

## *Original Paper*

# Analysis of Professional and Educational Profile of Nurses of a General Hospital, to Create Professional Competence Matrix

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### **Abstract**

*This study tries to identify the perceptions of hospital nurses about the gaps and skills found during their training process that can help in the construction of a matrix of competence for working in a general hospital. This study is descriptive and exploratory, with a quantitative-qualitative approach, in which 30 hospital nurses participated. The data was collected through the application of a semi-structured interview and were analyzed using the Bardin technique. The participation of nurses brought answers so that gaps observed in their graduation, are reduced through future planning of teaching learning of a nursing undergraduate course, which will be addressed and developed in hospital practice. It is determined for the need to build a matrix of professional competence for nurses to work in a general hospital, strengthening the training of these future professionals.*

### **Keywords**

*nurse, hospitals, professional competence, universities*

## **1. Introduction**

Nowadays, constant transformations are demanded for an effective performance of nurses working in care. When caring for people, in different contexts, it is necessary to develop general and specific skills. Given these needs, the concept of competence has been debated and questioned in academic spaces and professional sectors, both in Brazil and abroad, in order to stimulate development in people to achieve professional excellence (Mota, Silva, & Souza, 2016).

Since the implementation of the National Curriculum Guidelines for the undergraduate nursing course, in 2001 (DCN, 2001) in Brazil, educational institutions have been encouraged to restructure their

pedagogical projects, investing in the training of future nurses in an ostentatious way, analyzing their teaching practices, so that nurses can face the labor market in hospital organizations and other areas of activity (Ministry of Education, 2001).

In view of this, competences such as human capabilities can be related as an ability to accomplish a specific task. These have become a basic element that allows companies to focus on the essential aspects of their business and have human capital that has the knowledge, skills and attitudes to meet the challenges of the globalized world (Correa, 2015).

A competence is defined by the ability to act effectively, based on knowledge, but without limiting itself to it. It is to have the critical knowledge to act in the most diverse situations. The result will be an effective action, starting from a scheme of mobilization of knowledge linked to discernment (Perrenoud, 2000).

Professional competence is a theme that has been studied in recent years, being essential to graduated nurses or even to the most experienced, so that they can face the difficulties encountered in the labor market. It is common to find stressful situations because what was learned in college does not always find convergence with practice in health institutions. Thus, the nursing students in the health service experience a strong feeling of insecurity and fear in the middle of difficulties, something continuous since the entry and the adaptive process, as professionals and as individuals.

In the development of work, nurses exercise responsibilities when accompanying patients, within care, who require specific competencies in order to certify excellence when assisting, while performing management and caring activities (Nilsson, Johansson, Egmar, Florin, Lekssel, Lepp, & Gardulf, 2014). The relationships, interactions and associations between individuals, as complex beings, permeate the performance in the field of nursing and the entire health area, through competencies/skills/potentialities specific to or inherent to the professional activities of the nurse.

In the face of these complexities and the numerous activities that nurses must perform, it is important to ask with new knowledge, in order to strengthen the network of connections and interconnections necessary for human care, which is broad, dynamic, multifaceted and complex (Vergara, 2009).

Therefore, it is perceived the relevance of proposing discussions on pedagogical proposals and curricular vicissitudes, so that graduates can ponder about the various knowledge of the profession, with reflection on the action at work.

The role of the university is to teach professionals so that there is an understanding of theoretical and practical knowledge, in such a way that it subsidizes the human aspects in the quality of the professional's attention provided to the patient (Eiró & Catani, 2011). In this primordial role, there is an extraordinarily strong bias towards the professional structuring of these students. Within this sphere, teachers are professionals who can instigate new perspectives, our conceptions about the knowledge to be worked throughout the training process and, later, provide reflections based on practical problems.

Being the competence's concept comprehensive and polysemic, Perrenoud (2000), states that the notion of competence should not only be understood by an optical caricature in which only the knowledge of

common sense or experience is mobilized. For this author, competence is the ability to mobilize a set of cognitive resources (knowledge, abilities, information, and others) in order to solve with relevance and effectiveness a series of situations.

Within this professional sphere, the hospital is a complex space, involving various functions within the nursing work, covering the educational, investigative, administrative-managerial area and the assistance area itself, which directly reflects on the excellence of the execution of care and articulation of these functions.

It is necessary to constantly adapt, since, while the patient is the central axis of their actions, it is necessary to make the use of instruments that help nurses in the administration of their work, aiming at improvements in taking care (Camillo, 2016).

In this sense, the study presents the following question: What are the perceptions regarding the facilities and difficulties encountered by nurses working at the Adventist Hospital of Belém (HAB) when observing their undergraduate training process, which can help in the construction of the matrix of professional competence for nurses to work in a General Hospital?

Developing competences helps the process of planning, making decisions, interacting, and managing people. Therefore, the definition of the competencies that will be worked when training nurses is still a challenge (Peres, 2017).

In view of the above, propositions related to the development of competences need to be challenged by educational institutions, with the purpose of bulking up what is fundamental for the training of nurses for the labor market.

### *1.1 Objective*

To identify the perceptions regarding the facilities and difficulties encountered by nurses working in the HAB, when observing their graduation process, which can help in the construction of the matrix of professional competence for nurses to work in a General Hospital.

## **2. Method**

The study was developed in accordance with CNS Resolution 466/2012 and was approved by the Research Ethics Committee (CEP) of the State University of Pará (UEPA), located in Belém-Pará, Brazil, under Judgement number 3,978,994, Certificate of Presentation for Ethical Appreciation, CAAE: 29821420.5.0000.5194.

It was an exploratory, descriptive study, with a quantitative qualitative approach, being used for this article, the first part of the research, the qualitative section.

The study scenario was constituted at the Adventist Hospital of Belém (HAB), located in the city of Belém, Pará, Brazil, which has a partnership with the Adventist College of the Amazon (FAAMA). The FAAMA will open the nursing course at the beginning of 2021. The hospital will serve as the basis for future internships for the students of this IES.

We included 30 nurses who work at the hospital and who had already gone through the period of experience, with more than two years of effective work and who agreed to sign the Free and Informed Consent Form, after written authorization from the Hospital.

Data collection was performed in August 2020, through an interview with a semi-structured script and, after data collection, the content analysis was performed, according the orientation of Bardin (2016).

The interview script was composed of identification data with personal and socio-professional characterization of nurses: age, gender, working time, year in which he completed the undergraduate course, graduate studies, courses held in the last two years, participation in scientific events, study groups that participate, scientific activities performed and what facilities and difficulties perceived in the daily work attributed to his formative process.

After observing the results, it was done interferences and interpretations correlated to the expected objectives.

### 3. Result

Of the 30 interviews conducted, 19 (63.3%) professionals were female, demonstrating a relevant proportion compared to 11 (36.3%) males. There is a variation in age among participants that was observed as follows: 11 (36.33%) respondents are 26 to 30 years old, 9 (30%) from 31 to 35 years, 3 (10%) from 36 to 40 years and 6 (20%) from 41 years onwards. Regarding the time of performance in the function in the HAB, 14 (46.6%) nurses are in the role of 2 to 5 years, 10 (33%) from 6 to 10 years, 3 (10%) from 11 to 15 years and 3 (10%) for more than 15 years, as shown in Table 1.

**Table 1. Characterization of Participants**

Social-demographic data	Frequency	N=30
Sex		
Female	19	63.3 %
Male	11	36.3 %
Age		
26 to 30	11	36.3 %
31 to 35	09	30 %
36 to 40	03	10 %
>41	06	21 %
Time working in nursing		
2 to 5 years	14	46.6 %
6 to 10 years	10	33 %
11 to 15 years	03	10 %
>15 years	03	10 %

Regarding education, the data from the interviews show that 24 (80%) of the professionals reported having a post-graduation. Of these, 22 (73.3%) reported having post-graduation at the level of Lato Sensu, 2 (6.6%) have it in Stricto Sensu (master's degree) and 6 (30%) professionals have not yet attended graduate school.

Regarding participation in scientific events, 19 (63.3%) respondents reported that they participated in events in the last two years and 11 (36.6%) did not participate. Of the scientific study groups, 8 have participated, totaling 26.6% of the participants. Regarding the year of graduation, too, a variety was observed, with 1 (3.3%) completed his graduation between 1981 and 1990, 2 (6.66%) between 1991 and 1999, 7 (23.3%) between 2000 and 2009 and 20 (66.6%) between 2010 and 2017, according to Table 2, below:

**Table 2. Professional Data**

Social-professional data	Frequency	N=30
Graduate		
Lato Sensu	22	73.3 %
Stricto Sensu	02	6.6 %
Has no graduate school	06	30 %
Participation in scientific events		
Yes	19	63.3 %
No	11	36.7 %
Scientific study group		
Yes	08	26.6 %
No	22	73.4 %
Year of graduation termination		
1981 to 1990	01	3.33 %
1991 to 1999	02	6.66 %
2000 to 2009	07	23.3 %
2010 to 2017	20	66.6 %

The courses conducted by nurses in the last two years was also an item addressed in the interview. There was a predominance for the Manchester protocol with 8 (32%) of the nurses performing it, followed by wounds and dressings with 5 (20%), First Aid and COVID-19 with 3 (12%). The course of nursing management and the postgraduation in public audit was done by 2 (8%), followed by 1 (4%) in the following courses: intensive therapy in nursing, palliative care, systematization of the nursing assistance, Air rescue in an area of difficult access, Primary health care and the role of the nurse, intraosseous pulsion, the integrated care to the prevalent diseases in childhood (IMCI), testing and

counseling of HIV and TSTs, advanced life support in cardiology (ACLS), capacitation in central venous catheter of long-stay peripheral insertion (PICC), nursing in the urgency assistance, electrocardiogram, nursing in computing, nursing in oncology, nursing in nephrology, postgraduation in UTI pediatric and neonatal, postgraduation in urgency and emergency, vaccination and hand washing, as described in Table 3, below:

**Table 3. Courses Held in the Last Two Years**

Courses realized	Frequency	N=25
Intensive nursing care	1	4 %
Palliative Care	1	4 %
Manchester Protocol	8	32 %
Systematization of Nursing Care	1	4 %
Wounds and Dressings	5	20 %
Air rescue in hard-to-reach area	1	4 %
Primary health care and the role of nurses	1	4 %
Nursing management	2	8 %
Intraosseous drive	1	4 %
AIDIP	1	4 %
HIV and TST testing and counseling	1	4 %
ACLS	1	4 %
PICC Training	1	4 %
Nursing in Emergency Care	1	4 %
COVID-19	3	12 %
Electrocardiogram	1	4 %
First Aid	3	12 %
Computer Nursing	1	4 %
Oncology nursing	1	4 %
Nephrology nursing	1	4 %
Postgraduate in Health Audit	2	8 %
Postgraduate in Pediatric and Neonatal ICU	1	4 %
Postgraduate in Urgency and Emergency	1	4 %
Vaccination	1	4 %
Hand washing	1	4 %

### 3.1 Content Analysis of the Speeches

In view of the analysis of the statements of the interviewed nurses, there were some considerations about their understandings of the speeches about their performance in the hospital context, identifying the facilities and difficulties perceived in the daily work, which were attributed to their formative process.

#### 3.1.1 Category 1: Perceived Facilities in Daily Work That Were Attributed to Your Formative Process

The nurses, in their manifestations during the interviews, demonstrated that in the academic context they found some facilities that are important for their performance in the hospital context, which stimulated them and made them reflect on the importance of a sensitive look in relation to the patient with whom it comes into contact, along with the need to be in direct contact with work team:

##### 3.1.1.1 Humanization

(...) during my course, the humanization by the teachers helped me a lot in my walk as an academic. Today I observe how important is a sensitive look to take care for the patients I have contact with. (Nurse-19)

Caring in a humanized way is a current need, considering that care often ends up becoming the application of a nursing technique (Selli, 1998).

(...) the relationships with the professional team make me feel belonging to that work and it helps me in the difficulties of the day-to-day. (Nurse-01)

Being the routine complex and demanding within the hospital context, understanding the importance of humanized contacts will help in performing a tuned work, with a good flexibility in the difficulties of daily life. The health work process requires, in addition to an articulation of knowledge, due to its multi professional character, greater technical, ethical-political, and interpersonal relationship qualification (Dias, Stutz, Resende, Batista, & Sene, 2014).

##### 3.1.1.2 Theory and Practice

In order to achieve action in the face of the various hospital contexts, nurses consider the importance of making a link between theory and practice, which can benefit the action, often so unexpected, and that requires a decision-making for an efficient action:

(...) the faculty gave me a theoretical basis to perform physical examinations, perform procedures of competence of the nurse, as well as identify signs of clinical deterioration in patients. (Nurse-08)

##### 3.1.1.3 Decision Making

(...) decision-making [was] stimulated by well-monitored nursing practices still in college. (Nurse-12)

The reality in the professional practice of nurses reflects that the execution of their work process goes beyond the dimensions of assistance, because it is linked to health work processes in an expanded way, being requested daily, skills and competences related to decision making. Decision-making can be defined as a choice between two or more alternatives that make it possible to achieve an expected goal, or closer to it (Marquis, 2005).

#### 3.1.1.4 Teaching

(...) the didactics of the course assisted me in my work. (Nurse-17)

Learning can be understood as a way to transform the person and reality; the student and the teacher become subjects in the teaching and learning processes, transforming their pedagogical and professional practices, building freedom responsibly. Thus, it is possible the critical reflection on their practice and learning (Souza, Iglesias, & Pazin-Filho, 2014).

#### 3.1.1.5 Supervised Internships

Considering the participants, it is observed that several nurses affirm that the practice within internships greatly helped them to be able to act early in their careers, given the difficulties faced in the labor market, as reported below:

(...) I really liked the way my internship was conducted-practices. (Nurse-20)

(...) I felt very easily in my professional performance today because I have always done many internships since the beginning of college. (Nurse-23)

(...) the amount of internships I did helped me a lot at the beginning of my career as a nurse. (Nurse-22)

(...) same care routine seen in the internship is developed in everyday life. (Nurse-26)

(...) helped me understand nursing as scientific. (Nurse-24)

With the establishment of the National Curriculum Guidelines (DCNs), in 2001, many restructurings were necessary for the improvement and incorporation of active learning methodologies, promotion of a professional with principles of integrality in care, considering the Unified Health System as the structuring axis of the training process, in addition to the incorporation of the Supervised Curricular Internship. All the restructurings proposed since 1996, the year of the enactment of the Law of Guidelines and Bases for National Education, have contributed to the advance of nursing education towards the development of complex thinking, aiming to train more critical and reflective professionals, capable of acting in the most diverse situations, proposing solutions to the problems encountered (Marran, Gomes, & Bagnato, 2015).

#### 3.1.2 Category 2-Perceived Difficulties in Daily Work That Were Attributed to Their Formative Process

In relation to the difficulties perceived in the formative process, the nurses wrote how difficult it was to face various professional actions, given the psychological pressures that the hospital context presents, both with the patient and with dealing with their families. Among these difficulties are dealing with the preparation for imaging exams, reading comprehension and adequate use of the pharmacological area in assistance.

##### 3.1.2.1 Preparation for Imaging Exams

(...) the college does not prepare the professional to deal with the conflicts faced on a day-to-day, either with the work team or with the patient/family member. I was not prepared to prepare patients for imaging tests that require fasting or other preparation. Today, with numerous changes in relation to protocols, it is important that colleges teach future nurses how to apply them. (Nurse-8)



### 3.1.2.2 Psychological Pressures

(...) I believe that it is also important that colleges train students to deal with psychological pressure situations that can be experienced in care. (Nurse-8)

Taking care of all human complexity is a challenge for nurses because their demands never cease and can never be fully met. During the illness process, when frailties, fears, anxieties, and discomforts arise, attention to the emotional dimension of the human being is even more necessary (Pinto, Garanhami, França, & Pierotti, 2017).

### 3.1.2.3 Pharmacology

(...) difficulty in team management and specific procedures that only daily practice [prepares] to have better execution competence. Difficulty in the name and correct doses of medications, which is not taught in pharmacology. (Nurse-28)

As a stimulus to a safe practice, the World Health Organization (WHO) has established a set of basic protocols, including the one related to the safe use and administration of medicines. The preparation and administration procedure, as it is an essential care for health reintegration is considered a challenge when it comes to the construction of a safe practice. Errors can occur at any stage of drug therapy, which can cause harm to the patient.

In view of the exposed reality, it should be elucidated that nurses mention that many difficulties in the work of care are related to the lack of well-directed internships and with a timely manner for the development of such skills and competencies. As a result, they face today a feeling of disability and personal/professional devaluation. Given the demands required, it is considered that there are few investments in the various specificities that nursing requires:

### 3.1.2.4 Supervised Internships

(...) difficulties associated with little contact in the internships in the hospital area. (Nurse-25)

(...) lack of opportunity in extracurricular internships, difficulties in practical experiences and combining theoretical knowledge with the reality experienced in everyday life. (Nurse-02)

(...) lack of experiencing the practice together with the theory, as well as applying it within the hospital. (Nurse-03-04)

(...) practical classes in a lower than expected amount. (Nurse-29)

(...) the difficulties in everyday life my view is the professional valuation, in all financial aspects, work scales, etc. (Nurse-07)

(...) my difficulty was regarding my practice in internships and today I observe professional devaluation. (Nurse-19)

(...) lack of offers in the internships on in other specificities. (Nurse-26)

Sometimes the curricular internship is an opportunity for the academic to answer their doubts, improve themselves and put into practice everything that has been learned during the course.

Supervised internship is understood as an important instrument for the training of nursing professionals, in which professional skills are developed and techniques and procedures performed daily in the

practice of the profession are improved. This period of field learning has the function of consolidating theoretical learning to train more qualified professionals and prepare them to face the labor market, which is increasingly competitive (Dias, Stutz, Resende, Batista, & Sene, 2014).

#### 3.1.2.5 Standardization and Systematization of Professional Activities

Some of the interviewees stressed the importance of having the domain over reconciling care and bureaucratic issues within the hospital. They report on the difficulties in this conciliation and regarding the question of standardization and systematization of the various hospital activities of nurses:

(...) standardization and systematization of each institution. (Nurse-17)

(...) I had many difficulties in reconciling the practice of assistance and the bureaucratic part. (Nurse-18)

(...) did not prepare for the reality of care. He did not bother to train judiciously [with a view] to the technical part. (Nurse-24)

(...) work routine. (Nurse-01)

According to the DCNs, the nursing professional must ensure that his/her practice is carried out in an integrated and continuous way with the other instances of the health system, being able to think critically, analyze the problems of society and seek the respective solutions.

Professionals should perform their services within the quality standards and principles of ethics/bioethics, taking into account that the responsibility of health care is not closed with the technical act, but rather with the resolution of health problems, both at the individual and collective level. Nurses must have the skills and abilities to evaluate, systematize and decide the most appropriate conducts for patients and family members (Ministry of Education, 2001).

#### 3.1.2.6 Leadership and Management

Regarding leadership and team management, two nurses mentioned the importance of having more disciplines on these questions. Here are the reports:

(...) should have more subjects focused on leadership and team management. (Nurse-15)

(...) management/leadership. (Nurse-11)

Leadership emerges as the main instrument of the nursing process also understood as care management. It is present in all the activities of the nurse, during the organization of the service, in the relationship with the team and the institution, as well as in decision-making, which even inherently occupies a place of extreme importance in the profile of the professional (Treviso, Peres, Silva, & Santos, 2017).

As for the encouragement of research as a driving force for the search for new knowledge and for the development of skills and skills necessary in the performance of nurses, this speech is seen:

#### 3.1.2.7 Incentive to Research

(...) I really wish my university had invested in encouraging research. I almost didn't. (Nurse-02)

Regarding the analysis of the results presented, it is confirmed the importance of the role that the faculty can play a decisive role for the development, improvement and how much nurses need to be stimulated and trained to improve a clinical practice, knowing how to differentiate and identify

capacities and difficulties, strengthening their professional competencies that are under their responsibility.

The nurses evaluated, through their reports, the nursing courses they took in their respective faculties. Through their opinions, they can help through important information to build a competency matrix and what changes are necessary, in order to improve learning (Vieira, Ohara, & Domenic, 2016).

In the current Brazilian scenario, there is a need to consider the relationships between colleges and organizations that employ graduates. The demands of work need to be met in the most diverse spheres, being essential to have a balance in these relationships, so that qualitative changes are made.

It is substantial to consider the teaching and learning process to re-examine the preparation for the professional future appropriate to the social reality and health of the moment (Witt & Gebbie, 2016).

By analyzing the difficulties and potentialities that were perceived in nurses throughout their training process, we can build a paradigm that contains improvements in educational development in a critical way, creating an environment favorable to the transformations of reality (Westin, Sundler, & Berglund, 2015).

### *3.2 Search/Article Limitations*

A limitation refers to the professional category and the research scenario because it addresses only 30 nurses from a single hospital institution.

## **4. Conclusion**

This study, that demonstrated the perceptions of nurses, in order to enrich this first phase of the research, which was conducted through semi-structured interviews, helped to understand the relevance and necessity of the balance between the practice of care and the theory offered during the years of graduation in the nursing course. This mapping allows a diagnosis on relevant topics that need to be made up of the matrix of professional competence, for the performance of future graduates, in a critical-reflexive way.

Studies on professional training show that the construction of competencies implies articulating different knowledge for the development of a professional practice based not only on the incorporation of knowledge and skills, but also on personal and relational attitudes aimed at the construction of a common project for the transformation of the health reality (Blazun H, Kokol P, & Vosner, 2015).

In this sense, it is proposed to continue the study that can observe which competencies are essential for the construction of a matrix of professional competence for nurses to work in a general hospital, since the constructions and analyses of competency matrices are often not made from the eyes of the nurse who is in service. Thus, the value of the research is in reducing the gaps presented between the future planning of teaching and learning for the competencies that will be addressed and developed during the trajectory of graduation and the performance of nurses in a general hospital, uniting teaching and health, mapping the area of nursing education.

In this scenario, there are failures and challenges inherent to the training of professionals. It becomes evident the need for managers and professionals who reflect on the qualification of nurses for these future graduates. It is known that there are still several issues to be faced in the educational field, but it is up to the training centers to face the challenges that arise, implementing differentiated teaching strategies (Leal, Soares, Silva, Chaves, & Camelo, 2018).

Among other things, this investigation opens the opportunity to open new paradigms, in the search for understanding the importance of building a matrix of competence that can help the entire pedagogical team in the search for better content and forms of work, so that the preparation of new professionals is salutary.

The DCNs present a text with the pretensions of forming a critical-reflective professional, active in the face of the demands of the labor market (Ministry of Education, 2001)

Therefore, it is crucial that the university space may be constantly growing and enabling continuous interaction, meeting the needs of the labor market. And making an space for dialogue between the university and the labor market.

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