



Self-knowledge of health teachers: A qualitative exploratory study

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ABSTRACT

Background: Specific pedagogical training for teaching in the area of health emerges with the goal of creating critical and reflective professionals and as a necessary challenge to university teaching, where there is reflection on self-awareness, consciousness, and the incompleteness of being.

Objectives: This study aims to understand how Freire's critical consciousness is expressed in the pedagogical practice of health teachers.

Design: This study is a qualitative study that is descriptive, exploratory, and analytical.

Participants and settings: Twenty-one teachers from a public university in southern Brazil participated.

Methods: Data were collected using open-ended, in-person interviews held from May to December 2013. Data systematization was based on Minayo's operative proposal.

Results: The analysis yielded 2 main categories, including the naïve critical consciousness of health teachers, i.e., education as a practice of oppression, and the epistemological critical consciousness of health teachers, i.e., education as a practice of freedom. The results revealed the teachers' self-knowledge, including the reasoning and motivations that made them become teachers, the characteristics considered necessary to be a teacher, the teachers' feelings in their teaching practice, and the teaching preparation required for being in the classroom from the perspective of naïve and epistemological critical consciousness.

Conclusions: The study shows that the self-knowledge that emerged from the teachers' reports encourages new perspectives in the construction of the teacher, raising the challenge of development and transformation from naïve consciousness to epistemological consciousness, and thus contributing to a breakthrough with respect to critical and creative teacher training.

1. Introduction

Given the peculiar scenario of the health system and education in Brazil, professional training in health is a complex process. To meet the demands, needs, and ideals of the Brazilian Public Health System (Sistema Único de Saúde – SUS) and of the university system, in the sense of training critical and reflective professionals, specific pedagogical training has emerged as a necessary challenge in university teaching in health, in which there is reflection on self-awareness, consciousness, and the incompleteness of being.

Unfinished teachers are immersed in a process of constant change in which the depth of possible transformations of one's teaching practice is directly related to the form of self-awareness that one develops, which can be either a naïve critical consciousness or an epistemological critical consciousness (Freire, 2014a).

In this sense, it is assumed as a prerogative that specific training and a change in teachers' principles and attitudes are required to transform the practice of future health professionals. In other words, teachers must have self-knowledge to develop critical consciousness in the face of reality (Freire, 2014b). In light of the problem presented, this study aims to understand Freire's critical consciousness in the pedagogical practice of health teachers, based on self-knowledge.

Interest in this work there thematic within the teacher training in healthcare arose from my experience as a teacher in health at the Federal University of Santa Catarina (UFSC). During the performed activities as a teacher, I faced some challenges in my first experience of being a teacher. This fact aroused my restlessness and curiosity to understand how health care teachers develop their teaching.

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Table 1

The process of categorization of the research information.
Fonte: Pesquisa de campo. Florianópolis, 2013.

Interview	1st coding
<p><i>Researcher: I'd like you to tell me a bit how is your preparation to be with the students, before and during the educational process, as you work out?</i></p> <p><i>(Olívia):</i> So have such content, go to the pursuit of material, try to find out how people who have worked with it as was discussed, because sometimes has interesting things that are published, no good you think you have a ready class, is always We need to go back in class and see what has to update also like to see reports, magazines, television, so it's not only prepare your lesson. It has all the context, after being reviewed content, always use PowerPoint, then seek the material with the groups, with dynamic, even in Power Point. So before you show some comparative table, I propose that they assemble in groups to cutting and glue, always trying to get as they think, to draw their attention to this exchange with them. I am also thinking of context with what they had before and what they will have then to make the connection. You have no semester that you will give something that has nothing to do with anything.</p>	<p>Has such content, go to the pursuit of material, try to know the people who have worked with it as was discussed, because sometimes has interesting things that are published, no good you think you have a ready class, it is always necessary to go back in class and see what they have to upgrade. <i>(Olívia)</i></p> <p>I also like to see reports, magazines, television, so it's not only prepare your lesson has every context, after being reviewed content, always use PowerPoint, then seek the material with the groups, with dynamic, even Power Point. So before you show some comparative table, I propose that they assemble in groups to cutting and glue, always trying to get as they think, to draw their attention to this exchange with them. <i>(Olívia)</i></p> <p>I wonder contextualize what they had before and what will have then to make the connection. You have no semester that you will give something that has nothing to do with anything. <i>(Olívia)</i></p>

transformative pedagogical practice completed in December 2014 at UFSC institution and justified the importance of developing this search for the profession, as with the recognition and understanding of how to express the pedagogical practice of health care teachers can collaborate with movements and policies whose priority to specific pedagogical training, enabling reflection on the adoption of reference theoretical and emancipation that contribute to an awareness of themselves and the epistemological world". This facilitates the analysis of educational contexts and interpersonal relationships between teachers and students in search of a differentiated training of future health professionals, covering critical positions, creative and reflective.

2. Method

This is a descriptive, exploratory, and analytical study that takes a qualitative approach, developed in a public university in southern Brazil. The criteria for participant selection involved an intentional search for health teachers whose initial training encompassed the following: nursing, medicine, dentistry, pharmacy, nutrition, speech therapy, and physical education. The participants teach in the following programs: Nursing, Medicine, Dentistry, Pharmacy, Nutrition, and Speech Therapy.

Following Shulman (2005), intermediate teachers who have between 6 and 14 years of experience were selected. Intermediate teachers were chosen because they already have a teaching career in progress and a great journey ahead of them, and they are still being formed. Participants were selected by searching the institutional website of each degree program. Then, the teacher's curriculum vitae was consulted, and the teaching department where the teacher works was contacted. The first contact with participants was made through an in-person or e-mail invitation to participate in the study, and at that time, the interview was scheduled.

A total of 54 intermediate teachers were identified during the data collection period, and 4 had initial training in nursing, 16 in medicine, 9 in dentistry, 10 in pharmacy, 9 in speech therapy, 5 in nutrition, and 1 in physical education.

The researcher contacted all potential participants, and 17 refused to participate in the survey, 9 were out of the country performing post-doctoral training, and 7 were away from the university due to illness. It is worth noting that the central categories emerged from interviews with 13 teachers, including 2 nurses, 2 doctors, 4 dentists, 1 pharmacist, 2 speech therapists, and 2 nutritionists.

This project was submitted to the Research Ethics Committee of the Federal University of Santa Catarina (Comitê de Ética em Pesquisa da Universidade Federal de Santa Catarina - CEP/UFSC), as recommended by Resolution 466/12 of the National Health Council on research

involving human subjects, and it was approved under CEP/UFSC protocol 539.118 (Brazil, 2012). The teachers' agreement to participate in the study was obtained through the signing of an informed consent form. To maintain anonymity, the participants were designated using code names (Nilton, Marcos, Flávia, Orlando, Olívia, Oscar, Evaldo, Naiana, Otávio, Oscar, Eduarda, Fábio) chosen by the researcher.

Data collection took place from May to December 2013. Data were collected through open-ended interviews based on the following guiding question: How did you become a teacher?

The open-ended interview was chosen because it reveals details and greater precision for the phenomenon under study, which makes it possible to more specifically explore the question under study. One interview was conducted with each participant, with a minimum duration of 9 min and a maximum of 75 min, and the average duration was 34 min.

A digital recorder was used to record the interviews and subsequently transcribe them in full and store them in a personal computer, with access restricted by the researcher. The interview was held in a place chosen by the participant, a suitable, quiet, and comfortable environment to encourage the exchange of information and the conduction of the interview in private.

Data were analyzed using Minayo's (2013) operative proposal, which consists of three stages, i.e. Pre-analysis: organized based on repeated and exhaustive readings of the interview transcripts, with the data organized in a Microsoft Office Word® file, in order to enable your selection and systematization, thus highlighting the central lines, becoming thus the 1st coding, according to can be seen in Table 1.

It is also worth noting that the study met the rigor criteria proposed by Calderón (2009), namely: epistemological adequacy, relevance, validity and reflection of the data.

In the exploration phase of the material, data from 1st coding have been read again line by line in order to get the central understanding of the data. So after this step was held the 2nd encoding of data that could be phrases or even extracts the 1st encoding. From the 2nd codification, it was possible to structure the first draft of the categories that emerged from the encrypted data, according to can be seen in Table 2. After the 2nd coding, data were conceptualized (3rd coding) by professional category and then grouped by similar topics, thus establishing relationships between them, making thus the central categories with the most obvious data. This dataset was organized in a Microsoft Excel® spreadsheet for easy organization and viewing, according to can be seen in Table 3.

Treatment of the results and interpretation: bringing the data within the theoretical framework of Paulo Freire. The following main categories emerged: the naïve critical consciousness of health teachers, i.e., education as a practice of oppression, which has the meaning concrete

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