TEXTO & CONTEXTO ENFERMAGEM
TEXT & CONTEXT NURSING TEXTO & CONTEXTO ENFERMERÍA

TEACHING-SERVICE INTEGRATION IN SUPERVISED INTERNSHIP IN NURSING: THE PERSPECTIVE OF NURSING SUPERVISORS, PROFESSORS AND MANAGERS

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ABSTRACT

Objective: to analyze the influence of supervised internship on teaching-service integration from the perspective of internship nursing supervisors, faculty advisors and managers.

Method: this is a qualitative descriptive-exploratory, carried out in an undergraduate nursing course at a federal university in the countryside of Rio Grande do Sul, between February and July 2018, with 26 participants: managers, faculty advisors, primary care nursing supervisor and hospital care nursing supervisor. The semi-structured interview was the technique used for data collection, which were analyzed using Content Analysis.

Results: in the first category, "influences of supervised internship on healthcare services", the possibility of mutual transformation for the service and for students was verified, promoting professionals' learning, sharing new ideas and encouraging nurses in the search for knowledge. However, it was identified students' lack of interest in carrying out activities and limitations in planning joint actions. In the second category, "teaching-service integration: limitations and possibilities", it was identified that teaching-service integration is occurring in a fruitful way, while advances are still needed for its realization. The planning of internship actions is not always consistent with the healthcare service's needs and activities that take place in teaching are not always shared with professionals. Internship was described as a potentiator in effecting integration.

Conclusions: developing internship enables the realization of learning, mobilizes the routine of services and professionals, instigating them to change and improving knowledge, promoting healthcare qualification.

DESCRIPTORS: Nursing education. Internship. Education. Higher. Teaching-assistance integration services. Nursing.

INTEGRAÇÃO ENSINO-SERVIÇO NO ESTÁGIO CURRICULAR SUPERVISIONADO DE ENFERMAGEM: PERSPECTIVA DE ENFERMEIROS SUPERVISORES, DOCENTES E GESTORES

RESUMO

Objetivo: analisar a influência do Estágio Curricular Supervisionado na integração ensino-serviço na perspectiva dos enfermeiros supervisores de estágio, docentes orientadores e gestores.

Método: estudo qualitativo descritivo- exploratório, realizado em um curso de graduação em enfermagem de uma Universidade Federal do interior do Rio Grande do Sul, entre fevereiro e julho de 2018, com 26 participantes: gestores, docentes orientadores, enfermeiros supervisores da atenção básica e enfermeiros supervisores da atenção hospitalar. A entrevista semiestruturada foi a técnica utilizada para coleta dos dados, os quais foram analisados por meio da Análise de Conteúdo.

Resultados: na primeira categoria "influências do Estágio Curricular Supervisionado nos serviços de saúde" constataram-se a possibilidade de transformação mútua para o serviço e para o discente, promovendo aprendizagem dos profissionais, compartilhamento de novas ideias e estímulo ao enfermeiro na busca pelo conhecimento. Entretanto, identificou-se desinteresse de discentes na realização das atividades e limitações no planejamento de ações conjuntas. Na segunda categoria, "integração ensino-serviço: limitações e possibilidades" identificou-se que a integração ensino-serviço está ocorrendo de forma proveitosa, ao mesmo passo que ainda são necessários avanços para sua efetivação; o planejamento de ações do estágio nem sempre condiz com as necessidades do serviço de saúde e as atividades que ocorrem no ensino nem sempre são compartilhadas com os profissionais. O estágio foi descrito enquanto potencializador na efetivação da integração.

Conclusões: o desenvolvimento do estágio possibilita a concretização da aprendizagem, mobiliza a rotina dos serviços e dos profissionais, instigando-os a mudanças e ao aprimoramento de conhecimentos, promovendo a qualificação da assistência de saúde.

DESCRITORES: Educação em enfermagem. Estágios. Ensino superior. Serviços de integração docente-assistencial. Enfermagem.

INTEGRACIÓN ENSEÑANZA-SERVICIO EN EL INTERNADO CURRICULAR DE ENFERMERÍA SUPERVISADA: PERSPECTIVA DE ENFERMERAS SUPERVISORAS, DOCENTES Y GERENTES

RESUMEN

Objetivo: analizar la influencia de la Pasantía Curricular Supervisada en la integración docencia-servicio desde la perspectiva de enfermeras supervisoras de pasantías, asesoras de facultad y gerentes.

Método: estudio cualitativo descriptivo-exploratorio, realizado en un curso de licenciatura en enfermería en una universidad federal del interior de Rio Grande do Sul, entre febrero y julio de 2018, con 26 participantes: gerentes, asesores de facultad, enfermeras supervisoras de atención primaria y enfermeras supervisoras de atención hospitalaria. La entrevista semiestructurada fue la técnica utilizada para la recolección de datos, los cuales fueron analizados mediante Análisis de Contenido.

Resultados: en la primera categoría, "influencias de la pasantía supervisada en los servicios de salud", se verificó la posibilidad de transformación mutua para el servicio y para los estudiantes, promoviendo el aprendizaje de los profesionales, compartiendo nuevas ideas y animando a las enfermeras en la búsqueda de conocimiento. En la segunda categoría, "Integración docencia-servicio: limitaciones y posibilidades", se identificó que la integración docencia-servicio se está dando de manera fructífera, mientras que aún se necesitan avances para su realización; La planificación de las acciones de internado no siempre es acorde con las necesidades del servicio de salud y las actividades que se desarrollan en la docencia no siempre se comparten con los profesionales. La etapa se describió como un potenciador al efectuar la integración.

Conclusiones: el desarrollo de la pasantía posibilita la realización de aprendizajes, moviliza la rutina de los servicios y profesionales, instigándolos a cambiar y mejorando los conocimientos, promoviendo la calificación de la asistencia sanitaria.

DESCRIPTORES: Educación en enfermería. Aprendizaje. Educación superior. Servicios de integración docente asistencial. Enfermería.

INTRODUCTION

Teaching-service integration is characterized as a collective, agreed upon and integrated work, which occurs due to the partnership between students and professors of training courses in the health area, with workers who make up the healthcare service teams[1]. It is a strategy to achieve changes in the training process of healthcare professionals, enabling changes in professional practices and in the care model. It also contributes to improvements in quality and the provision of actions in healthcare services by benefiting the community[2].

These exchange spaces are characterized as ideal places for the development of supervised internship (SI), which refers to the mandatory educational act, developed in different care scenarios in the last two periods of the undergraduate nursing course, under the supervision of a nurse inserted in the service and guidance of a professor from the educational institution, and should correspond to 20% of the total course load of the course[3].

In higher-level professional training, SI acts as a tool to bring academia and services closer together, as it enables the use of professional knowledge, skills and attitudes acquired by students during their training[4]. The objective is to guide students in the articulation between theory and practice, from a learning process permeated by a dialogue between teaching and learning, with the active participation of professionals, university and community[5]. Social health needs must be met, with an emphasis on the Unified Health System (SUS – *Sistema Único de Saúde*), and ensure comprehensive care and quality of humanization of care[3]. Thus, in addition to the scientific foundation that the higher education institution offers to students, the quality of training is linked to the insertion of students in real environments, so that they can experience their future profession with autonomy and led by competent and committed subjects.

In this scenario, professors, healthcare service professionals and students are the actors who mobilize their knowledge in the realization of SI, who are recommended to actively act in the training process[6]. However, there is a mismatch between teaching and service, in which integration walks immersed in complex movements, in which teaching approaches the production of knowledge and the service can disregard the presence of the academy in care scenarios, evidencing different purposes that can reflect on professional training[7].

Given the limitations that permeate teaching-service integration, a "challenge to be faced by the subjects involved in SI" is evident[8:4]. Concomitant to this, the need to deepen discussions about the approximation between work and education is emphasized[5].

Therefore, considering the importance of teaching-service integration for the development of SI, not only from the perspective of its influences on healthcare professionals' training, but also the consequences of this practice in healthcare services, the importance of understanding the potentials and limitations that emerge from these links is highlighted. Thus, the following research question is presented: what is the perspective of nursing supervisors, professors and managers regarding teaching-service integration during supervised nursing internship? In view of this, the study aimed to analyze the influence of SI on teaching-service integration from the perspective of internship nursing supervisors, faculty advisors and managers.

METHOD

This is a qualitative descriptive-exploratory study, carried out in an undergraduate nursing course at a federal university in the countryside of Rio Grande do Sul (RS). The course offers 50 places distributed over the two annual semesters and has a faculty of 25 permanent professors. Currently, the 7th curriculum has been implemented in the institution under study and, with regard to SI, a migration of subjects to the 9th and 10th semesters of the course was seen, totaling 840 hours,

divided equally between hospital care and primary healthcare. For the feasibility of SI activities, the course has different actors, including the internship committee, faculty advisors, supervising nurses and students.

During the semester, meetings are held between students and the internship committee with previously scheduled dates, in which students have the opportunity to report on the development of their activities in SI, clarify doubts and talk about their difficulties in the fields in which they are. Moreover, an Action Plan is built, through which students must identify the service needs and based on them, prepare a project aimed at carrying out an intervention during SI, which is a proposal that has the guidance and the supervision of faculty advisors and supervising nurses.

Study participants were primary care and hospital care nursing supervisors, faculty advisors and managers. With regard to managers, there were representatives with direct involvement in SI, with two representatives from the educational institution, one from primary care and one from hospital care.

For the selection of supervising nurses and guiding professors, a prior survey was carried out in the terms of internship commitment, filed in the nursing course coordination, in order to obtain the list of SI students and their respective faculty advisors and nursing supervisors in the period between the first semester of 2015 and the first semester of 2017.

The inclusion criteria for faculty advisors were established: to be permanent professors of the nursing course and to have supervised at least three students. Twenty-five professors were identified, of whom 23 permanent professors, and of these, 17 had supervised at least three students. As for the exclusion criteria, two retired, two on leave at the time of collection and one for having access to the project of this study were disregarded. Furthermore, two expressed interest in not participating in the study, and with one there were several unsuccessful scheduling attempts, totaling the participation of nine professors.

As for the nursing supervisors, the inclusion criterion was to have supervised at least three students, and a representative nurse per health unit was selected, who had supervised the largest number of students. In hospital care, 91 nursing supervisors from 18 units of an institution were identified. Of these, 25 nurses from nine units met the inclusion criteria and, initially, the participation of one nurse from each sector was estimated, making a total of nine. However, a retired professional and another with whom there were several unsuccessful scheduling attempts were excluded. In both cases, there was no new participant who met the criteria in the sectors in question, effecting the participation of seven nurses in the hospital sector.

In primary care, 24 nurses from 18 health units were identified. Based on the inclusion criteria, the participation of 11 nurses was initially estimated, but one nurse who was away at the time of data collection was excluded, two did not express interest in participating and two there were several unsuccessful scheduling attempts, totaling the participation of six primary care nurses.

Data collection took place between February and July 2018, through semi-structured interviews, including questions regarding teaching-service integration during SI, as well as the influences of the presence of students in healthcare services.

Among the questions, the following were included: "what do you know about the SI realization process? Describe your experience in carrying out your guidance/supervision with students who performed/are performing SI? What is the role of professor/supervisor/manager in SI? As a professor/supervisor/manager, did you notice any difficulties? How can the presence of an internship student influence the healthcare service? Comment on that. Do you think students feel prepared to experience SI? How do you identify the educational institution's participation in this stage? And from the health institution? Could you describe the positive points in carrying out SI, if any? Could you describe the vulnerable points in carrying out SI, if any?".

Four pilot tests were carried out with individuals who were not selected through the inclusion and exclusion criteria, being two nursing supervisors and two faculty advisors. This made it possible to assess question clarity, resulting in changes to the data collection instrument, in order to facilitate interviewees' understanding. It is noteworthy that the pilot tests were discarded, not being included in the study analysis.

The invitation to participate in the study was made in person, via e-mail or through telephone calls. The researcher was available to schedule the interviews, which took place individually and were previously scheduled, according to availability of date, time and place preferred by the participants, seeking to ensure the quality of the material to be collected, as well as guaranteeing interviewee privacy and confidentiality. Thus, they took place in healthcare services and in rooms of the educational institution, were recorded and, in turn, transcribed, in full, soon after their completion. The interviews took about between 22 minutes and 1 hour and 17 minutes, totaling 15 hours and 30 minutes.

The data analysis process is based on the Content Analysis technique, which allows discovering the nuclei of meaning that make up a communication whose presence or frequency means something for the intended analytical objective[9]. The technique is divided into three chronological poles: pre-analysis, material exploration and treatment and interpretation of results obtained[9]. For pre-analysis, there was a succinct/floating reading of the interviews in order to identify the core meanings of the material. At the same time, the process of highlighting (marking) of the nuclei that responded to the object under study was started.

Material exploration was characterized by a phase in which the raw data of the material were coded, in order to reach the core of understanding the text. Thus, an in-depth reading of the qualitative material was carried out, proceeding to the identification and extraction of registration and context units, to start the similarity grouping process. For this, the registration units were highlighted in the texts, with different colors, in accordance with a pre-established grouping by similarity. For the context units, excerpts from the interviews were underlined and the most representative ones were selected to compose the results. In interpreting the results, the raw data are subjected to statistical operations in order to become meaningful and valid and to highlight the information obtained.

This study complied with the ethical precepts described in Resolution 466 of December 12, 2012. Participants signed the Informed Consent Form (ICF) in two copies. In order to ensure confidentiality, each participant was identified by the letters "MA" (managers), "IFA" (internship faculty advisor), "PC INS" (primary care internship nursing supervisor) and "Hosp INS" (hospital care internship nursing supervisor), followed by alphanumeric coding, according to the sequence of the interviews.

RESULTS

The final sample consisted of 26 (100%) participants, including: four (15.38%) managers, nine (34.61%) faculty advisors, six (23.07%) primary care nursing supervisors and seven (26.92%) hospital care nursing supervisors.

Analysis of the interviews emerged in the construction of two categories: *Influences of supervised internship on healthcare services*; *Teaching-service integration: limitations and possibilities*.

Influences of supervised internship on healthcare services

During SI, students are linked to the educational institution and have recent learning about general and specific knowledge in the field of nursing. During the immersion in healthcare services, in addition to contributions to professionals in training, the presence of academy can direct various potentials to professionals, related to acquisition of new knowledge, or even (re)think the routine in the service and promote changes in their work process. Although, often, there is disinterest on the part of students in relation to the development of activities, as well as their infrequency in the face of the proposition of joint actions in the place that are not included.

The presence of students developing SI can be understood as a possibility of mutual transformation for the service and for students, as mentioned by four (15.38%) participants, including one (11.11%) professor, one (25.0%) manager, one (14.28%) hospital care nursing supervisor and one (16.66) primary care nursing supervisor: [...] *the influence is before, during and after* [...] *so, they* [students] *changed, at the same time they were changing* (IFA 08).

There is always an exchange of experiences and an exchange of experiences between the two sides (PC INS 06).

[…] *Students will look at the individualized patient, will look more closely, will learn* [...] *but will also give a qualified response to the patient* (MA 02).

It should be noted that three (11.53%) participants reported that there is a learning process between professionals and students in IS, including one (11.11%) professor, one (16.66%) primary care nursing supervisor and one (14.28%) hospital care nursing supervisor. Also, one (11.11%) professor stated that the inclusion of students in the services made it possible to exemplify situations of practice in the classroom: [...] *we end up learning with the girls and we also end up teaching. They come with some ideas, some fresher things and open a little of our horizons, I think it's very valid, they're very good h*ere (Hosp INS 06).

[…] *This oxygenates our teaching practice* [...] *it is a way of getting closer to the service, we will bring the examples of practice to the classroom, so this is a systematic way* (IFA 05).

The presence of students during SI in healthcare services enables the sharing of new ideas and promotes changes in these scenarios, as reported by 11 (42.30%) participants; of these, four (44.44%) were professors, three (50.00%) nurses were primary care supervisors, one (14.28%), hospital care supervisor and three (75.0%), managers: […] *whether negatively or positively, always give the service a stir. There was a student who gave an idea that they* [nurses] *hadn't thought of* [...] *sometimes, nurses want to do something and don't have time for it and the students end up helping, it's a source of renewal* (IFA 03).

[...] *the student encourages us to seek new knowledge and go after new theories, I think this is a very positive point* (PC INS 03).

[...] *our evaluations with services, all comment on the same thing, which is rich for the service, this look different from the internship* (MA 04).

In addition to this, six participants (23.07%), such as four (66.66%) primary care nursing supervisors and two (28.57%) hospital care nursing supervisors, indicated the presence of students as a positive experience, as they considered their collaboration as "professionals", in relation to service demands, referred to as "one more person" to work": […] *because it's one more person who is there to work* [...] *anyone who joins the team, who enters the work process, makes a lot of difference* (PC INS 01).

[…] *Students are important to us because they help us with the demands we have in each shift* (Hosp INS 04).

[…] *They help us a lot, as they are in the last semesters and they already have a lot of knowledge* [...] *both in the procedural part and in the education part, in management* [...] *there is a very big deficit of employees. So, they end up becoming one more employee, which they shouldn't be, but we know it ends up happening in all fields* (PC INS 04).

The presence of students in the service as a booster for nurses in the search for knowledge was reported by five (19.23%) participants, including one (16.66%) primary care nursing supervisor and four (57.14%) hospital care nursing supervisors: […] *i think it's refreshing* [...] *many times, until you go to study more to be able to discuss cases with them, then this is refreshing* [...] (Hosp INS 03).

[…] *They also bring questions about training here and this also encourages us to seek, study and update* [...] *it encourages us to be studying, to be clearing up their doubts that end up being our doubts* (Hosp INS 04).

Students remain immersed in the routine of services for a period of time, and to systematize and control their frequency, control scales were created. Thus, the professionals who accompany the students during SI rely on them to meet the demands of the service and plan joint actions. Therefore, one of the weaknesses resulting from the presence of students in the services, as mentioned by one (16.66%) primary care nursing supervisor, includes the lack of interest of students in carrying out activities and another (16.66%) primary care nursing supervisor mentioned the infrequency in relation to carrying out joint action planning: […] *they* [students] *are absent, they don't come to the service and we end up needing it, because, in a way, we end up planning actions together, and I don't see a consequence of the type: I don't know what happened to this student, he missed, ok, so what? It was missed and no one else talked* (PC INS 03).

Teaching-service integration: limitations and possibilities

Data analysis mentions the limitations and potentialities of integration-teaching service emerged from the perspective of the actors involved. In this sense, one (14.28%) hospital care nursing supervisor considered that teaching-service integration is occurring in a fruitful way, three (11.53%) participants reported not identifying it, among them two (28.57 %) hospital care nursing supervisors and one (11.11%) professor: [...] *this experience has been good, the advisor was always present, we had several moments when the advisor talked, showed us what the student's action plan would be, talked to us about that student's performance.* (Hosp INS 07).

[…] *I tell you that I don't even see it, because we don't have any meetings with the professors* [...] *there isn't a good exchange, there isn't a conversation, a feedback, feedback in this sense, I think, is the practical side here, the other side of teaching* (Hosp INS 05).

Corroborating the above data, five (19.23%) participants, including two (22.11%) professors, one (16.66%) primary care nursing supervisor, one (14.28%) hospital care nursing supervisor and one (25.0%) manager, reported that teaching-service integration is characterized as a tenuous practice. Furthermore, seven (26.92%) participants affirmed the need to produce advances to promote integration, among them, two (22.11%) professors, two (33.33%) primary care nursing supervisors, one (14.28%) hospital care nursing supervisor and two (50.0%) managers: [...] *quite fragile* [...] *this teaching-service interaction could be better* [...] *if we had a closer relationship with everyone involved in this supervised process, I think the results could be better* [...] (Hosp INS 03).

[…] *I see there are some isolated efforts. I understand that this issue of teaching-service interaction is still a little fragile* [...] (MA 01).

[…] *This interaction is very weak, and it's weak on my part, I'm not blaming professors/supervisors, it's weak on my part and the institution* [...] *and I feel in a comfort zone, I'm with the students here and they're following our work, they're doing their job and I'm doing mine* [...] *this is something that*

really needs to be improved, I think it could improve the quality of the supervised internship, of the supervised internship student, here it would improve (PC INS 05).

SI is a phenomenon that is not restricted to the relationship between students and nursing supervisors, including several subjects who actively participate in the training of students. In this sense, the relationships with the health team that permeated this stage were mentioned by four (15.38%) participants, including one (11.11%) professor, one (16.66%) primary care nursing supervisor and two (28.57%) hospital care nursing supervisors: […] *the employees are very nice with students, it's difficult for some friction in here, it happens and I'm glad it happens, it's a growth for all of us, but I feel the performance of academics here in a very calm way* (PC INS 05).

[…] *I see that people make an effort; they make the person feel welcomed* (Hosp INS 02).

Among the limitations mentioned, four (15.38%) participants, of which one (11.11%) was a professor, one (25.0%) was a manager, one (14.28%) was a hospital care nursing supervisor and one (16.66%) was a primary care nursing supervisor mentioned that planning SI actions is not always consistent with the healthcare service's needs. Moreover, two (7.69%) participants, one (16.66%), primary care nursing supervisors and one (14.28%) hospital care nursing supervisor, who describe that the activities that occur in teaching they are not always shared with professionals: […] *often, teaching comes with a ready-made action plan* [...] *but you don't know if it's what the service really needs* (PC INS 03).

[…] *Many came to us with jobs like "I came here to do this job", that's not what the job is needing right now. But what about the service? Where is it? And this integration? I just have to think about what the department needs to produce?* (Hosp INS 02).

[…] *We have situations of line events* [...] *and no one is aware of it, nor were we invited, we found out through a poster. And we are concerned, theorizing over an area that we have a field here, but it is left aside, and what is this contributing to those who are here beside us?* (Hosp INS 02).

Among the strategies to enable teaching-service integration, three (11.53%) participants, of which, two (22.11%) were professors and one (14.28%) hospital care nursing supervisor, highlighted that SI is an enhancer for the realization of integration. Furthermore, two (22.11%) professors mentioned the development of extension projects and another four (44.44%) professors indicated the carrying out of activities in teaching, such as classes and events: [...] *supervised Internship is a of them* [...] *the extension projects themselves are an approximation with the service* (IFA 05).

[…] *I think Supervised Internship can favor an approximation of teaching and service, because they will be there all the time, so whether they like it or not, they arerepresenting teaching and makes us also have to approach this environment* (IFA 06).

DISCUSSION

Monitoring students during their internship, in addition to offering security, training, confidence and providing opportunities for their progress towards their autonomy, enables concrete experiences that permeate abstract theories[10]. With the insertion of the academy in healthcare services, its contribution is expected from reflections linked to work processes, for changes in the daily practice of practices[7]. The presence of new members in already structured scenarios can mobilize the relationships that permeate everyone involved, being able to result in both positive and challenging influences. Thus, through SI, in addition to the learning that students acquire, their immersion in healthcare services for a period can influence the routine of professionals who work in these scenarios.

The reports presented in this research showed that learning during SI impacts students and actors involved because, through their training co-responsibility, curiosity, questioning, professionals can be aroused to (re)think the apprehension of new knowledge. In this sense, while sharing their knowledge with students, they promote critical and reflective learning for both. "The presence of a nursing intern in different scenarios has destabilized teams in the sense of reassessing their roles and work processes"[11:232].

From the teaching-service articulation, different exchanges of experiences and mutual learning emerge, in addition to benefits for students and for the healthcare service[12]. It is also complemented that, for the faculty advisor, there are influences on their professional practice, when they exercise SI guidance. Monitoring students allows professors to become aware of situations involving the reality of services, promoting their knowledge with the circumstances observed and/or experienced to complement and exemplify during the theoretical-practical activities developed in teaching.

The inclusion of students in healthcare services seems to enable an expanded and differentiated look at the place in which they are inserted, and changes may emerge and, from this, mobilize the service and the team included in it. The renewal of knowledge that students generally promote in professionals results from access to updated information throughout their training, enabling SI to promote an exchange between those involved[13].

The partnerships made between institutions and workers to carry out the SI surface a significant movement, which aims to train transforming professionals[11]. Thus, when services are receptive and welcoming to the ideas of these students, in addition to the transformation of their daily work, contributions to training emerge, enabling them to take a leading role in decision-making, in the face of problem solving, based on a critical eye.

The high demand for healthcare services and the shortage of human resources are a reality in the current scenario in our country. Therefore, the presence of a student in SI can contribute to meeting the demands that the service presents, as it allows the teams to consider them as subjects who can help with their daily demands. This qualifies the presence of students in the service, in addition to enabling the development of skills and abilities necessary for their training. The teaching-service approach is fundamental for the training of professionals with skills to work in the complex Brazilian health system[14].

It should be noted that, based on the results of this research, regarding students' learning in the reality of healthcare services, this does not always seem to benefit the pedagogical character of SI. Teaching-service integration is understood as a virtuous space for the realization of skills and abilities to achieve the professional profile proposed in the legal regulatory framework[15]. However, the learning space has the potential to be supportive, and is based on parties' ability to present a mutual concern, resulting from the interpersonal relationships and movements created in the learning space[16].

In addition to influencing the routine and team of healthcare services, students can encourage nurses to (re)signify their practice and can instigate them to improve their knowledge. It was noted, through the reports, that students began to reflect and question, during SI, the theory learned during graduation, based on the acquisition of new knowledge and consolidation of existing ones. Thus, professionals who follow the development of these students share this (re)construction process, through which they can review their knowledge and routines, resulting in an encouragement for searching for new knowledge.

The constant change in the health scenario and the updating of knowledge denotes that "nursing education needs to experience a solid knowledge base, such as the insertion of a more significant, transformative approach that enhances the construction of innovative and excellent practices in society"[17:44]. However, the routine of healthcare services often imposes limitations on professionals, making it difficult for them to be mobilized to update and improve their knowledge.

The process of training and/or production of knowledge in nursing still links the profession to subjective characteristics, needing to move towards nursing based on scientific evidence[18]. This corroborates the findings of the research, when it is referred to the search for knowledge to enable and promote discussions with students in SI. Nurses' reports demonstrate that the presence of students is a possibility for renewal and encouragement, not only to improve professional practice, but to contribute to the education of students, thus reinforcing nurses' role, who are co-responsible in the context of the training process.

SI in nursing has sought to train nurses committed to a visible identity and representativeness to different social spheres and to achieve recognition in the profession[11]. However, the lack of interest of students during SI is characterized as a difficulty reported by nurses, which compromises the course performance[13]. Thus, the importance of planning and establishing strategies that awaken, encourage and enable the integration between teaching and service is identified, being essential for improving both. In order not to finalize the reflections and possibilities of teaching-service integration in nursing education, especially during SI, in which students are immersed in the reality of services, it is highlighted that "the actors involved need to understand that it is possible to improve even more, and that through the partnership with everyone that resides the success of internship"[11:328].

It was possible to apprehend in the results that only one participant considered teaching-service integration effective. The absence and/or weakness of this integration, as identified in participants' reports, is characterized as a worrying factor, since students in training can be harmed in this scenario. In this regard, in a documental study carried out in Pedagogical Political Projects (PPPs) of nursing courses in the southern region of Brazil, it was identified that teaching-service integration is recommended as a fundamental space for the development of the intended profile for students[19]. "Non-observance of this interaction implies too much harm for students, since it can lead to a deficient academic training and, in this way, compromise the profile of future professionals"[8:4].

As shown in the data from this research, isolated efforts to establish the integration between teaching and service were identified. "Teaching-service integration process is surrounded by complexities and subjectivities that require frank discussions so that the mismatch between academic and care intentions can be overcome, being a constant challenge that demands new propositions and directions."[7:7]. While teaching and service recognizes the importance of integration and understanding strategies that enable its implementation, several limitations are still identified in its consolidation.

The realization of this integration, with an empowering vision, results in momentary benefits for students in training, as well as for the service in which they find themselves. Furthermore, it reflects on the performance of these future professionals, enabling an integrative culture to be cultivated and maintained in their performance. From the moment that professionals, professors and students experience the positive results of integration, they understand that the insertion of teaching in their practice can enrich activities in their routines, through mutual assistance, aiming at common benefits.

Thus, the preparation of students must be accompanied by a receptivity of services where SI activities take place. Added to this, the path taken by students throughout their training process and their commitment directly reflect on the experience lived at this stage. In view of this, it is essential that all subjects participating in this training period are equally involved and understand the importance that SI represents in nursing education.

Nurses who reported the inclusion of students in the team described it positively, mentioning the absence of difficulties. Professionals welcomed students, resulting in a balanced relationship between everyone. "The nursing team's receptiveness becomes essential for the development of student activities, in which the support and welcoming of the health team are among the expectations of students when starting the internship"[20:5].

All relationships that emerge from SI, whether with the supervising nurse, the nursing team and the multidisciplinary team, are essential for students' learning process. Acting in a real environment gives students the opportunity to experience these interactions and enables the development of skills and abilities necessary for their strengthening, which theory alone is not enough.

Students' performance in the internship fields involves, in addition to carrying out activities inherent to their professional practice, the development of an action plan, which must be collectively elaborated considering the recognition of the reality of services and the identification of their main needs. Instead of understanding the context of the scenarios in which students are inserted to plan actions consistent with their real needs, it is identified that teaching is meeting their demands as researchers. Therefore, it is presented as a challenge to collaborate with a discipline based on active participation and joining the objectives of different groups[13].

Participants' reports reveal that teaching-service integration is built from different relationships involving both. This integration brings benefits to all involved and the efforts must be mutual; greater insertion of teaching in the service than its opposite is identified. This data indicates that the educational institution must be aware of the possibilities of bringing the service closer to its spaces. These movements enable the sharing of knowledge and experiences, providing learning for everyone. Still, they provide opportunities for the development of a set of initiatives, which can have beneficial influences for SI students.

SI is a mandatory activity in nursing education, which stands out as an opportunity to continuously initiate or sustain possibilities of teaching-service integration. As noted, students in the service allow for a movement of approximation of faculty advisors with the scenario in which they are inserted. In addition to the relevance of SI for academic training and for supervisors' growth, ties are also established between the academy and the healthcare service where internship activities take place[13].

Thus, as mentioned by participants, it is a strategy that favors links between teaching and the service. In addition to contributing to the routine of the places where they are developed, the strengthening and solidification of integration, resulting from extension activities, can also positively influence the development of SI through a differentiated look from both parties. Still, there are several possibilities that permeate all spheres of the training process that can promote this integration, such as holding events in which service nurses can be included, to share their experiences as well as to learn new knowledge.

It is considered as a limitation for this study to contemplate the view of internship nursing supervisors, faculty advisors and managers, not including students and users of healthcare services.

FINAL CONSIDERATIONS

The presence of students in healthcare services during SI provides benefits not only for trainees' learning, but also for professionals working in the services as well as for the work routine of these places. The study showed that the development of SI in healthcare services, in addition to becoming spaces that enable learning to materialize, SI influences these scenarios, mobilizing the routine of services, professionals, instigating them to change and improving knowledge, promoting the qualification of healthcare.

However, teaching-service integration is evident as a practice immersed in different weaknesses, which can limit the interactions that occur at this stage, as well as compromise students' learning. The establishment of an effective integration between teaching and service is essential, a reality not evidenced by participants' perspectives, referring to integration as a fragile practice, which needs advances.

SI is characterized as an activity that enhances teaching-service integration, requiring collective planning and engagement of subjects involved in students' training during this stage. In this sense, reflecting on the factors that enable and/or limit this integration provides opportunities for the establishment of strategies so that these links are beneficial to everyone involved.

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NOTES

ORIGIN OF THE ARTICLE

This article is part of a dissertation – *Estágio curricular supervisionado: percepções do enfermeiro supervisor, do docente orientador e do gestor*, presented to the Graduate Nursing Program of *Universidade Federal de Santa Maria*, in 2019.

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CONFLICT OF INTEREST

There is no conflict of interest.

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