

FACTORS INVOLVED IN THE TRAINING OF RESIDENT NURSES: VIEW OF ALUMNI FROM A RESIDENCY PROGRAM

FATORES INTERVENIENTES NA FORMAÇÃO DE ENFERMEIROS RESIDENTES: VISÃO DE EGRESSOS DE UM PROGRAMA DE RESIDÊNCIA

FACTORES QUE INTERVIENEN EN LA FORMACIÓN DE ENFERMEROS RESIDENTES: VISIÓN DE LOS EGRESADOS DE UN PROGRAMA DE RESIDENCIA

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ABSTRACT

The objective of this study was to analyze the factors that interfere negatively in the training of resident nurses in the view of the graduates of a nursing residency program in a hospital setting. Qualitative, descriptive method in which the interview technique was used with 25 graduates of a university hospital's residency program in the second semester of 2014. Applied the content analysis to the testimonials, the following results were obtained: the resulting personnel turnover due the job insecurity at a teaching hospital and inadequate working conditions in terms of material inputs hinder the training, performance and quality of the care offered by the resident; factors that lead to dissatisfaction and frustration with the training process. It is concluded that because nursing residency is an excellent theoretical teaching methodology, all efforts should be made by the institution in order to guarantee favorable conditions for safety in the performance and quality of care offered.

Keywords: Nursing; Educational Measurement; Education, Graduate; Inservice Training.

RESUMO

Objetivou-se neste estudo analisar os fatores que interferem negativamente na formação do enfermeiro-residente na visão de egressos de um programa de residência em âmbito hospitalar. Método qualitativo, descritivo no qual se utilizou a técnica de entrevista com 25 egressos de um programa de residência em enfermagem de um hospital universitário no segundo semestre de 2014. Aplicada a análise de conteúdo aos depoimentos, chegou-se aos seguintes resultados: a rotatividade de pessoal decorrente da precarização do trabalho em hospital de ensino e as condições inadequadas de trabalho em termos de insumos materiais prejudicam a formação, o desempenho e a qualidade do cuidado ofertado pelo residente; fatores que acarretam insatisfação e frustração com o processo de formação. Concluiu-se que, pelo fato de a residência em enfermagem ser uma excelente metodologia de ensino teórico e prático, todos os esforços devem ser envidados pela instituição, com o intuito de garantir condições favoráveis à segurança no desempenho e à qualidade do cuidado ofertado.

Palavras-chave: Enfermagem; Avaliação Educacional; Educação de Pós-Graduação; Capacitação em Serviço.

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RESUMEN

En este estudio se buscó analizar los factores que interfieren negativamente en la formación del enfermero residente desde la perspectiva de los egresados de un programa de residencia en enfermería hospitalaria. Método cualitativo, descriptivo en el cual se utilizó la técnica de entrevistas a 25 egresados de un programa de residencia de un hospital universitario durante el segundo semestre de 2014. Del análisis de contenido de las declaraciones se obtuvieron los siguientes resultados: la rotación de personal resultante de la precarización del trabajo en el hospital escuela y las condiciones laborales inadecuadas en términos de insumos materiales perjudican la formación, el desempeño y la calidad del cuidado ofrecido por el residente; factores que acarrearán insatisfacción y frustración con el proceso de formación. Se llega a la conclusión que como la residencia en enfermería es una excelente metodología de enseñanza teórica y práctica, la institución debería realizar todos los esfuerzos posibles a fin de garantizar condiciones favorables a la seguridad en el desempeño y calidad de los cuidados proporcionados.

Palabras clave: Enfermería; Evaluación Educativa; Educación de Posgrado; Capacitación en Servicio

INTRODUCTION

There is evidence showing that undergraduate courses in the country have invested in professionals who intervene in propositions for changes in the current healthcare models, either through innovations in the teaching-learning process with a new conception regarding the health system, as well as through the opportunity to develop a critical-reflexive training of workers with repercussions on the qualification of the care offered.¹ It ratifies the need for nursing professionals to be scientifically trained and ethically committed to systemic actions of assessment, prevention and reduction of undesirable outcomes regarding the care performed. In order to meet these demands, the professionals need to look for knowledge that goes beyond the basic training.²

In this sense, the residency in nursing, whose objective is to specialize nurses to the job market in the form of in-service training, provides academic qualification and technical-scientific preparation in a specialized area. The focus is on ensuring the acquisition of security and the ability of the nursing student to intervene in order to improve the working conditions and to increase the standard of the institutional care. The coexistence with professionals from different areas, the exchange of experiences and the possibility of discussing the practice in the real work context is what differentiates this modality of teaching from other forms of specialization with a better possibility of acquiring knowledge.³

Therefore, it is up to the institutions that have residency programs to provide training for experienced and specialized professionals, so that the resident does not take over functions for which they are not prepared; since the accumulation of managerial and healthcare activities can overwhelm the person and negatively affect their training, the quality of care provided and the health of the professional. Because this training modality offers opportunities for growth, leadership, management and development of technical skills related to the care of patients with different levels of complexity, the presence of the preceptor is essential in terms of supervision and support for safe practices.⁴

Many nursing residency programs in the country are offered in university hospitals and, with the recessive policy disseminated by the State Reform, which advocates the flexibiliza-

tion of the public employment and a strict control of the government in relation to personnel expenses, a crisis was raised in these hospitals. These institutions came to experience the gradual reduction of personnel resulting from the non-implementation of public tenders, associated with the scarcity of investments in technology and infrastructure that are needed to meet the demands of teaching, research, extension and care. The flexibilization of the labor relations in the public sphere is reflected in the disruption of services, inadequate physical and material conditions, and lack of motivation and insecurity of workers.⁵

Considering the way of being at work and the deleterious effects on the life and productive capacity of the nursing professionals, the leadership is faced with the challenge of proposing adequate working conditions that guarantee labor rights and the worker's satisfaction with a view to the production of quality care. Therefore, the leadership must seek the valorization of those involved, the treatment of conflicts of interest and the humanization of labor relations, having as reference the human resources policy as one of SUS structuring axes, in order to revert the working conditions that compromise the quality of the services produced and the worker's health.⁶

In order to contribute to the discussion, this study adopted the factors that negatively interfere in the training of the resident nurses in the view of students of a nursing residency program of a teaching hospital, taking as reference the current situation of precarious working conditions in the country's health services. Added to this problem is the finding of inadequate working conditions in practice environments due to insufficient human and material resources. It is assumed that such a disruption of work has negative implications in the training of the resident nurse.

In an integrative review on the state of the art, it was identified that there is a shortage of studies on the work-training-health relationship of nursing residents. The present study is justified due to the fact that the residencies in health represent an emerging theme, with a tendency towards an increase in the researches carried out in the *stricto sensu* post-graduate programs in the country in the last two decades. However, with themes mostly related to work education strategies, as-

assessment procedures, training for the National Health System (SUS – Sistema Único de Saúde), multiprofessionality and preceptory.⁷ It is necessary to discuss the problems faced by institutions that have this type of specialization, in order to build sociopolitical attitudes and skills for the defense of the professional practice and better working conditions during the professional training related to professional barriers in the health system and precarious working conditions.⁸

From the above, this study aimed at analyzing the factors that negatively interfere in the training of the resident nurses in the view of participants of a residency program in a hospital environment.

METHODS

This is a descriptive exploratory study structured in a qualitative approach,⁹ that sought to understand the problem from the perspective of the individuals who experience it, starting from their satisfactions, disappointments, surprises and other emotions. The research project met the ethical standards in research involving human beings, approved through the certificate of presentation for ethical evaluation (CAAE) No. 23356313.8.0000.5282 and Opinion No. 613.218. The field of study was a public university hospital located in the city of Rio de Janeiro, which offers specialization courses in Nursing in the residency modality, training professionals in different areas for the Unified Health System and private services.

The course consists of three areas and their respective programs: Surgical Nursing (Cardiovascular; Surgical Center; and Surgical); Clinical (Medical Clinic, Intensive Therapy, Nephrology, Psychiatry and Mental Health, and Nursing Work); Women and Children (Neonatology, Adolescent's Health, Obstetrics and Pediatrics).

According to the residency regulations, the student must fulfill a workload of 5,760 hours, corresponding to 384 compulsory credits, involving practical and theoretical subjects (20% workload). The course is taught in two years and concluded in 24 months, with 2,880 hours in the first year and 2,880 hours in the second year. The course is structured according to Resolution No. 259/2001 of the Federal Nursing Council (COFEN - Conselho Federal de Enfermagem), which in its 2nd article regulates the nursing residency programs at the national level as a *lato sensu* postgraduate modality, aimed at nurses, to develop technical-scientific and ethical skills, resulting from in service training.¹⁰

In compliance with the Resolution No. 466/12 of the National Health Council (CNS - Conselho Nacional de Saúde), after signing the Free and Informed Consent Term, 25 students from the nursing residency program participated in the study, based on the following inclusion criteria: students who completed their residency in the period from 2010 to 2012 and who had been working in the labor market (public or private) for at least one

year; and as exclusion criteria: the students who completed the residency not in the established period; those unemployed and who have been working for less than a year in the labor market.

It was informed that the subjects' participation would be voluntary and that they would have the right to withdraw from the research at any stage, without this bringing any harm or retaliation. The data were kept confidential and it was ratified that the results would be presented in scientific events and published in scientific journals. In the transcription of the testimonials, the following conventions were adopted: resident nurse (the ER letters) followed by a numeral according to the order of the interviews.

Before collecting the testimonials, which was carried out by the researcher himself, a pilot test was done in order to adapt the instrument to the objectives of the study. After transcription and analysis, some questions were re-evaluated and only one question was added to the script. The interviews were conducted after scheduling and according to the availability of the participants, in the second semester of 2014, in the institution itself in a private place in order to avoid interference.

The semi-structured interview was the chosen technique⁹ through a script with open questions that allowed the interaction between the researcher and the interviewees, favoring the contextualization of experiences and senses, which contributed to clarify the problem investigated. In order to obtain the testimonials, a structured instrument was used to characterize the participants and a script containing five questions about the environment, the working conditions and the perception of the students about the factors that interfered negatively in the training, whose answers were recorded in digital media.

After the transcription, the testimonials were analyzed through the content analysis technique of the thematic type¹¹, which was based on the decoding of the text in several elements, which were classified and formed analogical groupings. At a last moment, using the criteria of representativeness, homogeneity, reclassification and aggregation of the elements of the setting, the following results were achieved: precarious work and training: focus on people management; inadequate working conditions and risks to the resident's health.

RESULTS AND DISCUSSION

PRECARIOUS WORK AND TRAINING: FOCUS ON PEOPLE MANAGEMENT

In the view of the students, the resident, when choosing a certain area, needs the support and guidance of expert preceptors and those who have mastery of the technical and care activities. However, because there were insufficient preceptors in the fields of practice, the institution, as opposed to opening a public tender, hired nurses, being this problem aggravated by

the dismissal of these professionals, whose absence was supplied by the resident himself, as reported below:

[...] there was lack of a specialized professional to train the residents! Many of the hired ones arrived at the service without knowing anything about the specialty and the residents along with the team were the ones who oriented the nurse in their practices. And the ideal would be to learn from expert professionals. (ER22)

[...] I took on duty as the leader of the nursing team and made decisions that I should not make, because the nurse on call was not a specialist, and I had more mastery of the service than she did. (ER19)

[...] the hired professionals did not stay for a long time and quit, and until another nurse took the job, the residents were the ones who had to be in charge. (ER23)

It is inferred from this result that the precarious working conditions and the consequent flexibilization of the labor relations resulting from the neoliberal model, in which temporary contracts and different employment relationships predominate, damage the training of the resident nurse, due to the lack of experience of temporary workers and their lack of specialization in the field. This situation is in line with the objectives proposed in the nursing residency program, due to the fact that the resident, in these circumstances, is responsible for their own training and undertakes the private activities of the preceptor nurse.

According to the Ministry of Health (MS - Ministério da Saúde), precarious working conditions is the one exercised in the absence of labor rights, which does not guarantee social protection and quality of life to the worker. In the public sector, the condition of precarious or informal work was instituted in the 1990s, through the Constitutional Amendment or Amendment of Administrative Reform No. 19 of June 4, 1998, whose purpose was to change the provisions of the Federal Constitution regarding the public administration and labor relations of the public servant with the state. Since then, it was allowed the adoption of multiple forms of employment relationships by public institutions, which include the statutory system, the contractor, the outsourced and temporary relationships, with direct effects on the quality of the services offered and the regularity of the work of the professionals.¹²

With the process of precarious working conditions in teaching hospitals and the labor turnover, professionals without an employment relationship with the institution, after a certain period of professional practice in which the specialized technique is mastered and the processes are optimized, they resign or are dismissed at the end of the contract. The knowledge produced

or the intellectual good, considered by many to be the most valuable intangible asset upon disconnection, causes temporal and financial damage to the processes, because a high turnover of professionals makes it difficult to establish the organizational culture and affects the efficiency of the organization.¹³

In this sense, it confirms the triple movement created for the specialization in professional area, in the modality of Nursing Residency, which is to work while specializing yourself, to specialize in researching and producing knowledge by carrying out concrete actions in reality. These movements are crossed by the crises that the health services are passing through and that require the leaders to listen and sensitive eyes to soften the issues that involve the work process; human relations; constant changes in the care policies and technologies; and understanding of professors and students as actors and, therefore, citizens of a changing society.¹⁴

In addition to the deficit of nurses interfering with the provision of services and teaching activities, conflicts of interest may arise in the context of residency programs involving preceptors and residents, especially in situations in which residents are misused by health institutions to fill staff shortages. It is therefore the responsibility of the leader to make efforts in order to provide favorable training, being essential for the achievement of the objectives the presence of professionals trained and involved with the proposed work, with the preceptor having a key role in driving the resident and supervising safe practices.¹⁵

The preceptor has the role of facilitator in the process of training and professional performance of the student, being responsible for monitoring their performance in theoretical-practical activities. On the other hand, it should be pointed out that the teams may not be prepared to receive these professionals according to the proposals of the residency, which is a challenge for the achievement of the objectives of the program. It is therefore necessary to carry out more coordinated planning between the programs and the services that receive these residents, as well as the valuing of the preceptors as essential for lasting transformations to take place in the services.¹⁶

INADEQUATE WORKING CONDITIONS AND RISKS TO THE RESIDENT'S HEALTH

In the students' view, another factor that interferes negatively in the training process is the insufficiency of material inputs in quantitative and qualitative terms, including, those concerning the lack of equipment and technological structure for the safe care of critical patients. There is evidence of concern on the part of the residents regarding the quality of the care provided and the training, due to the fact that inadequate working conditions undermine the training process, leading them to improvise and spare the scarce material resources.

[...] sometimes we lacked materials and these problems prevented us from providing quality care and learning. (ER24)

[...] it was bad when material was lacking because we had to improvise or save as much as possible to care for all the patients. (ER15)

[...] the lack of equipment and the necessary technological structure of the critical patient was superficially seen in the residency due to the absence of these material resources. (ER7)

Thus, the health institutions deficiency, where there are, among other factors, insufficient personnel and material, lead to significant limitations in training. Added to this is the development of inappropriate techniques or the observation by the resident of inappropriate behavior by the professionals themselves that, under certain circumstances, in order to maintain the continuity of care, resort to improvisation, substantially affecting patient's safety and the quality of care due to the risk of iatrogenies with ethical and legal implications.¹⁷

In addition to the lack of material inputs damage the training and the quality of the service offered, risks to the health and well-being of the resident were identified as a result of exposure to biological agents, due to the absence of individual protection equipment at work, as reported:

[...] sometimes there were no waterproof cloaks and we used the ones made of cloths! This was bad because any fluid from the patient could be our skin. (ER4)

[...] the lack of visors needed for venipuncture left us exposed to the risk of blood contamination. (ER19)

[...] when there were few gloves was bad because we had to save it and that ended up exposing the professionals to several risks. (ER15)

Several studies show that the reality of work in Brazilian public hospitals is marked by the lack of inputs and equipment in quantity and quality, highlighting that this problem generates wear and exposes workers to the risk of accidents in the face of the need to resort to improvisation. The improvisation, despite bringing a solution to the immediate problem, can be seen as a form of alienation in relation to the collective work, because instead of looking for more comprehensive solutions, the workers improvise, spending time and energy that could be channeled to the transformation of the causes that generate the problems.¹⁸

Given the occupational hazards to which nursing residents are exposed, it is essential that the institutions manage

these risks by providing decent working conditions from the point of view of facilities, human and materials resources. The role of the worker's health service should be emphasized in order to identify, analyze, reduce or even eliminate the probability of exposure of these professionals to these risks. As part of this policy, the awareness and participation of professionals and residents in the acquisition and adoption of risk prevention and health promotion measures should be considered, which can minimize absenteeism and illness.¹⁹ It should be highlighted that, based on the knowledge expressed by the subjects who carry out the activity with a focus on exposure to occupational risks, it is relevant, since a diagnosis of the health/illness/work process is carried out, as part of a synergistic dialogue with the protagonists and elements are obtained to intervene, with a view to the workers' quality of life.^{19,20}

Considering the problems experienced by the student due to inadequate training conditions in the fields of practice and health risks, the study identified feelings of dissatisfaction and frustration that substantially affect the subjectivity of the student, by recognizing that, by not performing the procedures correctly, it jeopardizes the patient's safety, as reported:

[...] the lack of material brought me a lot of dissatisfaction because we only learn when we do it and when we did not have material, we could not do the right thing! Very frustrating! (ER9)

[...] it was very complicated when we had to improvise the materials! I had the feeling that I was not learning well and I was frustrated. (ER14)

[...] I was frustrated that I could not properly care for patients! This was very bad! (ER25)

The resident nurse is in a situation that can be called a "rite of passage" between the student and the nursing professional roles. It is necessary that there is recognition and discussion by all those involved in their training, of the psychological aspects that permeate the relationships established both in the areas of knowledge and performance with the multiprofessional team and in the diversity of users that will be cared by them¹⁴. In this phase, several feelings, feelings and expectations are mixed and, although the residents identify their competences, they do not always find facilities in this process, facing a mixture of impacting feelings in the formation and quality of life, such as professional maturity, happiness, fear, anguish and uncertainty.^{4,16}

It should be emphasized that the training context can have repercussions on the subjectivity of the student, causing suffering at work, in situations in which the professional feels constrained to perform poor quality work, creating a hostile work

environment, marked by demotivation and insecurity.¹⁸ Such situation can trigger the occupational stress with repercussions for the health of the individual, being aggravated by the dissatisfaction and the low social support. There is a need for strategies aimed at valuing workers and investing in lifelong education, which may have a protective role for health, as they provide the professionals with autonomy. Thus, proactive attitudes in their functions, the search for the construction of knowledge and scientific recognition, the struggle for better working conditions and the corporate articulation of the professional category are elements that can strengthen the social support.²¹

Satisfaction with work is among the factors known to reduce stress, being determinant for the worker's permanence in the job, also guaranteeing better performance in their activities. It is necessary to discuss the working conditions of the nursing team, in order to implement actions that aim at preventing or minimizing existing problems. Effective measures should include not only individual behavior change strategies, but also, and especially, organizational changes aimed at providing more satisfaction in the work environment.²²

CONCLUSION

From the assumption made in the study that the destructuring of work has negative implications in the training of the resident nurse, it was evident that the precarious working conditions in the institution that served as a field of study, and the consequent flexibilization of the labor relations interferes negatively in the management of the residency program and in the provision of essential services to users. The residents, for they are part of the contingent of workers of the institution, even temporarily, also suffer the consequences of the limitations imposed by the neoliberal model, being the technical and welfare activities affected by the absence of preceptors and also by the lack of material resources.

It is reiterated that, while on the one hand the problems experienced by the resident in the fields of practice are presented as challenges and can stimulate creativity, the leadership of the team, the exercise of knowledge and skills, on the other hand, cause dissatisfaction and demotivation with the training process. Despite the limitations of the study in terms of the sample and because it was performed in only one scenario, which makes it impossible to generalize the results to other work areas, it is important to emphasize its relevance in favoring the participation of students in the description of the factors that interfere in the resident's training process.

Since the nursing residency is an excellent modality of teaching and training of professionals for the job market, all efforts must be made by the institution in order to address the problems detected, in order to provide favorable learning conditions for the health of the resident and the quality of care offered.

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