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Pedagogical practices in nursing teaching: a study from the perspective of institutional analysis*

PRÁTICAS PEDAGÓGICAS NO ENSINO DE ENFERMAGEM: UM ESTUDO NA PERSPECTIVA DA ANÁLISE INSTITUCIONAL

PRÁCTICAS PEDAGÓGICAS EN LA ENSEÑANZA DE ENFERMERÍA: UN ESTUDIO EN LA PERSPECTIVA DEL ANÁLISIS INSTITUCIONAL

Wilza Rocha Pereira¹, Cláudia Mara Melo Tavares²

ABSTRACT

The general objective of this study was to learn about the pedagogical practices that are already in use in nursing teaching in order to identify and analyze those that have brought changes and innovation. This field study used a qualitative and comparative approach, and the subjects were nursing professors and students. The data was collected through individual interviews and focal groups. Data analysis was based on the Institutional Analysis method. Several pedagogical practices were recognized, from the most traditional to those considered innovative, and it was noticed that changes are already present and are part of a set of elements caused by the obsolescence of values that are now considered to be insufficient or inappropriate by professors themselves. The study revealed that the activity of teaching and the qualification of the pedagogical practices are always desired by professors.

KEY WORDS

Education, nursing.
Education, higher.
Innovation.
Human resources formation.

RESUMO

O objetivo geral da pesquisa foi conhecer as práticas pedagógicas que já vêm sendo desenvolvidas no ensino de Enfermagem, para identificar e analisar aquelas que promoveram mudanças e inovações pedagógicas. A pesquisa foi de abordagem qualitativa, comparativa e de campo. Os sujeitos do estudo foram docentes e discentes de enfermagem. Os dados foram obtidos por entrevistas individuais e os grupos focais foram analisados pelo método da Análise Institucional. Identificaram-se práticas pedagógicas diversas nos dois cursos, desde as mais tradicionais até aquelas consideradas inovadoras. Constatou-se que as mudanças já estão presentes e fazem parte de um conjunto de fatores resultantes da ruptura com valores que começam a ser considerados insuficientes ou inadequados pelos próprios docentes. A pesquisa demonstrou que a atividade de ensinar e a qualificação da prática pedagógica passam indelevelmente pelo desejo do sujeito que ensina.

DESCRIPTORES

Educação em enfermagem.
Ensino superior.
Inovação.
Formação de recursos humanos.

RESUMEN

El objetivo general de la investigación fue conocer las prácticas pedagógicas que ya vienen siendo desarrolladas en la enseñanza de Enfermería para identificar y analizar aquellas que promuevan cambios e innovaciones pedagógicas. La investigación fue de abordaje cualitativo, comparativo y de campo. Los sujetos de estudio fueron docentes y alumnos de enfermería. Los datos se obtuvieron mediante entrevistas individuales y grupos focales, y fueron analizados por el método de Análisis Institucional. Se identificaron prácticas pedagógicas diversas en los dos cursos, desde las más tradicionales hasta aquellas consideradas innovadoras. Constatamos que los cambios ya están presentes y forman parte de un conjunto de factores provocados por la ruptura con valores que comienzan a ser considerados insuficientes o inadecuados por los propios docentes. La investigación nos mostró que la actividad de enseñar y la calificación de la práctica pedagógica pasan indelevelmente por la intención del sujeto que enseña.

DESCRIPTORES

Educación en enfermería.
Educación superior.
Innovación.
Formación de recursos humanos.

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INTRODUCTION

Innovation in health practices as well as in the education of health workers is highly appreciated and has been the reason for creating and implementing several public health policies aiming at the promotion of new models for teaching and delivering health care. The results presented in this study are the results of one of those policies.

The Institutions of Higher Education (IHE) that participated in this study teach most of the health care practices at services associated with the national public health system in Brazil; the Unique Health System - *Sistema Único de Saúde* (SUS). The SUS provides care to over 85% of the population regarding their health needs at all levels of care and across the country. The Ministry of Health has made large investments in collaboration with the Ministry of Education to provide better preparation of health professionals considering a standard that would meet the massive population that depends exclusively on the SUS to solve their health needs.

We believe that IHE in nursing are going through a change process due to the referred policies, which point at several alternative and innovative pedagogical practices. Nevertheless, few studies have addressed those practices. The present study was performed with the purpose of giving more visibility to what is new in the IHE setting. We aimed at identifying the faculty involved in these processes, their motivations and strategies and how students learn and understand them.

Innovation is perhaps the most common word in the current educational setting. This polysemic word is used in both conservative and progressist speeches, and may refer to superficial as well deep changes to the structure of teaching⁽¹⁾.

To innovate is to change practice itself, and this cannot take place without analyzing what is done and the reasons to make that change or not. Hence, reflexive practice is the source of endogenous innovation, which promotes awareness and the creation of alternative projects⁽²⁾.

In the present study, innovation was defined as the group of actions developed by the nursing faculty that point at citizenship education, valuing democracy in both the academic and public health service settings. We valued the experiences that show students exercising their own citizenship at the places they work, respecting and encouraging citizenship and the rights of SUS users.

We considered the idea that both institutions selected for the present study were already implementing innovative practices, but, for several reasons, those practices were unclear or poorly promoted, including by those involved. The purpose of the present study was to promote and as-

sign visibility to the referred practices and reveal its potential for change.

OBJECTIVES

The present study was performed in three stages, each with an objective:

In the first stage the objective was to identify, from the perspective of faculty and students what where the pedagogical practices developed in teaching in Nursing Undergraduate Courses at two federal universities: *Universidade Federal do Mato Grosso* (UFMT) and *Universidade Federal Fluminense* (UFF). In the second phase of the study our purpose was to identify, among the pedagogical practices being used, those that caused or have been causing pedagogical changes and innovations in both courses, based on the subjects' perspectives, i.e., of the students and faculty of the two aforementioned universities. In the third stage, the ob-

jective was expanded and we sought to answer the question from the beginning of the study, which concerned understanding, from a theoretical view of the institutional analysis, which were the underlying dynamics and motivations of the pedagogical practices considered to be the most innovative and causing the greatest changes in the evaluated courses, from the perspective of their faculty and students.

LITERATURE REVIEW AND UNDERLYING STUDY CONCEPTS

The line of thought referred to as Institutional Analysis was the theoretical and methodological framework used for the data analysis in the present study. We made this choice based on our understanding that in addition to giving rise to innovative ways of rethinking

social reality, institutionalism may also be used as an intervention method in that reality. Within this process, changes to the reality are at both studied and provoked⁽³⁾.

Because the referred line of thought is rather unique, we believe there is a need to first clarify some of the concept and ideas pertaining to the theory that we have used to establish the dialogue between what is theoretical and what is empirical in the data analysis. When we performed the data analysis in focal groups we used two processes that are referred to, in this line of thought, as 'self-analysis' and 'self-management', which are considered central in institutional analysis.

Self-analysis is a concept that originates in Freudian psychoanalysis and consists of placing subjects and communities as the center of their problems, assigning them the leading role, as they are the ones reporting their needs and defining their demands. In this process, they perform a self-analysis and create new headlines, they understand

and learn a new, unique vocabulary that allows them to build and take apart any knowledge about their lives⁽⁴⁾. In the communities, self-analysis and self-organization processes occur simultaneously. In this process, the community articulates, institutionalizes, and becomes organized to build the needed devices to produce, itself, or to obtain the necessary resources to improve their life⁽⁴⁾.

One of the concepts important to understand is *institution*, because it implies a theoretical shift for its comprehension. In institutional analysis, institutions are trees of logical decisions that regulate human activities, determining what is permitted, what is prohibited, and what is overlooked⁽⁴⁾. Institutions are socially determined by the subjects that give them life and movement, hence, according to the level of determination, institutions may be expressed as laws (principles-fundaments), norms or agendas⁽⁴⁾.

In this study, we address the education institution, but other institutions exist, which include language, family relationships, religion, the State, justice, and health. In order to perform its regulating role, an institution must materialize into *organizations* and *facilities*. In the present study, the organization that legally regulates us is the Ministry of Education and the facility in which we are established is the university, both designed to implement, locate, and mediate superior education in Brazil.

Institutions are responsible for informing and forming *organizations*, which determine how the *facilities* should work. The latter hold the *equipment*, which, according to institutionalists, refers to the technical devices, such as machines, facilities, and archives that are handled both symbolically and physically by the *agents*. Through their practices, agents give life to institutions. In other words, the institutions are materialized through the *practice of their agents*. These practices may be visible and clear or invisible and underground, i.e., agents play the whole time, according to their desires and interest so the institution complies with its emancipating role, creating situations that forge autonomy and citizenship, but they may also do the contrary. There are no institutions beyond the subjects; they are the ones creating it and giving it soul and meaning. Subjects hold the leading role of giving life to institutions⁽⁵⁾.

Education is the most privileged institution to produce emancipated subjects, but this process must be arbitrated by its various agents. Education agents are not only faculty and students, but the whole technical body working in organizations and teaching facilities.

Our study subjects are the faculty and students from the nursing undergraduate course, referred to in the study as subjects/agents, because it is through them that the education institution takes place. They are study subjects, but also agents of education, and it is from education that our study object emerges, i.e., pedagogical practices. The nursing agents/faculty perform educational practices that may be verbal or non-verbal, theoretical or technical, scientific or common sense, but, nevertheless, are always

entwined in a live dynamism that, we should recall, may produce autonomous nurses/subjects citizens, or, on the contrary, heteronomous subjects dependent on others to decide about their own professional life. Agents that create and perform pedagogical practices carry an immense responsibility, but discussions on that responsibility are frequently mystified, and its importance is highlighted only when speaking but rarely demanded by the regulating norms of organizations.

Mystification is part of the three great vicious situations that may risk the dialectic dynamism that should be inherent to institutions. The other two are exploitation and domination. The latter are deformations that hinder the implementation of the highest aspirations of every society, such as different forms of liberty, equality, truth and fraternity, which should accompany education⁽⁴⁾.

There are two wings in education, two poles that are dialectically opposed: the so-called *instituting* wing and, on the other side, its *instituted* part. The *instituting* side always appears as a process while the *instituted* will appear as an outcome. There is constant dialectic tension between the two poles, in which the instituting transmits a dynamic, mutable and mutating feature while the instituted portrays a static, still feature. If the instituted represents the law, the order and what is known, the instituting shows is transforming, creative, revolutionary side, but will always be informed and transformed by the instituted which, on the other hand, generates and creates the instituting and is regenerated and recreated by it.

For transformations to occur in any institution there is a need for tension between the poles, and that tension may be revolutionary or conservative, depending on the level of the questions made by the agents producing the institution. If the current moment is of great anarchy and inquietude, the agents may wish to reestablish order or tradition, or vice-versa. The more revolutionary a practice is—revolutionary in the sense of mobilizing the agents' desire—the more it contributes for making changes in the social imaginary. The agents' desire for changes generates transformations in institutions and assigns motion to the relationships of power, thus changing them⁽⁵⁾.

METHOD

This is an exploratory study using a qualitative approach. We chose to use the comparative case study method as it has been proven useful to produce knowledge regarding significant features of events experienced at different location but with a common point of anchorage, which is the case of the present study, because we aimed to compare specific realities with a view to better use of the successful experiences of both⁽³⁾.

The study settings consisted of two institutions of nursing education; at UFMT we collected data at the Cuiabá/MT Campus, and at Niterói/RJ Campus of UFF.

The study subjects were faculty and students of the two studied courses, who agreed to participate in the different stages of the research. It was informed that their participation in one stage did not imply they would participate in another, as they could withdraw from the study at any time.

Data collection was performed in the first stage of the study through an interview with all subjects who agreed to participate in the study. It should be emphasized that the invitations were made to all faculty and students of the studied courses, informing the objectives of the study and the importance of their participation so we could reach a better understating of our reality in terms of the object of the study: pedagogical practices. In this stage 10 faculty members and 24 students were interviewed at the two schools. All subjects were invited to participate in the second stage of the study, when focal group interviews were performed. All interviews were recorded and later transcribed. The data collected in the interview were organized and analyzed. Based on the analysis, we constructed a new instrument for the second stage of data collection: the script of themes to be addressed in focal groups.

In the second stage, we made a new invitation and performed the focal groups with faculty members and students at both studied locations. A total 07 focal groups were performed with faculty members and 05 with students at both schools, corresponding to a total 29 faculty members and 24 students. The focal groups were scheduled and worked as devices to mobilize the group towards the central theme of the study, that is, the process of change and innovation perceived in education and experiences that faculty and students identified that were already taking place in both courses.

This technique proved to be very positive because it helped the group to weigh what they understood by changes and innovation, making researchers search new concepts for change an innovation that were more compatible with the statements made by the participants.

The present study was approved by the Ethics Review Board, accredited by the National Research Ethics Committee (*Comissão Nacional de Ética em Pesquisa-CONEP/MS*) at Júlio Muller University Hospital under the process registered under number 316, in 2007. Both schools consented to participate in the programmed activities and we maintained their privacy, individuality and respect to their wish to participate or not in all stages or only one of the study stages.

In the presentation of the results we used the *GFDIS* acronym for the statements extracted from the focal groups with students and the *GFDOS* acronym for the faculty group. To identify the outcomes from the interviews, the *EDI* acronym was used for the interviews performed with students and *EDO* for interviews performed with the faculty. The interviews were numbered to identify the study subjects and to maintain anonymity (*GFDIS01*, *GFDOS01*, *EDI01*, *EDO01*). The results were analyzed using the Institutional Analysis method.

RESULTS AND DISCUSSION

The first stage do process was the *self-analysis* performed in the group and by the group itself, allowing the participants of the focal groups to evaluate their conditions and search solutions for their problems. Self-analysis is a concept originally from psychoanalysis and consists in assigning communities the leading role of their problems, needs, and demands so they are able to enunciate, understand, acquire or reacquire a specific vocabulary that would permit them to know about their life⁽⁴⁾.

In the present study, the literature review agrees with the results, in the form of a dialogic discussion. All focal groups generated statements where the faculty and students at both the studied schools performed *self-analysis* and *self-management* processed of the studied group. These subjects questioned the forms how they understand and are included in the processes and how they may intervene in the most instituted aspects of the pedagogical practices and see through self-analysis new forms of creating new devices that interfere in the real world and cause the desired changes.

Education in the present study is the *institution* which draws our attention. The Ministry of Education, by defining policies, laws, and rules of how education should function, happen, be performed evinced the most instituted side of education⁽⁴⁾. Though much is instituted in the pedagogical practice, once it should be organized, monitored, and evaluated by those whose thoughts create it, there are forms of changing this apparently traditional aspect of teaching, planning student activities, in a pleasant practice. When the planning includes concern with the experiences that students should have when they attend practical classes and that they involve care with students, the faculty made their pedagogical practice more instituting than instituted, as observed in the following statement:

[...] regarding the good practices that we also had I will state the nursing and citizenship faculty. And I found their classes were interesting, not because they took us to the hospital and scheduled lectures, but because of their commitment to us. They always accompanied us, and never let us alone, cast in the class subject. They first gave instructions, taught the theoretical class, explained everything that would happen, we designed a project and they handed us a timetable. They created a very fine structure so we had a great class. It was excellent learning (*GFDIS 01-UFMT*).

There is constant involvement of faculty to obtain training fields for students, because with the number of new nursing courses there is a strong competition for them. Faculty end up creating this training field associating the knowledge they have with the places they believe have the potential of being useful and, along with their work, create places for new training places, as reported by this faculty member:

Today at the university hospital, nursing students began to participate in clinical sessions with professionals from other areas, at a small Ambulatory Service that we created in the discipline years ago, when we needed to ensure a place for nursing consultations to take place. We know that integration and change depend on people's will... The experience is small, but it is an important place for collective development (GFDOS01-UFF).

We observed in the statements above, small gestures instituting the teaching practice. The innovative movement in the micro-institutional setting may be as important as the movement of the institution as a whole, because there may be a synthesis (dialectic) between objective institutional conditions and the emergence of interests regarding individual change, favoring broader processes. Therefore, contrary to the dominant model of education, developed under a technical and alienating view, the innovative actions seek to explore new possibilities in the context of conflicts and contradictions of a historically situated school, and can thus mobilize significant processes of change⁽⁶⁾.

The most formal aspects of the educational institutions are opposed to more informal aspects, which are the agendas, intentions, particular ways of doing and teaching in nursing. The commitment of the faculty marked a unique way of educating. These singularities restate the subjects of education, their beliefs, knowledge and values. Educating is a work in action, which takes place through the subjects that give it life. There is no way to separate the subjects who teach from what they are. Their teaching practice is associated with their perception of the world, nursing, health, education, and others. Faculty have great responsibility regarding the process of preparing ethical subjects who are committed to the community where they live and where they will work, because they are more than teachers, and end up becoming role models for students. There are many circumstances in which students see the professor acting or reacting, and that is when they find the professional that they would (or would not) like to become⁽⁷⁾.

Faculty members need to reinvent themselves every day to keep their teaching practice alive and instituting. These reinventions and singularities offer great liberty to the subjects, which may be expanded and produce autonomy, but can also be reduced and generate heteronomy. This is observed in the following statement:

[...] We would go to the Family Health Program (FHP) and there wasn't any teacher there to instruct us, the nurse did not know what to do with us, so it was a completely disastrous practice, and at the end of the course we were supposed to write a report, but we just talked. The next day the teacher arrived at the FHP and said that she also didn't know what to do there, that the program said it was a practical activity, but she did not know how she would do there. Sometimes we went there but the teacher never arrived ... Professors were absent in theoretical classes as well, so it was the worst experience I had in the course, early in the first semester, I was very disappointed, I would

come to college and there would be no class, I would attend practice and there weren't any professor there to give instructions, it was horrible... (GFDIS01-UFMT).

The responsibility for the pedagogical activity, translated by the actions of preparing lessons, sharing strategies and objectives with students, accompanying them on field activities and carrying out formative evaluations of what was done is part of the desired innovation in teaching nursing. The students, realizing the importance and commitment of their professors, get involved with the process of learning, and adopt more instituting attitudes, because they assign a meaning to what is being done. It is the faculty's responsibility to assigning meaning to the students' learning, when they choose one pedagogical practice over the other or one training field over the other and takes into consideration both the students' level of maturity as well as what that training field may offer to those students.

But on the other hand, as noted in the second statement above, when the students are not adequately prepared to deal with complex situations, they suffer, and thus escape from what they do not understand and are unable to overcome. This overcoming is possible by carefully preparing each teaching-learning situation offered to students, which is one of the activities of the faculty.

If the professor does not take that responsibility, the pedagogical activity, as seen in the following statement, becomes empty. The lack of commitment of the faculty with the preparation of teaching and practices in nursing produces additional and unnecessary distress, translated by the students' refusal to learn, and end up performing the practices to complete class hours, but without leading to learning. This is observed in the following statement:

[...] We hadn't had any contact with anything yet and we were taken to the hospital to talk to a critical patient. In that moment of pain and suffering I had to talk to the patient. To talk to others is hard, it's not easy for me to interact and share. It was only suffering. We weren't prepared to do anything. First the impact of seeing that situation that I had never seen before in my life, then trying to intervene without knowing anything! Seeing that suffering without preparation, not knowing how to interfere, I felt desperate (GFDIS02-UFF).

One must consider that many times students cannot relate the practices with the content, or with prior knowledge. This association is a role of both teachers and students. The latter can develop a more favorable attitude to the process of learning to care, but the role to give meaning and significance to the act of caring for others, which demands to enjoy taking care, getting involved with the person receiving care is very anchored in the professors' attitudes in relation to how they do it.

Professors have the mobilizing and ethical role of ensuring that learning occurs *during that situation*, i.e., when the student is providing care to someone, without the need for the student to become *desperate*. Faculty activities include planning practices, offering spaces for simulation,

observing another nurse before delivering that care, providing practice with progressive levels of difficulty are some of the teaching activities and attitudes that are essential for learning to take place without causing any trauma on students. The student may even have the necessary theoretical knowledge to provide that specific care, but may have never performed it. For current knowledge to become meaningful for students through practice, professors who are interested, committed and ethical will need to mobilize their own way of caring and demonstrate a clear empathy for the subject who is learning to provide care for as well as for the subject receiving that care.

Teaching new contents and new practices would provide student with the challenge to improve their knowledge and skills. New contents should be founded on an existing cognitive structure, which requires professor, as an initial task, to verify what the student already knows, so, on one hand they can related the new concepts to the students' experience, helping them make any necessary ruptures with past knowledge so new knowledge can take place⁽⁶⁾.

Many professors who were interviewed recall that there are numerous reformulations in the teaching plan from one semester to the other, and that this is done exactly to meet the specific needs of each class, but that the personal conflict of being part of the faculty is having to fit into a theme, when the practice fields present the whole diversity and complexity that care requires. This is reported by the following faculty member:

[...] we recognize, that the content is fully maintained, but the way of teaching, it is difficult to always do it the same way, because the classes change and that also affects the way we teach or the way the practice takes place...but the contents are always there...setting the rules...(EDO2-UFMT).

From the perspective of the Institutional Analysis, the contents referred by the professor represent the rules, what is *organized* and that is always demanded of the faculty in their task of teaching. The *organized* is strongly instituted; hence it *captures* the creativity of the subjects involved in the process and eventually hinders the emergence of the *organizing*, which is the opposite of the *organized*. Older curricula, organized according to the logic of the contents still capture the new, the creative, the instituting, and this occurs in one of the two courses that are still going through the stage of discussion on a new pedagogical project. In this course, many professors are unable to consider teaching differently, because the content has captured them in such a way that it appears to have annulated their potential for creativity. This is a good example of a deformation of the instituting potentials in the studied courses; it took over ten years one of them to change its pedagogical project and the other has been trying for more than six years.

The subjects' power may have been expropriated by a look that is focused on the nurses' activities, which is what is taught in nursing. The work of the faculty, which requires

knowledge from pedagogy becomes fragile and many professors state they lack sufficient pedagogical knowledge and they need, as reported by one professor:

To learn how to teach and give classes... I'm a nurse and I'm faculty, but I feel, after over 20 years of teaching, that I'm still unprepared to be a professor... there are many requirements of us in terms of being good professors (EDO2-UFMT).

The formal aspect of teaching is organized; it is set and easily accessible. But the ethical-political aspect is not set, and this is the most organizing aspect of education, and, that is why, it is the most difficult to be taught. It is mostly internal to subjects who are involved in teaching or in those who students will see in the nursing training fields, as one professor put it:

So, I made myself available to accompany her (the nurse at the service) and I started to think about how to include my pedagogical activities in that new learning setting. The learning for students, until their 5th semester in the course, is mostly centered on procedures. In order to perform any broader activity, they would first have to observe new fields. Then they would began seeing management as a whole and the observed professional's power or lack of power in that setting, of escaping of facing the situation [...] and they could chose what professional they wanted to be (GFDOS2-UFF).

The rules, contents, norms, and agendas of education are *happenings* produced by subjects and they may perform them as instituted or instituting. The organized is, from institutional analysis, seen as bureaucracy, permanence, crystallization; it is the content, the test, the organized classroom, the obedient students, the unquestioned knowledge of the professor. In the organized the desiring subject is captured, the organized reiterates the comfort and the routine of what is known, familiar, repeated and becomes what would be the 'subject of the action' in an object of the structure, which is reproduced without questioning its validity.

As faculty, we need to refuse 'efficient routines', because they occur precisely to provide conform to human beings that wish for repetition, because it dismisses questionings and generates a redundant, non-reflexive practice, which requires no adjustments or innovations. But faculty must – in their live work, in the classroom – make an immediate and deliberate regulation of each new situation that emerges in this space/setting that is pedagogical practice⁽²⁾. A good example is observed in the following statements:

If we don't turn our educator practice into a laboratory for changes, we won't move from where we are now. So sometimes I feel like some of my practices are a laboratory for changing. [...] I'll give you an example: we have a content called mental examination. We realized it that teaching it sometimes becomes very heavy. So we have created a new strategy. We proposed for each group of students to study one specific situation, and we recommended a movie and complementary readings. Later, the group presented a play in the classroom and it was very nice. That is what I

call a laboratory – using the classroom as a laboratory for innovations. These are innovations, but we already see new questions in them and so we make new changes, some of what we did is kept and new things were added. We never stop... (EDO1-UFMT).

In the report above we identified a concept of change underlying the statement of the faculty. She reported her experiences as insufficient. That insufficiency is revealed as new questionings. Here it is confirmed that work educates, functioning as a large *school*, changing the way we think and act in the world⁽⁸⁾.

A reflexive faculty works caring and reflecting about what it means to teach to care, they constantly review their objectives, procedures, evidence and knowledge. They enter a permanent cycle of improvement, as they theorize about their own practice, either alone, or with a pedagogical team⁽²⁾.

In his study, the look was centered on two subjects of the pedagogical process, the faculty and the student, because we are interested in how the pedagogical practices of the agents/subjects occur, relate and allow nursing education to happen. They happen in a dynamicity that confuses those carrying them out, because some changes are noticed (the instituting subtleness), but because they do not have a systematic evaluation (the weight of the instituted) they are eventually considered more like an 'inquietude' than as a process. As recalled by the interviewee:

[...] we make changes every semester, and so many changes are made that we sometimes see ourselves repeating things we have already done before in other semesters, but doing it better here and there, so there is a doubt... Are we doing something new, or just repeating experiences that we didn't evaluate well? If we didn't even evaluate them, how do we know they will work or not? Well, we do evaluate, but it's more like in a subjective way, without an evaluation instrument...we just consider what the students say, what was good or not...that makes us a bit insecure, it is like we work mostly based on what's empirical, in the dark (EDO1-UFMT).

The National Curricular Guidelines determine the contents that must be addressed by the faculty when planning their teaching and this is one of the most instituted aspects of faculty work, the contents. They appear to be a ruler that measures what every student graduating from nursing courses must incorporate from what would be considered *universal* knowledge for that profession and they also make groups doubt that there may be other forms of thinking about projects and pedagogical practices, and make them repeat the same curricular models for long periods. This also shows the comfort of the instituted⁽⁹⁾.

We asked during the data analysis: would this 'universal/instituted' be the formal biologist knowledge? And where would the ethical and political knowledge be? How can you teach that knowledge, if they are not organized as well as the biological knowledge? We believe that the ethi-

cal-political knowledge, due to its subtleness and imprecision, always appear to be the most difficult of being taught and we dared to think that the ethical and political dimension of nursing education appears to depend essentially on the subject that teaches. Hence the importance of faculty preparation, because it is during that preparation that it is possible for the faculty to think about their own education as a nurse and also about their responsibility as nursing faculty. As the next professor recalled:

From the moment we experience a process, during masters or doctorate studies, we had to reconsider our practices, right? So we also experienced a process of change, and I believe that for changes to take place in a group or in another context, they must first happen inside ourselves. From the moment you start changing your way of looking at things, you see that your actions will be different, the approaches will be different, and then we can say that a change occurred, which starts in us (GFDOS01-UFMT).

Faculty who have had the experience of feeling change appears to have better skills to interact, to 'feel' the students' expectations towards the process of learning, because they see students as subjects of knowledge and of infinite possibilities.

When we speak about pedagogical interaction, we believe that each professor has a specific way of doing their practice. Just as each student has their particular ways of learning. These aspects should guide the process of teaching and the choice of one pedagogical practice over another. That choice directs to forms of teaching that may or may not be transforming, preserving the instituted or planning the instituting, because the educational process, if conducted both democratic and ethically, may effectively change society and make it more just for all.

The proactive professor is an instituting subject and makes teaching into an activity of continuing learning. Depending on the apprehension of the feelings that surround the group when he or she is teaching, the professor makes a record of what was positive and should thus be repeated, and of what was negative and should be excluded or reformulated. When experiences are soon self-analyzed as insufficient, they give rise to a need for change. That insufficiency is revealed as new questions and is improved in the laboratories of everyday teaching.

We should value and acknowledge the innovative faculty, supporting them in their attempts, their trials, rights and errors. The process of each subject are unique and work by aggregating new knowledge, but when addressing the teaching and learning process we should highlight that the attempts to do things differently should be identified, made visible and valued in every trial, accomplishment and failures. We should look at them, value them, and help them grow and multiply. That way, our chances for innovations in the practices will be much higher and the instituting subject faculty will feel more motivated to contribute more and more with the emergence of innovative pedagogical practices.

CONCLUSION

We found that innovative pedagogical practices are present in the process of a set of changes in everyday teaching and are generated by breaking with values that begin to be considered as insufficient or inadequate by both faculty and students, which demand new ways of learning.

The study showed there is something important to highlight: the activity of teaching and pedagogical practice qualification indubitably involves the subject that teaches, there are no models or theories that can be considered ready, but there are subjects that take responsibility, become involved, and like what they do. The higher the number of these subjects present at facilities where the education insti-

tution takes place, the greater the innovation and motivation among its group of agents.

But who is the innovative faculty? What are their motivations and strategies and how are they learned by students? They are the faculty who have experienced the long pathway that leads to knowledge and who, in their teaching practice, turn to a highly elaborated competence, which is relational competence. That faculty enjoy what they do and identify themselves with the activity of teaching; they are always searching for innovations, they lead the processes of change and push the processes of innovation. They are versatile, highly motivated people, who also fail, but are always aiming at success. It is from their experience that we can outline and reaffirm new ways of teaching in nursing.

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