

QUALITATIVE RESEARCH TRAINING TO NURSING TEACHING PERSONNEL: ACHIEVEMENTS AND CHALLENGES

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ABSTRACT

Objective: describe the experience of the proposal, process and results of a training program on qualitative research for nursing teachers based on the constructivist pedagogic model.

Method: implementation of a course at a Nursing School in Uruguay from November 3, 2016 to October 12, 2017, in which thirty-nine teachers participated voluntarily. The description of the experience presented in this article is based on the assessment of the course made through participant observation, surveys and a dialogue session with the participants in which the results of the course were discussed.

Results: through the implementation of the course, several achievements were accomplished, as well as challenges detected. We would like to highlight the interest received from the course managers and participants in the subject, the nine new research projects, the creation of a bibliographic material, videos and recordings repository, as well as the financial resource mobilization. The challenges were mainly structural and organizational; such as the limited time the participants had to do research and work in teams, the trouble to adopt a critical approach and difficulties with the communication systems.

Conclusion: this article contributes to fill the existing gap in qualitative research teaching, and invites to reconsider initiatives regarding the training of health personnel in the countries of the region, mainly through constructivist and participative models.

DESCRIPTORS: Teaching. Qualitative research. Faculty. Nursing. Health research.

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CAPACITACIÓN DE DOCENTES DE ENFERMERÍA EN INVESTIGACIÓN CUALITATIVA: LOGROS Y DESAFIOS

RESUMEN

Objetivo: describir el relato de experiencia sobre la propuesta, el proceso y los resultados de un programa de formación en investigación cualitativa dirigido a docentes de enfermería basado en el modelo pedagógico constructivista.

Método: entre 3 de octubre de 2016 a 12 de noviembre de 2017, implementamos un curso en una facultad de enfermería en Uruguay, en el que participaron de forma voluntaria 39 docentes. El relato de la experiencia que se presenta se basa en la evaluación del curso, que se hizo por medio de observación participante, cuestionarios y una sesión de diálogo con los alumnos en la que se discutieron los resultados del curso.

Resultados: la implementación del curso permitió alcanzar logros y entrever desafíos. Se destaca el interés de los gestores y participantes en el tema, el contar con nueve proyectos de investigación, un repositorio con material bibliográfico, videos y grabaciones, así como la movilización de recursos financieros. Los desafíos fueron estructurales y organizativos; entre ellos, el poco tiempo de las participantes para investigar o trabajar en equipo, dificultades para adoptar una perspectiva crítica y problemas con los sistemas de comunicación.

Conclusión: este trabajo abona a llenar una laguna existente sobre la enseñanza de la investigación cualitativa, invitando a repensar iniciativas tendientes a la formación del personal de la salud en los países de la región, principalmente desde modelos constructivistas y participativos.

DESCRIPTORES: Enseñanza. Investigación cualitativa. Docente. Enfermería. Investigación en salud.

CAPACITAÇÃO DE PROFESSORES DE ENFERMAGEM EM PESQUISA QUALITATIVA: CONQUISTAS E DESAFIOS

RESUMO

Objetivo: descrever o relato de uma experiência sobre a proposta, o processo e os resultados de um programa de formação em pesquisa qualitativa, dirigido a professores de enfermagem, baseado no modelo pedagógico construtivista.

Método: de 3 de novembro de 2016 a 12 de outubro de 2017 entre 3/11/2016 e 12/10/2017 implementamos um curso, em uma faculdade de enfermagem no Uruguai, do qual participaram de forma voluntária 39 professores. O relato da experiência que apresentamos é baseado na avaliação do curso, que foi feito por meio da observação participante, questionários e uma sessão de diálogo com os alunos, na qual se discutiram os resultados do curso.

Resultados: a implementação do curso permitiu alcançar conquistas e vislumbrar desafios. Destaca-se o interesse dos gerentes e participantes no tema, contando com nove projetos de pesquisa, um repositório com material bibliográfico, vídeos e gravações, além da mobilização de recursos financeiros. Os desafios foram estruturais e organizacionais; dentre eles, o pouco tempo das participantes para pesquisar ou trabalhar em equipe, dificuldades para adotar uma perspectiva crítica e problemas com os sistemas de comunicação.

Conclusão: este trabalho visa a preencher uma lacuna existente sobre o ensino da pesquisa qualitativa, convidando a repensar iniciativas tendentes à formação do pessoal da saúde nos países da região, principalmente desde modelos construtivistas e participativos.

DESCRITORES: Ensino. Pesquisa qualitativa. Professores. Enfermagem. Pesquisa em saúde.

INTRODUCTION

Qualitative research (QR) has been the cause of growing interest in many different knowledge fields at global level. It has been associated with critical perspectives, such as marxist and neo-marxist thinking, the conflict theory, the critical theory, posmodernism and poststructuralism, due to the questioning of the status quo and the pursuit of social justice.¹ However, most of the generated literature was focused on how to implement it, paying little attention to the teaching process, the pedagogical strategies and their outcomes.²

The health field did not remain aloof from the matter. Countless training methods were promoted for undergraduate and postgraduate students, teachers and active health professionals. After a few years, however, the lack of studies assessing these initiatives and the scant information available at a global level was noted again. A Canadian study highlighted the small amount of published literature about its teaching and the almost non-existing contribution in the health field.³ The situation was not different in Latin America, despite the interest in the topic.⁴ Among the few found reports were, in Mexico, the evaluation of a QR graduate in health⁵ and the training process of a group of Ibero-American academics;⁶ whilst in Brazil, emphasis was made on the idea that learning by doing was one of the best alternatives to improve its teaching.⁷

The guidelines or models used in the teaching of QR were an object of attention. The most commonly used model emphasizes on the topics or contents that are usually included in the courses; for example, there are six topics that prevail in the courses conducted in Australia and the United Kingdom:⁸ paradigms, methods, designs, research proposal and implementation of research projects as a learning strategy.⁹ Another model, on the other hand, is based on critical and post-modern theories, in which the principles that should guide its teaching are emphasized, such as response capacity, resourcefulness, reflexivity, and contextualization.¹⁰

Despite this progress, very few studies have assessed the situation of the teaching personnel in the health field, particularly in the nursing area, regarding the topic in question.¹¹⁻¹³ In an attempt to fill these gaps, this study has two objectives: to describe the proposal, process and results of a training program on QR for teaching personnel in the nursing field, as well as present the achievements and the challenges faced along the way.

METHOD

In this study we describe the experience of the planning and execution of a QR course in the health field (Course), as well as the analysis of the results, emphasizing on the achievements and challenges. The Course took place in the Nursing School of the Universidad de la República (Montevideo, Uruguay) from November 3, 2016 to October 12, 2017, in order to train teaching personnel. We decided to use a pedagogical approach of a participatory and liberating kind¹⁴ based on the principles of the constructivist pedagogical model. We selected this model because it uses an active methodology, generating a cooperative, dynamic and collaborative learning, which would enable the incorporation of the qualities and abilities that a qualitative researcher must develop.¹⁵ Moreover, it allows adjustment of the education strategy in a way both personalized and collective, taking in consideration the main social and cultural components of the teaching-learning process.

Thirty-nine teachers from different campuses in the country registered voluntarily to participate in the Course. Thirty (76.9 %) were from Montevideo, five (12.8 %) from Salto, three (7.7 %) from Rivera and 1 (2.6 %) from Paysandú. Thirty-seven (94.9 %) were female. The Course was held in three phases, during fifteen months.

The description of the experience hereby presented was elaborated on the basis of data generated in three main phases. The data generated on the first phase was based on descriptive and

analytical notes emerged from the participant observation of the teaching team during the Course. The analysis of this data allowed the initial understanding of the problem in question. On the second phase, upon completion of the Course, more data was generated through a survey which inquired about positive aspects, difficulties, improvement suggestions and personal experience during the Course. This survey was sent via email to every participant, including the ones that did not finish the Course. They were invited to answer in a free and anonymous way. Only fifteen out of thirty-nine participants answered the survey. This produced a new corpus of data which was incorporated to the analysis of the process and the results of the Course.

Finally, the last phase consisted in publicly presenting the experience, the summary of the critical reading about the training during the Course and the preliminary results to the participants and authorities of the Nursing School in a reflection workshop modality, which, by means of the dialogue, provided more data for the understanding of the experience.

The participants of the Course were informed on which procedures to follow and were invited to participate voluntarily in the reflection moments. They were also informed on the possible publication of the evaluation and results of the training process. They were told that anonymity and data confidentiality were guaranteed.

RESULTS

Basis and strategies

Background

At the beginning of 2016 the first author proposed the organization of a QR course in order to train the Nursing School teaching personnel in the Universidad de la República (Montevideo, Uruguay). This proposal was part of the strategic plan of the university to improve the quality of research in response to a participatory appraisal of the situation conducted between 2014 and 2015.*

The appraisal recognized the efforts done on the topic, such as the fact that the majority of the teaching personnel had taken research courses, there were seven on-going research groups and that a growing number of teachers were attending postgraduate courses. Yet, the appraisal also showed difficulties. Among others, the lack of time of the teachers, a limited understanding of English language and research methods skills in an environment governed by the positivist approach, the low capacity of critical thinking and interpretation, a professional culture subdued by the medical model, combined with a lack of resources and institutional recognition towards research in the nursing field. The combination of these factors led to a very small number of marginal and low impact publications.

This is why the decision was made to organize a training program for the Nursing School teaching personnel with responsibilities in research. The participation would be voluntary and the registration, free. The Research Unit of the School would be responsible for the coordination and it would be conducted as an activity of continuous training through the Postgraduate Centre.

The goals, the approach and the sequence

The course had three main objectives: review the theoretical, conceptual and methodological base of QR; conduct a research project about a health topic; and produce a manuscript for possible publication. Due to the *Action research* pedagogical approach adopted, the participants would have to get involved in practices in the field they were going to enter; hence, they were going to need permanent guidance and support.

*Sectorial Commission for Scientific Research of the University of the Republic, Program for Improving the Quality of Research, Report Phase A of the Faculty of Nursing, 03/13/2015.

As a result of an international long-term collaboration project, the Course was put under the charge of three academics with experience in QR, having their formal education on health and social studies and coming from diverse disciplinary backgrounds: medicine, nursing and psychology. Two of the academics were Mexican and one, Uruguayan. In addition, three assistants provided support along the whole process.

The Course was divided in three phases; the content of each phase can be found in Chart 1. The first phase was presence-based; its purpose was to review the theoretical, conceptual and methodological base of QR. The second phase was done remotely between Uruguay and Mexico, as well as between the University campuses. Its purpose was to review the methodological strategies, elaborate a investigation protocol and move forward with field research. The third phase was presence-based and entailed the elaboration of a manuscript.

Chart 1 – Content of the three phases of the course.

Phase 1 (November - December, 2016)	Phase 2 (February - August, 2017)	Phase 3 (September - December, 2017)
I. QR field: background and current situation.	I. Field research preparation.	I. Preparation of the manuscript.
II. Paradigms and theoretical perspectives.	II. Data collection.	II. Methodology section draft.
III. Subject of study.	III. Data organization.	III. Results section draft.
IV. Designs.	IV. Interview transcriptions.	IV. Discussion section draft.
V. Data collection and handling.	V. Learning to use Ethnograph 6.0.	V. Title and Introduction draft.
VI. Qualitative analysis of data.	VI. Analysis of data.	VI. Summary and Bibliography draft.
VII. Application and transmission of the results.	VII. Problem identification and alternative search.	VII. Actions prior to the sending of the manuscript.

Strategies

Taking in account the pedagogical approach adopted, we chose a double strategy. We decided to focus on one research topic, since the organizers were working on the same topic -chronic kidney disease and its treatment - and had experience on the field. We also assumed that it would be easier to give support and assesment to a few research groups rather than to thirty-nine different projects. We decided to form groups of three to five members since the process would be an experience in which the participants would learn how to work together as a team in a certain project. The participants could choose the group and also the specific topic of investigaton.

The course had a theoretical component, mainly in the first phase. The theoretical revision entailed reading the bibliography material and the attendance to presence-based sessions = each week - in which the theoretical and conceptual aspects of the day were reviewed. English and Portuguese texts were included in the revision due to the lack of quality literature in Spanish. In addition, we elaborated a dozen videos to support the texts, to expose the main aspects of them and, mostly, to shorten the videoconference time. The second phase combined the use of theory and practice. The priority was the development of the project and the progress in the field research; in this way, the sessions were used to identify the problem and discuss the alternatives.

We used the virtual platform from the University – EVA (Entorno Virtual de Aprendizaje) – to upload the information related to the course (such as content, audio-visual material, news, among other things) and to exchange ideas with the participants. We used an additional strategy during the videoconferences: the *Big Blue Buttontool*. This technology offered us the possibility of communicating with the participants online or having later access to the videos.

Finally, we offered individual and group counseling, always emphasizing on flexibility. We decided each organizer would counsel from three to five groups. The counseling could be presence-based, via email or through an online platform, such as Skype. The counseling were usually focused on theoretical aspects, methodology and field research.

Achievements

Several achievements were accomplished during the Course. Hereunder we mention the ones that we find more relevant in the different aspects of the field. First, we would like to highlight the willingness and political support received from the administration of the Nursing School to get involved in the process, including the financing. In an environment where usually the academic projects do not receive encouragement from the administration, this support had vital importance, because it allowed the continuity of the training process and to link it with the academic development plan of the School.

Also, the interest of the teaching personnel in a training on this kind of research stands out: thirty-nine participants voluntarily registered, which equals to one third of the total of the group the initiative was directed to. Fifteen teachers finished the Course. This is not a minor fact, since it is a group of teachers that now have the theoretical, methodological and operative basis of QR, with the possibility to continue with a more specific training, as well as being qualified to train undergraduate and postgraduate students on the topic. This reinforces the strengths and ability of the School for this kind of researchs.

In addition to the data generated during the Course, another achievement was the creation of a repository of bibliography material, dozens of videos and recordings of the distance sessions, all of it related to the teaching of QR.

Another achievement was to count with nine active research projects, mainly during the second and third phases of the Course. Even though all the projects were about chronic kidney disease, some of them consisted in review work and most of them in empiric studies about certain subjective or symbolic aspects of the kidney disease and its treatment.

According to the participants and what was observed, the main strengths of the Course were the quality of the content and support data, the methodology of combining theory and practice in team work, the conduction of a solid research project and the quality of the teachers.

The challenges

Through the Course, a number of obstacles and difficulties became clear, which can turn into important challenges if they do not receive the proper attention. Viewed together, they seem to indicate the possibility of seriously affecting the results and the proposed aims. We have organized them in two groups: structural and organizational/logistic. The most significant ones are presented in Chart 2.

Chart 2 – Structural and organizational challenges derived from the course.

Structural	Organizational/logistic
<ol style="list-style-type: none"> 1. Lack of time from the participants to dedicate to the Course tasks due to multiple jobs, apart from University tasks. 2. Difficulties in reading the English and Portuguese materials. 3. Cultural entity of the nursing professionals in conflict with QR critical referentialism. 4. Difficulties to work in groups due to the inability of combining schedules between the participants because of their multiple commitments. 	<ol style="list-style-type: none"> 1. Recurring difficulties with the internet performance. 2. Deficient distance training system (videoconferences). 3. Inability to combine the Course with the schedule of the ethics committees and those responsables to allow access to the institutions where studies are done. 4. Disconformity of the participants with being assigned a topic different from the one of their own thesis or line of research.

DISCUSSION

In this study we describe the experience about the proposal, process and results of a training program in QR for nursing teaching personnel. In light of the shortage of publications about the teaching process of QR for health personnel in Latin America, our study and its findings are of crucial importance because they contribute to fill a gap in the knowledge of the subject and open new lines of future research to be developed in the region.

Unlike the majority of QR courses, which use the reviewing model of certain theoretical or methodological topics,¹⁶ our teaching proposal was based on the model of learning by doing. This model allowed a solid personal and group support, as well as flexibility in the conduction of the Course and, although the expected results were not achieved, it might have had a greater impact than the one analyzed in this study in regard of the development of “A Researcher” in terms of “products”, such as the application of different methods and the creation of knowledge for the Health Coaching.¹⁵ This explains the strategy choices, such as the formation of research groups focused on specific projects - in this case about chronic kidney disease and its treatment - and to count with, at a certain point, nine research groups working on specific projects. Despite the difficulties we faced, the strategies that we used demonstrate that this kind of initiatives not only could solve the traditional lack of research projects in the universities in the region, but also would allow the link of the academy with public and social organisms interested in certain health topics.

Furthermore, we would like to highlight the interest demonstrated by the board personnel on supporting an initiative about the training of teachers in QR, as well as the interest from the teachers themselves. The latter is made clear at least in two ways: on the number of teachers that voluntarily registered, and that more than one third of them finished the fifteen-month Course.

Even though the participants showed interest in the Course and evaluated it in a positive way, the fact that none of the groups elaborated the final manuscript and that two thirds of the total of the participants abandoned the course before the end, cannot be minimized. They can be related to the structural problems that we identified, mainly the lack of time due to multiple activities: academic, research-wise, administrative (related to the University), and working in other health institutions. The core issue is that this multiple activity situation is a usual one in the Latin-American context, including in University environments. This differs from the situation reported in other training programs where the participants are usually undergraduate or postgraduate students that are full time dedicated to their learning. However, there are some studies that we can use as references: one of them is about top level health personnel training in Spain and the other one in the United Kingdom. In an online introductory course to QR on the Primary health care Master, a report indicates that 46.4 % of the

participants dropped the Course due to difficulties to combine it with medical assistance jobs, family life and other courses on the same Master.¹⁷ In another course,¹⁸ however, the problem was faced in a different way: the implementation of a program that consisted in fifteen independent workshops about different topics related to QR; the workshops were presence-based and lasted from one morning to three days. Performed between 1997 and 2006, these workshops offered the possibility of training health professionals with varied interests, either in theoretical issues or in specific topics related to their own research projects, or even as support to elaborate their postgraduate thesis. Both experiences could provide clues to drive new and renovated training projects in this research field in particular.

On another note, even though we had a virtual platform and a tool to communicate during the videoconferences, it was not enough to establish a constant and fluid communication, since an infrastructure that allows its performance correctly, without interruptions, is also needed. A lot can be learnt from other authors that have progressed in the online QR teaching, which implies facing new challenges, such as the constant update of technological tools and obtaining the necessary resources.¹⁹

Finally, there is a complex phenomenon that needs to be analyzed in this narrative, that we believe deeply marks the process and the results of the QR training in the nursing field: the difficulty to acquire critical thinking in the paradigm of this profession, which prevents a technical rationality practice from evolving into a reflective practice praxis, which some authors call socio-critical nursing.²⁰ Even though elements that indicate the existence of psychosociological and cultural mechanisms that affect the process of incorporation of the critical thinking model (intrinsic to QR) in a negative way were collected in the cultural array of nursing professionals, these just allow the formulation of some causal hypothesis regarding their relation with the observed results. On the one hand, a strong influence of the dominant positivist model is present in health science, which makes nursing a profession without autonomy, under a model founded in technical rationality that does not allow the questioning of reality and that expresses itself, research-wise, in an almost exclusive orientation towards quantitative research. On the other hand, we consider that the self-control and self-limitation mechanisms observed when trying to overcome the challenges raised by QR, are probably related to the educational model imposed during the dictatorship period (1973 - 1984); which had a particular impact in the Nursing School, since it was one of the few university services that were closed and reopened under a strong military control. Among other measures, the training in QR that had always been part of the curriculum, was eliminated.²¹ In the light of this, some other lines of research could be generated for a better understanding of the problem.

One of the main limitations of this study is that less than half of the participants handed in the survey; therefore, it is possible that the results are lacking valuable information that would have helped understand in a more detailed way the experience of the participants during the Course.

CONCLUSION

This article contributes to fill the existing gap in qualitative research teaching, and invites to reconsider initiatives regarding the training of health personnel in the countries of the region, mainly from constructivist and participative models that can generate not only the understanding of the method, but also its practice. Furthermore, it shows the interest from the teaching board and personnel to have trainings in the topic, as well as how feasible it is to make concrete progress. At the same time, it presents several challenges, such as the (re)incorporation of critical thinking and time managing to accomplish the proposed objectives.

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NOTES

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CONFLICT OF INTEREST

There are no conflicts of interests.

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