

ORIGINAL ARTICLE

THE IMPACT OF NURSING CARE PRACTICES ON TEACHING WORK*

HIGHLIGHTS

1. Nurse teachers working in technical and undergraduate courses simultaneously.
2. Association of care practice in the construction of teaching work.
3. Classroom as a similar environment to assistance care.

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ABSTRACT

Objective: To understand the impact of nursing care practices on the efficacy of teaching work. **Method:** A qualitative, descriptive, and exploratory study with 12 professors working in undergraduate and technical nursing courses at a public teaching institution in southern Brazil. Data was collected from June to December 2022 using the focus group technique and individual interviews. Bardin's Thematic Content Analysis was used to process the data using Atlas.ti software. **Results:** Two categories emerged: professional experience in care and care as part of teaching. **Final considerations:** The study highlights the relevance of care practice in nursing teacher training and warns of the risks of transferring care to the classroom to preserve the teacher's work process and the training of professionals in the area.

KEYWORDS: Professional Practice; Education, Nursing; Faculty, Nursing; Universities; Higher Education; Education, Professional.

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INTRODUCTION

Care practice is an essential element in consolidating the identity of the nursing teacher. Daily immersion in the profession and solid pedagogical training reverberates in practical execution and strengthens technical skills. However, fundamental prerequisites are required to enter public higher education, such as a postgraduate degree at the master's and doctorate levels. This differs from technical education, where experience in care is considered sufficient¹.

Throughout the nursing training process, students are introduced to multiple perspectives of care, including the teacher's view based on their care experiences. During graduation, the approach to care is conceived systemically, based on clinical and scientific reasoning². In technical nursing education, care is applied practically; to contribute to the direct provision of patient care³.

One way of enriching the teaching-learning process is to encourage reflection on care practice, considering the dynamics of health care. In the academic environment, discussions about the nursing profession begin, requiring pedagogical techniques, an understanding of the particularities of the class and strategies to improve learning⁴.

It is, therefore, essential to address the problem of teaching about care. One of the existing approaches to teaching about care is to give students the experience of being cared for, thereby encouraging reflection on its impact on professional practice⁵. Another relevant aspect is the interconnection between the act of teaching, caring, and the practice of caring².

This raises the question of the possible influence of care practice on nursing education, covering different educational levels in the area. Mattia points out the interference in the learning process when teachers lack experience in care, contrasting with the positive effects of incorporating this experience in the classroom and practical internships⁶.

The varied spectrum of training in nursing and the particularities inherent in each professional field are well known, as are the obstacles in the educational process of care. However, when considering teachers working concurrently at multiple levels of training, whose early career was in the field of care, a reflection emerges on the role of practical experience in nursing and its consequences for teaching. Therefore, this study was guided by the guiding question: What is the impact of the experience of nursing care practice on teaching work? It aims to understand the influence of nursing care practice on teaching work.

METHOD

This qualitative descriptive exploratory study was carried out with 12 nurse teachers from a Nursing course at a public institution, with technical (1995) and undergraduate (2019) education, in the southern region of Brazil. This study followed the recommendations of the Consolidated Criteria for Reporting Qualitative Research (COREQ).

Data was collected from June to December 2022 using Focus Group (FG) techniques and audio-recorded interviews. Various sources of evidence were used to meet the reliability requirements, creating a database and maintaining a chain of evidence.

The inclusion criteria were: full professors, working in the bachelor's and technical nursing courses, with exclusive dedication and more than one year's experience at the institution. This excludes four teachers on training leave, seven general culture teachers, and two on sick leave.

The invitation to participate in the research was sent through institutional e-mails provided by the area coordinator. The FGs began with an explanation of the purpose of the research via e-mail, at which point the participants' anonymity was reiterated. All the teachers responded affirmatively to the request and signed the Free and Informed Consent Form (FICF) and the Voice Recording Authorization Form.

The FGs were conducted by the main researcher with the help of a non-participant observer researcher. There were two groups of similar size in terms of length of time in the institution and the characteristics of the areas. The researcher developed a semi-structured script of questions for data collection. The FG meetings lasted an average of one hour and thirty minutes.

The first meeting discussed topics relating to the teachers' professional experience. The second discussed the development of nursing education at both technical and undergraduate levels.

In the second stage of the research, individual interviews were held with all the participants. The statements were transcribed in full. After conducting the Focus Groups (FGs), these transcripts were returned to the participants. The aim was to identify any inconsistencies in the reports or clarify points that may have caused difficulties in understanding.

To organize and build the database, the text documents were entered into the ATLAS.ti 22 software (*Qualitative Research and Solutions*). Based on this inclusion, a hermeneutic unit (HU) called 'Teacher Insecurity' was created, and each document was given a code generated by the software 'Primary Documents' (PDs).

Once the material had been entered into the software, detailed readings were carried out and organized by similarity using the emerging codes identified during the analysis. The process followed Bardin's Content Analysis methodology, comprising three phases: 1. Pre-analysis; 2. Exploring the material; and 3. Results and data interpretation.

The pre-analysis phase of this study involved a thorough reading of the material extracted from the transcripts of the Focus Group audios and the interviews. While exploring this corpus, a more in-depth analysis was carried out to categorize the data based on constructing constituent elements that culminated in forming initial categories. These, in turn, were then reorganized according to predefined criteria and similarities. At this stage, the primary categories were thoroughly reviewed to group similarities, structure the data, and eliminate redundancies, forming intermediate categories. In the interpretation phase, the data was integrated into two main categories: "professional experience in care" and "care as part of teaching".

This research was approved by the Human Research Ethics Committee of the Universidade Federal do Paraná, under number 5.426.053. Before the audio recordings were made, authorizations were obtained from the participants, and their signatures on the Free and Informed Consent forms were collected.

To ensure the anonymity of those involved, coding was adopted using letters (D for nursing teacher, G for focus group, E for interview) followed by ordinal numbers (DG1, DG2, DG12... DE1, DE2, DE12). This procedure was used to refer to the subjects and the specific moments of the speeches mentioned.

RESULTS

The participants were public servants exclusively dedicated to Basic, Technical, and Technological Education (EBTT): 11 women and one man. All of them worked

on undergraduate and technical nursing courses in various subjects. As for the level of educational training, the composition of this study covered an undergraduate degree in nursing, with a specialization in nursing and health; one participant was a resident nurse, four were masters, and eight were doctors. All of them had worked as nurses in the care sector before joining the teaching profession, and before the competition, six of them worked simultaneously in care and teaching. The length of service in teaching varies between ten and 20 years, while in care work, it varies between five and 15 years.

The category **“professional experience in care”** was identified as an element that gives security to the teaching process, as highlighted by the nursing teachers. The experience was seen as a relevant resource for preparing lessons, practical activities, and internships. Care practice was considered an integral part of the teaching process, contributing to the student’s learning. This aligns with the understanding of the role of nurses and nursing technicians, as shown in the following excerpt.

First, you must have a lot of professional experience to know the technician and nurse’s role and competence. And so, from my professional experience, I can provide the technician with the necessary content. (DG5)

The teachers expressed confidence in returning to practice and internships due to their nurse experience. They emphasize that experience in care and contact with patients and nursing teams become concrete examples, enriching content discussions during classroom teaching and internships.

I bring examples that I’ve experienced [in healthcare] and, above all, [in order] not to make mistakes, whether I’m a technician or an undergraduate. (DG6)

Some teachers were working on the technical course during their time in care. As a result, the teachers see the possibility of developing leadership and teamwork skills in classroom activities, as stated in the following statement.

Teachers have arrived [to teach] with no experience of care practice. They didn’t have contact with the employee, and they didn’t deal with the technical team. When you have this care background [...], you know how to deal with employees and be a team leader. [...] You learn to work in a team; our team is the classroom. (DE 8)

In this transfer of care to the classroom, the student becomes a patient model, carrying the care characteristics. We can see this movement in the following speech:

It’s as if the student were my user, without providing health care, but I will try to teach him the contents of the subject so that he can grow and become an excellent professional. (DE 2)

The **“Caring as part of teaching”** demonstrates structuring the classroom as a team space, establishing a relationship between the teacher and the student. In this way, the teachers see the students as team members, working collaboratively on care and joint assistance. This makes it possible to transcend the pedagogical aspects of the classroom to address personal and interaction needs, promoting the development of management skills, conflict resolution, and improved listening and acceptance skills. The teachers attribute this to the nature of the nursing course, which focuses on caring and promoting well-being through work, as shown in the following statements:

We bring our assistance side to the student; we don’t just try to teach; we assist in the classroom, which strains the teacher. (DG 4)

Being a nurse is about caring, so we take this student and put it on our chest [...] Our profession is about caring. We spend our lives telling students that nursing is a caring profession and that we don’t take care of our colleagues or students? (DG 3)

The participants in the survey expressed concern and commitment to ensuring that students remain on the course. Taking on a welcoming role, they are receptive to listening

and offering support in solving certain student problems. They also try to direct them to institutional sectors that can help them resolve personal issues. However, they warned that this mechanism could overload teachers, sometimes leading to illness.

This is great [welcoming the student] and, simultaneously, worrying because it makes us teachers sick. (DE 2)

According to the participants, the problem of reception is a long-standing one. The desire to solve students' problems was seen as an attribute of being welcoming, as it generated a bond between the student and the welcoming teacher. A bond is created with the student, especially in the technical course. This caring nature is intrinsic to the training of nurses.

I think it's part of the nurse's pedagogical training; it's rooted in being a teacher. Nurse training is pedagogical. [...] You have to think about the other person. (DE 9)

This protective attitude towards students has been identified during other institutional activities of the teachers when comparing the behavior of nursing teachers with those of other courses at the institution. In meetings between course coordinators, for example, this element of care is emphasized, especially in the context of the nursing course.

We transfer the assistance to the student. I'm the coordinator of the undergraduate program, and now I'm in a management position, in contact with other courses. We manage the course differently. (DG 5)

Understanding the student and their difficulties, especially those linked to the learning process, is crucial. Nursing teachers highlight this concern among their peers, sometimes calling for creating strategies, such as support groups, to understand the difficulties faced by students.

We in nursing are trying to understand; we're meeting to discuss a student. (DE 10)

DISCUSSION

Teachers use care practice as a support for teaching. Because of their professional activities in care, as nurses, they can understand technical responsibilities. This makes it possible to simultaneously reduce the challenges of teaching at two levels and enable quality development in practice and internship through professional experience.

The first category highlights the feasibility of promoting safety in teaching and internships through interaction between health professionals, direct patient care, and the role of leadership in the team. However, it is crucial to emphasize and reflect on the importance, throughout the nursing professional's training, of developing pedagogical skills to teach in different health contexts and deal with the various obstacles that arise in practical clinical supervision⁷.

Class discussions are based on previous professional experiences. This encourages students to ask questions and clarify doubts, allowing teachers to share their experiences in assisting, offering real *insights*, and contributing to reducing errors. In this sense, the literature indicates the use of realistic simulation. This method in the teaching-learning process contributes to training by reflecting on practice and errors in care, providing students with an experience close to reality⁸⁻⁹, and being a method that brings self-confidence and satisfaction to the student¹⁰. The importance of clinical practice in creating simulation spaces to reduce care errors is emphasized¹¹⁻¹².

However, to employ more active teaching strategies, it is necessary to invest in teacher

training. The literature¹³⁻¹⁴ discusses the lack of pedagogical preparation and educational strategies in training nursing technician teachers, especially after the commercialization of private education in vocational education, influenced by the current economic model¹⁵⁻¹⁶. However, the scenario identified among the teachers surveyed points to a divergent reality regarding encouraging the search for continuing education, emphasizing the importance of public education and the inherent relevance of this type of educational development.

The education and training process enables reflection on teaching practice, taking into account the understanding of the role of teaching in the role of care nurse. In the survey, the teachers draw a parallel between education in the care service and their work in the classroom. We know the importance of permanent and continuing education in health services and as an important tool in the work process of nurses¹⁷⁻¹⁸ and nursing technicians¹⁹. This highlights the importance of implementing reflective and practical pedagogical methods in both secondary and higher education to enable professionals to engage in educational practice in health and be trained during the training process.

The second category shows the transition from care to education, where students are recognized as health team members. This change requires careful reflection on the pedagogical approach adopted, especially considering the increased responsibilities and the potential overload in teaching work.

At the same time, by treating the classroom as a healthcare environment and the students as a nursing team, the lecturers, drawing on their experiences as nurses in the care sector, highlight their ability to manage pedagogical and social challenges. This analogy underlines the ability of educators to integrate their care skills into the educational environment, promoting a unique management of classroom dynamics.

This approach is in line with the findings of a study²⁰, in which teachers incorporate elements of assistance into the classroom dynamic, such as attention to tiredness, nutrition, and encouraging healthy habits among students. This convergence highlights the importance of teachers intervening in academic instruction and health promotion during the educational process. Thus, it is clear that the teachers' approach goes beyond traditional teaching, encompassing the students' physical and mental well-being, a crucial aspect for holistic and integral development during training²⁰.

In this context, the relevant role played by teachers in nursing education at different levels is emphasized, as they encourage perspectives that go beyond the mere construction of disciplinary knowledge. It acts as an influential agent in disseminating the practice of nursing care based on humanity and respect. Through these initiatives to promote well-being, the aim is to establish a classroom environment favorable to teaching, encouraging reflection on innovation and adapting techniques and patient care²⁰⁻²¹.

Given the concept of the classroom as a nursing work team, we can see the use of problem-solving experienced by teachers in practice applied to the teaching environment. The research highlights this problem-solving approach in the classroom, going beyond pedagogical issues, as a factor that generates overload and potentially impacts teachers' health.

Considering the reality of public education, which is based on the pillars of teaching, research, and extension, we question the possibility of the excessive emotional burden faced by teachers when trying to deal with students' difficulties, including personal issues.

In addition, there is the accumulation of burden and anguish resulting from attempts to solve challenges using strategies from the experience of assisting students, added to the lack of engagement of students in their studies, which can aggravate the distress experienced by the teacher. A study with teachers of technical nursing courses showed moral distress experienced by teachers due to students' attitudes in the classroom²², including behaviors such as lack of commitment to the profession and the teaching-learning process.

These actions, influenced by the practice of care reflected in the student, lead her to question and reflect on the educational model in nursing on how this relationship between teacher and student of the care model, pointed out by this study, can be harmful and generate a maternalistic overload that goes beyond the dynamics between teacher and student, also affecting the educational commitment.

This maternalistic feeling on the part of teachers towards their students highlights the neoliberal nature of education today. Teachers tend to take on the state's role in ensuring that students stay on the course, reflecting the individualization of education. In this context, students need to develop strategies to stay in school²³.

This study does not intend to exhaust the discussions or offer solutions to students' difficulty staying at the institution. However, it is pertinent to question the obstacle and the exclusive responsibility of the teacher for the absence of public policies that promote school permanence.

Autor²⁴ analyzed the dropout rate in technical courses at a public institution and found a similar reality throughout the country and the lack of strategies to deal with this situation. This also reflects the widespread belief that public education is an environment associated with failure, contributing to the stigma surrounding public education.

In this study, the transfer of care to the classroom was shown to be a point of overload and illness for teachers. An international study looks at the relevance of teacher leadership to students' mental health, showing how it positively influences academic performance. However, it highlights the lack of institutional support for the health of nursing teachers²⁵.

Bringing the vision of a health team into the classroom can give the teacher-student relationship a similar characteristic to the fields of practical activity. And this can generate stress and insecurity and, above all, interfere with the teaching-learning process²⁶.

The research shows that dedication to the student is a characteristic of nursing courses, transferred to the classroom through didactic-pedagogical practices and the attitudes of the coordinators, as it is a caring profession. A study carried out with nursing students in Norway found that an understanding of care as a science is built up through the teaching-learning process during training⁵.

The practice of care and critical reflection in nursing education begins in the classroom with the active involvement of the teaching staff. The stimulus offered to students about knowledge of nursing theories begins with the importance attributed by the teacher. The teaching of care emerges initially in the pedagogical projects of the courses, addressing models, concepts, and practices, as well as considering how students feel cared for and how this influences how they perceive the act of caring²⁷⁻²⁹.

Through the systematization of care, nursing seeks strategies and methods to apply this activity to the profession. However, as teachers, it is crucial to analyze how to build the teaching of care without being directly caring? Furthermore, considering the complexity of the teaching-learning process, how can we evaluate the teaching of care? The teacher mediates the students' values and first contact with the practice of care, thus emphasizing the teacher's importance, responsibility and pedagogical development in nursing².

The teachers' understanding in this research considers the students' characteristics, the importance of participation in classes, concern for intellectual and technical growth, and interpersonal relationships to be relevant, and this point was found to be in line with another similar study³⁰.

However, the particularity of the context of this research is that it involves the same nursing teachers at both levels. Thus, in the international studies discussed here, there is a characteristic shared by undergraduate nursing teachers in different cultural and academic contexts that converges with the results found in this study despite their differences.

A limitation of this study is the scarcity of literature that allows discussion and comparison with other realities with similar peculiarities to the case studied.

FINAL CONSIDERATIONS

The current study points to the importance of the nurse's care experience in constructing pedagogical teaching activities. This is linked to teaching and makes it possible to work on a reality of practical assistance to build students' professional knowledge and their needs as professionals.

However, there is a risk of illness for nursing teachers, who take assistance to the classroom, trying to compensate for the lack of institutional policies for student permanence and meeting and absorbing personal demands to resolve them so they stay on the course.

This study has implications of great relevance for nursing, as it discusses the importance of care practice in teaching work. It also highlights the dangers of replicating care practices in the classroom, considering the differences in context and responsibilities. This precaution aims to protect teachers and preserve their work process, which is of significant social importance, especially in training excellent nursing professionals.

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