

Nursing management practicum: impact to the team in medical-surgical units



Estágio de administração em enfermagem: repercussões para a equipe em unidades clínico-cirúrgicas

Práctica de administración de enfermería: repercusiones para el equipo en las unidades clínica quirúrgicas

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ABSTRACT

Objective: Learn the perceptions of nursing professionals of a university hospital regarding the interactive process with nursing management practicum students.

Methods: A qualitative, exploratory, descriptive study was conducted by means of 11 semi-structured interviews with nurses, nursing technicians and nursing aides in medical-surgical units. The information, collected between December 2013 and January 2014, was submitted to a thematic analysis and discussed according to Pichon-Rivière.

Results: Results were grouped into three categories: Practicum students and the nursing team: interaction that can provide learning, mutual help and satisfaction; Despite the pre-task, work must go on; and Nursing team: the practicum facilitator.

Conclusion: In the beginning, their coexistence was full of basic anxieties, but while elaborating these feelings, the group was created and shifts into teamwork. In this logic, issues like patience, empathy, communication and coherence facilitate the interactive process, and are essential for a critical (re)reading of the reality.

Keywords: Group processes. Hospital administration. Education. University hospitals. Internships.

RESUMO

Objetivo: Conhecer as percepções de enfermeiros e técnicos de enfermagem de um hospital universitário sobre o processo interativo com estagiários de administração em enfermagem.

Método: Estudo qualitativo, exploratório, descritivo, mediante 11 entrevistas semiestruturadas com enfermeiros, técnicos e auxiliares de enfermagem de unidades clínico-cirúrgicas. As informações, coletadas entre dezembro de 2013 e janeiro de 2014, foram submetidas à análise temática e discutidas à luz de Pichon-Rivière.

Resultados: Agrupados em três categorias: Acadêmicos e equipe de enfermagem: interação que pode propiciar aprendizado, ajuda mútua e satisfação; Apesar da pré-tarefa, o trabalho tem que continuar; e, Equipe de enfermagem: a facilitadora do estágio.

Conclusões: O início da convivência é repleto de ansiedades básicas, mas é no movimento de elaborá-las que o grupo se constitui e se transforma para o trabalho em equipe. Nessa lógica, quesitos como paciência, empatia, comunicação e coerência facilitam o processo interativo, além de serem fundamentais para a (re)leitura crítica da realidade.

Palavras-chave: Processos grupais. Administração hospitalar. Educação. Hospitais universitários. Estágios.

RESUMEN

Objetivo: Conocer las percepciones de los profesionales de enfermería de un hospital universitario en el proceso interactivo con los practicantes de administración de enfermería.

Método: Estudio cualitativo, exploratorio, descriptivo, mediante 11 entrevistas semiestruturadas, con las enfermeras, técnicos y auxiliares de enfermería en las unidades médico-quirúrgicas. Las informaciones, recogidas entre diciembre de 2013 y enero de 2014, se presentaron al análisis de contenido.

Resultados: Agrupados en tres categorías: Académico y el equipo de enfermería: interacción que puede proporcionar el aprendizaje, ayuda mutua y satisfacción; A pesar de la pretarea, el trabajo debe continuar; y, el equipo de enfermería: la facilitadora de la práctica.

Conclusión: El inicio de la convivencia está lleno de ansiedades básicas, pero está en movimiento elaborar los que el grupo es y se vuelve al trabajo en equipo. En esta lógica, cuestiones tales como la paciencia, la empatía, la comunicación y la consistencia de facilitar el proceso interactivo, y son fundamentales para (re)lectura crítica de la realidad.

Palabras clave: Procesos de grupo. Administración hospitalaria. Educación. Hospitales universitarios. Pasantías.

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■ INTRODUCTION

Nursing teams from health services that receive practicum students in their nursing management practicum programs – formally offering nursing practice activities –, are essential for professional training, as the support and recognition of these professionals can help students face challenges while progressively assuming the role of a nurse. In this logic, it is important to have people with organizational profile characteristics, particularly in a university hospital that integrates teaching, research and health care, aiming to obtain quality in care provision and in the learning-teaching process⁽¹⁾.

Concerns about these aspects arose from the experience of the authors in their teaching activities for the nursing program of a public educational institution located in southern Brazil. It specifically refers to the practice under the Nursing Management program (180 hours), in its eighth phase, corresponding to the semester before the last semester of the program, according to the syllabus in force on the occasion of data collection. An initial theoretical module about management themes prepared the students for practice, offering two options for them to choose from: primary health care or hospital health care. This study focused on the latter, and the practicum program took place from Monday to Thursday, from 7 am to 1:15 pm.

Based on the direct and indirect teaching supervision in medical-surgical units, concerns about the nursing team that receives the practicum students arose for discussion. On the one hand, the lack of attention, patience and empathy shown by the nursing team is a barrier during the practicum programs, making students insecure and significantly affecting the learning process, a condition already identified in a prior study⁽²⁾. International studies suggest that positive relationships between nursing professionals and students foster knowledge sharing and ensure a successful learning process and quality training⁽³⁻⁵⁾.

On the other hand, this issue has to be addressed, as the insertion of students also affects the dynamics of nursing teams, forcing them to reorganize their own work to provide attention to students, without affecting patient care. It demands from nursing professionals preparation to deal with different student profiles and interpersonal relationships, versatility skills, patience, openness to dialog and the ability to plan, delegate and share decision making. Although other actors are directly or indirectly involved in this process, this study focused on the impact of nursing management practicum students to nursing teams that receive them in medical units of the hospital, seeking to detail some aspects of this topic. Another recent study⁽⁶⁾

provided an overview on practicum in the teaching-learning process, from the perspectives of different actors, such as professors who supervised students during nursing management practices.

Therefore, considering that the relationships between practicum students and nursing teams significantly influence the learning process and have an impact on the work process on which care quality relies, the following question arose: What do the nursing professionals of a university hospital think about the insertion of students in their work routine? The objective of this study was to learn the perceptions of nursing professionals of a university hospital regarding the interactive process with nursing management practicum students, during the program practices. This article is the result of a master’s degree dissertation for the Graduate Program in Nursing of the Federal University of Rio Grande do Sul, originally entitled “Perceptions of nursing professionals of a university hospital on the integration of trainees into the team”⁽⁷⁾.

This study is expected to awaken reflections on best practices when considering both the training of future nurses and the teams that receive practicum students, without overlooking care quality during practicum programs.

Regarding the focus of this investigation based on the Pichon-Rivière’s theory on Operative Groups, which explains group phenomena and shows that a group can be mobilized to work operatively⁽⁸⁾. In this perspective of group dialectics, a group is defined as “a limited number of people, connected by time and space, who coordinate their actions by a mutual internal representation, which proposes, either in an explicit or implicit manner, a task that constitutes its purpose”^(9,242).

A task, in this perspective, has two dimensions: the explicit refers to the objective that drives the group, that is, something that is conscious, such as a performing a job, making a change or studying⁽⁹⁾; and the implicit, which is characterized by basic anxieties caused by the attempt to reach a goal, which can often be an obstacle to such achievement⁽⁹⁾. Both conditions have been highlighted in other studies^(6-8,10-11). Every group, when performing one task, presents a lower or higher degree of resistance amidst basic anxieties caused by fear of loss and attack⁽⁸⁻¹⁰⁾. When not properly resolved, the fear to lose stability (power, space, recognition) triggers depressive anxiety and fear of attack in an unknown situation, feeling apprehensive about opposite opinions and reprehension from other group members, leading to paranoid or persecutory anxiety⁽⁹⁾. With the resistance that develops, individuals involved face psychological and emotional barriers called epistemological obstacles, which interfere with

one's perception of reality, and do not allow to distinguish what is real from what is imagined⁽⁹⁾.

It should be noted that such obstacles are experienced by all group members: nurses, nursing technicians and practicum students, but each of them experiences these situations in a particular way, with different levels of intensity and meanings. At first, the nursing team may be resistant to the insertion of students, assuming they will destabilize and impact their *status quo*, as they require attention and involvement. On the other hand, the students, when facing the challenges of a new context, may also feel mobilized by the needs of patients and the expectations of the nursing team regarding their performance⁽⁵⁾. However, in a dialectical perspective, this situation can be overcome, as there are moments for pre-task, task and project in the group process.

In the pre-task period, defensive techniques prevail, driven by basic anxieties, in order to postpone the elaboration of the fear of loss and attack. The task consists in approaching and developing anxieties, rupture of stereotypes and incorporation of thinking, feeling and acting, on the movement toward goal achievement. The project results from the task and allows the group to plan for the future⁽⁹⁾. It is at this moment that students and nursing professionals are able to interact and establish a joint work project aiming to meet the healthcare needs of patients who are under their supervision. However, in the dialectical understanding, it is a movement forwards and backwards in which the group oscillates among advances, setbacks and new advances, a move that supports the qualitative leaps in the theory-practice development.

When postulating this logic, the group is assumed as a model of interaction that involves the members in a two-level integration: the subject's vertical condition and the group's horizontal condition. Verticality is related to the life history, experiences, individual aspect of each member; and horizontality refers to group sharing, the common denominator that unifies it⁽⁹⁻¹⁰⁾.

Therefore, the operative group is considered an important framework to explain aspects that are inherent to the interactive process of nursing teams with students, which provides a critical understanding of their reality, based on concrete experiences.

■ METHOD

This exploratory, descriptive, qualitative study was conducted in a public university hospital located in southern Brazil, which systematically receives nursing practicum students from the university to which the hospital is linked, in

terms of healthcare philosophy and professor participation in its management.

Data were collected in semi-structured interviews with six nurses and five nursing technicians, totaling 11 participants, from medical-surgical units that habitually receive nursing management practicum students. Each interview lasted 20 minutes; all interviews were conducted in a room in their workplace between December 2013 and January 2014, at a time arranged with each participant and in a place that ensured privacy.

Participant selection was intentional, based on the following inclusion criteria: interest in speaking about the theme, prior experience with nursing management practicum students in the team dynamics for at least one semester, and availability for the interview. No participant refused to participate or was excluded from this study. The snowball sampling method was used to ensure the participation of at least one nurse and one nursing technician of each unit, prioritizing those mobilized around the theme. In this procedure, the first interviewee recommended the second interviewee; and so on, until the required number of participants was obtained, according to the parameter of data saturation, which consists in the "knowledge acquired by the researcher in field indicating that he/she was able to understand the internal logic of the studied group or collectivity"^(12:197).

After data were literally transcribed, and using NVivo 8, they were submitted to a thematic analysis comprised of three stages⁽¹²⁾: pre-analysis, when a thorough reading was performed, in direct intense contact with the field material to incorporate content into the corpus; material exploration, when the recording units were selected, allowing the categorization itself; and lastly, treatment and interpretation of results according to the theories taken into account, centrally reporting to literature findings about the study theme, supporting inferences obtained with the Pi-chon-Rivière's theory of the Operative Group.

The project that originated this study was approved by a research ethics committee, with a protocol on Plataforma Brasil (CAAE 12733913.6.0000.5327), following the recommendations of Resolution CNS-466/12⁽¹³⁾. Data collection was performed only after the project approval. An informed consent form was signed by the parties involved, in two copies (one kept by the participant and one by the researchers). The interviewees approved the audio recording and, to ensure anonymity, interviews were coded using letters N and T to designate nurses and nursing technicians, respectively. The ascending order used (N1, N2, N3 ..., T1, T2, T3...) corresponds to the chronological order of the interviews in each professional category.

■ RESULTS AND DISCUSSION

The mean age of all 11 participants, six nurses (54%) and five (46%) nursing technicians, was 37 ± 7 years and 90% were female. The study results were grouped into three categories, and described as follows.

Practicum students and nursing team: interaction that can favor learning, mutual help and satisfaction

The interviewees reported that the insertion of nursing management practicum students in the program implies dealing with diversity. For them, different perceptions and ways to act can often lead to complex interpersonal relationships, but it is exactly in this transition that the group can find opportunities for an effective praxis, as nursing actions derive from interactive processes characterized by relationships of interdependence and complementarity. Nurses and nursing technicians pointed out that everyone involved has to be willing to work as a team, favoring the exchange of experience and commitment in planned activities as mentioned by one interviewee:

They [the students] come here to learn, seeking knowledge, and we also learn a lot with them. It's an exchange, an incomparable interactivity (T5).

This excerpt recognizes the educational role of nursing professionals, suggesting the team's predisposition to receive and guide the students. It reminds of *tele*, which is one's ability or disposition to work with other people⁽⁹⁾. In the presence of positive *tele*, the learning process and the group climate tend to show conciliation of health care and student supervision.

The interview excerpt also shows that socialization of knowledge allows collective opportunities of mutual learning, promoting continuous improvements of nurses and nursing technicians. When facilitation is encouraged, in which the conditions favor proper dialog, all parties benefit, since it is easier to share experiences and knowledge. Such mobilization is observed in the operative way to act, which consists of active adaptation to reality through insights, making each member aware of their role in the group⁽⁹⁾. In this logic, and according to the nursing professional who receive the practicum students, the commitment and dedication of the students in the proposed activities have an impact on productivity, innovation and quality of service, which in turn strengthens interrelationships, mutual help and teamwork:

Considering the committed students, they are extremely collaborative to the group. They bring new things, they can provide good healthcare to patients and quality care (N1).

The interviewees reported that the commitment of students to the nursing management practicum program enhances teamwork and contributes to care quality. This understanding indicates the idea of cooperation that happens when the members of a group interact with one another to accomplish a task, overcoming differences and obstacles⁽⁹⁾. If the group interaction is based on cooperation, the students assume a mature self-critical posture that empowers them for their professional practice. Then, at the end of the practicum program, the nursing team experiences feelings of mission accomplished and satisfaction for having participated in the training process:

When the team sees a student is committed, it's like a reward for our effort of guiding and participating in that process (N2).

[...] this student matures in terms of knowledge, he grows emotionally and becomes more confident. [...] he arrives here showing something and then changes gradually, it's very good to see how he grows. He leaves here ready for the labor market (T5).

The nursing professionals reported that they feel rewarded when they observe the commitment of a student who, by following their guidance and leveraging the experiences in the practicum program, performs the functions of a nurse with autonomy. At first, the expectation of the nursing team is related to the provision of care; however, in the course of the practicum program, the students are expected to be more and more autonomous, gradually assuming their role of group leaders, which brings great satisfaction to the nursing team. When mutual expectations are fulfilled, the bonds are renewed and sometimes go beyond the practicum period, when students are considered a team member, as illustrated in the following excerpt:

One of the last students we had here, until now she's had a very good bond with us, because she feels that she's part of the team (T5).

This excerpt refers to the sense of belonging, that is, to the feeling of belonging to a group⁽⁹⁾. It should be noted that, by intensifying relationships built on positive bonds, the group assumes the same characteristics, which enables learning and mutual help. Gratifying experiences such as

those mentioned in this excerpt refer to the bonds that emerge from the interplay between one's internal world and the external context that causes feelings of gratification (good bond) or frustration (poor bond)⁽⁹⁾. In this perspective, the good bonds established among nurses, nursing technicians and students favor the group constitution and lead to a critical (re)reading of the reality, thus qualifying interactivity and teamwork.

Despite the pre-task, work must go on

The interviewees reported that the challenges found during the nursing management practicum program can act as obstacles for the integration of the students, indicating the pre-task of the group. It is the moment when mechanisms of dissociation of thinking, acting and feeling prevail as a result of the basic anxieties triggered in every situation of change⁽⁹⁾.

According to the participants, the initial stage of the practicum is usually full of expectations and anxiety, causing instability in the group. This incipient discomfort is associated with the adaptation to the new members, a period in which nurses and nursing technicians have to dedicate additional time to explain the routine and procedures habitually performed in the unit, as illustrated:

The beginning is always complicated. The students don't know you, you don't know the students and you have to be close to them (N1).

In the beginning, because we have to support them, explain our work routine to them, we have to dedicate more time to them [the students] than to the patient (T4).

Both the nurses and the nursing technicians showed some concern about the unknown and unusual situations. However, it is an understandable reaction, because when facing something new that implies a situation of learning, interaction or appropriation of the real, people feel two basic fears, that is, fear to lose the balance already obtained in a previous situation and fear of attack imposed by the new situation to which the person does not feel properly equipped⁽⁹⁾. The fact of having to divert the attention off a patient to fulfill a student's demands can indicate the fear of nurses and nursing technicians to lose the stability of their work dynamics. The insecurity of the nursing professionals when dealing with different profiles of students, so far unknown to them, is characterized as the fear of attack. If these fears are not well addressed, they can cause resistance to receiving students in the consolidated group.

However, it should be noted that the beginning of this process is difficult and thus resistance may emerge due to anxiety and fear of the unknown⁽¹⁴⁻¹⁵⁾.

A practicum student's challenge to organize the time to fulfill the needs of care provision was also considered as an obstacle, as it requires more attention from the nurses and nursing technicians to the delegated activities in order to avoid faulty patient care:

The beginning is more difficult because we have to be close to them [the students]. In the beginning, they have a slower rhythm. They still haven't incorporated the rhythm of the unit (N6).

In this excerpt, the active adaptation to the reality implies a critical period, since it requires an intense involvement from the group, new group arrangements, explanation of challenges and doubts, which may cause delayed activities and generate even more anxiety. As a result, the insertion of students in the health service has an impact on the integration of nursing professionals, slowing down the fulfillment of work-related demands⁽¹⁴⁾.

On the other hand, the interviewees reported that this impasse is temporary, as the nursing professionals are mobilized to receive the students, in a perspective of group integration to change the reality by changing their own attitudes. Then, the students who require more attention from the nursing professionals often start, in the course of their coexistence, to gain autonomy, becoming more collaborative while performing the activities, as highlighted:

In the beginning, there's insecurity, but after the group welcomes the student, it disappears gradually and this student, at the end of the program, is like a member of our team (T5).

An interesting aspect is that the nursing team provides insights about the insertion of students in the practicum program and thus manages to relieve the basic anxieties, becoming less resistant to the arrival of "the other." This is a *sine qua non* condition for receiving the students, which in turn will favor the learning process. Such mobilization is consistent with the task, according to Pichon-Rivière's sense of the term, which refers to "both the purpose to be fulfilled and the way to achieve it, that is, it involves explicit and implicit dimensions^(10:187)."

Nonetheless, while the group remains in the pre-task, the challenge to conciliate student supervision and patient care was pointed out by the participants as another factor that generates anxiety. Hence, supervising stu-

dents in their practicum program requires attention and time availability of the team, involving more duties and reorganization of activities. In this regard, the participants reported the following:

We assume a student and conduct him, show how it works, explain and teach as a teacher. We end up doing all these things without any remuneration for that (N4).

We end up assuming a double role. [...] you have to be with the student and at the same time, you have to do your work (N5).

This resistance to perform the task shows that the team members question their participation in student guidance with the expectation of receiving remuneration, in opposition to what is defined in the Brazilian National Curricular Guidelines⁽¹⁶⁾. According to these regulations, the schedule and supervision of curricular practicum programs in the last two semesters of the nursing course should be carried out by the nurses of health services where the practicum is conducted⁽¹⁶⁾, without any remuneration for it.

Moreover, the nursing team reported that the students are usually not able to recognize a mistake they have made and accept criticism and/or suggestions, causing dissatisfaction of the nursing professionals and a negative impact on group interaction, teamwork and practicum development:

Some students can't accept directions. You participate in a practicum program to learn and you don't accept the things that will help you, then it's difficult (N1).

Situations like this may cause learning blockages, since nurses and nursing technicians said that they felt unmotivated to collaborate with their knowledge and even insecure to delegate work-related demands. However, in the case of a practicum program that requires the development of skills for professional practice, the nursing team has to show how the principles, values and virtues of the profession make sense for the students. This situation converges to the understanding of nursing as a social practice whose professional ethics should be emphasized in the training to future nurses⁽¹⁷⁾.

In terms of attitudinal aspects, disregard for the patient's needs and demands brought by the team, unpunctuality and lack of assiduity, as well as refusal to perform technical or care-related procedures are situations that also have a negative impact on the practicum development. The interviewees reported the following:

We don't like disregard for the patients. [...] it's something that makes us very tense and we close ourselves (N1).

We see the student arriving late, missing practicum days and it discourages the group in relation to that student (N2).

When the commitment to the shift is violated, an impact is observed on teamwork and patient care. This issue can be considered as a violation of the setting (contract, frame), which corresponds to the sum of all procedures that organize, normalize and enable the group's actions^(9-10,18), affecting the group climate and the motivation of the nursing professionals to work with practicum students, creating obstacles to the learning process.

Nursing team: the practicum facilitator

According to the interviewees, they understand that the nursing team needs to act as a practicum facilitator, and for this reason, it is important to adopt strategies that ensure unique experiences to the students and contribute to the teaching-learning process. Among these strategies, they highlighted the reception of nurses and nursing technicians to make the students feel safer and calmer to be involved in the work dynamics and thus develop their skills:

We always try to receive them [the students] well, make them feel at ease, bring them to the team and try to show as much as possible the role of a nurse (N6).

According to this excerpt, the reception provided by the nursing professionals to the students converges toward the development of a good group climate, enabled by the positive *tele*. In addition, by receiving students well, the nursing team contributes to stronger interpersonal relationships in the group, which are critical for the teaching-learning process⁽⁶⁾.

The participants also pointed out that they see overburdened students due to other commitments related to the nursing management practicum program, such as writing the end-of-course paper and other program-related papers. By understanding that the students' moment is intense and decisive, they highlighted the importance of nurses and nursing technicians to show empathy with the students when observing any limitation or failure:

They [the students] have so many things, they have to write so many papers [for the various courses] and do so many things that they forget (T2).

They [the students] are involved in the production of their ECP [end-of-course paper], they have to come here and fulfill the practicum program. Then, it's a difficult period and I guess the team should consider that (N6).

The mobilization of the nursing team to understand the anxiety and distress experienced by the students can help the group move operatively, "reflecting on the work dynamics and strengthening of emotional relationships to perform the task"^(6,70). Helping the students to cope with conflicting situations favors (self)confidence and conducts the group towards learning and good professional practice⁽¹⁸⁻¹⁹⁾.

Another issue addressed by the interviewees refers to the high levels of demands that nurses and nursing technicians impose to themselves and others for the provision of practical experiences that facilitate learning and that can be used as reference by students in their profession. The concern about showing examples of good conduct is observed in the following excerpt:

They [the students] see us as an example [...] not only should I demand a proper posture of the student, but I have to show it too (N2).

Coherence in the professional practice is considered a commitment by the nursing team, as it expresses the responsibility of the model to be reproduced, triggering a process to demand a posture that affects the group interaction. This concern of the nursing team about providing good examples of both professional conduct and dialog among the team members is also confirmed in the results of a previous study⁽⁶⁾.

Finally, the interviews refer to dialog as the main tool to help students become familiar with the unit routine. The following excerpt shows the interest of nurses and nursing technicians in placing the students closer to the team and patients and, therefore, inserting them into the team:

You go ask the student who is working with you, if he doesn't know it, then let's discuss that together, but he has to participate (N4).

This excerpt highlights that the group integration was based on communication, as the nursing professionals convey information to the students with priority to prepare them for making decisions. Considering that the nursing activities are notably performed by teams, dialog favors consensus in actions and becomes a teaching and learning object^(14,17).

In view of the challenges presented by the students, nurses and nursing technicians are mobilized so that the students can reanalyze their conduct and/or posture and overcome their limitations. Hence, dialog becomes necessary and essential, as it has an impact on the exercise of learning and overcoming problems, in which pending issues are resolved, challenges are faced and qualities are highlighted. Effective communication between students and professionals facilitates the construction of knowledge and learning⁽²⁾. When nurses and nursing technicians adopt strategies that meet the needs of the students, the group has conditions to promote a creative change and an active adaptation to reality, which enhances group functioning.

■ FINAL CONSIDERATIONS

This study expects to evoke reflexive processes that can contribute to the preparation of nursing teams for the constant and rotating presence of practicum students in their activities, promoting the achievement of one of the purposes of a university hospital, which is to qualify human resources and generate knowledge. It is also assumed that, *in locus*, the participants will become potential multipliers in the nursing teams to foster a proactive alignment with the assumptions that underpin the university hospitals, where qualified actions of teaching, research and health care are highlighted.

Regarding the study limitations, the results are limited to the scope of clinical and surgical units for adult patients; therefore, it is important to learn about the perspectives of the teams of other hospital divisions and other healthcare services, such as primary care, which also receive nursing management practicum students. In addition, it is recommended to expand the interviews to include the practicum students, teaching assistants and professors, who could provide a broader picture of this theme. In this sense, as a contribution, this study expects to encourage discussion on the teaching-service integration to enhance the mobilization of nursing teams, seeking strategies and alternatives in benefit of the learning process of students.

Based on the findings of this study, the dynamics among nurses, nursing technicians and practicum students is complex, as it alternates between moments of mutual learning and cooperation, and stressful and conflicting situations. However, in this movement the group develops and changes to consolidate genuine teamwork, highlighting the importance of issues like patience, empathy, communication and coherence aiming to facilitate the practice, as these are essential for a critical (re)reading of the reality.

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