

ORIGINAL ARTICLE

IN-SERVICE TEACHING OF OBSTETRICAL NURSING RESIDENTS FROM THE PERSPECTIVE OF TUTORSHIP*

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ABSTRACT

Objective: describe in-service teaching of obstetrical nursing residents based on the tutors' perceptions.

Method: qualitative research developed at four public maternity hospitals in the city of Rio de Janeiro in 2015. Sixteen nurse-midwives were interviewed. The hermeneutical-dialectical method was applied and the interpretive and critical process was guided by Paulo Freire's pedagogical concepts on the development of critical consciousness.

Results: the tutors' in-service teaching takes place in accordance with the care demand, with weaknesses in the dialogue between the academy and the service. The tutors value the theoretical-practical unity and care humanization. Nevertheless, they do not stimulate critical thinking on the care and work context the residency takes place in.

Conclusion: in-service teaching presents limits for the development of critical consciousness in the residents on the reality of hospital-based obstetrical care.

DESCRIPTORS: Nursing; Obstetric Nursing; Education, Nursing; Preceptorship; Nursing Care.


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ENSINO EM SERVIÇO DE RESIDENTES DE ENFERMAGEM OBSTÉTRICA NA PERSPECTIVA DA PRECEPTORIA

RESUMO

Objetivo: descrever o ensino em serviço das residentes de enfermagem obstétrica a partir das percepções da preceptoria.

Método: pesquisa qualitativa desenvolvida em quatro maternidades públicas do município do Rio de Janeiro no ano de 2015. Dezesesseis enfermeiras obstétricas foram entrevistadas. Aplicou-se o método hermenêutico-dialético e o processo interpretativo e crítico foi orientado pelos conceitos pedagógicos de Paulo Freire sobre a formação da consciência crítica.

Resultados: o ensino em serviço da preceptoria ocorre segundo a demanda assistencial e há fragilidades no diálogo entre a academia e o serviço. As preceptoras valorizam a unidade teórico-prática e a humanização da assistência. Contudo, não estimulam o pensamento crítico sobre o contexto assistencial e laboral onde a residência se efetiva.

Conclusão: o ensino em serviço apresenta limites para a formação da consciência crítica nas residentes sobre a realidade da atenção obstétrica hospitalar.

DESCRITORES: Enfermagem; Enfermagem Obstétrica; Educação em Enfermagem; Preceptoria; Cuidados de Enfermagem.

ENSEÑANZA EN SERVICIO DE RESIDENTES DE ENFERMERÍA OBSTÉTRICA EN LA PERSPECTIVA DE LA PRECEPTORÍA

RESUMEN

Objetivo: describir la enseñanza en servicio de las residentes de enfermería obstétrica a partir de las percepciones de la preceptoría.

Método: investigación cualitativa desarrollada en cuatro maternidades públicas del municipio de Rio de Janeiro en 2015. Dieciséis enfermeras obstétricas fueron entrevistadas. Se aplicó el método hermenéutico-dialéctico y el proceso interpretativo y crítico fue orientado por los conceptos pedagógicos de Paulo Freire sobre la formación de la conciencia crítica.

Resultados: la enseñanza en servicio de la preceptoría ocurre según la demanda asistencial y hay fragilidades en el diálogo entre la academia y el servicio. Las preceptoras valorizan la unidad teórico-práctica y la humanización de la atención. Sin embargo, no estimulan el pensamiento crítico sobre el contexto asistencial y laboral donde la residencia se efectúa.

Conclusión: la enseñanza en servicio presenta límites para la formación de la conciencia crítica en las residentes sobre la realidad de la atención obstétrica hospitalaria.

DESCRIPTORES: Enfermería; Enfermería Obstétrica; Educación en Enfermería; Preceptoría; Atención de Enfermería.

INTRODUCTION

Brazilian obstetric care is characterized by the use of unnecessary interventions, such as the zero diet routine, bed rest, amniotomy, Kristeller maneuver, episiotomy, among others. Sometimes, these interventions are associated with disrespectful and violent attitudes that are an affront to female dignity, making childbirth a painful experience associated with fear for some women⁽¹⁻²⁾.

In order to change this harsh reality, government actions were taken to humanize prenatal, delivery and birth care, improve health indicators and stimulate normal delivery, which also promoted incentives for the training and activities of nurse-midwives in the Unified Health System (SUS)⁽¹⁾.

Other incentives include the National Obstetric Nursing Residency Program (PRONAENF), 2012, which seeks to qualify specialist nurses for prenatal care, labor, delivery and birth without associated obstetric risk, according to the appropriate practices and technical standards recommended by the ministry of health⁽³⁾.

Training in the residency modality emphasizes in-service teaching and the participation of preceptorship, which represents a complex teaching-learning process because it involves the interdependence of teaching with work and vice versa. Despite this complexity, there are still limited opportunities for pedagogical development of preceptorship and for the recognition and gratification of the preceptor's role in health services⁽⁴⁾.

In spite of this, new obstetric nursing residency programs were established in all regions of the country after the creation of PRONAENF, and the increase in the number of obstetrical nurses in the country is expected to contribute to the reduction of cesarean sections and unnecessary interventions; reduction of maternal and neonatal mortality; and improving the quality of prenatal, delivery and birth care, in accordance with the National Policy for Integral Women's Health Care and Stork Network⁽⁵⁾.

Nursing education seeks to qualify professionals capable of critically reflecting on their reality and who have the knowledge, skills and attitudes necessary to modify it⁽⁶⁾. Therefore, professional training should favor the construction of knowledge based on the movement between theory and practice, and not be intended for mere technical training⁽⁷⁾.

In the relation between theory and practice, criticality serves as a mediating element of the educational process and tries to promote in students the capacity to think, reflect and modify reality. Reflective action involves the process of raising awareness about oneself and the world, which occurs through the transitivity of consciousness, as the educator Paulo Freire clarifies⁽⁸⁻⁹⁾.

Initially, consciousness is intransitive, limited and limiting, because the individual does not perceive the actual causes and determinants of their reality and because their interests are restricted to the aspects of their biological survival⁽⁸⁾. As the dialogue with people and the world broadens, consciousness becomes transitive. First, as naive transitivity due to simplicity and emotion in the interpretation of problems. The person is not alienated, but his concerns are restricted to the problems that particularly afflict him⁽⁸⁾.

When critical transitive consciousness is achieved, individuals are able to cross the surface of phenomena and place themselves as agents of transformation of reality⁽⁸⁾. Therefore, education should be dialogical, active and committed to social and political responsibility; to present depth in the interpretation of problems and to arouse the ethical commitment to respect human dignity and autonomy⁽¹⁰⁻¹¹⁾.

This pedagogical perspective is applied in obstetric nursing education in relation to its goal of qualifying reflective and critical professionals on the issues related to care in an area still adhering to the medicalized practices⁽¹²⁾. Medicalization is a process of social control and behavior regulation, which affect the individual body and the consciousness in

view of their risk control discourse, which cause iatrogenic effects on self-image; physical and mental health; capacity for self-determination, among others⁽¹³⁾.

Aware of these effects, obstetric nursing education should promote the development of critical awareness in future professionals in order to contribute to overcoming the medicalized model. Therefore, education cannot be neutral in the face of injustices and social inequities, but should be anchored in the problematization of its causes, determinants and objective and subjective effects on women, their children and society⁽⁵⁾.

Considering that the residency programs emphasize in-service teaching mediated by preceptorship and attempt to prepare professionals who are critical and reflexive on midwifery care, the following research question was proposed: How does the in-service teaching of obstetric nursing residents take place in the preceptors' perspective?

The research is justified by the need to broaden the understanding of this type of training, as it emphasizes the role of preceptorship and work in the teaching-learning process, besides integrating the programmatic actions in women's health and continuing education of nurses for the obstetric care services.

METHOD

This qualitative research was carried out at four public maternity hospitals located in the city of Rio de Janeiro, which serve as training areas for three obstetric nursing residency programs linked to PRONAENF.

One of these residency programs has used these four institutions as a training area for its residents since 2004. In 2012, the second program started in two maternity wards and, as from 2013, the third program began to use one of these maternity wards. Therefore, these institutions have a long history in the preparation of residents, which is why they were selected for the research.

The sixteen participating nurse-midwives serve as nursing preceptors at the prenatal outpatient clinic, obstetric center or rooming-in unit. In this group of participants, there are four preceptors responsible for organizing the in-service teaching of residents in each maternity ward.

The preceptors included in the research were obstetric nurses who are part of the institution's tenured staff, who have worked in the organization of in-service teaching or direct supervision of the nurse-residents' daily activities in care for the women in the prenatal, delivery or postpartum phase for at least two years.

Those excluded from the study were nurse-midwives working in the night shift, due to the fact that the activities in the prenatal clinic and most of the practices of residents in the rooming-in unit take place during the day shift. Therefore, the day-shift instructors were considered the priority participants to reach the research objective.

Data collection was carried out from April to June 2015. Initially, the preceptors responsible for the organization of in-service teaching in each maternity ward were contacted, which permitted a preliminary survey of the nurses who worked in the daily supervision of residents in the service. The eligible participants were selected based on the length of experience in preceptorship and the representativeness of each scenario of the practice mentioned above.

The interviews were individual, previously scheduled and conducted in a private setting, such as the group activity room, team meeting room, and the prenatal clinic, after the care shifts. The semi-structured interview script consisted of two parts. The first part included questions about the participants' professional characteristics and the second specific questions about the residents' in-service teaching. The interviews were recorded

with the participants' authorization and transcribed by the researcher.

The analysis was guided by Hermeneutics-Dialectics, as a comprehensive and critical perspective, which conceives the social reality as an ongoing movement and considers the unity between theory and practice as a means to transform and overcome contradictions⁽¹⁴⁾. In addition, this method of analysis epistemically corresponds to Paulo Freire's critical pedagogy and his theorization about the consciousness process, which was the theoretical support for the research.

The phases of the analysis were the sorting and classification of the data, and the final analysis. Sorting is the systematization phase, when interviews are transcribed, read, reread, and ordered. The classification of the data involves the exhaustive reading with a view to the identification of the central ideas, discovery of the meanings and grouping by subjects. Finally, in the final analysis, the dialectical movement took place between the themes that emerged from the interpretation and the reflection anchored in the theoretical perspective of the study⁽⁸⁻¹¹⁾.

The study complied with the current standards for research involving human beings and approval was obtained from the Research Ethics Committee of the Rio de Janeiro Municipal Health Department, opinion 70A/2013. To guarantee the participants' anonymity, coding was used in accordance with the order of the interviews, as follows: Preceptor E1, Preceptor E2, Preceptor E3, and so forth.

RESULTS

On average, the nurse-midwives who served as preceptors graduated in nursing twenty years earlier; graduated as obstetric nursing specialists eleven and a half years earlier; have worked in midwifery for fourteen years and have served as preceptors of residents for eight years.

Among these participants, there are four preceptors who have obtained their master's degree and seven preceptors who hold other qualifications for teaching, such as a teaching diploma in nursing and a specialization degree in teaching in higher education.

The interpretative and critical analysis carried out on the interviewees' discourse revealed two categories, the first being: "The weaknesses of in-service teaching mediated by the nurse-midwifery preceptors", and the second: "The limits of the formation of critical awareness in the preceptors' in-service teaching".

The weaknesses of in-service teaching mediated by the nurse-midwifery preceptors

The nurse-midwifery preceptors organize in-service education according to the care demands in the place where they and the residents are allocated, that is, the work routine of the maternity sectors determines what practices the residents will develop and how:

What we teach here in practice is what the demand has brought, whether in delivery care and its different phases or in care for high-risk pregnant women [...], according to the need for that care [...]. I could give you many examples here. (Preceptor E11)

The preceptors mention that they do not have a formal education plan on the objectives of the training, to support them on the learning goals the residents need to achieve:

The objective of the residency is to grant the residents' the practical part, to qualify them in this sense [...]. Actually, here, we do not have teaching strategies. In day-to-day life, there are some things that we discuss. It is the day-to-day that will tell you what will happen. (Preceptor E10)

We have nothing written, because those goals are probably the central preceptorship's role [supervisor][...]. My role is to make sure they have practice for delivery care. (Preceptor E16)

In addition to this weakness, the residents' learning follows a flow ordered by the rotation scale across the maternity sectors, which the supervising preceptor of in-service teaching at the institution prepares monthly, and follows the organizational logic of hospital nursing work:

The residents, when they arrive here, are allocated in a rotation system. In fact, I am the "allocator" [of the residents]. (Preceptor E5)

The preceptors also exposed the distancing between the academy and the daily service reality, as a result of which the pedagogical strategies are mostly established based on their own understanding of what and how it should be taught:

We, the preceptors, should meet to discuss better strategies for maintaining a unison language [...]. So, I think there is still a lack of rapport and also with the university, which should be closer to the institution to recognize the needs, as well as to discuss the tutoring role of this resident. Unfortunately, this set of activities, partnerships, they have not happened satisfactorily. (Preceptor E1)

Despite this distancing, the preceptors facilitate learning through the articulation between the theoretical contents taught in the academy and the practical contents the residents experience:

In addition to monitoring them, we are solving the doubts during the procedures, delivery and birth. We also raise questions and encourage them [residents] to improve and study more [...]. But when [the residents] arrive here, many doubts arise and we discuss them, stimulating them more to further qualify themselves. (Preceptor 10)

The purpose of the residency is to offer the practical part to the residents, and to qualify them accordingly. They get the theoretical part in college, and here they put into practice everything they learn and we help them in that sense. (Preceptor 14)

The teachers also establish pedagogical strategies to facilitate the residents' learning, such as discussions and case studies:

We know that much of we learn in theory, when it comes to practice, it differs. So we can discuss these peculiarities that are important. [...] The discussion of cases, of certain conducts, for example [...]. So, [in-service teaching] is based on theory. (Preceptor E6)

Another [strategy] we do is clinical teaching. Then, all the residents meet as possible, and we discuss the clinical part they saw there in practice. (Preceptor E5)

The limits of the formation of critical awareness in the preceptors' in-service teaching

The residents are encouraged to provide humanized care, respect the women's dignity, use care technologies and reflect on the interventionist obstetric model so as not to reproduce its behavior and procedures:

When the humanization of childbirth arose, we had to deconstruct the [interventionist] model and experience a new practice [...]. And, then, we were encouraging them [residents] to think more [...]. I think that the purpose [of teaching] is one: to prepare nurse-midwives who think and who do not reproduce such a mechanistic practice; who look at each woman in a differentiated way, respecting her singularities and leading to the final outcome, which is dignified birth, offering her the best possible care. (Preceptor E7)

[...] when the woman arrives and is a client in our competence, we will interact with her, we are available to help them, we show what we have to offer alternatives and we use our

[care] technologies, which are our “war weapons”. We live with this and we know it works, we know that not intervening is much safer. (Preceptor E12)

The preceptors recognize, however, that there is a contradiction between the objectives of training, with emphasis on the humanization of care, and the reality of hospital care, whose work organization, standards and routines impose limits and contradictions to in-service teaching:

The main objective [of the program] is humanized childbirth, which is already in the goal of the residency. So they [residents] already come with this awareness of this type of care [...]. But in the environment where they are, they are faced with the contradictions and difficulties in this work [...]. They often do not understand this and become frustrated. (Preceptor E12)

Although these difficulties and contradictions are frustrating for the residents, the preceptors do not refer to the reflection, analysis or debate of these issues during in-service teaching. In situations of conflict that interfere with or threaten the scope of obstetric nursing, however, they encourage the residents to adopt confronting attitudes:

We’re going to have trouble, I teach the residents to act in the struggle [...] for them to develop this issue, which is also important. Take advantage of us [support from preceptors] and respond [...]. You can speak on my behalf [...]. You cannot keep your head down all the time, because we’re going to lose our space. (Preceptor E16)

The characteristics of obstetric nursing work in maternity hospitals also restrict in-service teaching, as the accumulation of care, administrative and educational tasks in the services makes it difficult for the preceptors to properly execute their functions in the residents’ training, as the following excerpts highlight:

What I have noticed is that we act with a very small number of obstetric nurses [...]. Because, many times, there is no general nurse. And, in this respect, we get a little lost in these discussions and in the monitoring of the residents [...]. So, I think that exposes us. (Preceptor E6)

I see that the preceptorship has a lot of good will. With all due respect, it really is a very differentiated group. The obstetric nursing group here unfolds in care, teaching and shift management, and is overwhelmed with administrative issues. So, I believe there is actual consideration to teach obstetric nursing here at the institution. (Preceptor E8)

DISCUSSION

In this research, the in-service teaching in the residency modality has revealed weaknesses in its formal organization and, therefore, it is fundamental for the preceptors to know the objectives of the training and carry out their activities in an integrated way with the teaching. When an educational process takes place, it is expected to be guided by a pedagogical plan and developed through an interactive, collaborative and dialogical process, so that its intention derives from collective action⁽¹⁵⁾.

In addition, the in-service teaching of the residents is organized in a hierarchical way, as the academic units establish the teaching program; the supervisory preceptors organize the residents’ practical activities in the service; and the preceptors of the maternity sectors are responsible for the actual teaching. These hierarchical roles do not favor the dialogue between the actors involved in the education process, because the anti-dialogue does not communicate, it makes announcements; not loving, but arrogant; and provokes the rupture of the empathetic relationship necessary for dialogue⁽¹⁶⁾.

In addition to this tacit hierarchy in the training, the residents’ learning follows the

demands of care in the maternity sector, similar to the organization of nursing work in the hospital, where the traditional management model still prevails and causes a rigid hierarchy and bureaucratic organization of care, provoking the emphasis on the manuals of procedures, routines, standards and task distribution scales, and privileges doing to the detriment of thinking⁽¹⁷⁾.

In order to reverse this logic, the preceptorship needs actual conditions to properly exercise its role in the planning, development and evaluation of the residents' education, in a participatory way and in the scope of the theoretical and practical activities⁽⁷⁾. The appropriate pedagogical training of the preceptors permits the qualification of in-service teaching, as the reduction of education to a mere technical training weakens its educational and fundamentally human character, as Paulo Freire⁽¹⁰⁾ alerts.

The residency programs integrate the public policies for the qualification of specialized professionals for the SUS, but there are limited incentives to promote pedagogical training courses of the preceptorship within the scope of these policies. This fragility can jeopardize the development of the pedagogical knowledge necessary for the preceptors to properly play their role in the teaching-learning process of the residency program and to transform the daily life experiences into meaningful learning experiences and knowledge for the human and professional development of the residents⁽⁴⁾.

The university also plays an important role in promoting the proper functioning of the teaching-care component, in order to foster the exchange of pedagogical experiences and to provide strategies for training, development and evaluation of the in-service education process⁽¹⁸⁾. Therefore, the academy and the service are responsible for this process and for the educational bases necessary to reach the objectives of the training of nurse-midwives in the residency modality.

Despite the weaknesses described, the preceptorship seeks to associate the theoretical contents the residents acquired with the experience of care practice, which can be, to a certain extent, in line with Freire's educational theory, as the theoretical-practical unity occurs based on what is experienced in practice and what is gained in theory, and vice versa, which enables the formation of people capable of building their own knowledge as active subjects⁽¹⁰⁻¹¹⁾.

The encouragement of non-invasive care technologies in in-service teaching also stands out, which the preceptors perceive as relevant for the residents' training and as important for demarcating the nurse-midwives' performance at the maternity hospitals⁽¹²⁾. This result suggests a contraposition to the values of the dominant obstetric paradigm, whose assumptions are anchored in the conception of risk, that is, in the potential for morbidity and in the predisposition of the female nature to fail⁽¹²⁻¹³⁾. In this sense, there is an underlying humanistic perspective in teaching in the residency program, as the preceptors emphasize learning the values of human care and attitudes of respect for women's autonomy and dignity⁽¹⁹⁾.

In view of this position, the residents experience conflicting situations in maternity wards and the preceptors encourage them to confront them, so that they can preserve their freedom of action and their learning space according to these care values. The autonomy is achieved, however, when the reality is problematized and the professional is stimulated to think, reflect and develop the critical consciousness to act in favor of its change, as humanistic praxis is the practice of freedom⁽¹⁰⁻¹¹⁾.

Despite these pedagogical premises, the challenging situations of obstetric nursing work are not part of the contents the preceptors address, despite being perceived as limiting for the residents' in-service teaching. This option suggests a trend towards adaptation to the challenges of professional practice, that is, a deficiency of training in granting the residents the necessary attitudes to critically reflect on the reality where the residency program takes place, hampering the development of the attitudes necessary for the change and the advancement of the nurse-midwives' care and work practice.

Therefore, in-service teaching mediated by the preceptorship is limited in its potential to promote the residents' transitive critical consciousness. Although they are stimulated to adhere to humanized care, the focus of residency training is more focused on distancing from the medical practices than on reflecting and dealing with factors that determine their continuation in the health institution, which suggests reaching the level of the development of naive transitive consciousness.

The limits of this research are highlighted because they portray a reality circumscribed to a group of preceptors and, therefore, their findings cannot be generalized to the other realities of professional education. In addition, other methodological designs that consider the association of techniques, such as focus groups and observations, and the residents and teachers' perspectives can broaden the understanding of in-service teaching in the obstetric nursing residency program.

CONCLUSION

In-service teaching in the obstetric nursing residency program presents weaknesses in its formal organization and in its dialogue between the preceptorship and teaching, which impairs the sharing of goals to be achieved, the organization and evaluation of the residents' training actions.

This teaching also has potential, such as the encouragement of the residents towards the humanization of care and the discussions on the care practice the preceptors conduct, which favor theoretical-practical integration.

Despite these potentials, the preceptors do not problematize the challenging conditions of the obstetric nursing care and work reality, despite being perceived as a limiting influence on the residents' training.

The weaknesses and limitations of in-service teaching revealed here may undermine the formation of critical awareness in the residents and the achievement of the objective of qualifying reflexive obstetrical nurses who are capable of coping with and overcoming the social reproduction mechanisms of the medicalized model and the bureaucratic logic of nursing work.

In view of these results, the need to improve the teaching-service articulation in residency education is highlighted, as well as the need to pedagogically qualify the preceptors to problematize the reality in which they and the residents are inserted, so that the future obstetrical nurses can contribute to overcoming this model and the limiting factors of their professional practice in hospital-based obstetric care services.

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