

TRANSITIONAL EXPERIENCE OF NURSES IN A RESIDENCY PROGRAM

EXPERIÊNCIA TRANSICIONAL DE ENFERMEIROS EM UM PROGRAMA DE RESIDÊNCIA

EXPERIENCIA DE TRANSICIÓN DE ENFERMERAS EN UN PROGRAMA DE RESIDENCIA

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Objective: to analyze the conditions experienced by nurses during the transitional experience in a residency program. **Method:** qualitative, exploratory study, which used oral history of life theme, based on the theory of transition of Afaf Meleis. The participants were 40 nurses graduated from a residency course, whose narratives were submitted to thematic content analysis. **Results:** they experienced favorable and unfavorable conditions that expressed the cohesion between the educational institution and practical scenarios, the integration of the managing and executing teams, the consistency of the theoretical and practical content, support from the social network, people's knowledge and the establishment of friendship bonds, the decreased standard of living, the accumulation of activities and the distancing from social bonds. **Conclusion:** the meaning and the value attributed by the students to favorable and unfavorable conditions experienced during the transitional experience in a residency program interfered in the adaptation, the development of the transition and in the results of the transitional experience.

Descriptors: Education, Nursing, Graduate. Internship, Nonmedical. Specialization. Nursing.

Objetivo: analisar as condições vivenciadas por enfermeiros durante a experiência transicional em um programa de residência. Método: estudo exploratório, qualitativo, que utilizou a história oral de vida temática, fundamentada na teoria de transição de Afaf Meleis. Participaram do estudo 40 enfermeiros egressos de um curso de residência, cujas narrativas foram submetidas à análise de conteúdo temática. Resultados: foram experienciadas condições favoráveis e desfavoráveis que expressaram a coesão entre a instituição de ensino e os cenários de prática, a integração das equipes gestora e executora, a coerência do conteúdo teórico e prático, o apoio da rede social, o conhecimento de pessoas e o estabelecimento de laços de amizade, a queda do padrão de vida, o acúmulo de atividades e o afastamento de vínculos sociais. Conclusão: o significado e o valor atribuídos pelos egressos às condições favoráveis e desfavoráveis vivenciadas durante a experiência transicional em um programa de residência interferiram na adaptação, no desenvolvimento da transição e nos resultados da experiência transicional.

Descritores: Educação de Pós-Graduação em Enfermagem. Internato não Médico. Especialização. Enfermagem.

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Objetivo: analizar las condiciones experimentadas por las enfermeras durante la experiencia de transición en un programa de residencia. Método: estudio cualitativo, exploratorio, que utilizó la historia oral de vida temática, basada en la teoría de la transición de Afaf Meleis. Participaron en este estudio 40 enfermeras graduadas del curso de residencia, cuyas narrativas fueron sometidas al análisis de contenido temático. Resultados: fueron experimentadas condiciones favorables y desfavorables que expresan la cohesión entre la institución de enseñanza y escenarios de práctica, la integración de los equipos gestor y ejecutor, la coherencia de los contenidos teóricos y prácticos, el apoyo de la red social, el conocimiento de las personas y el establecimiento de lazos de amistad, la caída del nivel de vida, la acumulación de actividades y la ruptura de los lazos sociales. Conclusión: el significado y el valor atribuido por los estudiantes a condiciones favorables y desfavorables que experimentaron durante la experiencia de transición en un programa de residencia interfirieron en la adaptación, el desarrollo de la transición y los resultados de la experiencia de transición.

Descriptores: Educación de Postgrado en Enfermería. Internado no Médico. Especialización. Enfermería.

Introduction

The transitional experience is understood as the result of changes and determinants of transformation in life, health, relationships and environments in which the individual is inserted⁽¹⁾.

Based on the transition middle range theory of Afaf Meleis⁽¹⁾, the transition process that occurs in an individual's life may arise from a change or change-causing factor. This means that the transition process is the passage or movement from one state to another or from one condition to another. However, its triggering requires an event or a remarkable event to generate the process.

The theory describes the existence of four types of transition: developmental, health-disease, organizational and situational⁽¹⁾. The developmental transition was identified in the nursing works dealing with stages in the life cycle that mostly focused on the individual. Some examples are adolescence, menopause and senility⁽²⁾. The health-disease transition relates to events that give rise to changes of roles⁽²⁾. The organizational transition, such as changes in social, political, economic contexts, or changes in the structure or the organizational dynamics, occurs in organizations and interferes in the lives of workers and their clients. The situational transition was identified with a significant percentage of works geared to situations in the nursing educational area, with the following themes: transition in nursing educational preparation; transition and its meanings in the perspective of knowledge levels of nursing students; and transition within and across educational programs⁽²⁾.

In this sense, the nurse's qualification process, through a residency program, allows for changes in the professional context, his/her level of knowledge, habits, cultures, attitudes, behaviors and ethical and moral values, with consequent reconstruction of his/her professional identity.

Considering the above, the generating framework of the transitional experience in this study was the completion of the nursing residency course.

As theoretical support, for better knowledge about the topic, this study used the transition middle range theory of Afaf Meleis, specifically in terms of the situational transition, since it addresses the transition that occurs within and across educational programs. This is understood as a change in a person's life after experiencing certain situations^(1,3).

Due to the rite of passage and the consequences that may arise from an academic and life transition, it is important to identify the conditions experienced, the resulting process of adaptation, learning and development, because they influence the evolution and the results of the transitional experience^(1,4). Thus, this study may provide subsidies that allow developing adjustments in the training of students, concerning the health needs of the population and the promotion of institutional marketing.

Having in mind the changes in personal and professional trajectory of the graduates, the following question emerged: What are the conditions experienced by nurses during

the transitional experience occurred in a residency program?

This study aims to analyze the conditions experienced by nurses during the transitional experience occurred in a residency program.

Method

Exploratory study with a qualitative approach, whose method used was the oral history of life theme, based on the transition middle range theory of Afaf Meleis, which emphasizes the importance of the transition concept and process, and the implications for nursing practice in health promotion, prevention and interventions. It also contributes to the increasing the knowledge specific to nursing science⁽³⁾.

This research included graduates who lived in the state of Bahia and attended the specialization course as residency in the expertise areas of Intensive Care Unit Nursing and Surgical Block Nursing, from a government teaching institution in Bahia, certificated in the period between 1996 and 2009.

The identification and location of the graduates were searched in the records of the Postgraduate Department of the teaching institution, but the addresses and contacts were outdated. Faced with this situation, the search was resumed through the technique called snowball sampling, used to find the unknown or hidden research subjects. It consists of the indication, by the first subject, of others, who indicate others, and so on⁽⁵⁾.

Data were collected through semi-structured interviews, in the period from January to March 2012, in locations previously chosen by the participants, only with the participation of the researcher and the interviewee. The participants were 40 nurses graduated from the specialization course as residency.

The participants received an invitation letter and, at the initial moment of the interview, received information on the goals and possible repercussions of the investigative process. The participants were guaranteed anonymity and the omission of the location of the interview. The participants received and signed the Informed

Consent Form (ICF) in two copies, remaining with one copy, and returning the other to the researcher. After the participant's consent, the oral history was recorded using a digital recorder. Each interview lasted an average of 90 minutes.

The transcriptions lasted 94 hours and 42 minutes. In this stage, the professional software Express Scribe 5.20 was used to control audio playback, considering the steps⁽⁶⁾ absolute transcription, textualization and conference by participants. Considering the differences between the narrative and what was written, the participant needed to read what was transcribed and authorize its use.

The narratives were subjected to thematic content analysis, which allows making inferences about information found in the context in which they are inserted and allows the analysis to go beyond the purely descriptive character and reach the analytical character. The research followed the three steps of content analysis: pre-analysis, material exploration and treatment of results - the inference and interpretation⁽⁷⁾.

In pre-analysis, the material from the interviews was organized. Subsequently, there was the floating reading. In the second step, material exploration, re-readings were made of all the content of the research corpus, starting with the identification and acquisition of context units - that is, phrases, paragraphs of corpus that represented the favorable and unfavorable conditions of transitional experience in the trajectory of the course graduates. The third and last step, which consisted in inference and interpretation, was performed through the interpretation of the results, considering the framework of the transition theory of Afaf Meleis⁽¹⁾.

To preserve the identity of the graduates, the alphanumeric system was, through the codename P, of participant, followed by Arabic numerals, according to the order of occurrence of interviews (P1, P2, P3... P40).

The study was conducted taking into account the Resolution n. 466, 12 December 2012, of the National Health Council, which establishes the guidelines and regulatory standards for researches involving human beings. The project

was approved by the Research Ethics Committee of the institution where the study was conducted under Opinion n. 35/2010.

Results

The analysis of the interviews allowed the construction of two categories: favorable conditions and unfavorable conditions.

Favorable conditions

The favorable conditions of the transitional experience lived by the study participants and illustrated with their citations were: cohesion between the Higher Education Institution (HEI) and the practical scenarios, as evidenced by the methodology used in the classroom by the professor; integration between the managing and executing teams of the Course; consistency between theoretical and practical content; support from the social network; people's knowledge and establishment of friendship bonds.

The higher education institution-practical scenarios cohesion was evidenced by the methodology used in the classroom by the professor.

In the classroom, we discussed issues a lot. Both bureaucratic and practical issues. So, in practice, in the residency fields, we saw a situation happen, we took it to the classroom, and this was discussed with the professor. And then she guided us as how we should behavior, which would be correct, what the literature brings about? [...] (P23).

[...] we came for theoretical classes and they were excellent, where we could implement them in practice; when we returned to the patient, we remembered everything we put here in theory [...] (P4).

[...] during residency, you have the theoretical classes, which you present daily [...] so that makes things easier [...] you must study [...] (P17).

The integration of the managing and executing team of the course was of great importance, for the course, as residency, ensure the achievement of its objectives, the integration between the managing and executing teams of the course, professor, coordinator, preceptors and the multiprofessional team of the service, based on the assumption that the project resulted from a partnership between the higher education

institution and hospital organization. This fact was perceived and related by the graduate as favoring the development of the course:

[...] I felt the figure of the coordinator of the intensive care unit and of the professor more strongly present, the professor responsible for the residency. The nursing team was more cohesive, more unanimous, walked in a more harmonious way and the student, he saw this rhythm, he ended up adapting to this rhythm [...] (P5).

Another aspect reported by the graduates, showing the cohesion between theory and practice, was the coherence between theoretical and practical content. As illustrated by the statements below:

We are seeing what we discuss in the classroom with practice [...] (P23).

[...] many discussions revolve around the activities we develop. It is not just a matter of practice. The residency I attended links theory and practice simultaneously. You are always having classes and practicing. Everything you are studying, you are experiencing, you are putting into practice [...] (P2).

To dedicate, study, search. Practicing always trying to find what is in theory. So, it gives us safety, knowledge for us [...] (P33).

Another condition that favored the transitional experience, reported by the graduates, was the support from the social network, represented by parents, professors and preceptors:

I had a great support from my parents in financial and emotional terms [...] many times I called crying to the countryside. My parents said, "if you want, come today, but go back tomorrow!" [Laughter] my mom always said don't cry, don't cry because you're strong [...] (P4).

[...] my paternal grandparents were my biggest supporters, were the people who "No. You have to leave the countryside and go to the capital to study!", and so my grandfather was the most fundamental person, motivating me, "come on, find a job and don't worry about what you need, you will win this residency scholarship, it's minimal, it will not be enough, but whatever you need we are here", so, like this, he was my biggest supporter [...] (P7).

In relation to people's knowledge and the creation of friendship bonds, the daily coexistence, throughout the course, between resident, preceptor and professor favored the approach and knowledge between them, with a feasible possibility to help each other in the personal and professional development, as reported:

People's knowledge and the formation of friendship bonds during the course were mentioned as favoring the transitional experience: "it is a friendship bond we make, while we are at that moment of the residency [...] I've always felt welcomed in the ICU [...] (P8).

More friends, because you're in a bigger place. I moved out to Salvador[...] (P22).

Strengthening also of the people who already knew each other and the group as a whole. So, that was very important [...] It favored the strengthening [...] the knowledge of people who did not know each other[...] (P1).

Unfavorable conditions

In this category, the participants reported three situations closely related: decreased standard of living, accumulation of activities and distancing from social bonds.

The decreased standard of living was reported by the nurse as an unfavorable condition experienced by her during the transitional experience:

One of the biggest changes was the standard of living issue. I had to give up many things that, as a student, I didn't have, that I had acquired in a year to have the right to a car, travels and such, to be able to do the residency[...] (P6).

[...] the problems were more like stress, lack of time, homesickness, lack of money [Laughter] that the scholarship was four hundred[...] (P4).

As for the accumulation of activities, the graduates reported feeling overwhelmed by the accumulation of various activities developed in the course:

[...] attending the course was very hard. It was a year that I had to work at night[...] (P3).

[...] I had to work and study. So, things outside the residency were a little hampered at the moment, but I knew this was the time to prioritize education [...] (P1).

Due to the distancing from social bonds, according to the reports, the nurses, by their need to dedicate to the course, in function of the various commitments and responsibilities assumed, needed to distance from their families and their social context, and began to form new bonds with people that were part of their new social environment, by the proximity between them.

I came, I left ... my family reference, life reference until then. I was 24 at the time [laugh]. I left everything, I left family and I came [...] (P4).

[...] the experience outside the environment, the academy, teaching hospitals during this period was slightly impaired because of the time [...] (P1).

Discussion

The higher education institution-practical scenarios cohesion, revealed and valued by graduates, was an aspect that favored the transition and translated the importance of dialog between the theoretical and practical situations that occur in the academy, as a methodology that enables the student/professor development in the context of the education process. In this way, the professor is not a merely knowledge transmitter, but acts in the problem solving of the knowledge emanating from practice, through criticism and dialogical reflection. Following this line of reasoning, the professor, due to his/her qualification, has the function, in the formative process, of "connecting and reconnecting the knowledge"⁽⁸⁾.

This methodology requires from the professor a reflection about his/her everyday life, the world and nursing, as a way of rethinking the redoing and recreating the way to take care of and of the provided care, once the care is not limited to an isolated action, but covers different dimensions⁽⁹⁾.

The logic of a contextualized, problem-solving formation, with flexible syllabuses enables to position the student as the subject of his/her learning, who criticizes and reflects, as allows for the consolidation of knowledge derived from his/her professional performance. The act of learning is not merely passing on information, but involves complex interactions between the student and the professor, the environment and the objects⁽¹⁰⁾.

The education through a residency course is procedural, integrative and supported by the knowledge acquired through the experience⁽¹¹⁾.

The nurses perceived the articulation between the components of the higher education institution and hospital organization, which was essential for them to realize that the responsibility for their training is part of a joint project between the two organizations, making the intern subject committed to his/her training.

In this sense, the engagement constitutes the degree of involvement demonstrated by

an individual with the transitional experience. Nevertheless, the individual is engaged only if is aware of the transition that experiences⁽¹⁾.

Since transitions are procedural and occur over time, it is important to understand the process indicators. They are: feeling connected, referring to old or recent relations and integration. The interaction allows knowing the meaning of the transition, and discovering and clarifying the behaviors arising from it, the location and orientation in time, space and in relations, which indicate whether the person is moving forward a healthy transition⁽²⁻³⁾.

The participants' speeches revealed the indicators of the transition process, who demonstrated the integration between managing and executing teams. The perception of harmony among members from the residency promotes the adaptation of interns to the course configuration and the transition in their way of being, thinking, acting, and relating.

In this way, this course involves a social fabric that aims to build/rebuild values, technical and relational skills, and ethical behaviors, for the individual to develop a personal and professional way of being. In this context, partnerships imbued with the process of socialization of the individual are closed, as the heart of individual and organizational learning.

The reports showed that the residency course enabled nurses to reflect on the knowledge and learning to do in their learning process, which minimized the tension and despair caused by the dichotomy between theory and practice, so present in the educational processes. Importantly, the specialist's education is based on consistency between theory and practice⁽¹²⁾. The scientific knowledge allows constructing hypotheses, and the practice allows apprehending reality. Both are of equal importance to the professional training.

In this way, it is only possible to consider as professional knowledge the one resulting from the association between the knowledge acquired in the practical context and theoretical knowledge, previously produced or known in a professional context. That does not mean to

devise a theory that applied in practice, but a practice that can be anticipated, observed and analyzed in a theoretical framework to be developed or modified through it⁽¹³⁾.

The social support, an example of a condition of transition, is defined as circumstances that may facilitate or inhibit the achievement of a healthy transition and depend on the individual's perception and meanings attributed to this experience⁽²⁾. This study identified the support from the social network, understood as the set of all significant relationships for the individual⁽¹⁴⁾; in this way, there are family, labor and academic relations. The support from the social network can be emotional, financial, or informational, offered and perceived by the people that make up the network.

The family adherence to professional's desire to specialize, expressed by means of different types of support, worked as a foundation for the attainment of goals, especially for those who did not have their own income and those who needed to leave their family core, once the course was offered in another city. Family support is critical for the maintenance of equilibrium and adaptation of the individual during a transitional experience, having in view that collaboration at work, effective communication and social support contribute to the creation of conditions conducive to the transition⁽³⁾. The support offered by the family to the interns can be considered as emotional and instrumental. Emotional, because it contributed to them feel supported, loved and cared for, raising the self-esteem with the incentives received; instrumental because if provided financial, concrete aid⁽¹⁵⁾.

Regarding the support offered by the professor or preceptor, revealed by the statements, it is valid to emphasize that the professor, by his/her training for teaching, should be prepared to consider the individual needs of students in the teaching-learning process⁽⁸⁾. The professors also must understand that the intern, in his/her uniqueness, at certain times of his/her journey, coexists with problems that positively or negatively affect his/her behavior and learning. In this way,

the intern needs to feel supported throughout the course, so that there are conditions to overcome challenges caused by personal and professional problems and weaknesses.

This type of social support is called informational, because it is a help through information, advice and opinions. The traumatic effects of a transitional experience can be minimized⁽¹⁵⁾.

The support of family, friends and partners is essential for those who experience a transition, especially in professional transitions, because, when such support does not occur, there is a predisposition to feelings of frustration, powerlessness, doubts, among others⁽³⁾.

The intense dynamics of the residency, in real work contexts, in which the provision of services is based on interdisciplinarity, bringing together a large number of professionals to work daily very close, makes all to identify themselves, form bonds of friendship and promote the development of relational competence.

The intern's social environment becomes the course context, that is, the higher education institution and/or hospital organizations, because of the uniqueness required and the range of activities to be carried out. The integration between the people who are part of the environment where the transition occurs avoids the social isolation of those people⁽³⁾. This interaction is considered a pattern of response, which is the way people respond to the transition and encompasses indicators such as the creation of friendship bonds, which characterize a healthy transition⁽¹⁾.

Indeed, when the teaching-learning process occurs in a friendly atmosphere, the intern tends to feel welcomed and included in the education context, which facilitates his/her transition. Nursing is one of the professions that is based on the work of interaction, which develops with the other and for others, whose good performance requires investing in the cognitive and affective resources of relations⁽¹⁶⁾.

The emotional well-being is understood as an indicator of a healthy transitional experience, because, during the transition, there may arise a range of feelings, such as conflict of roles, low self-esteem, fear of failure and feeling of

overload, which are managed appropriately by the individual if he/she feels supported. Thus, the well-being in relationships represents an indicative of a successful transition⁽³⁾.

The individual in transition, when understanding his/her new condition, through the comparison with the previous one, lies in time, in space and in relation with the other⁽¹⁾, as can be observed in the report in which the participant reported "give up many things", because of the awareness of his condition and that he could no longer carry on as before.

The awareness is related to the perception, the knowledge and the recognition of a transitional experience for the individual. Awareness is a condition without which there would not be a transition, that is, every individual must be aware of the process experienced and the consequences for him/herself and for the context surrounding him/her. A transition is supposed to have some degree of awareness of the changes that occur. The level of awareness influences the degree of involvement, because a person can only become involved after having notion of change^(1,3).

The residency has the intern as the subject of his/her learning. Most of those activities are planned and prepared by him/her, demanding full-time dedication to the course. This form to adapt to the situation causes fatigue, physical and emotional exhaustion, hindering the development of transition.

According to the reports, the nurses, due to the need to dedicate to the course, according to the commitments and responsibilities, needed to distance from their family and social context, outside the circle of the course, and began to form new bonds with people that were part of their new social environment, by the proximity between them. The distancing from those bonds is one of the characteristics of the transitional process⁽¹⁾.

Conclusion

The conditions experienced by nurses, graduates from a residency program, during the transitional experience encompasses favorable and unfavorable conditions. The favorable

conditions identified were: cohesion between the higher education institution, and the practical scenarios; integration of the managing and executing team of the course; articulation and coherence between the theoretical and practical content; support from the social network; people's knowledge and creation of friendship bonds. The unfavorable conditions were: decreased standard of living, accumulation of activities, and distancing from social bonds.

Nonetheless, understanding that the meaning and the value attributed by the graduates to favorable and unfavorable conditions interfered in the adaptation, the development of transition and the expected results of the transitional experience, the importance of the analysis of those conditions throughout the transition process becomes recognized.

The study provides subsidies that allow developing strategies that facilitate the transition process experienced by nurses in a residency course.

Collaborations:

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2 – writing of the article and relevant critical review of the intellectual content: Gilberto Tadeu Reis da Silva and Giselle Alves Teixeira.

3 – final approval of the version to be published: Rosana Maria de Oliveira Silva.

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