

BETWEEN THOSE WHO THINK AND THOSE WHO DO: PRACTICE AND THEORY IN NURSE TEACHING

Daniele Delacanal Lazzari¹ 
Jussara Gue Martini² 
Marta Lenise do Prado² 
Vânia Marli Schubert Backes² 
Jeferson Rodrigues¹ 
Ana Karoliny Testoni² 

¹Universidade Federal de Santa Catarina, Departamento de Enfermagem. Florianópolis, Santa Catarina, Brasil.

²Universidade Federal de Santa Catarina, Programa de Pós-Graduação em Enfermagem. Florianópolis, Santa Catarina, Brasil.

ABSTRACT

Objective: to identify the opinions of professors about the relationship between theory and practice in nursing.

Method: descriptive analytical, qualitative study. Eighteen professors from two universities (one federal and one private) from the southern region of the country participated. Data collection took place between July and September 2014, through semi-structured interviews. Open and axial coding as proposed by Strauss and Corbin, with the help of Atlas ti® 7 software was used for data collection.

Results: the following categories emerged: The centrality of the practice for teaching and The specialist x generalist dichotomy: contrasting discourses.

Conclusion: the opinions of professors about theory and practice in nursing are widely conflicting. In areas considered of greater complexity, mastery of content is preferred and considered advantageous. The relationships that nurses and nursing professors maintain with knowledge influence the disconnection between theory and practice.

DESCRIPTORS: Nursing professors. Third-level education. Nursing professor practice. Professional practice. Identification (Psychology). Nursing.

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ENTRE OS QUE PENSAM E OS QUE FAZEM: PRÁTICA E TEORIA NA DOCÊNCIA EM ENFERMAGEM

RESUMO

Objetivo: identificar as concepções dos professores sobre a relação entre teoria e prática na enfermagem.

Método: estudo descritivo analítico, qualitativo. Participaram 18 professores de duas universidades (uma federal e outra privada) da Região Sul do país. A coleta de dados ocorreu entre os meses de julho e setembro de 2014, por meio de entrevista semiestruturada. Para tratamento dos dados foi utilizada a codificação aberta e axial conforme proposta por Strauss e Corbin, com o auxílio do *software* Atlas ti® 7.

resultados: emergiram as seguintes categorias: A centralidade da prática para o exercício docente e A dicotomia especialista x generalista: discursos em contraposição.

Conclusão: as concepções dos professores sobre teoria e prática na enfermagem são amplamente conflituosas. Nas áreas consideradas de maior complexidade, o domínio do conteúdo é considerado vantajoso e preferível. As relações que enfermeiros e professores de enfermagem mantem com o saber influenciam na desvinculação entre teoria e prática.

DESCRITORES: Docentes de enfermagem. Educação superior. Prática do docente de enfermagem. Prática profissional. Identificação (Psicologia). Enfermagem.

ENTRE LOS QUE PIENSAN Y LOS QUE HACEN: PRÁCTICA Y TEORÍA EN LA ENSEÑANZA DE ENFERMERÍA

RESUMEN

Objetivo: identificar las concepciones de los docentes sobre la relación entre teoría y práctica en enfermeira.

Método: estudio analítico descriptivo, cualitativo. Participaron 18 profesores de dos universidades (una federal y otra privada) de la región sur del país. La recolección de datos tuvo lugar entre julio y septiembre de 2014, por medio de entrevistas semiestructuradas. Para gestión de datos, utilizamos la codificación abierta y axial propuesta por Strauss y Corbin, con la ayuda del *software* Atlas ti® 7.

Resultados: surgieron las siguientes categorías: la centralidad de la práctica para el ejercicio docente y la dicotomía especialista x generalista: discursos en contraposición.

Conclusión: las concepciones de los docentes sobre teoría y práctica en enfermería son ampliamente conflictivas. En áreas consideradas de mayor complejidad, el dominio del contenido se considera ventajoso y preferible. Las relaciones que las enfermeras y los profesores de enfermería mantienen con el conocimiento influyen en la desconexión entre la teoría y la práctica.

DESCRIPTORES: Profesores de enfermería. Educación universitaria. Práctica docente de enfermería. Practica profesional. Identificación (psicología). Enfermería.

INTRODUCTION

Professional identity includes the professor's opinion of his activities, of himself, of the group he belongs to, and the important characteristics of his profession.¹⁻² These perceptions link identities and can be mobilized through three groups: those about the professional role (encompasses the training received and professional experiences), the instructional processes of teaching, learning and assessment (beliefs, opinions and theories that teachers have about teaching) and about the feelings triggered by teaching (affective impact produced by teaching).³

The way professors understand and perform their work activities is related to the training received, or lack thereof, and the types of experiences. Therefore, for graduates who began teaching with the absence of specific training, thinking of these processes implies understanding the assumptions that guide their opinions as professors.

Being a nurse is not the same as being a nursing professor. The knowledge for each of these activities differs structurally, considering that there is specific knowledge to be a professor and that this composes its identity process. In this context, because professors generally teach as they were taught, there is a perpetuation of practices and knowledge, which often means favoring technique and instrumental teaching, drawing on their experiences as students.⁴

The beliefs, opinions and theories that professors have about teaching are an important part of their identity process.³ The existing relationship between teaching and nursing practice has particular importance, since it guides a significant part of professional opinions, present since it became a university career.⁵ In some cases, the nursing professor, especially in public educational institutions (due to the requirement of exclusive dedication), steps away from the practical field and moves closer to teaching, research and extension. This distance strengthens the idea that, although respected for their knowledge, they are not, in general, models of technical capacity.

This dichotomy between the nursing professor considered theoretical and out of the professional reality and the nurse as a subject who practices in the care context, also strengthens the perception that there are distinct types of knowledge: one taught in the university, theoretical and distant from what happens in reality; and another, from the world of work, composed of the non-idealized professional daily life.⁶ This reality is also the result of the positivist health training model and based on assumptions that fragment knowledge.⁷

The relationship that nurses and nursing professors have with knowledge often influences this disconnection between theory and practice, antagonizing them by sometimes considering one as more important than the other. The perception of the production of different scientific knowledge between academia and the world of practice contradicts the idea that theory exists to be applied in practice, and that the problems of practice must be addressed through the theories arising from scientific knowledge.⁸ The polarization between those who think and those who do, has implications for the perception that nursing professors have about themselves and their work, including repercussions on the education of students, as it induces the support of their professional work.⁹

The relationship between theory and practice can be seen through a dichotomous perspective, which separates and confers total autonomy between them, or unity, by perceiving them as inseparable and complementary.¹⁰ Thus, the ideas that teachers have on the relationship between theory and practice in nursing, are important parts of their perception of how teaching should be and generate implications for their pedagogical practices.⁵ The teaching identity process, in which the representations about oneself are fundamental, is permanently built and the reflections about it can help to eliminate the distances produced by the Cartesian model of teaching, not only in relation to the complexity of nursing, but also by the countless conflicts and paradoxes present.

Thus, the question is: Based on their professional experience what are the opinions of professors regarding theory and practice for teaching in nursing? Therefore, the objective of this research was to identify the opinions of professors about theory and practice in nursing.

METHOD

A descriptive, exploratory, analytical study with a qualitative approach, conducted with 18 professors from two universities in southern Brazil. Initially, the intention was to compare the theory/practice relationship between the different professor profiles, but the differences were irrelevant. A semi-structured interview was used as the data collection strategy. Participant selection occurred by sending an invitation to all the professors in the institutions: 23 nursing professors in the private institution and 17 in the public institution. Among the 40 nursing professors, 18 replied to the invitation and agreed to participate in the research (ten from the public institution and eight from the private institution).

Data collection lasted four months (July to September 2014). The interviews were previously scheduled, with each participant, and conducted in a private place at the universities, in order to maintain privacy. The interviews were recorded on a digital file, and lasted between 40 and 120 minutes and were guided by the following questions: How do you identify yourself professionally? How did you become a professor? How do you feel about teaching? How is your teaching practice pedagogically structured? Individuals who agreed to participate in the study signed an informed consent form. The teachers were identified with the letters F (from Federal University), P (from Private University) and A (Practice nurse), followed by the number corresponding to the order of the interviews. The identification with the letter A corresponds to those professors who, because they do not have exclusive work commitments, work in both teaching and care, concurrently (e.g., FP, work in public and private university - do not have exclusive work commitments; PA, works in private university and the care area).

The interviews were analyzed, producing inferences based on Monereo's theoretical assumptions about the professional identity of professors.³ Data analysis was performed using the coding procedure.¹¹ This process is related to the conceptual organization of raw data into categories, using two distinct and complementary steps called: a) open coding; b) axial coding.

The Atlas ti[®] 7 software was used to assist in the coding procedure. In this software a hermeneutic unit was created where the interviews were inserted in full and the reading was done in depth. The codes that emerged were grouped by similarity, concluding the axial coding. At the end of this process the following categories emerged: The centrality of the practice for teaching; The expert x generalist dichotomy: contrasting discourses

RESULTS

Among the 18 professors interviewed, 16 were women. The predominant age group among professors for both sexes was 35 to 40 years old. Ten teachers hold PhD degrees, six have master's degrees (one studying for a doctorate) and two specialists were studying for a master's degree. Three professors have a work contract with exclusive commitment to teaching at a federal university; two professors have a work contract without exclusive commitment to the federal university; and five professors have contracts without exclusive commitment to the federal university, in addition to another contract with the Private Higher Education Institution. Among the professors linked to teaching at a private university, two are only committed to teaching and six are linked to nursing care, at the same time. The length of teaching experience in higher education ranged from two to 18 years.

The centrality of practice for teaching

Nurses who choose teaching (instead of other nursing activities) are committed to an essentially self-taught practice, because there is no preparation or pedagogical training. The beginning of teaching activities in private educational institutions is made possible almost exclusively by the technical scientific skills and the time of experience as an assistant nurse. In public institutions, the selections are through public exams, and the essential requirement is having the title of master or doctor based on the development of scientific research.

At the private university, professors are required to have practical experience, the number of publications is not so important. The public universities, in my view, have a wrong policy in this sense, because they only value academic curriculum, articles, research. There are teachers who finished the undergraduate degree and went directly into a master's degree course and then to a doctorate degree course, and have never worked (FP05).

I imagine that if I finish my degree, do my master's and doctorate degree, I do not identify with any specific area during these years of training, I have two problems: the first is the absence of pedagogical training, common to all of us, and the second is the absence of professional experience (PA15).

The completion of master's and doctorate degrees in short periods after completing the undergraduate degree is perceived as a shortcoming for the training of the professor and/or nurse, since the lack of training can be considered a weakness, reinforced by the lack of professional experience. Thus, professional experience assumes a prominent role in the participants' statements, either refuting or exalting it. Those who consider it essential for the teaching exercise perceive it as a place of mastery and on which pedagogical practices are based.

Practical experience is key. I teach a discipline where I have years of care experience. It is something that I am able to teach the students with the greatest security in the world, I experienced it, I know it (P12).

It is critical for a nursing teacher [professional experience]. Health professionals cannot be professors without having practical nursing experience, this should be a norm, a rule. We are not theorists, mathematicians, philosophers, we are nurses, our profession is eminently practical. It is done in practice, formed in practice (FP05).

The essence of nursing is dealing with the patient, with the family, if I don't know how to work with it, how will I teach it? It is not good for teaching when one has a mostly philosophical approach to nursing (FP10).

The traditional professor model remains central to perceptions. Between the techniques and the production of knowledge that qualifies the practice or proposes innovations in care, there seems to be an endless amount of ideas about the profession. Also present is the perception that the nursing student has a preference and values the experienced professional in some specialty, because there is a repertoire of experiences that enriches the educational experience and produce identification with the ideal domain of technique, understood by the student as competence, professional success, etc.

The student likes the experience. So much so that I always hear that they like to be with me, because they ask me things and I always know how to answer, help, because I have already experienced it. Like it or not, there will always be this comparison (FP10).

If students ask me if I have worked in my subject area, I will have to say no. I feel it makes a difference. The student expects a technical background and an experienced teacher and this is far from what defines a nurse. A more conversational group lesson with readings is not considered "lecturing". They want what they interpret as technical, scientific, clinical knowledge (FP2).

Often students say, "That teacher can explain, but she doesn't know how to do." So if you ask students who they prefer to teach, they will say the professor who can cannulate any vein, knows how to do dressings very well, assists you with the technique during a clinical practice, gives you confidence and not the professor who knows the theory, but starts to shake during the procedures and doesn't know how to do it (PA14).

Even in the repertoire of memories of what it is to be a teacher, the definition of what they would like to repeat or not suggests a rejection of the teachers considered theoretical, because they do not understand the breadth and intricacies of daily practice with patients, family and professionals.

Competent but excessively theoretical teachers bothered me. They had never entered a hospital! Theory is an important part of learning, but practice in our area is essential. Students see this difference; you have stories to tell. When you understand what goes on in a 12-hour shift, you know that there are many situations beyond what is explained in the books, including personal relationships (F04).

There are experiential aspects that books do not give. I can get the student to make correlations between theory and practice, I can discuss my feelings when I experienced a situation in nursing and how I dealt with it. And this is nursing, it is practical, it is the day-to-day life at work, it is relationships, experiences (FP05).

The fact that you have never worked in care makes your job more difficult, especially in relation to creating situations where reflection is necessary. There are things that are not described in the books. If you have experience, it is easier to help the student to reflect on the processes (FP02).

In the comparison between teaching disciplines in which there is repertoire and another in which there is not, the participant explains that knowledge of an area facilitates the process, as there is identification, and feelings of passion and confidence supporting the teaching.

I have disciplines in which I do not have this experience. I can teach the content, but I need to study hard in order enter the classroom and teach the students. It's the same thing? No, it's not. Teaching is what I like, it is where I excel and the student passion, security, is to know the details that are not described in the books (P12).

For the professors with practical experience, there are no scares, they know how to cope, how to solve problems in their area, they know that often that reality is far from the perfection found in books (FP05).

The notion that it is enough to master the specialty to succeed as a professor, with pedagogical practices arising from professional experience are strongly present and is a recognized factor in the teaching repertoire in the classroom.

The expert x generalist dichotomy: contrasting discourses

This need for practical experience can be understood in another way, when perceived as a possible acquisition during their training process as a nurse, through the completion of extracurricular internships and the use of numerous activities that reinforce knowledge and contribute to the development of some kind of experience regarding nursing practice.

Practice is essential for a professor, but it can also come from academic experience and not necessarily from professional experience. If a graduate who did not seek to learn more in extracurricular activities were to teach immediately then yes, that would be complicated (F01).

I have never worked as a nurse, but I had many experiences during graduation that helped me and strengthened my practice (F06).

There are those who have twenty years of practice and are terrible professors. Nursing is much more than techniques or accumulation of years in some specialty. Incidentally, nursing techniques are easy, there is no complexity. In the undergraduate course, in the last year, mainly, manual dexterity can be acquired very quickly (F03).

On the other hand, some participants in this study understand teaching from another perspective, whose centrality is the extent of nursing as a profession, and its many possibilities for work. At the same time that they consider nursing a technical profession, they also perceive it as theorizing. Or that the development of teaching skills overlaps with technical skills.

Practical experience helps, but it is not essential. I hear students commenting that Professor x never worked, I think about the person, and realize that his relationship with theory is terrible. Dexterity impresses students (F08).

I do not think there is a need for practical nursing experience for teaching. This strikes me as an old idea (F03).

Having years of practice does not guarantee anything, nor the absence of practical experience. It depends on the journey of each person. In my area I feel confident, but if I went to another specialty, I would not feel the same (F06).

Another perspective shows nursing as a generalist profession, whose basic knowledge allows it to act in many different areas or specialties. The displacements of areas, the exchange of disciplines even without knowledge of the content would not be problems, because the nursing professor can work in many areas. The possibility of not choosing the area for teaching is a reality in nursing, both for public and private institutions.

To be a nursing teacher you do not need to have 10 or 20 years of practical experience. You have to know how to teach. Also, I may have experience in mental health but end up teaching intensive care. A nurse with years of experience in primary care does not necessarily teach primary care, what can you do? This happens a lot. You have to be prepared for it (F03).

To be an intensive care nurse, I need to understand intensive care, the same for gynecology or trauma or public health. But to be a nursing professor, it seems that I do not need to have any specific identifiable or formal skills (P12).

I have never worked in a hospital and today I teach classes with content exclusively on hospital environment. I know that sometimes the fact that I work on technical content only theoretically can be a problem. But I also think the students will have internships and the professor there has this specific experience (PA17).

The perception that there is a distance between nursing and what nursing professors teach was present, indicating that in the world of nursing, nurses do something, but do not produce knowledge, and that teaching should be centered on this reality: a professor who teaches the knowledge he produces.

Nursing needs first of all to have more professional conceptions of care. I should teach what I do in my day to day, my research field, all the daily experiences that I have in my workspace. But now what we have is exactly that: care nurses on the one hand, nursing teachers on the other (PA18).

Being a generalist bothers me a little, because it easily gives the idea that we can do a little of everything and this is not true. As much as you understand that specialty may be a problem, on the other hand it is not. Intensive care has advanced, among many other factors, because it is a specialty. Perhaps the key is to be an expert who understands that he is part of something, not one who thinks his part is the only one that exists (PA15).

Thus, these two aspects, the perception of their work and professional experience, emerge as constituents of an identity process still poorly understood, linked to conflicting issues of nursing itself, especially its relations with knowledge and the exaltation of technique as the most important marker of the profession and its teachings.

DISCUSSION

There are many aspects to be considered when trying to understand nursing education (generalizable to other undergraduate courses, especially in the health area). It is not possible to dissociate nursing teaching from nursing itself and there are numerous aspects that intersect and generate repercussions in both activities. Existing conflicts influence the teaching identity process and help to understand the pedagogical choices of professors. The representations about the professional functions, the instructional processes of teaching, learning and evaluation and the feelings triggered by the teaching are closely related to the conceptions that the professor has about teaching and the way of teaching.³

Thus, the existence of previous or concomitant experience as a practice nurse was a very important factor for the participants of this research, as it was perceived as something that facilitates teaching, guides the activities and certifies a certain prestige in the classroom. Technical experience, skills developed throughout clinical practice or management impose a “knowing what you are teaching” character, as there is mastery of the territory.¹²

The relations between theory and practice have been discussed since the University Reform and the Brazilian Health Reform and the production of research and articles is considered something theoretical, while acting in practice is something technical. The simultaneous existence of these two aspects helps to dichotomize the idea of a nursing teacher as someone who either knows something or does something.¹³⁻¹⁴

The teaching of something that has never been experienced is not uncommon among professionals from different areas of knowledge with full commitments to teaching, or even partial commitment. This fact can be aggravated by the lack of training or pedagogical knowledge, as it ends up reproducing the proposals of its undergraduate professors, only passing on knowledge.¹⁵ Studies cite the need for the existence of what they call clinical credibility or clinical competence, defined as the ability to offer direct assistance to patients, as an imperative characteristic of the nursing professor, because assists in the quality of teaching.¹⁶

There are many polarizations or dichotomies that have sustained the professional history of nursing and, equally, the history of teaching in nursing. The nurses' identity process is, among other things, “white angel/prostitute, mother/lover, rich/poor, white/black, good family girl/dubious family girl, nursing has no sex/pornographic character”, teacher/career, dressed in a uniform/semi-naked lingerie”.¹⁷ The identity process of nursing professors seems to follow very similar paths, because the questions between mastery of theory/mastery of practice, care experience/inexperience of care, dedication teaching/dedication to teaching and attendance at the same time emerge from it.

Studies¹⁸⁻¹⁹ that aimed to understand the experience of nursing professors in the field of practice indicated that they are in a different space from their own, for a limited time, when performing activities in hospitals, such as relationships with patients and staff, sometimes presenting feelings of insecurity, fear and anguish caused by contact with clinical activities.

The existence of conflicts between the academy and health services is not a new factor, nor exclusive to nursing. Conflicts of this type have been described and are mainly perceived in the divergences between the theoretical orientation in the academy and the hospital care model.²⁰ In this scenario, the lack of technical skill in certain procedures or specialties is interpreted as incompetence for professional practice. There is overvaluation of technical skills, perceived as an indicator of a nurse's professional capacity.²¹⁻²²

Practice is technically embodied knowledge and influences the pedagogical decisions of nursing professors, however, by interpreting it disconnected from a production of academic knowledge and

distant from what is proposed by training, the idea that only the domain of a body of knowledge and professional experience underpin university teaching can be reinforced.²³

One study²⁴ pointed out that, in the perception of undergraduate students, professors who do not work directly with care or who do not have practical nursing experience are considered as one of the weaknesses in their education process. Teachers who also act as professionals in the areas in which they teach receive a differentiated performance, as their knowledge is considered to exceed their experiences as students.²⁵

Thus, the relationship between nursing and knowledge and consequently with the perceived relationship between theory/practice allows numerous discourses on teaching and its methods, on the needs of students and their learning. Teaching action is rendered meaningless when one thinks that theory is something detached from reality and practice, an experience detached from theory.

The processes, practices and accumulated experiences are part of nursing knowledge. Nurses understand this knowledge through comparison, experimentation, association with other knowledge and interaction with other professionals.²⁶ For nursing, theory and practice are elements that cannot be detached but are complementary, thus, the result of their constant interactions.²⁷ The biggest obstacle in relation to these paradigms, is that there are problems in differentiating what they are doing and what they say they are doing.

Thus, when they state that the practice of care is essential to the professor, a way of conceiving theory and practice is understood. What knowledge is necessary, after all, to the nurse? Is nursing destined to be permanently a purely instrumental empirical practice? In the space of nursing education the non-clarification of this object infers teaching an epistemological confusion, with consequences not only for nursing as a profession, but also on the activities undertaken in the name of nursing. The appropriation of theories that guide practices is fundamental to the understanding that the relationship between them is complementary and not opposed. Thinking about them simultaneously is perhaps the greatest challenge.⁸

By reflecting on the identity process of nursing professors, their beliefs, opinions and theories about nursing itself, professors transfer these to their teachings. The aforementioned mismatch between “real-world” nursing and that taught in undergraduate courses is also a result of the fact that the need to overcome nursing paradigms regarding a professional form is not recognized or explicitly explained in relation to a professional form of conception of teaching and the new modes of relationship expressed by contemporaneity. New ideas or proposals should be assimilated and understood and not just adopted as “fads” or reduced in essence until completely empty of meaning without theoretical deepening or genuine interest.^{5,28}

To think of nursing as a technical profession, without understanding its real object, or disconnected from what happens in the world of work, will only guarantee the reproduction of isolated practices or perceptions that separate and contrast theory and practice.²⁹ Thus, the existing conflicts between having practical nursing care experience, or not, and its effect in the way of teaching are perceived as useful, as the professional training is not necessarily identical to the professional practice, since it cannot be limited to reproduce it. Existing tension can permeate the understanding that changes are needed and endorsing them is required in order to bring theory and practice closer.^{12,30}

The amount of research published on this subject in the area of nursing was considered a limitation for comparisons and reflections with the results of this study. Thus, the need to invest in studies that seek to understand the processes of teacher identity formation is highlighted, with an aim to provide greater understanding and qualification of higher education in nursing.

CONCLUSION

The perception of professors about theory and practice in nursing value the practical aspect of the profession. The understanding that nursing “does” something, and this, to be taught, must be previously experienced, reveals a perception of teaching eminently based on mastery of content or a specialty. As a known territory, it gives the teacher a sense of knowledge and authority to teach, without worrying about how to teach. In complex areas, mastery of content is advantageous to teaching practices, but it is not inferred that teaching is merely the transmission of specialized knowledge, acquired and transmitted through previous experiences or sometimes nebulous memories of former teachers or their own learning process.

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NOTES

CONTRIBUTION OF AUTHORITY

Study design: Lazzari DD, Martini JG.

Data collection: Lazzari DD.

Data analysis and interpretation: Lazzari DD, Martini JG, Prado ML, Backes VM.

Discussion of the results: Lazzari DD, Martini JG, Prado ML, Backes VM.

Writing and/or critical review of content: Lazzari DD, Martini JG, Prado ML, Backes VM, Rodrigues J, Testoni A.

Review and final approval of final version: Lazzari DD, Martini JG, Prado ML, Backes VM, Rodrigues J, Testoni A.

ETHICS COMMITTEE IN RESEARCH

Approved by the Ethics Committee in Research with Human Beings of *Universidade Federal de Santa Catarina*, approved under Opinion no.724,391, CAAE no. 33241314.2.0000.0121.

CONFLICT OF INTERESTS

There is no conflict of interest.

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CORRESPONDENCE AUTHOR

Daniele Delacanal Lazzari

danielelazza@gmail.com

