching service and knowledge production.

CONCLUSION

To meet the current demands of health, the individual must be considered integral, and not just as a biological being. When considering the importance of reflection on teaching practice, this study sought to understand the conceptions of professors about the training.

It can be seen the concern of individuals to contribute to the development of commitment and responsibility of the nurse and autonomous citizen, and the ability to reflect on their practice.

The study also revealed the need for reorientation of nursing education to fit the current model in primary care, however, this will only be possible when there was a proper interaction between the scientific community and health services, therefore, it is necessary to clarify that the present study was designed to contribute to improving the quality of the training process, as well as the planning and implementation of policies for training and placement of nurses, what was made from the principles and guidelines of SUS.

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