

## **Setbacks of University Teaching in Health Sciences**

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**ABSTRACT – Setbacks of University Teaching in Health Sciences.** This article has discussed aspects of the university teaching, found by professors from the health field. This is a qualitative study, with narrative interviews, interpreted by content analysis. Professors' setbacks from distinct courses have been organized into two categories: human and structural dimension. Facing the reality of scrapping of many public higher education institutions (IES), the major difficulties were not related to the infrastructure, but rather the ones involving personal relations, in particular, the multiprofessionality, an aspect considered as very important in the health field training because it allows a comprehensive assistance.

**Keywords: University Teaching. Health Field. Higher Education Teaching Difficulties.**

**RESUMO – Percalços da Docência Universitária nas Ciências da Saúde.** O artigo discutiu aspectos da docência universitária, encontrados por professores da área da saúde. Tratou-se de um estudo qualitativo, com entrevistas narrativas, interpretadas, mediante análise de conteúdo. Dimensionaram-se os percalços de professores de diferentes cursos em duas categorias: dimensão humana e dimensão estrutural. Frente à realidade de sucateamento de muitas Instituições de Ensino Superior – IES – públicas, as dificuldades de maior ênfase não foram as de infraestrutura, mas sim as que envolveram as relações pessoais, em especial, a multiprofissionalidade, considerada muito importante na formação em saúde por possibilitar uma assistência integral.

**Palavras-chave: Docência Universitária. Área da Saúde. Dificuldades da Docência Superior.**

## Introduction

The health field is characterized by a triangulation that involves teaching-learning-assistance, besides the production of information which is worked in a personal way in the construction of the knowledge inherent to professional training. The professor has important challenges and needs an interdisciplinary look at the conceptions, experiences and interlocution regarding the teaching practices (Batista; Batista, 2004). Silva (2009) warns that, in health, the process actors (professors/health providers, students and patients) are human beings with potentialities and fragilities, needs, historicity and socially constructed, making the relations complex, in the search for training both by the student and the patients for their own health.

In this sense, Morosini (2000) reports that

There are professors exercising the university teaching who have didactic training obtained in licentiate degree courses; others bring their professional experience to the classroom; and others without professional or didactic experience, coming from a specialization and/or *stricto sensu* course. The defining factor of professors' selection was, until then, the scientific competence (Morosini, 2000, p. 11).

In addition to what Morosini (2000) brings to us, Pivetta and Isaia (2008) point out that most of the IES professors do not have pedagogical training to work in the teaching profession, especially regarding to the particular fields of vocational training, as they have begun their activities by means of distinct trajectories, aspirations and expectations. The authors also state that at the beginning of their career usually these professors do not establish any differentiation between the specialty of the subject and its didactic, consequently having difficulty to make the didactic transposition from the subjects to the *true* knowledge production of the students.

Training involves aspects in common among the several professions of the health field. Amongst them, we highlight the articulation among teaching/research/extension, with the purpose of developing the critical, reflexive and creative sense, as well as the early insertion of the student in practical activities, in an integrated and interdisciplinary way, in the distinct scenarios of these practices, valuing, specially, the ethical and humanistic dimensions (Silva, 2009).

Castanho (2002), when researching about the training of health field professors, defends the need of renovation of the system as a continuing and lasting process. She mentions this change process as a sequence of stages of new practices according to several aspects that are present in teaching. Professors will never have their pedagogical training finished, because this training is not tight, it depends on intrinsic and extrinsic factors, such as the profile of the students, the profile of the classes and physical and organizational infrastructure, suffering

constant mutations. The need of continued innovation in the ways of teaching performance is pressing.

The training in a health field-oriented profession is, therefore, marked by the plurality of knowledge, abilities and competences that the professor needs to dispose as a pedagogical arsenal in the teaching practice. It is knowledge on their specific area, on didactic, on the political dimension in the teaching practice, domain of the technological supports, among others. Thus, the context in which we live in contemporaneity makes fundamental the continued and permanent training for the performance of the chosen profession (Aquino; Puntos, 2004).

The health field professors start teaching having as basis their specific knowledge. Through their training in the chosen profession, being good specialists as they are, they become involved in teaching. There are few initiatives of pedagogical training, on the part of the professors, who soon see themselves in a tangle of tasks that involve them and that go beyond *giving classes*, comprising activities of management, academic advising, participation in commissions, among others. In the routine of teaching in health, other challenges are added: limitations of physical, structural, organizational nature – which include the work environment itself - and, mainly, those inherent to interpersonal relations. Concerning the interpersonal relations, Oliveira and Comarú (2006) strengthen the idea that the technical abilities and the knowledge are fundamental for the teaching practice, nevertheless such circumstances cannot exist separately, and neither can be placed as priorities, in detriment of the established relations among people and that permeate the dynamism of activities. Rodrigues (2003) highlights the pedagogical practice as basically relational, which presupposes that the professor assumes pertinent practices before the performed actions, to their students and, also, before their own co-workers.

Also, possibly, in these relations that the subject establishes with others, it is present ideological, historical and cultural aspects that manifest themselves in a conscious or unconscious form (Carvalho et al., 2009).

This way, higher education teaching involves the constant confrontation of challenges that become more complex as far as the professionals become aware that the teaching has specificities which need to be experienced and learned (Isaia; Maciel; Bolzan, 2010). Concerning the health field, Castanho (2002) comments about the value given to the professors' example as a person and a health provider, a model to be followed or avoided by their students, future colleagues of profession.

Also concerning specifically the health field, Rossoni et al. (2016) state that, in the beginning of the 21<sup>st</sup> Century, there were changes in the undergraduate curricula, among them, the insertion of students by means of curricular stages in the Unified Health System (Sistema Único de Saúde - SUS) services. These changes have generated the need for new looks and perceptions about the training of both professors and students.

Besides all the human aspects already presented, we cannot neglect the aspects of physical and organizational infrastructure that also interfere in the teaching-learning process. It is important to highlight that the training of the professionals in IES is perceived by the conditions provided by the infrastructure during the course. We can state that, in fact, the physical conditions can facilitate or make it difficult the development of the university student. In particular, regarding the public IES, the infrastructure ends up having a great emphasis, due to the scrapping experienced by them, mainly in relation to their physical conditions, which generate obstacles for the good performance of many academic activities (Marques; Pereira; Alvez, 2010). This issue of infrastructure becomes another setback also faced by the professor.

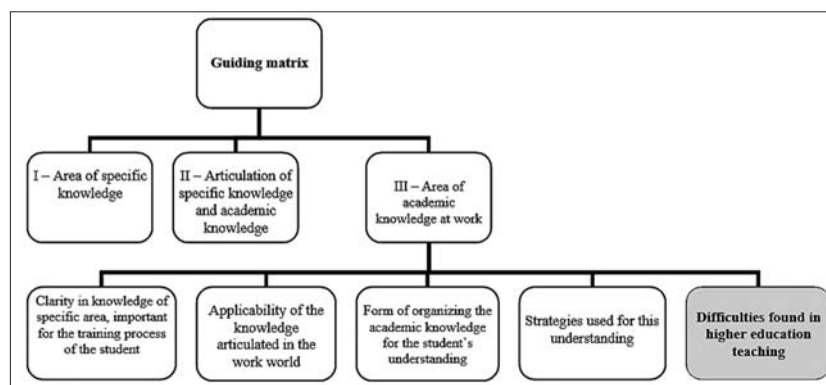
Thus, this paper aimed to identify the setbacks found in the teaching practice of professors in the Health Sciences, with distinct times of acting, which signaled the need of continuing adaptation and reformulation in the teaching routine of a public IES. We understand as difficulties in higher teaching the barriers, the setbacks that are presented in the teaching routine, which involve both the structural aspects and those inherent to the human condition (Roveda et al., 2014).

## Methodology

This paper is an excerpt of the research *Os movimentos da docência superior: especificidades nas diferentes áreas do conhecimento e sua influência na atuação docente* [The movements of higher education teaching: specificities in distinct fields of knowledge and their influence in the teaching performance], approved by the Ethics Committee under the protocol N. 23081.006693/2010-77. It was a qualitative investigation with a narrative approach (Connelly; Clandinin, 1995; Mcewan, 1998; Bolívar; Domingo; Fernández, 2001; Goodson, 2004), as the narratives made emerge events that marked the personal and professional life of the professor and that could lead to self-reflection, significance and transformation, as far as it made him/her subject of their own story (Huberman, 1989; Mcewan, 1998; Isaia, 2005; 2008).

The data collection started from a guiding categorical matrix previously elaborated by the research group, formed by guiding and indicator axes, used for the conduction of face-to-face and individual interviews with each professor. The guiding matrix had three guiding axes, and each one of them, its indicators: I – *Area of specific knowledge*: personal definition of the knowledge area, basic knowledge of their area, personal inter-relations and inter-relations with related areas; II – *Articulation of specific and academic knowledge*: differentiation and articulation between the specific knowledge of area and academic knowledge; and axis III – *Area of academic knowledge at work*, being the fifth indicator of this axis the focus of the present work, difficulties found in the higher education (teaching, planning, advising, research and extension) of the professors of the knowledge area in question (Figure 1). For that, it was used narrative excerpts from the professors.

**Figure 1 – Diagram Representing the Cutout Resulting from the Guiding Matrix**



Source: Elaborated by the researchers (2016).

Fifteen professors from the health field were selected randomly to participate, involving the following courses: Nursing, Pharmacy, Physiotherapy, Speech Therapy, Dentistry and Medicine, all the courses from the same IES. The random selection of the professors occurred in function of the number of professors in each *University Unit* of the mentioned IES and also according to the *areas of knowledge* from CNPq, aiming at a representative sample of each area and length of experience, according to the acceptance of each professor.

Respecting the ethical precepts of research with human beings regarding the anonymity of the professors, we used for the identification of the excerpts the term “Prof. S”, followed by the respective number representing the subject, extending from 1 to 15.

The interview analysis and the narrative interpretation were carried out by means of content analysis (Bauer; Gaskell, 2004), following four steps: 1<sup>st</sup>) transcription of the oral narratives of the recorded interviews and reading in depth, providing a flow of ideas for the text interpretation; 2<sup>nd</sup>) unitarization of terms or disassembly of texts, removing excerpts suggesting understanding about the performance and the difficulties of teaching from the narratives; 3<sup>rd</sup>) categorization, which consisted in gathering defining elements for, subsequently, define the key-elements that elected the research categories; 4<sup>th</sup>) interpretation, which constituted the final product, in which it were gathered the relevance structures from the informants with the ones from the interviewer and the authors whose theoretical assumptions guided the research.

## Results and Discussion

The professors of the sample have a work period of 40 hours and distinct times of teaching in higher education, being this divided into three groups: one (1) PAI (professors in *initial* years, 0-5 years of teach-

ing) professor; seven PAT (professors in *intermediate* years, 6-15 years of teaching) professor; and seven PAF (professors in *final* years, more than 16 years of teaching) professors. In relation to the highest *stricto sensu* training, two professors have done post-doctoral studies in Health Sciences, ten hold a PhD in the several areas of health professions and three hold a MSc (two in the specific areas and one in education). From the 15 professors, ten also performed *lato sensu* specialization in their specific areas of acting in health. In this sense, this data shows us that the training choices in the teaching trajectory are based in the previous choices of the original profession of each health field professor. A minority chose a *lato* or *stricto sensu* in other fields.

The interview analysis allowed us to identify which where the difficulties of teaching in health, which were categorized in human dimension and structural dimension in the everyday teaching. The teaching is interconnected to the experience of situations in the university environment, related both to the students and professors; each person constructs and signifies their routine from their experiences and personal stories (Morosini; Cunha, 2006).

In front of this, the setbacks found in the teaching narratives explicit the limitations and the obstacles faced by them, which referred to the physical spaces, the lack of material and the work overload, as well as the limitations of pedagogical and relational approach, which interfered in the development of teaching. The interviewed professors incorporated in their narrative aspects related to the development of teaching, research and extension, from planning to student advising.

### 1<sup>st</sup> Category: human dimension

Most of the setbacks pointed out were related to the human elements, which referred to the student, to the professor and to the teaching colleagues. It was highlighted: the *student's profile*, the *interpersonal relations*, the *absence of pedagogical training* for the teaching and the *lack of professional experience* as subsidy to the teaching practice.

Several questions related to the *student's profile* were pointed by the professors, among them, the unpreparedness in relation to the knowledge of the basic subjects of the health field and the behavioral aspects, such as the lack of interest, irresponsibility, immaturity and the inadequate use of technology in the classroom, according to the narratives.

The way the student comes to us [...] what they learned from the basics, of physiology, anatomy, [...] in the undergraduate level [...]. We have to start, go back to teach [...] and some things are not taught [...] (Prof. S6).

The students do not respect the professors, they do not take us seriously, they do not want to take the lead to the construction of knowledge, of life. They are kids, still, in the sense of dependency (Prof. S11).

[...] you know that nowadays the student interrupts, leaves the classroom, enters late, receives messages on the cell phone, anyway [...] (Prof. S8).

Pimenta and Anastasiou (2002) highlighted that, when teaching in higher education, the professor faces more and more young students and, most of the time, their characteristics are not his object of initial concern, because they are already seen as future health providers and are expected to have a profile for that. In addition, developing, on the part of the professor and the student, a relation among adults may seem something utopian, since for many professors these young people are almost adolescents and, as such, a little irresponsible (Masetto, 2003).

This context refers to the generational profile of professors and students and their interactions in the academic routine, an aspect present in the teaching profession in current days.

Our difficulty is this, to understand, to enter in the world of this class that is entering at 16, 17 years old. And they are great, smart, quick thinking, reflection, they are agile in their conceptions, [...] I cannot [...] (Prof. S4).

I think that [...] today, because everything is quick and massive, the interpersonal relation decreased, it lost strength [...]. The relation is very superficial (Prof. S14).

We know that the encounter between generations involves a diversity of learning, alliances and conflicts, which make this relation something surprising. It is not rare to find professors complaining of irresponsible attitudes that their young students have, presenting a *lack of interest* for the training (Vasconcelos, 2013).

The worries in this relation of the youth with the IES “[...] are expressions of deep mutations that are happening in the western society, which affect directly the institutions and the processes of socialization of the new generations” (Dayrell, 2007, p. 1106).

Difficulties in the *interpersonal relations* are pointed out in the university environment. The lack of communication among the professors of the same university course, departments and centers was mentioned, which refers to the departmentalization in the higher education and the called pedagogical solitude, understood as “[...] a feeling of helplessness of the professors in front of the absence of interlocution and pedagogical knowledge shared for the facing the educative act” (Cunha; Isaia, 2006, p. 373).

[...] I didn't have other partnerships within the department group, so I feel quite lonely [...], a lonely walk [...] (Prof. S2).

[...] I feel lonely. [...] we are very departmentalized [...] the professors don't talk [...] (Prof. S10).

Probably, the training model of the undergraduate courses, rooted in their own field of work, can be the responsible for the tendency of the professionals to work in an isolated and independent way of the other areas (Peduzzi et al., 2013).

The isolation of the practices deprives the professors from learning with each other, identifying deficiencies, sharing evidences, seeking solutions together to improve the practices (Aquino; Puentes, 2004).

This relation among professors is also characterized as “[...] a cellular functioning or school cellularism, in which the members of the educational community assume work conducts and habits in which what predominates is the individualism, the exaggerated autonomy, the privacy” (Imbernón, 2005, p. 83).

Marcelo Garcia (1999) and Zabalza (2004) warned that the culture of individualism predominates in higher education and that such characteristics bring negative effects to the professional development of the professors. According to Zabalza (2006, p. 166):

The time of being together, sharing or debating is a scarce good in the universities. People are exhausted from work, appointments and worries and they do not have time to build this common space of encounter that allows the mutual (personal and professional) knowledge not even to observe what the others do.

Besides the lack of communication among colleagues, it was highlighted the distancing in the professor-student relation and the lack of multiprofessionality experienced in the teaching practices. In addition, a professor (a physician) highlighted the dilemmas in the physician-patient-professor relation, specificities of the teaching practice in the health field.

In this sense, it is important that the professor-student relation is touched both by cognitive and affective aspects, because the relation based on affectivity becomes a productive link that founds professors and students for the construction of knowledge, enabling that new relations are established and that the knowledge among the parts favors new discovering and new possibilities of change, that is, multiprofessionality (Anunciação; Antônio; Manuel, 2015).

The multiprofessionality is considered a strategy that guides and enables the performance of a comprehensive assistance, it portrays a juxtaposition of several subjects in which each professional will act, according to their specialized knowledge (Alvarenga et al., 2013). The narrative that follows represents this difficulty.

[...] the development of a multidisciplinary team, [...] a nurse in a health care center does his things, the pharmacist does his things, the physician does his things, the physiotherapist does his things, and in the end this professional work ends up not being multidisciplinary, [...] I confess, I have a lot of difficulty (Prof. S1).

The professor-student relation is important in the learning process, the professor should have an attitude of partnership and co-responsibility with the student, and planning activities together should be one of the assumptions for that the student feels equally involved in their professional training (Masetto, 2003). Rodrigues (2011) highlights that in the teaching and learning relations it should be valued the interaction and the collective work, in a way that the academic space becomes a place of constructive and supportive relations, of growing and learning, where everybody can be a learner, and everybody can teach.



In the teaching conduct in the health field, various relations are highlighted: with the students, with the teaching institutions, with the professional category, with the society and with the patients. Thus, this educator, also a health provider, must have a more humanist position, of care and solidarity, besides the technical and ethical responsibilities.

Silva (2009) verified, in the health field, that, besides all the aspects of the professor-student relation, there is a triangular relation, mainly in the professionalizing subjects among student-professor-patient, which makes the relations more complex. Rogers (1986), decades ago, stated that in a professor-student-patient relation one cannot teach, but only facilitate the learning, and providing examples is a great way. Bernardino Junior et al. (2014) state that in this triangulation in Dentistry courses, the patient is the reason of all the process, however, they do not receive the proper importance when we think of students training scope.

Vieira (2007), from narratives of professors in a Medicine course, recognized the importance of valorization of the relational aspects of the pedagogical experience, once the relations have a major influence on the people.

The *absence of pedagogical training*, that is, the lack of preparation to be a professor was another difficulty emphasized by the participants. This aspect has great relevance and must be highlighted by the impacts that it may cause on the teaching-learning processes, interfering in the quality of the teaching practice. This can be observed in the following sentences:

[...] because there is no pedagogical training, [...] we are dentists teaching, we learn in a very intuitive way, and we can improve throughout time [...]. (Prof. S5).

[...] I studied, I prepared myself to be a doctor and not to be a professor. So, I had lots of doubts on how to prepare a class, how to expose a topic to the students. [...] we are not prepared to be professors, [...] we go through the experience, mistakes, things that we make right [...]. (Prof. S3).

The topic of pedagogical training involving Health Sciences courses seems to be a long-standing discussion. In a study carried out in 2002, Castanho (2002) already mentioned the urge to reflect of how to introduce in the initial and continued training of these professionals the pedagogical competence for quality classes in the higher education.

In the 1990s, Masetto (1998) and Abreu and Masetto (1997) recognized that the university professors began to perceive that teaching, research and practice of any profession demand a unique, specific capacity, although a considerable part of the ones who became professors had their initial training in bachelor's degree courses. Thus, it is understandable the lack of knowledge of the theoretical/epistemological constructs on teaching/learning processes (Oliveira, 2011).

Pachane and Pereira (2004) commented that one of the most current criticisms to higher education courses referred to the lack of didactic part of the professors. The same authors highlighted that it is

common to listen stories from the students that the professor knows the subject, but does not know how to convey it, does not know how to conduct the class or is not concerned with teaching and, this way, prioritizes researching. Masetto (1998) corroborated with this thinking and added that, besides the specific competences to practice the profession, there are competences related to teaching, with the domain of a field of knowledge, the pedagogical mastering and the practice of the political dimension of higher education teaching.

The experience that is closer to a teaching training is, for many professors, the pedagogical subjects studied in *stricto sensu* post-graduate courses, and most do not have an effective a teaching training (Costa, 2010).

In this sense, it is worth questioning whether *stricto sensu* post-graduate courses really prepare for the higher education teaching or train, strictly, great researchers, professors with the profile for productions and publications in detriment of a pedagogical training for the quality teaching. We can thus infer that post-graduate programs of this nature train professors who are pedagogically fragile.

Cunha and Isaia (2006), when discussing the trajectory of the higher education professor, question also who trains the professor for the higher education teaching, as undergraduate courses, in particular, the licentiate degree ones, prepare for early childhood education, elementary and high school teaching, while the *stricto sensu* is aimed to research. If not even the licentiate professionals are prepared in their undergraduate courses for higher education teaching, certainly the bachelors will not be either.

Another scope of training are the scarce and fragile training courses offered by IES, developed in a dispersed manner, throughout the semester, and without connection with the problems faced during the teaching. Usually these trainings are nothing more than monthly meetings aimed, specially, to discussions about administrative and bureaucratic issues and occasionally on didactic-pedagogical issues, besides meetings and lectures in the beginning of the semester to repeat how to plan courses and classes (Aquino; Puentes, 2004).

Based on the performed analysis, it was observed in this IES that, although many professors have experience in their specific areas, most of them seemed deprived of pedagogical knowledge, and they started to coordinate this knowledge when they entered the university teaching (Pimenta; Anastasiou, 2002).

Also, according to Pimenta and Anastasiou (2002), it is common that professionals from distinct fields of knowledge start in higher education teaching without having questioned themselves about the meaning of being a professor. Besides, a great part of the institutions that receive them already consider them as professors and do not seek ways to contribute to this training. There is, thus, a natural passage to teaching, that is, *they sleep as professionals and researchers and wake up as professors*.

In the human dimension, another aspect mentioned was the *lack of professional experience*, which appeared by means of two biases. First, as the full time work regime deprives the professional to act in parallel in their profession with the teaching practice, a question is raised: how to teach without having practiced ever?

The second bias refers to the professionals who continue their post-graduate studies without acting professionally, becoming professors without previous experience in the profession.

[...] I think it is essential [...] to work clinically also outside here, it is something that is not allowed to us most of the time, [...] but [...], in my opinion, it is inadmissible that you *teach* a student if you do not do that as well (Prof. S13).

[...] things that they learned in the undergraduate education and having spent five, six years doing a MSc or a PhD, there was practically no training in this period. Then, this worries me, how will be the professors of the new generations? Researchers? Professors? [...] (Prof. S4).

This way, the professional experience is a major teaching-learning strategy for the academic training, especially in the health field, in which the professionalizing subjects and the curricular internships are based on this practice.

Gripp (2010), when studying 450 professors from public and private IES, observed that in the private institutions it is not the title that counts the most, as it is in the public ones, but a tendency to value the *professional* professors, who work in parallel to teaching in the work market. The professional experience would be, thus, a criterion for selection. This can be a reality desired by many professors from the public IES studied, according to the previous narratives.

## 2<sup>nd</sup> Category: structural dimension

The setbacks pointed out by the professors also include structural elements from the university environment, among them, *work overload* and *insufficient infra-structure and technological resources*.

The *work overload*, resulting from the curricular density of the courses and the management function, generates less time to dedicate to research and extension and, sometimes, impairs the teaching activities, as referred by some professors.

[...] the problem that I see in our area is that we are too many people, I'm the coordinator, professor of pharmacy, I have this subject linked to physiotherapy, classes at the master's degree, supervising PIBICs, master's degree students supervised by me, the CCS [Health Sciences Center] rules and legislation commission, the commission of associated professors [...] (Prof. S1).

[...] you lose a little your general practice! [...] it's because I'm the department head, [...] if I were only teaching, I think I wouldn't have these feelings; [...] it's four years that I am the head, and this absorbs me a lot (Prof. S8).

In this sense, the IES have demanded distinct assignments from their professors at the university, which expand and make more complex the teaching professional practice. New responsibilities are added, such as academic supervising, management, search for financing, institutional relations and mentorship (Zabalza, 2004; 2006).

In accordance with the reality found in this research, in Silva et al. (2013) study those professors who had already been managers reported that the function generates the distancing from the classroom, the lack of time to invest in academic productions and the loss in research due to the discontinuity in the projects.

Some studies indicated that part of the professors that are managers cannot conciliate the personal and professional activities and, often, this overload is faced as setback and sacrifice. Moreover, when they let aside the research, the quality of their teaching decreases and the scientific publication is limited (Marra; Melo, 2003; Melo; Lopes; Ribeiro, 2013).

Another setback pointed out by the health professors, although with less emphasis, referred to the *insufficient infra-structure and technological resources*, necessary to the theoretical and practical classes at the university.

[...] quite often we don't have access to the internet [...] it fails all the time, [...] I can't register my projects [...] (Prof. S5).

Our greatest difficulty is this lack of technological resource (Prof. S14).

We don't have a physical structure in our area that is ideal to function in a better way, but this is in relation to the practice. In theory, we don't have great problems, for the theoretical classes we have classrooms, we have structure, then, the difficulty is in the practice, there are a lot of patients, and it involves the assistance [...], this is the greatest problem (Prof. S7).

In this context, the infrastructure in higher education is an important element that seeks to facilitate and help the students' development, not to make their training hard. The scrapping of the physical structure in many IES generates obstacles for the good development of several academic activities (Marques; Pereira; Alves, 2010). In the same research, the authors investigated the perception of the students in the same IES where the present study was carried out with professors from the health field. The conclusion was that the university undergraduate students really perceive the scrapping of the structure. They also state that this public IES scrapping results especially from insufficient reforms, as there was a great expansion in the offer of higher education courses without compatible infra-structure and with quite old establishments, which is worrying, as this aspect is extremely relevant for the quality of teaching.

The most recent research by Sakurada (2017), among other findings, also reports the expansion of Brazilian universities campuses already existent, without this expansion being followed by bigger and better physical structures, materials and people capable to handle the high number of entrances of new students.

Considering that the insufficient infra-structure affects all the actors in the learning process, Mancebo, Do Vale and Martins (2015) informed that, in 2012, professors from federal institutions began a strike for an indefinite time, demanding improvements in the work conditions for the professors. This was due to the expressive increase in the number of students without the necessary hiring of more professors, as well as to the precariousness of resources for the building of new physical structures, which were already insufficient for the existent number of students.

In the teaching in health, the insufficient infra-structure does not interfere only in the routine of professors and students, but also in the health assistance provided within the training. It becomes a difficulty felt beyond the classroom and by their protagonists, and affects patients, families and society as a whole.

## Final Remarks

After writing about the setbacks of university teaching identified in the health field, we highlight that the Human Dimension category was the most explicit in the professors' narratives. In its context, relational issues were emphasized, being the predominant elements the student's profile, the professor-student relation, the lack of communication with the peers, the lack of pedagogical training and the departmentalization.

The elements that appeared as barriers to the professional teaching practice showed, in a certain way, the encounter between distinct generations, inasmuch as the young students and professors enter increasingly earlier at the university. Nevertheless, over the years of teaching, other barriers can emerge due to the fact that the students enter the university younger, while the professors continue their years in higher education teaching with the need of constant changes with distinct natures to meet the complexities of each moment and each circumstance.

We observed in this conjuncture the focus on research ingrained to the teaching in health, which is assuming priority at universities, particularly in the public IES. Without prominence of any of the pillars of the teaching-research-extension tripod, we believe that the research and the extension come to *nurture* the teaching, although the former has reached the top in the preference of the PhD professors. We perceive a certain shift in some health courses when having as a differential pedagogically well prepared professors, who consider teaching as a profession and are not mere researchers or health providers who train others.

Beyond the relational difficulties of teaching in health, the Structural Dimension emerged in the practice as a professor, which, most of the time, was out of reach of the professor. The work overload imposed by the teaching-research-extension activities and the management functions were highlighted. As a consequence of this concomitant practice of functions, there was the distancing from the classroom and

from their own co-workers, which responded to the relational difficulties already mentioned.

In addition to this, the acquisition of permanent goods and materials for the universities require the involvement of the professor in the academic management, preparation, implementation and execution of research and extension activities, with the purpose of raising external support to put together laboratories and classrooms, among others. Taking into account the lack of time due to excessive workload, there is the lack of infra-structure, which can generate a burden for many professors.

This difficulty is added to the fact that the development of practical activities in the health field necessarily needs to involve appropriate physical spaces, as clinics, medical offices, laboratories and hospitals, among others. These, in turn, lack consumables and permanent materials, which is not always within the reach of everybody. These spaces also need management, organization, and maintenance to take care of what is the noblest: human life.

In this scenario of complexity and specificity is where we find the health professor and the other characters of this teacher-student-patient triad, all within the walls of a public IES and the peculiarities arising from its context, often suffering because of the atrocities of governmental management.

The human and structural dimensions appeared with great emphasis in the study performed, which makes us believe that the study context genuinely represents the current scenario of university teaching in the health field in the country. In times of alertness and confrontation, it is believed that the structural dimensions tend to suffer more, in case the relations are not sufficient to promote changes and transformations in the way reality is set.

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