



Healthy work environments and nursing teaching-learning process: a scoping review


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Abstract

Background

The concept of Healthy Work Environments is part of the context of professional training in nursing as a reference for promoting the health of the subjects of this process.

Objective:

To identify how professors and students of undergraduate courses in Nursing perceive the “Healthy Work Environments” in the teaching-learning process.

Method

Scoping review performed in PubMed/MEDLINE, EMBASE, Scopus, Web of Science, CINAHL, LILACS and BDENF, considering studies regardless of type, language and year of publication. The guiding question was guided by the mnemonic strategy: Population, Concept, Context. The data underwent descriptive, bibliometric and exploratory analysis.

Results

386 references were identified, 83 were selected to be read in full, of which 56 were part of the final sample. Thus, two categories were created: “Healthy Work Environments: spaces for teaching and health services” and “Strategies for promoting a Healthy Environment”.

Conclusion

The concepts under analysis show the experiences of students in environments of educational institutions and health services. Regarding the teachers’ practices, working conditions emerged in areas of infrastructure, subjectivities and institutional organization and work policies.

Keywords

Workplace; Occupational Health; Working Conditions; Education, Nursing; Faculty; Review.

Introduction

Healthy Work Environments are those where all people involved collaborate for the continuous, effective improvement of health promotion and protection, while also contributing for the safety and wellbeing of all workers and guaranteeing the sustainability of the work environment itself.¹ Regarding this concept, the World Health Organization (WHO) recommends action to be taken in four great fields: the physical work environment, the psychosocial work environment, personal health resources, and the involvement of the company in the community.¹

When it comes to nursing, Healthy Work Environments are standards in place in the work process that put into evidence communication ability, collaboration between team members, effective decision making, an adequate sizing of personnel, and significant recognition of worker contribution, in addition to an authentic leadership.² The concept of a Healthy Work Environment in this field is also formed by the perspective of organizations

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and relationships that can promote quality health care, and good quality of life to workers.³

Considering the environment where nursing formation takes place, the perspectives of nursing professors and students must be articulated in regard to the experiences in the teaching-learning process. In the specific field of teaching by nurses, issues related with salary, benefits, workloads, faculty environments, preparing for the function, and professional development, as well as scholarships, recognition, institutional support, and leadership, all must be considered in an evaluation of whether it is a Healthy Work Environment.⁴ Other studies also evaluate aspects such as infrastructure and teaching strategies whose influence on the formation of nurses is associated with the physical and mental health of professors and students.^{5,6}

This work emerged on the interface between health work environments and nursing education, and the relationship between nursing professors and students. Its object, Healthy Work Environments, is part of the context of professional education. Also, considering the relevance of our theme, we aimed to identify how professors and students from nursing graduation courses perceive the “Healthy Work Environments” in the teaching-learning process.

Methods

This is a scoping review whose objective is mapping the concepts that are the base of a research field, as well as to clarify the definitions and/or limits of a topic. To develop this research, we followed recommendations from the Joanna Briggs Institute, updated in 2020, including the following stages: definition of the objective and question; selection of inclusion criteria; selection of an approach to search for evidence, selection, and data extraction, and presentation of evidence; analysis of data; synthesis; and presentation of results.⁷

The guiding question of this research was created following the mnemonic strategy PCC (Population, Concept, and Context), which, in this research, represented: P = nursing professors and graduation students, C = Healthy Work Environment, and C = nursing graduation courses (universities, schools). This led to the creation of the research question “How did students and professors from nursing graduation courses perceive the ‘Healthy Work Environments’ in the teaching-learning process?”.

Evidence was extracted from the following databases: PubMed/MEDLINE, EMBASE, Scopus, Web of Science, LILACS/BDENF, CINAHL. The search was carried out in November 2020, and included studies published which contained the following search terms: (“Healthy Work Environment” OR “Favorable Practice Environment” OR “Positive Practice Environment”) AND (“Education, Nursing”[Mesh]* OR “Nursing Learning” OR “Faculty, Nursing”[Mesh]* OR “Nursing teacher” OR “Nursing educator” OR “Students, Nursing”[Mesh]* OR “Pupil Nurse”).

The exclusion criteria were: duplicate studies; studies that were not in accordance with the scope of this research; and studies unavailable in full.

To organize the inclusion and exclusion of studies, a flowchart (Figure 1) was organized according with the guidelines from the PRISMA Extension for Scoping Review (PRISMA-ScR).⁸

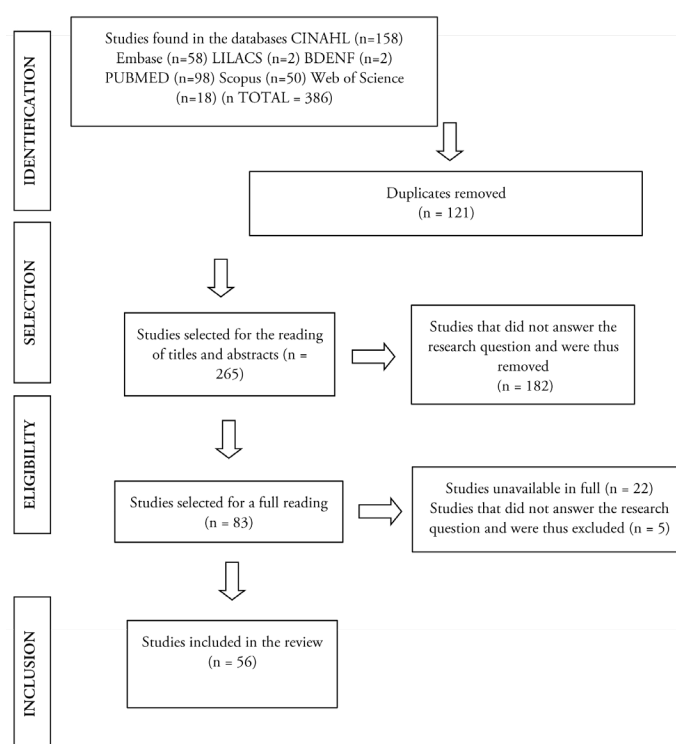


Figure 1 – Flow diagram of literature search and inclusion of articles.

The search protocol was elaborated with the aid of a librarian, who also contributed with the search in the databases mentioned above. After the search, the titles and abstracts were read by one of the authors. In the following stage, the studies were read in full, and the authors confirmed their adequacy to reach the objective of the research.

The studies selected were once again read carefully, so their relevant aspects could be highlighted and organized in a Microsoft Excel spreadsheet. The following characteristics were included: 1) Data base, Title, Authors, Country, Language, Year of publication, Type of publication, Nature of the research, Method, Population and/or sample size, and Descriptors, all of which were part of the results, considering a bibliometric perspective; 2) Objective of the study, Results, and Conclusions were the corpus of our content analysis, which was directed by the constructs that were the object of said analysis.⁹ Data was coded according to contributions to the current study. The codes were grouped according with similarity of content, considering their potential responses for the guiding question. Finally, categories that represented the common grounds emerged from the inference and interpretation of results.

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Results

386 references were found. 121 were duplicates, and therefore, excluded, leaving an initial sample of 265 indexed publications. After titles and abstracts were read, 182 were excluded because they were not in accordance with the topic of this study. 22 others were excluded because they were not available in full. The 61 references left were read in full. Nonetheless, 5 more were excluded after this

stage, as they did not answer the research question. As a result, our final sample was formed by 56 papers. The bibliometric perspective of the sample is presented in TABLE 1.

Variables	N	Variables	N
Database		Year of publication	
CINAHL	32	≤2000	2
Embase	1	2001-2005	5
LILACS and BDENF	2	2006-2010	8
PUBMED	18	2011-2015	14
Scopus	2	2016-2020	27
Web of Science	1	Type of study	
Country of origin*		Articles	38
USA	20	Experience reports	7
Brazil	19	Opinion	4
United Kingdom	3	Reflection	3
Australia	3	Thesis, previous note, abstract in annals, continued education module	1 (each = 4 total)
New Zealand	2	Language	
Spain, Turkey, Iran, Finland, the Netherlands, Italy, Mexico, and Sweden.	1 (each = 8 total)	English	36
		Portuguese	19
Multicentric - Spain, Portugal, and Brazil	1	Spanish	1

Table 1 - Bibliometric characteristics of the publications of the sample (n=56), Florianópolis, SC, Brazil, 2021
Source: Authors.

Considering the content analysis of sample, we elaborated two categories representing the concept “Healthy Work Environments” in the context of formation in nursing higher education. The first category is called “Healthy Work Environment: spaces of education and health services”. This category has three subcategories: “Institutional academic environment from the perspective of students” (six references); “Health care environments from the perspective of students” (nine references); “Professor work conditions” (22 references). The title of the second category was “Strategies to promote the a Healthy Environment” (30 references). Table 2 shows this distribution.

Category 1 - Healthy work environments: spaces of education and health services	Category 2 - Strategies to promote a Healthy Environment
Institutional environment from the perspective of students Mussi, Pires, Carneiro, Costa, Ribeiro, Santos; 2019. ¹⁰ Kerr, Ratchiff, Tabb, Walter; 2020. ¹¹ Fiechth, Fry; 2005. ¹² Erlam, Smythe, Clair; 2018. ¹³ Sundler, Pettersson, Berglund; 2015. ¹⁴ Kox, Bakker, Bierma-Zeinstra, Runhaar, Miedema, Roelofs; 2020. ¹⁵	Mussi, Pires, Carneiro, Costa, Ribeiro, Santos; 2019. ¹⁰ Kerr, Ratchiff, Tabb, Walter; 2020. ¹¹ Fiechth, Fry; 2005. ¹² Erlam, Smythe, Clair; 2018. ¹³ Sundler, Pettersson, Berglund; 2015. ¹⁴ Kox, Bakker, Bierma-Zeinstra, Runhaar, Miedema, Roelofs; 2020. ¹⁵ Fontaine, Koh, Carroll; 2010. ¹⁶ Mintz-Binder; 2013. ¹⁷ Kuehn; 2010. ¹⁸ Gazza; 2009. ¹⁹ Brady; 2010. ²⁰ Blevins; 2016. ²¹ Harrison, DeGennaro, Norling, Kennedy, Fontaine; 2018. ²² Rocha, Greco, Moura, Godinho; 2017. ²³ Azambuja, Kerber, Kirchoff; 2007. ²⁴ Mosteiro-Díaz, Baldoñelo-Mosteiro, Borges, Baptista, Queirós, Sánchez-Zaballos, et al; 2020. ²⁵ Soares, Albino Filho, Takeda, Pinheiro; 2016. ²⁶ Cezar, da Silva, de Almeida, Rocha, Bonow, Borges-Vaz; 2014. ²⁷ Wood; 2014. ²⁸
Health care environment from the perspective of students Rodríguez-García, Miquez-Hernández, Granados-Gómez, Aguilera-Manrique, Gutiérrez-Puertas; 2021. ²⁹ Serçeşu, Başkale; 2016. ³⁰ Yousefy, Yazdani, Mohammadi; 2015. ³¹ Chan; 2001. ³² Decker, Shellenbarger; 2012. ³³ Gomes, Rodrigues, Pereira, Handem, Passos; 2015. ³⁴ James, Butterfield, Tuell; 2019. ³⁵ Boucatt, Cusack; 2016. ³⁶ Reza, Ferreira, Silva, Gandanilla, Solano, Martinez; 2016. ³⁷	Whitaker, Wynn, Williams; 2002. ³⁸ Francis, Bisio, 1996. ³⁹ Varn; 2016. ⁴⁰ Blake, Collins; 2017. ⁴¹ Collins, Berry, Graves, Engle; 2009. ⁴² Bauer-Wu, Fontaine; 2015. ⁴³ Ward, Scruth-Chavez, Yokum, Rossie, O'Leary-Kelley; 2008. ⁴⁴ Freitas, Paisão, Santos, Meira, Carneiro; 2015. ⁴⁵ Bak, Hoyle, Mahoney, Kyle; 2020. ⁴⁶ SMoreira, Dias, Silva, Souza, Beserra, Abreu, et al; 2013. ⁴⁷ Trinkoff AM; 2018. ⁴⁸
Professor work conditions Fontaine, Koh, Carroll; 2010. ¹⁶ Mintz-Binder; 2013. ¹⁷ Mincer, McFarland, Andrews, Strang; 2013. ¹⁸ Kuehn; 2010. ¹⁸ Rudy; 2001. ¹⁹ Botelho-Sampaio, Carloso-Mourão, Vieira-de-Almeida; 2016. ²⁰ Pinto, Pintor, Dettie; 2017. ²¹ D'Oliveira, Souza, Varella, Almeida; 2020. ²² D'Oliveira, Almeida, Souza, Pires, Madriaga, Varella; 2018. ²³ Corral-Mulato, Bueno, Franco; 2010. ²⁴ Rocha, Felli; 2004. ²⁵ Harni; 1993. ²⁶ Gazza; 2009. ¹⁹ Madriaga, Souza, D'Oliveira, Carvalho, Lisboa, Andrade; 2019. ²⁷ Soares, Zeitouni, Lisboa, Mauro; 2011. ²⁸ Cassner; 2019. ²⁹ Stangson, Garrett-Whight, Main, Blackburn, Jones; 2017. ⁴¹ Tavares, Magnago, Beck, Silva, Prestes, Lanteri; 2014. ⁴² Brady; 2010. ²⁰ Kaylor, Johnson; 2019. ⁴⁴ Moreira; 2018. ⁴⁵ Souza, Prado, Monticelli, Radluz, Carraro; 2007. ⁴⁶	

Table 2 - Distribution of references of the sample according with categories and subcategories that result from content analysis, Florianópolis, SC, Brazil, 2021.
Source: Authors.

Healthy Work Environments: Spaces of Education and Health Services

This category has three subcategories regarding the perspective of students about their educational experiences in the education environment and in health work environments.

The third subcategory is related with the professors, whose experiences, despite travelling between the worlds of teaching and care, are suitable to their professional role, whether we consider the role of nurse professor or direct assistance nurse. In these two contexts, professors associate the concept of Healthy Work Environments to the conditions to develop their activities and work responsibilities.

Institutional Environment From the Perspective of Students

Work-related stress, in nursing, starts in graduation, and its presence is more clearly noted by students near the end of the course.¹⁰ Studies have shown that the environments that simulate clinical situations cause suffering on the student, especially due to their evaluation process. These findings indicate that a pedagogical strategy molded in an environment of nursing care does not reach its goal effectively when these experiences become not healthy.¹¹⁻¹⁴

Other factor attributed to unhealthy work environments, which has been noticed by students, are musculoskeletal complications caused by work activities. Since their professional formation, the students notice the unhealthy condition of the environments, including teaching environments¹⁵.

Health Care Environment From the Perspective of Students

The expression “health care environment” refers to the work environment of nurses, where theoretical-practical experiences and stages of formation are processed.

Studies show that, although health services, which are the setting where the educational process takes place, are associated with the development of abilities and other professional competences, they are also environments recognized by their adversities, producing dissatisfaction and disease in the students. The work practices and conditions of nurses which are too distant from theory and from adequate conditions were highlighted, as they had a strong negative impact on the mental and physical health of students. As they discussed the distance between theory and practice, they reported experiences in the job market that were marked by the lack of resources, the overload of teams due to an insufficient number of workers, to work accidents, relationship conflicts in uncooperative teams, among other issues that take place in the daily life of health services. Still, the very condition of students causes feelings of exclusion, undervalorization, stress in evaluation processes, and lack of empathy and embracing from the professors. Due to these aspects, the nursing practice environments have not-healthy features, which are often noticed by the students.¹⁶⁻²⁴

Professor Work Conditions

The work conditions of professors show whether the work environment in nursing teaching and learning are healthy or not.

On this topic, literature shows that the work conditions of professors is not conducive for the promotion of their health. The number of professors is smaller than the number that would be necessary to attend to all demands of the career of a professors, which include graduation and post-graduation teaching, research, extension, and administration, as well as the reality of countless higher education institutions. Other characteristics were also attributed to the disease-inducing environment of the work of professors, such as inadequate and insufficient material conditions, low wages, lack of technical-administrative support, competitive relationships with one's peers, demands of high academic productivity to be able to grow in the field and be recognized, and even harassment, among other ethical and moral conflicts resulting from the relationship between workers, managers, and students. As a result, it is evident that professor work conditions lead to occupation stress, moral suffering, depression, as well as physical and psychic health issues. In other words, this work environment is not health at all, interfering in the educational process.²⁵⁻⁴⁶

Strategies to promote healthy work environments

Despite gaining experience in education environments where factors are present that limit their practices and cause disease and dissatisfaction, professors and students constantly surpass expectations and overcome their limits.

In studies about simulated practices as stress-inducing activities, certain coping strategies were detected. These were mostly used to minimize negative experiences in education environments, which could have repercussions throughout the professional life of the alumni.¹⁰ Laboratory practices and simulations are strategies for nursing education which bring theory closer to practice. This is the first contact with care. Students who go through clinical simulations report that it raises their confidence and assertiveness for future practices in health services. As a result, to reach its objectives, this teaching-learning environment must be consolidated as a healthy one, especially considering the goal of overcoming the punitive aspect of evaluations.¹¹⁻¹⁴

The association of the teaching-learning environment with musculoskeletal disorders works opposed to the positive perspective there is in an environment to promote health, suggesting the adoption of strategies to promote protective investments in ergonomics and biomechanics. These strategies should involve planning the environment and its material conditions, as well as pedagogical planning with cross-sectional syllabi involving moving, elevating, transferring, and handling people, as well as physical exercise programs.¹⁵

It is important to highlight that most references about this topic discussed the theme of education environments, focusing on strategies targeted at the work of professors. These strategies aimed to make work environments less unhealthy, and, consequently, more healthy. Certain studies were found that recommend the adoption Healthy Work Environment standards, including communication abilities, collaboration between team members, effective decision making, adequate number of professionals, and significant recognition of contributions, in addition to authentic leadership.^{25,26,28,47,48}

Other studies were based on NLN standards, which consisted in wages, benefits, workloads, faculty environment, preparation to

exercise the functions, and professional development, achieved using scholarships, recognition, institutional support, and leadership.^{26,28,37,43,47}

Institutional support that adopts healthy work practices also promote health through self-care. These institutions broaden their capacity of forming a solid group of professors by providing them with better work conditions and actions that encourage healthy lifestyles. As a result, professors are satisfied with their activities and with the meaning of their work, which becomes more palpable.^{25,26,28,37,43,48}

The relationship between professors and students also has interfaces which are often lost between the perspective of these actors in their roles as students, facilitators of the educational process, and health workers committed to teaching. Professors see their work process as the formation of work colleagues. Therefore, their pedagogical concerns are associated with the aspects implied by the concept of Healthy Work Environment. Studies have shown this preoccupation in syllabi with content about occupational health and worker health. Nonetheless, the presence of these issues in formal syllabi should go beyond approaches targeted at developing competences for the specialist nurses to work in the field of worker's health. Its desirable meaning is in the biopsychosocial expression of caring for oneself and promotion the care of one's peers in the professional environment.⁴⁹⁻⁶⁰

Still, both within and without classroom walls, the educational process of nurses in the university extension activities involving occupation health and worker's health assumed, in some studies, the features of cross-sectional strategies that relate healthy work environments with the education process. Especially, when extension actions are carried out with nursing workers, students get closer, especially in the context of real work, which, in time, will also be the context of their actions as professionals.⁶¹⁻⁶⁵

Discussion

The teaching-learning process in nursing higher education takes place in Higher Education Institutions (HEI) and in the health services where theoretical-practical activities and internships are carried out, including hospitals, clinics, outpatient clinics, Primary Health Care Units, and others.

From the perspective of students, an immaterial component of the work environment in formative nursing processes, as demonstrated by literature, is the stress associated with the evaluation processes that are part of all education and characterized by their additive character, as opposed to its formative character. All educational activities, whether they are evaluations or not, are stressful requirements, especially simulations.^{11,14} The use of simulations in the educational process is a form of active methodology, that is, a strategy to develop technical abilities in a controlled environment, ensuring the safety of the students and safe care. The simulated practices also bridge the gap between theory and practice, promote clinical reasoning and reflection on the practices during debriefings. Nonetheless, there are biases in the implementation of proposed simulations which prevent them from reaching their goals when there are no advances into critical-reflective pedagogical practices, and evaluations that expose and embarrass students continue to be the most commonly used.^{66,67}

In addition to the pedagogical practices that have a negative impact in the work environment, this scoping review carried out in tea-

ching and health care settings, revealed the presence of musculoskeletal diseases. These are reported since the formation of the nurse and become increasingly worrisome as the career of the student progresses, due to their constant exposure to repetitive movement and use of physical strength to transport and move people in their beds and carry out techniques such as bathing, wound dressing, and implanting tubes in adequate ergonomic conditions. Therefore, the cross-sectional teaching of body mechanics should be allied to better conditions of learning and work.^{68,69}

Education in nursing brings together theoretical knowledge and technical abilities whose exercise takes place, mostly, in experiences that are both theoretical and practical. Some references indicate stressors associated to the practices, since students feel insecure and want to have the best performance possible in the provision of care. In addition, students report an overload of tasks that have an impact on the management of time for other daily life activities, including moving from their home to the teaching institution, social interactions, leisure, and caring for their mental and physical health.^{70,71}

The studies highlighted the perspective of students about the environment of health services during the practical experiences in their formation as nurses. The experience of a nurse's work within settings of care represent, on one hand, a perfect opportunity to develop professional competences; on the other, however, these are spaces where many subjective and intersubjective conflicts must be dealt with. The environment of health services represent, for the students, a source of insecurity, due to their expectations with performance, their need for evaluation and responsibility regarding health care. There is also mention of health teams that are not welcoming of students, leading to conflictive relationships, which is associated with the suffering of the students.^{16,72,73}

In the educational process there are, at least, two actors: a student and a professor. Therefore, the studies in this revision also highlighted the perspective of the professors regarding the work environment. In the light of the concept of "Healthy Work Environment", certain issues related with the work conditions of nurse professors emerged. These workers are exposed to many demands of productivity in health, research, and extension - the indissociable triad of university careers. Infrastructure conditions are associated with the physical and mental health of professors who perform their activities in classrooms of very poor conditions, often using instruments that are insufficient, inadequate, or in bad conditions. The academic environment is also the target of conflicts from processes that correlate work and subjectivity, and labor and organizational and policies.^{74,75}

Up to this point, negative aspects of the environments involved in the teaching-learning process were mentioned, including as elements opposed to the Healthy Work Environments that are desirable, that is, that promote health. Nonetheless, this revision aimed to overcome these barriers despite recognizing them, in order to gather, from the studies, strategies aimed to leave behind the factors that promote disease. In addition to promoting pedagogical models based on punitive evaluation models, already experience in learning experiences prior to higher education^{66,67}, solid policies of investment on education, science and technology are necessary to promote better work conditions for the professors, which will reflect on the learning condition of the students.⁷⁶

Studies are particularly targeted at the formation of the students as a privileged space to overcome the obstacles and promote healthy

work environments for both professors and nurses. This can be understood as a return to these settings, because, as obstacles to consolidate critical, reflective, and especially, health practices to their actors, the studies return to the same settings in the search for strategies that can be proposed. The spaces in which the formation take place are (co)responsible for mobilizing plans and actions to this end. The health of the worker is an important guideline in syllabi.⁷⁷ In nurse education experiences, curricular practices, and extension activities, in health services and in the community, knowledge is constructed and consolidated that bridge the gap between theory and actual health needs. Thus, students and professors occupy the spaces of health promotion, protection, and recovery, gaining a perception of the concrete aspects of the relationships between environment and health, and work and health, while also connecting them.⁷⁸

Conclusion

This review generated evidence about experiences and perceptions related with "Healthy Work Environments" in the teaching-learning process. Professors (nurses), as well as students in nursing graduation courses agree in their remarks about the influence of intra and interinstitutional political elements, infrastructure, work process organization, and intersubjective relationships in higher education institution, as well as on the integration with health services, which promote healthy environments.

It stands out that work environments are significantly present in discussions motivated by their negative aspects, that generate disease in the subjects involved. Considering Healthy Work Environments is a positive perspective to think about worker's health, which has repercussions on their being and their actions. Therefore, unveiling the associated elements enable actions to promote worker's health, to the detriment of occupational health perspective.

Limitations of this review include its cross-sectional approach of its object, and the inferential nature of the studies in the sample. Research that is effective in integrating the concept of Healthy Work environment in the settings of nurse formation will contribute for an understanding of the phenomenon of health promotion and protection at work, from the professional formation, including students, professors, and professionals, to the users of health services that integrate teaching and education.

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