

SOCIAL INSERTION OF NURSING GRADUATE PROGRAMS

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Since the dissemination of preliminary results of the triennial evaluation of Graduate (GP) courses in Brazil, performed by the Coordination for the Improvement of Higher Education Personnel (CAPES), much has been discussed on the theme among academics. The evaluation system values aspects related to the quality of programs focused on the education of human resources and the generation of knowledge produced, which are scored according to the following requirements: quality of the program proposal, faculty members, students, theses and dissertations, intellectual production and social insertion.

Considering that the latter aims to identify how these master's and doctoral graduates, as well as their research and advisors, act in terms of decisive challenges for society, and that each knowledge area is autonomous to define and understand social insertion within its particularities, in this editorial, we tried to present elements to support reflection on the GP's social insertion in Brazilian Nursing.

Since the creation of the first master's (1972) and doctoral (1981) programs, the mission of Nursing graduate programs in Brazil has been to contribute to the education of critical, ethical and considerate master's and doctoral graduates, capable of building new knowledge to the benefit of society.

The number of master's and doctoral programs in nursing, accredited by CAPES, has increased in recent last years by 69%, from 16 programs in the triennium 1998-2000 to 27 in 2004-2006. A total of 2,102 master's and 653 doctoral graduates in Nursing, from different Brazilian states, Latin American and Portuguese-speaking African countries, graduated in the period between 2001 and 2006. Currently, there are 32 graduate programs, approximately 700 undergraduate courses in Nursing and 200,000 graduated nurses.

The academia plays a central role in the generation of knowledge and graduate programs are responsible for the larger part of scientific production in Brazilian nursing. This production has gained increased visibility worldwide, though still far from the more traditional areas such as Medicine, both in number of articles and in the percentage of citation and journal impact number. However, it is perceived that, like in other knowledge areas, there is difficulty in applying the knowledge produced in practice and in the production of products.

It is understood that, to expand GP, it is necessary to discuss their future, not only regarding the increase in publications in international journals of impact, but also in terms of the social insertion of its academic production and its contribution to the country's social and economic development. Thus, publication of research results in high-quality national periodicals and in the popular media is also necessary, so that society perceives research results with consequent reflection on people's lives.

It is known that the contributions of scientific research to the society are mediated by broad political, cultural and social processes⁽¹⁾. However, some elements can be considered indicators of what these contributions are.

In the exact sciences, for instance, these indicators can be the generation of technical results, such as processes, patents conceded, and innovative software. In the health area, the results are focused on the quality of care delivered to users, productivity and service efficiency, diminished morbidity and mortality indicators and increased longevity, among others.

The GP's social insertion, on the other hand, is broader because it includes aspects of knowledge production and human resource education that are evaluated by CAPES through the following indicators:

Insertion and regional and (or) national impact: evaluated by the educational impact (contribution to the improvement of primary, secondary, undergraduate, technical/professional education), social impact (education of human resources qualified for public administration or civil society, able to contribute to the improvement of public management and the reduction of social debt or training groups that use science resources or knowledge);

cultural impact (training of human resources qualified for cultural and artistic development, formulating cultural policies and expanding access to culture and arts and to knowledge in this area); technological/economic impact (contribution to micro-regional, regional and/or national development, highlighting productive advancements generated; dissemination of techniques and knowledge); integration and cooperation with other programs towards the development of research and graduate programs - participation in cooperation programs and systematic exchange; participation in cooperation between programs with different consolidation levels, focused on the innovation of research or the development of graduate programs in geographic regions or sub regions.

Visibility or transparency the program gives to its activities: by the maintenance of a webpage for the dissemination of internal data, student selection criteria, faculty and student production, funding received, access to theses and dissertations.

It should be highlighted that extension activities are valued by the GP as their results enable changes in the social area. It is not just about implementing ready knowledge to realities that need it. It is also important for these studies to provide feedback to research and education⁽¹⁾.

In view of the above, it is considered that social insertion and evaluation of the GP's socioeconomic impact and scientific research products should be widely discussed by Nursing graduate programs. A systematic reflection on the impact of research can produce new criteria for the evaluation and definition of relevant strategies for use by researchers, besides stimulating a dialogue of scientists and graduate programs with knowledge users and society.

REFERENCE

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