

The teaching of attitudinal content in higher education of nursing*

O ENSINO DE CONTEÚDOS ATITUDINAIS NA FORMAÇÃO INICIAL DO ENFERMEIRO

LA ENSEÑANZA DE LOS CONTENIDOS ACTITUDINALES EN LA FORMACIÓN DE ENFERMERAS

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ABSTRACT

Qualitative research, exploratory and descriptive, had the aim to investigate teaching of the attitudinal content on training of nurses by professors in a public school of nursing. It was held at the Escola de Enfermagem da USP, with nine teachers in nursing baccalaureate and members of Grupo de Apoio Pedagógico. After approval of the project, data were collected through semi-structured interviews and analyzed using content analysis. For want of insertion of the attitudinal contents in the courses programs, they are worked by the individual teacher's initiative that uses different strategies in the classroom or on the practice field. In the process of teaching teachers found possibilities and limitations related to the institution, teachers and students. The major difficulty is the assessment of attitudinal content. Work attitudes as learning objectives and build the right tools is the goal to be considered in the new curriculum.

KEY WORDS

Teaching.
Education, nursing.
Attitude.

RESUMO

Pesquisa exploratória e descritiva, de abordagem qualitativa que teve como objetivo investigar o ensino dos conteúdos atitudinais ministrado por docentes de uma instituição pública na formação inicial do enfermeiro. Foi realizada na Escola de Enfermagem da USP, com nove docentes do bacharelado em enfermagem e membros do Grupo de Apoio Pedagógico. Após aprovação do projeto, os dados foram coletados por meio de entrevista semi-estruturada e analisados por meio da análise de Conteúdo. Os conteúdos atitudinais por não se inserirem nos conteúdos programáticos das disciplinas são trabalhados por iniciativa individual dos docentes que utilizam diferentes estratégias, em sala de aula ou em campo de prática. No processo de ensino os docentes encontram possibilidades e limites relacionados à instituição, aos docentes e aos estudantes. A grande dificuldade consiste na avaliação dos conteúdos atitudinais. Trabalhar atitudes como objetivos de aprendizagem e construir instrumentos adequados de avaliação é a meta a ser considerada no currículo novo.

DESCRITORES

Ensino.
Educação em enfermagem.
Atitude.

RESUMEN

La investigación cualitativa, de tipo exploratorio y descriptivo, con el objetivo de investigar la enseñanza de los contenidos actitudinales en la formación de las enfermeras por los profesores en una escuela pública de la enfermería. Se celebró en la Escola de Enfermagem da USP, con nueve profesores de bachillerato de enfermería y miembros de lo Grupo de Apoio Pedagógico. Después de la aprobación del proyecto, los datos fueron recolectados por medio de entrevistas semi-estructuradas y analizados utilizando el análisis de contenido. El contenido de actitud por no entrar en el programa de los cursos se trabajó en la iniciativa de los profesores que utilizan diferentes estrategias en el aula o en el campo de la práctica. En el proceso de enseñanza los profesores encontraran posibilidades y limitaciones relacionadas con la institución, los profesores y estudiantes. La principal dificultad es la evaluación de los contenidos actitudinales. Trabajar las actitudes como los objetivos de aprendizaje y crear las herramientas adecuadas es el objetivo a considerar en el nuevo currículo.

DESCRIPTORES

Enseñanza.
Educación en enfermería.
Actitud.

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INTRODUCTION

The school of nursing trains students to face, think and modify situations of health or disease, to promote improvements in the quality of life of individuals, groups and communities and, consequently, to help transforming the reality. To do that the school should provide tools able to allow students to develop competences during their qualification process and their life of a conceptual, procedural and attitudinal nature.

In Brazil, in the healthcare-related occupations, Nursing among them, there are three models of influence in teaching: Jesuitical, Napoleonic and German⁽¹⁾. These influences, supported by modern science^(2,3) and by the biomedical model⁽⁴⁾, have determined not only the teaching methodology adopted, but also the guidelines for this qualification strongly based on mechanicism, biologism, individualism, specialization, exclusion of alternative practices, and technification⁽⁵⁾.

This model to qualify healthcare providers and the bases of the modern science and of the biomedical model used to structure qualification courses, particularly Nursing, have not succeeded in training professionals to respond to the demands of a complex society where people's healthcare needs are increasing, in addition to the increasingly distant and weakened healthcare-provider/patient relationship, contribute to the powerlessness of healthcare providers^(6-7 8 9).

The Brazilian Syllabus Guidelines (DCNs)⁽¹⁰⁾ include advancements that serve as guides for the courses to build their respective Pedagogical Political Projects based on the post-modern science's principles⁽¹¹⁾, which allow building more integrative syllabus structures where contents are built in an articulated fabric⁽¹²⁾. In this sense, many schools have been changing their syllabuses, despite having to deal with difficulties related to the fabric and articulations among the subjects in their syllabuses.

Another difficulty is related to the emphasis on students' capacity of retaining information, particularly those of a technical and procedural nature, of contents ministered in fragmented and unarticulated subjects⁽¹³⁾. Additionally, professors still have the role of a knowledge transmitter, and students, that of passive recipients.

Teaching conceptual and procedural contents in Nursing has been the motto along the history of undergraduate qualification in Brazil; however, qualifying autonomous, critical and reflexive professionals as proposed in the DCNs⁽¹⁰⁾ demands teaching also contents of an attitudinal and relational nature. The contents taught can be grouped as follows: *Factual and conceptual contents*: they include specific, descriptive, characterizing and informative knowl-

edge represented by facts, occurrences, situations, data and concrete and unique phenomena, and understanding the concept so that students can use it to interpret and know situations or to build other ideas. *Procedural contents*: they include sets of actions taken to reach an objective, such as rules, techniques, methods and skills or abilities, strategies and procedures. *Attitudinal contents*: they guide the use of factual and procedural contents once they encompass a series of contents, which can be grouped in values, attitudes and norms⁽¹⁴⁾.

Attitudinal contents are learned in the moment they are exercised; values are acquired when one takes a stance before a certain fact, person or situation, or before oneself; attitudes are developed when one thinks, feels and acts in a certain way before a concrete object, the target of that attitude; norms are assimilated when, whether on purpose or not, one follows the rules set in a certain context or social group⁽¹³⁾.

In the qualification of nurses, factual and procedural contents have been the most exercised historically⁽¹⁵⁾, while attitudinal contents stand for a significant challenge once they are articulated when one is doing, experiencing and being. The DCNs⁽¹⁰⁾ when defining the skills and competences of a nurse, allow broadening the sense and meaning of qualification. For students to acquire or develop competences, they have to participate in the learning context once they have to mobilize, whether total or partially, their cognitive and affective resources to face a family experiencing a complex situation and to build new ways of thinking⁽¹⁶⁾.

A bibliographical assessment made in 2009 in the LILACS, MEDLINE, BDNF and SciELO databases at Bireme did not find many studies approaching the teaching of attitudinal contents. Most researches conducted in the last years deal with the qualification of people who are critical and reflexive, autonomous and able to respond to the different requirements in the healthcare area, aspects that are based on the DCNs' text, but there are still few initiatives evidencing the way courses have been teaching those competences.

In this sense, some questions can be raised: Which are professors' views on teaching attitudinal contents? How do professors teach and evaluate whether attitudinal contents have been learned? Answering these questions is the objective of this study.

OBJECTIVE

To investigate how attitudinal contents are taught by the professors of a public institution in the initial course to qualify nurses.

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METHOD

This is an exploratory and descriptive research of a qualitative nature conducted in the School of Nursing of University of São Paulo (EEUSP) with faculty members involved in teaching Nursing and members of the Pedagogical Support Group (GAP), a group in charge of reorienting the syllabus of the Undergraduate Qualification Course for Nurses of that School. The research project was approved by the Committee of Ethics in Research (Proceeding no. 753/2008/CEP-EEUSP) and by the EEUSP Board of Directors (Proceeding no. 80/2008/CPq/EEUSP). Faculty members who did not meet the inclusion criteria were excluded: at least one representative of each area of knowledge who actively participated in the GAP with at least two-year experience in teaching in undergraduate qualification courses and who agreed to participate in the research. The areas of knowledge are Health of Adults and the Elderly, Women's Health, Children's Health, Collective Health, Mental Health, Ethics and Management in Nursing.

Once it is a qualitative research, there was not a preset number of subjects, but the criterion of data repetition was considered to complete the collection. Data were collected after a Free and Informed Consent had been signed through a semi-structured interview, which was taped, where a script was used composed of the faculty members' qualifications and containing open questions related to teaching, evaluating attitudinal contents and the challenges experienced in the process.

The data were analyzed by using the Bardin Content Analysis, whose method has been developed based on the logic of similarity. When analyzing the contents, the meanings of the contents were considered and the following categories were built: teaching attitudinal contents in the subjects taught, strategies used when teaching attitudinal contents, evaluation of attitudinal contents and challenges faced in the process of identifying, teaching and evaluating attitudinal contents.

RESULTS AND DISCUSSION

Nine faculty members participated in the research, all nurses, who had graduated from 20 to 36 years earlier. The average time they had been teaching in the undergraduate qualification course is 18 years (minimum 6 years and maximum 25 years). Considering the years of experience teaching in the course, the average in EEUSP was 14.7 years, 3 years minimum and 25 years maximum. As to titles, five are Assistant Professors and four are PhDs. Six faculty members took some course of professional development in the pedagogical area: four took a pedagogy course in the university promoted by the USP Vice Dean's Office for Undergraduate Qualification and two took courses promoted by FIOCRUZ in the University of Marília and in the São Camilo University. Two faculty mem-

bers mentioned difficulties in balancing time and one looks for readings in the pedagogical field.

Those nurses started to teach because they were interested in the area, or because they were invited, or as a bridge to research. Generally speaking, most of the faculty members (six) became a professor because they were *interested in the area*, because they like to teach, they look for new challenges as a way to keep on learning and as a life project. Those who had become professors because they were *invited* mentioned they had been invited to give classes in undergraduate or graduate courses (three) in EEUSP and in another university. Some became a professor because teaching is a *bridge to research* once teaching is part of graduate activities. It was evidenced that none had any specific pedagogical qualification to teach in the university. We have to stress that although a BSc is supposed to render such qualification, what actually happens is that it is still incipient once few students take graduate subjects with the objective of having a degree in pedagogy, mainly because a master degree is still focused on qualifying students for research.

Once faculty members started to teach without proper pedagogical qualification, this aspect may contribute to actions focused on doing things according to models built based on their relations with their old professors and, thus, the work is done in an individual and individualized way, leaving at the very faculty member's discretion the exercise of learning how to be a professor. This information supports that the

institutional assumption is that once a professional knows in depth the area related to a certain subject, he is competent enough to become a teacher. This idea is part of a widespread idea that states that knowing a given content is enough to transmit it and, within that context, that knowledge is enough to teach a group of students gathered in a classroom⁽¹⁷⁾.

Teaching attitudinal contents within the subjects taught

According to most faculty members interviewed (seven), *the contents of the subjects do not specify teaching attitudinal contents.* However, they say that those contents *can be found diluted in the remaining contents or in other subjects, or that they work with them in another moment*, except for two faculty members who said that attitudinal contents are the focus of their action, but it was evidenced that they are worked *sometimes, when applicable*, and that it is *an initiative of the faculty member to deal with said contents* according to his commitment to his role as an educator. Once those contents are taught depending on the subject at hand, the themes that come up include respect; stance; attitudes towards the work and the institution; concepts related to value and fairness; therapeutic affectivity, nurse's identity and ethics. Additionally, some subjects deal with themes related to ethical foundations, nurses' code of ethics, bioethics; therapeutic communication; in-

terpersonal and group relationships; students' behavior related to patients, to the healthcare institution and to the school. As a faculty member pointed out, contents are taught so that students *learn how to provide care*, understand *others' pain* and apprehend the whole subject. However, there were criticisms about the way subjects are taught at the School, focused on the technical and theoretical dimension once in some subjects the *attitudinal* part is not specified as a content of a given subject and, thus, each professor decides whether to approach it or not. This aspect has to be taken into account because once the School has approved the new Pedagogical Political Project⁽¹⁸⁾ built in an integrative matrix, it is a challenge to be considered when teaching in the undergraduate qualification course for nurses, and that is not all: it is also a challenge to follow up how students are learning by developing tools able to apprehend such a phenomenon.

Strategies used to teach attitudinal contents

It was identified that the faculty members take individual actions to mobilize students to learn attitudinal contents. In this process, there are *limitations* and *possibilities* in a *professor's action*. The *limitations* to said mobilization are related to: lack of professors' qualification in the pedagogical field, difficulty in being available to students, either due to lack of time or prioritization of other activities; the fact that classes are focused on contents instead of on students; professors' need of being simultaneously a researcher, which entails significant responsibilities of responding to the University's demands. Generally speaking, all faculty members mentioned existing *possibilities* to mobilize attitudinal contents where both *mobilizing strategies* and *mobilizing attitudes* are used, and they vary depending on the place where a student is inserted, i.e., in the *classroom* and in *practices in the field*. It was clear that strategies alone are not enough once it is necessary that the faculty member's attitude supports what is being proposed for students to be able to understand the objective of that pedagogical tool. As to the *mobilizing strategies* used in the *classroom*, movies, games, songs, case studies, experiences, dramatizations, texts previously read were mentioned, in addition to personal examples. The *mobilizing attitudes* are worked, on their turn, focused on students and their relationship with the other, either in the classroom (the way students participates in group activities, their commitment when doing the activity proposed and even their attendance), or in practices in the field (discussions of specific themes such as values, ethics, respect and fairness). To do that, the very situations experienced when providing care to patients are handled as problems and gain new meanings once attitudes of respect, empathy, commitment, listening and reflecting on the their own actions are taken into account in the educational process. There is a general consensus among fac-

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ulty members that the field of practice is the unique and fertile moment to work attitudinal contents. The faculty member's *attitudes* as a facilitator of the learning process are expressed through a search for coming closer to students, holding open conversations, the very example of professional life and opportunities created allowing students to express their doubts and feelings. In brief, we can see from the contents analyzed that professors' actions are focused on reaching the *learning results expected* that allow students: to reflect on their actions, to become critical and reflexive professionals, to acquire the scientific knowledge required to providing good care, to adapt themselves to the culture of the profession and of the healthcare institution, to be able to work in groups cooperating with the healthcare team and yet to be able to identify their role as nurses in the field they are inserted. The initiatives used allow coming closer to students in concrete situation, making them think about their role and their tasks as nurses, experiencing and practicing attitudinal contents and, finally, to learn them⁽¹³⁾. However, strategies are not easy to use. Faculty members point at a significant challenge which is that of breaking a paradigm and coming closer to students physical, social, cultural, psychological and emotionally.

Due to the valuation of concepts and procedures specified in the syllabus, contents are presented in a fragmented way and only when applicable, which makes it difficult to realize the characteristics that configure students and their learning process.

Evaluation of attitudinal contents

All research subjects mentioned significant *difficulties* in evaluating attitudinal contents. Those difficulties are expressed in the lack of clearness about what to evaluate, lack of specific tools, little time spent with students, valuation of factual and procedural contents, need of new strategies. To do that and to overcome those obstacles, faculty members mentioned the need of new strategies and tools to evaluate the mobilization of attitudinal contents in students, this being also a heavy tasks because one has to understand those contents and only then prepare ways of having students acquire them. In this sense, once it is not part of the contents of the subjects and teaching occurs through individual initiatives, only aspects of *quantifiable attitudes* are evaluated, such as: meeting timetables and norms, wearing a uniform, stance, participating in activities, pro-active stance, responsibility and commitment. For that purpose, evaluation has an objective and subjective nature. Objectively, wearing a uniform, meeting timetables and norms, elements found in evaluation cards and scripts are evaluated. Subjectively, faculty members check students' behavior and stance during activities, mainly in theoretical-practical activities, students' relationships with the very faculty member and with their schoolmates, with the healthcare team and the institution, and with patients and family members. It was also

understood that students' participation in classes and activities and in their own learning process expressed through a dialog with the theme and with the faculty member, through their reflections and experiences in situations prepared by the faculty member and even through their decision-making process, are also evaluated. When the investigation touched the way an evaluation is made, faculty members showed that evaluating students is as hard as mobilizing attitudinal contents in them.

Evaluating attitudinal contents significantly differs from evaluating factual and procedural contents because

their cognitive, behavioral and affective components are considerable complex to determine the degree of learning of each student. The source of information to learn the headway made in learning attitudinal contents will be the systematic observation of opinions and attitudes during activities⁽¹³⁾.

To understand how much students have acquired, they have to be evaluated when they are conducting academic activities with their schoolmates and professors, how they behave in unexpected situations and how they articulate cognitive, affective, moral, ethical and normative contents.

Challenges in the process of identifying, teaching and evaluating attitudinal contents

Many challenges have to be overcome when teaching attitudinal contents, factors related to all the participants in the teaching-learning process: institution, faculty members and students. As to the challenges *related to the institution*, excessive bureaucratic and academic activities (three) related to internal matters and research were mentioned, which consume faculty members' available time. It was also mentioned that little relevance is given to attitudinal contents in the institution and that the course is less valued in comparison with the graduate program and research. Faculty members said that learning specialization and departmentalization make it difficult to give continuity to the teaching-learning process of nursing undergraduate students. As to the factors *related to faculty members*, it was said that there is lack of pedagogical qualification (five). From the contents one can see that the blockage to the development of a faculty member in the pedagogical field lies on the fact that there is no clear understanding of the attitudinal concepts to be taught and, therefore, it is difficult to mobilize students towards such

contents (six). Faculty members reported that they lack time for students and a few meetings with them now and then (four) are factors that make things difficult once they need to know students better, their characteristics and expectations. Working with large classes, with eighty students, is another obstacle mentioned to develop attitudinal contents (two). The challenges *related to students* basically encompass their participation in the learning process, such as resistance to norms and rules, lack of commitment to learning, students' lack of time to reflect on their learning and mature their knowledge and inappropriate behavior in the classroom, going out every now and then, being late, answering the cell phone, behaviors that disturb the development of the class.

FINAL CONSIDERATIONS

The research showed that faculty members are committed to teaching attitudinal contents when qualifying nurses, although this is an individual initiative and only in some situations. They acknowledge that they lack pedagogical qualification to work those contents and to understand what should be taught to students once they are not specified in the contents of the subjects. One can assume that it is easy to teach scientific, procedural and conceptual contents. Attitudinal contents, on the other hand, are more complex and require that faculty members reach a consensus about which attitudes should be developed and then, based on that, to develop them as learning objectives in the course and to build proper evaluation tools. It also demands coming closer to students and knowing them, which would require having more time available to students. However, these obstacles do not seem unsurpassable. Some faculty members seem to have enough awareness to overcome those challenges, acknowledging teaching opportunities of attitudinal contents when they meet their students.

The new syllabus of the undergraduate qualification course to be implemented in 2010, built within a dialog and articulated with faculty members of different areas of knowledge, tries to supersede the model of fragmentation of the subjects' contents demanded in the initial course to qualify nurses. It is deemed a significant challenge for the management of the course to follow up students' learning process so that conceptual, procedural and *attitudinal* concepts specified in the learning modules of the new syllabus are effectively taught and evaluated.

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