

STATE NURSING COURSES IN SÃO PAULO FORWARD THE CURRICULUM GUIDELINES
CURSOS DE ENFERMAGEM DO ESTADO DE SÃO PAULO FRENTE ÀS DIRETRIZES CURRICULARES
CURSOS DE ENFERMERIA DEL ESTADO DE SAN PABLO ANTE LAS DIRECTRICES CURRICULARES

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ABSTRACT

Objective: This study aims to analyze the advances and challenges of five undergraduate nursing courses in the state of São Paulo, as they try to meet the National Curriculum Guidelines. We considered their model of institutional management, professional profile, curriculum, pedagogical design and the relationship between teaching and service. **Method:** Qualitative study, from documental analysis and interviews with directors of two public institutions and three private ones. **Results:** The profile is close to what is proposed by the guidelines, and the use of a questioning pedagogical model are attempts to promote innovations. In contradiction we observed rigid curricula, obstacles in insertion in practical scenarios, and a model of faculty hiring that is incompatible with innovations. **Conclusion:** We understand that the institutions are between the what is proposed and what is possible, within a context that is itself contradictory.

Keywords: Nursing; Education; Nursing; Unified Health System; Curriculum.

RESUMO

Objetivo: este estudo propõe-se à análise dos cursos de graduação em Enfermagem no estado de São Paulo quanto a avanços e desafios frente às Diretrizes Curriculares Nacionais (DCN), considerando modelo de gestão, perfil profissional, estrutura curricular, concepção pedagógica e articulação ensino/serviço. **Método:** estudo qualitativo, a partir de análise documental e entrevistas com os coordenadores de dois cursos de instituições públicas e três de instituições privadas. **Resultados:** descrevem-se um perfil que se aproxima das DCNs e a utilização do referencial pedagógico problematizador na tentativa de promover inovações. Em contradição a tal direcionamento, observam-se matrizes curriculares conformadas por disciplinas, dificuldades de inserção nos cenários de prática, além de contratação e capacitação docente incompatíveis com as propostas inovadoras. **Conclusão:** depende-se que as instituições caminhem entre o proposto e o possível, em contextos marcados por contradições.

Palavras-chave: Enfermagem; Educação em Enfermagem; Sistema Único de Saúde; Currículo.

RESUMEN

El estudio propone analizar cursos de grado en enfermería del estado de San Pablo en cuanto al avance de las Directrices Curriculares Nacionales (DCN), teniendo en cuenta el modelo de gestión, el perfil profesional, el plan de estudios, el diseño instruccional y la coordinación entre la enseñanza y la práctica. Se trata de un estudio cualitativo a partir del análisis de documentos y entrevistas a dos coordinadores de dos cursos de instituciones públicas y a tres de instituciones privadas. Se describe un perfil que se acerca a las DCN y se observa el empleo de un marco pedagógico basado en problemas, en un intento de promover innovaciones. En contradicción a dicha dirección, se observan matrices curriculares formadas por disciplinas, dificultades de integración en la práctica, además de contratación y capacitación docente incompatibles con las propuestas innovadoras. Las instituciones funcionan entre lo propuesto y lo posible, en contextos llenos de contradicciones.

Palabras clave: Enfermería; Educación en Enfermería; Sistema Único de Salud; Currículum.

INTRODUCTION

Throughout history, the proposed curriculum for training of nurses has had different configurations, as it tried to keep up with economic and social policies. Influenced by the context of each era, institutions have gone through advances and setbacks, and today face the challenge of professional training in accordance with the National Curriculum Guidelines for the degree course in Nursing (NCG/NUR).

The NCG/NUR are focused on the formation of professionals that are questioning, reflective, and incorporated in the historical and social context, guided by ethical principles and able to intervene in problems/health situations of the population.¹ This new professional profile demands paradigmatic changes in teaching and caring.²

In this sense, changes in the Degree Pedagogical Plan (DPP) (Projetos Pedagógicos de Cursos, PPC) grounded in the NCG/NUR require the training of professionals committed to health care, able to understand the determinants of the health-disease process, able to perceive the complexity of their practices, and able to develop ways to deal with the reality of health.³

The Ministry of Health has been encouraging innovations in the teaching-learning process, seeking a relationship with health services and with intervention in the multidimensionality of the health-disease process. As an example, initiatives such as Pró-Med, Pró-Saúde, PET-Saúde subsidize higher education institutions to promote new pedagogical approaches.

Even though these government initiatives initiate processes of change, only a small portion of the HEIs benefit, mostly public ones. It is worth noting, however, that in the period 1996-2004, 304 new nursing programs were created in Brazil, especially in the Southeast, with approximately 50% in the state of São Paulo, and privately run.⁴

Among the consequences of the expansion of undergraduate courses in Nursing, there has been some insecurity as to their allocation in the labor market, which results in a decline of teaching conditions. The university becomes a place removed from real practice, generating anxiety at the high levels of unemployment.⁵⁻⁶ Furthermore, the expansion of the courses has not led to the qualitative changes needed to overcome the contradictions with regard to with meeting the population's real needs.⁶

In nurse training, it is possible that the institutions have walked towards the NCGs, in the period of over 10 years after they were defined. Given the need for progress in restructuring the training of health professionals, it is important to analyze what is happening in undergraduate Nursing courses, both in private and public HEIs, in order to train professionals in accordance with the principles and guidelines of the Unified Health System. Which will be, then, the trajectory of the Nursing undergraduate courses before the new Curriculum Guidelines and the National Health Policy?

This study aims to analyze the progress and challenges of the undergraduate nursing courses in public and private institutions regarding the principles and guidelines proposed by UHS and NCG, considering the model of institutional management, professional profile, curriculum, pedagogical design and the relationship between teaching and service.

METHOD

This study was approved by the Research Ethics Committee, Marília School of Medicine, under report No. 259084 of 29/04/2013, CAAE 16164513.5.0000.5413. Study participants signed a free informed consent form.

This is a qualitative study, conducted from document analysis and interviews with the course directors of public and private educational institutions in São Paulo. We studied the undergraduate programs in Nursing in HEIs located in the state of São Paulo. The Ministry of Education (MEC), (system e-MEC) lists a total of 187 courses offered by 141 HEIs. Only eight (4.3%) of these are offered by public institutions.⁷

To select the private courses, we chose to include those with a score of three or higher in the National Higher Education Evaluation System (Sistema Nacional de Avaliação da Educação Superior, SINAES), since a score of two and lower fail to meet the minimum standards. Of the 178 nursing courses in private schools, 72 have a score of three or higher.⁸ An inclusion criterion was that the course had to be over 10 years old, considering that their curricula should have undergone changes in that period to meet the new curriculum guidelines, resulting in a total of 42 courses. As for the courses in public institutions, we considered all of them ($n = 8$), irrespective of the concept given by the SINAES. We picked randomly six courses from three public institutions and three private institutions.

The Program Pedagogical Plan was analyzed, and directors were interviewed in for further information. The plan was requested to characterize the courses, in terms of management model, professional profile, skills and competences, curriculum, and pedagogical design. One of the public schools needed to be excluded from the study, as it did not provide a copy of the plan, thus making it unavailable for continuous consultation, on account of the distance.

Data analysis was based on hermeneutic-dialectic, with reference to the principles and guidelines of the UHS and the Nursing NCG, which allowed the understanding of the phenomena in their complexity and historicity. We followed Minayo's model of interpretation.⁹ At first, we "sorted data," including the organization of documents collected from HEIs, audio transcriptions of interviews, and organized the reports in tables. In the second phase, we "classified data" from questions about them, based on theoretical framework. After a compre-

hensive reading, data were grouped into units of meaning and a link between them and the theoretical frameworks was established. In a dialectical fashion, considered their divergence, their contradictions, the concrete and the abstract, and the particular and the general, in order to elicit evidence to support the transformation.

RESULTS

GENERAL CHARACTERISTICS OF THE SELECTED COURSES

In Table 1, the main characteristics of selected nursing courses are shown. The number of vacancies offered in public institutions is lower than in private institutions. Two courses offer night classes in order to adapt to the needs of students who work concomitantly:

“The profile changed 4 to 5 years ago. Students need to work and study, and the demand for the night classes grew.”(Cood-PRI1).

Another discrepancy is in faculty hiring. While public institutions have full-time positions, in private institutions, teachers work part-time, and in some cases by the hour, which can hinder the process of training, as the statements show:

“[...] Last year we did not give any training to teachers. Most teachers work on a hourly basis.”(Director-PRI3).

“The [name of institution] trains their teachers regularly, and we in the Nursing course, meet twice a year [...] for lectures, for instance, on methodologies.”(Director-PRI1).

The directors seek to further their education, and two of them are doctoral candidates (Table 1).

THE INCLUSION OF COURSES IN THE INSTITUTIONAL CONTEXT AND THE PURSUIT OF SHARED MANAGEMENT

The courses of two public institutions are in colleges that offer, in addition to the nursing program, a degree in medicine (P1 and P2). In private institutions, only one of the courses (PRI2) belongs to a university center; yet all are managed jointly with other courses in the area of health, education, and others. The PRI2 institution is characterized by the fact that it is not a religious institution.

In the public institutions and PRI1, the courses are managed by the director and a board, and P1 has student representatives from each semester, in addition to the director of the elective internship. In the P2 institution, the management has one director, one auxiliary, and three heads of the nursing departments (general, specialized, and public health) in addition to pedagogic directors for each grade, who are in contact with the students.

“Also, we have the Structuring Teaching Core, responsible for assessing all changes in the pedagogical program.”(Director-P2).

In PRI1, both the Structuring Teaching Core (STC) and the management board are involved in the process of conducting the course.

“Every course has the STC, which is a group of teachers formed by doctors and teachers of the basic cycle. All pedagogical issues are taken to the board, composed of both teachers and students” (Director-PRI1).

The PRI2 STC is composed of the director and five members of the faculty, and they are responsible for the preparation, implementation and monitoring of the pedagogical plan. PRI3, quotes what is specified in PPP:

Table 1 - Distribution of courses analyzed according to the number of annual vacancies, workload and course duration, number of semesters, teacher hiring model and degree of the course director. Marília, 2014

Characteristics	P 1	P2	Pri1	Pri2	Pri3
Annual vacancies	40 day	60 day	80 day 80 night	120 day	120 night
Workload (hours)	6,140	4,200	4,084	4,301	4,160
Duration (semesters)	8	10	10	10	10
Teacher hiring model	40h/week full-time	40h/week full-time	Full-time – 45.5% Part-time – 24.2% Hourly – 30.3%	Full-time, Part-time, and Hourly	Part-time and hourly
Director degree	Doctor	Doctor	Master	Doctoral candidate	Doctoral candidate

"[...] The STC is the advisory body responsible for the design and implementation of the DPP, analysis of syllabuses and bibliographies, course innovation, tracking graduates, and developing of cultural and scientific events." (PRI3).

In addition, all the institutions cite the participation of students in decision-making, but there is no evidence of community participation.

THE PROFESSIONAL PROFILE DEFINED BY THE COURSES AND NCGS

The professional profiles defined by the courses reproduce largely what is described in the NCGs, an education that is generalist, humanist, critical and reflective, in accordance with ethical guidelines, and directed towards a sense of social responsibility and commitment to the community.

As for the ability to work in teams, recognized as highly important in health care, we found the following descriptions in the analyzed profiles:

"To be an effective communicator, both interpersonal and intergroup. [...] Be a negotiator for effective participation inside, between groups and other disciplines, considering the peculiar aspects of the practice of nursing" (P2).

"[...] knowing how to interact with a multidisciplinary health team..." (PRI1).

"Interacting with health teams [...] Taking responsibility for coordinating the nursing team work" (PRI3).

The analyzed profiles also express the constant search for knowledge and development of scientific reasoning, complementing the formation of a critical and reflective professional.

As for the profile's professional performance, there is a proposal for a larger role, including:

"Qualified for the practice of nursing in the areas of individual and collective care, research, education, management and organization of health services, considering the epidemiological profile of the territory" (P1); "[...] Identifying the biopsychosocial dimensions [...]" (Pri 1); "[...] Meeting the health demands of communities" (PRI 3).

GUIDING CONCEPTS OF CRITICAL EDUCATION

In pedagogical projects, both public and private institutions were indicative of the principles of critical pedagogy, ex-

pressed mainly through questioning, Problem-Based Learning (PBL), action-reflection-action, learning to learn, in a problem-solving environment, and the emphasis given to meaningful learning. In this context, learning from professional practice and learning from the students' previous experiences are valued.

The statements, however, express a gap between theory and practice, even with a stress in the importance of dialogue, discussion and case study.

"It's difficult. Not everything that happens in theory we can show in practice. Most of the time is not like in theory. [We need] a lot of talking and discussion, clinical education, and case studies [...]" (Director-P2).

Similarly, in pedagogical projects, especially in the private schools PRI1 and PRI2, deficiencies in teacher training to be recognized. Teaching in this area has been developing in an uncertain context regarding the hiring and training of teachers, as made clear by the following statement:

"[...] Teachers of theory are not usually the same teachers who teach in the field, in the internship [...] Students will raise a few issues of how things are being done in practice, but the teacher of theory does not fully grasp how things are really done. We are trying to minimize this sort of situation by meeting monthly with supervisors and teachers [...]" (Director, PRI3).

THE ORGANIZATION OF THE CURRICULUM BETWEEN ADVANCES AND CONTRADICTIONS

In shaping the curriculum, institutions have taken different paths. One organizes the curriculum by competence, develops the teaching process from active learning methods and students are placed in professional practice from the very start, giving it more structural legitimacy to the changes (P1).

In P2, the curriculum is organized per cycle (fundamental, compositional and professional). In the first and second grades, students study basic and social sciences, with some professionalizing courses beginning in the second grade, at the same time in they are being placed in professional practice. Thus, the process of teaching and learning enables the developing of professional skills. Training is focused on the care of patients in severe conditions, emergency, intensive care, and other specializations.

Both PRI1 and PRI3 institutions present their curricula organized by disciplines, and the PRI1 also describes training for patients in severe conditions and emergency situations. The curriculum of PRI2 institution is linked with the Nutrition and Physical Therapy courses, and some theoretical and practical activities are shared, exposing students to different experiences.

In the same course, the practical scenarios are diversified, beginning in the first grade, with educational community actions.

Considering the different curricular organizations, the directors were unanimous in stating that there were changes seeking to develop students in accordance with the UHS' principles, as seen below:

"The changes implemented according to the UHS' principles, are that now students work more with the community, and teachers are more involved in the activities and strategic areas, even in the hospital. Also, the approach to public health has changed a great deal." (Director – PRI2)

Even though progress can be seen in the student's insertion into professional practice from the start, integration between different health courses, inclusion of content from the areas of psychology and the social sciences, as well as reinforcement of the UHS' principles, still need to be further developed, especially with regard to the subjects in the curricula, which are still carried out mostly in isolation, as the statement below shows:

"[...] only the basic subjects, so in the PPP, in the first half of the year you will have Anatomy, Microbiology, Immunology [...] and in the second half, Physiology, Biochemistry. In the third semester the subjects more focused on nursing begin, which is Semiology, Foundations of Semiology, and Symptomatology" (Director-PRI3).

TEACHING AND LEARNING SCENARIOS AND INTEGRATING TEACHING AND SERVICE

As for the teaching and learning scenarios, P1 indicates that nursing students are inserted in the professional practice since first semester, in integration with the School of Medicine. Students are monitored by a tutor (a professional in the service) and a teacher. In P2, there is insertion in Public Health Care Units, some in Family Health Strategy, taking place from the very start of the course, and the activities are coordinated by a teaching nurse and a multidisciplinary team.

In PRI1, 20% of the course load represents professional practice, taking place in the hospital, outpatient and public health care networks. The development of educational activities in the community begins in the first grade. The institution has a clinic that provides primary medical and nursing care to the community.

In PRI2, community practice starts from the first year with activities organized within the institution and a polyclinic that serves the community. In PRI3, internships in health care units take place in the third grade, in public health care units, hospitals, and nursing homes.

Directors also refer to the difficulty of insertion in the primary care scenario.

"In the lectures, we plan with the community so the students can be inserted, but there is not enough space for everyone in the public health care units [...]" (Director – PRI1).

"[...] The main issue is the coordination between the school and the city authorities. The actions should be developed from what is possible in practice [...]" (Director – P1).

"[...] We bring the community into the University in an activity with the students of the third semester [...]" (Director – PRI2).

DISCUSSION

We do not claim that this data is representative of all courses in private and public schools in the state of São Paulo, since the included institutions were already part of a select group, indicate by their ENADE grades and their openness to discuss and expose their conditions, strengths, and weaknesses.

In terms of general characteristics, the courses act according to the legislation, which demands a minimum workload of 4000 hours, and up to five years for completion. Internships and complementary activities should not exceed 20% of the total workload.⁸ The biggest differences between the institutions are in the number of vacancies, hours of operation, and model of faculty hiring.

The night classes may indicate a limiting factor to the effective development of the learning process, because of the students' lack of availability to partake in activities outside the classroom, but this only reinforces the need to creatively develop education alternatives from daily experiences.

Education as a process that projects and reproduces a desired society, should meet the demands imposed by social context. In this sense, teacher education must be grounded in pedagogy, for a better understanding of different points of view and making the most informed decisions. Teachers should also be always up to date about their practice.¹⁰

Some of the models of teacher hiring hinder a more effective dedication, and it is possible the teachers are not able to improve the skills to fit in this new scenario. The directors of the courses, on the other hand, are seeking further education. Still, we cannot consider this as sufficient to create change, as change requires further training of the entire faculty.

In the management and organization of the courses, it is worth noting that the National Commission for Higher Education Assessment (Comissão Nacional de Avaliação da Edu-

cação Superior, CONAES) made mandatory the Structuring Teaching Core, in order to qualify the faculty's involvement in the design and consolidation of the pedagogical projects.¹¹

All five courses are directed towards a shared construction by structuring groups with different compositions, but with similar attempts to introduce more horizontal organizational proposals, even if this is not sufficient to overcome the relations of power, of domination and control.¹²

Continuing with data analysis, we are faced with the definition of a professional profile with features that indicate a need to break with the biomedical and technicist model, present in nursing education throughout its history.

An important aspect to consider relates to the training of generalists and how this fits within the curriculum, considering that such training integrates both the epidemiological dimension and the process of clinical care. Health care should have an interdisciplinary perspective and follow a health surveillance logic.¹³

More comprehensive knowledge is required, a knowledge that encompasses *interpersonal relationships, initiative, dynamism, and ability to work with a multidisciplinary team* (p. 558), as well as knowledge of health education strategies and the acquisition of skills to promote, prevent, and rehabilitate health.¹⁴

The professional profile described in the pedagogical projects is concerned with "humanistic education," and aspects of interpersonal relationships must be strengthened, as well as aspects pertaining to health care as a whole, on the direction of the National Policy of Humanization.¹⁵ This innovative professional profile includes a critical-reflexive education. Since the formulation of NCGs, this aspect has become a great challenge and speculation as to its meaning. Reflection is valued, and it is from reflection that humanity grows in all spheres of knowledge.¹⁶

A multidisciplinary team is a collective of professionals from different areas, and work with this team is developed through communication, coordination, and cooperation.¹⁷ Therefore, teamwork has become another challenge to health care, since it presupposes horizontal relations.

In addition, the nurse is historically recognized as the leader of the nursing team. Being the member with the highest degree of education, they assume the position of managing the team by delegating tasks, and focuses on the bureaucratic aspects.

Health work, seeking to meet the UHS principles and guidelines, undergoes a process of change to include sharing information and decision-making so that each member can do their tasks effectively. In this view, collective work must cease to be a myth or just the sum of the contributions of each member joined at random.¹⁸

The profiles also propose the formation of a critical and reflexive professional, and to develop this skill, one needs to use active learning methods. These methods are defined as a form of

teaching grounded in questioning unique and complex problems from real world situations from which the gaps of knowledge are identified, taking into account the scenario in which they occur.

The professional activities proposed by the pedagogical plans indicate a view that goes beyond the proposed Brazilian curricula throughout the years, which have focused essentially on the curative model, with emphasis on the hospital and biological aspects. The epidemiological profile of the population and their demands means to turn to reality and results in the identification of new responsibilities and challenges in the form of interventions that will meet their main demands, considering always the conditions of the various scenarios.

Nurses must act in individual and public health, in research, education, in the management and organization of health services, with the biopsychosocial dimensions, and this meets the principles set by UHS. These processes must occur inextricably to health care, and in the continuous flux of the health system as a whole.

The critical theory defends that schools are where social contradictions are examined, reality is questioned: decisions are contingent on the experienced social needs.¹⁹ Developing the process of learning within this perspective is a real challenge, for the traditional model is still being reproduced by the faculty, who have in turn learned within it. This is a process full of contradictions.

The characteristics of the curriculum refer to the need to renew the institutions' commitment to public health and education policies. Higher education is developed essentially by private institutions, which leads one to question the possibility of advancements in this direction, as the neoliberal system fosters immediate profit and the accumulation of assets in detriment to actual improvements in the process of education.

The data shows a concern to begin internships and professional practice scenarios from the very beginning of the courses. Two private institutions had to restructure their model for this to happen. The education scenarios must be seen as environments of constant interaction between the actors that make possible the interaction between theory and practice, contemplating people and their social spheres.²⁰

This refers to the reflection on the integration between education and health services, being a strategy reinforced by the UHS guidelines, and it is through that integration that improvements in professional practice can be devised, thanks to the potential it has to mobilize students, faculty, and health professionals into a new way of doing and thinking before the population's health needs.²¹

CONCLUSION

The present study aimed at analyzing the advances and challenges of five undergraduate nursing courses in public and

private institutions to meet the principles and guidelines set by UHS and NCG, and identifying divergences, contradictions, particularities, and generalizations of the process.

The contradiction refers mainly to the profile description, found in each institution's pedagogical plan, which follow, for the most part, the NCG guidelines. This is because the curriculum is organized by subjects; a questioning pedagogical model is in contradiction with the difficulties of insertion in real scenarios; and there is, to a large extent, the belief that theory must precede practice.

Divergences are seen in what is proposed by the NCGs and that which is feasible. The HEIs struggle with partnerships and health services, the teacher hiring model is incompatible with their actual needs, and the faculty is underprepared. This is particularly seen in the private schools, which have an excessive number of students as well.

The generalizations are in the recognition of the need to effect the changes proposed by NCGs and the institutions are caught between what is proposed and what is possible, within a particularly uncertain context. Among these changes are the curricular organization by competence and the use of active learning as tools, which approximates the institution to the guidelines. Others have switched to a modular organization, generating a better relationship between subjects and courses. There are, however, those who keep the old format, related to the part-time or hourly faculty hiring. To be fair, all of the institutions seek to incorporate the UHS' principles in their curricula.

Finally, the transformation of the practices of teaching and care is a complex process that involves micro and macropolitics. Are there solutions? We certainly believe so. Even if the changes identified have been slight, there is a counter-hegemonic movement that permeates neoliberal politics, such as the hold that the traditional, fragmented models of education and care has on the imaginary of the actors involved.

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