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ORIGINAL ARTICLE

THE TEACHING OF NURSING PROCESS FROM THE PERSPECTIVE OF PROFESSORS

O ENSINO DO PROCESSO DE ENFERMAGEM NA ÓTICA DOS DOCENTES

LA ENSEÑANZA DEL PROCESO DE ENFERMERÍA DESDE LA PERSPECTIVA DE LOS DOCENTES

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ABSTRACT

Objective: to get to know how Nursing Process is being taught at undergraduate level. ***Method***: this is a descriptive, exploratory, qualitative study. Data were collected through administration of a questionnaire and through semi-structured interviews with 14 professors who taught at a public institution in the South of Rio Grande do Sul. The research project was approved by the Research Ethics Committee, opinion 174/2011. The interviews were first transcribed, then read, reread and analyzed using discursive textual analysis. ***Results***: we found that professors do not teach nor require students to fully use Nursing Process. Only a few steps of nursing process are used and priority is given to the evolution of nursing. ***Conclusion***: There is no consensus among professors as to what approach should be used in the teaching of Nursing Process. In addition, there is poor adherence to it in practical settings, which hinders the learning process and could have repercussions for their future professional lives. ***Descriptors*:** Faculty; Nursing Process; Teaching; Nursing.

RESUMO

Objetivo: conhecer como vem sendo ensinado o Processo de Enfermagem por docentes. ***Método***: estudo exploratório, descritivo, com abordagem qualitativa. A produção de dados foi realizada por meio da aplicação de um questionário e realização de entrevista semiestruturada. Participaram 14 docentes de uma instituição pública do extremo sul do Rio Grande do Sul, após a aprovação do projeto de pesquisa pelo Comitê de Ética em Pesquisa, parecer 174/2011. Depois de transcritas, as entrevistas foram lidas, relidas e analisadas, com base na análise textual discursiva. ***Resultados***: pôde-se constatar que os docentes não ensinam nem exigem a utilização do Processo de Enfermagem de forma completa pelos discentes. São utilizadas apenas algumas das etapas do Processo de Enfermagem, sendo dada prioridade à evolução de enfermagem. ***Conclusão***: não existe consenso entre os docentes quanto à abordagem de ensino do Processo de Enfermagem. Além disso, há pouca adesão nos cenários de práticas, o que pode dificultar o aprendizado do discente, com repercussões para o futuro profissional. ***Descritores*:** Docentes; Processos de Enfermagem; Ensino; Enfermagem.

RESUMEN

Objetivo: conocer cómo se enseña el proceso de enfermería. ***Método***: se trata de un estudio exploratorio, descriptivo, cualitativo. La recolección de los datos se llevó a cabo mediante un cuestionario y entrevistas semi-estructuradas a 14 profesores de una institución pública en el sur del estado de Rio Grande do Sul. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, opinión 174/2011. Una vez transcritas las entrevistas, se procedió a la lectura, relectura y análisis de las mismas, por medio de técnicas de análisis textual discursiva. ***Resultados***: se constató que los profesores no enseñan ni requieren el uso integral del Proceso de Enfermería por los estudiantes. Solamente algunas etapas del proceso de enfermería son utilizadas, dándose prioridad a la evolución de enfermería. ***Conclusión***: no hay consenso entre los profesores sobre qué abordaje debe ser utilizado en la enseñanza del proceso de enfermería. Además, hay poca adherencia al PE en los escenarios de prácticas, lo que puede dificultar el aprendizaje de los estudiantes y tener repercusiones en su futuro desempeño profesional. ***Descriptores:*** Docentes; Procesos de Enfermería; Enseñanza; Enfermería.

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INTRODUCTION

The Federal Board of Nursing (COFEN, Brazil) has established, in its Resolution 272/2002, that the systematization of nursing care (SNC) is an exclusive task of nurses in their work process and that its aim is to improve the quality of nursing care.[1] More recently, the COFEN published Resolution 358/2009, which considers that the SNC provides guidance in relation to the method, the staff and the instruments used in professional care, enabling the operationalization of the Nursing Process (NP), which, in turn, is considered a methodological instrument that guides professional nursing care and the documentation of practice.[2-3]

The NP can be considered a methodological process that helps organize the nursing work, bringing greater autonomy to nurses and making visible the care provided to patients. The NP is important because it allows nurses to achieve an overview of the current patient's situation, and scientifically guides the provision of individualized care that meets the particular needs of each patient. Besides enriching the practice of care, NP also directs the teaching process.

A university's program of undergraduate nursing education is guided by the National Curriculum Guidelines, which define the principles, fundamentals, conditions and procedures for training nurses in Brazil. These guidelines describe the skills and abilities that need to be attained and improved during nursing training. These include the provision of comprehensive and individualized care that meets the needs of the individual, family and/or community concerned; proper management of the working process; and coordination of the care process. [4]

Learning to care necessarily occurs within the relationship between student and patient. It is in this context that students apply and transform the theoretical knowledge acquired in the classroom, through practical care activities under guidance of professors.[5]

The teaching of NP by professors is essential for the formation of a competent professional and the delivery of qualified and humanized nursing care to patients. The teaching of NP may be seen by professor as a challenge, because it requires the deepening of knowledge in this area and the use of new teaching methodologies. Given this, it is expected that the teaching of NP in Nursing undergraduate programs contribute to the improvement of nursing practices and that its definite implementation in the higher education institutions contribute to students' learning and to its proper adoption in professional practice. [6]

At the university hospital of the educational institution analyzed, the NP is only put into practice by nursing students but not by nursing professionals. As it is implemented in a disjointed manner, there is a disharmony between what is taught at university and what is experienced when caring for patients.

The incipient use of NP in health care settings may be the result, among other factors, of insufficient training, given that many nurses have experienced difficulties in successfully implementing this methodology in their daily work.[7] In addition to the insufficient knowledge about the implementation of NP, another hindrance for the use of this method may be the use of different teaching approaches by professors, which hinders students' learning. In this context, we ask ourselves how Nursing Process is being taught at undergraduate level.

We hope that this study may contribute to stimulate the discussion of the teaching-learning process of nursing process and offer possibilities for improvements in the training of nurses that positively impact the future implementation of the NP in everyday working practice. Thus, the aim of this study was:

- to get to know how Nursing Process is being taught in a Nursing undergraduate degree course.

METHODS

This descriptive, exploratory, qualitative study was conducted at a public higher education institution in the South of Rio Grande do Sul and presented as a final term paper degree for the Nursing course of the Federal University of Rio Grande (FURG). Rio Grande (RS), Brazil, 2012.

27 professors from the nursing undergraduate program were invited to participate in the study. According to the Educational Policy Project of the university, the Nursing Process is one of the main elements that compose the basis of nursing care.

Inclusion criteria were: professors with a nursing qualification; who taught nursing subjects at the institution analyzed in this study; and who reported teaching and/or using NP in the subjects they taught. Exclusion criteria were: professors with qualifications other than nursing; who taught subjects in which the NP was not used as transverse axis;

and professors who were on vacation or sick leave during the data collection period.

The data were collected between November 2011 and March 2012, at two moments. First, we identified those professors who taught subjects that partially or fully addressed the Nursing Process. A total of 27 professors were identified. They were invited to participate in the study and asked the following question: "Do you teach and/or use Nursing Process in the subjects you teach?".

Of these, only 14 professors answered affirmatively to the question and were included in the study, whereas the remaining 13 were excluded. The data were collected through individual semi-structured interviews with those professors who agreed to participate in the study and answered yes to the aforementioned question. The questions of the interviews focused on the following: teaching methodology, nursing theory, nursing process steps addressed, Theoretical and practical activities used in the teaching process, forms of student participation, difficulties/strengths found in the process of teaching and learning Nursing Process.

The duration of the interviews ranged from 6 minutes to 50 minutes. They were conducted in a teaching room at the teaching institution, were recorded with the use of a MP4 player and later transcribed for analysis. Once transcribed, the interviews were read, reread and analyzed using discursive textual analysis. The latter involved the segmentation of the texts into analysis units that allowed a detailed examination of the materials. Next, we searched for relationships between units. These relationships were organized into categories and subcategories to the degree of conceptual similarity of the statements. Finally, the description and interpretation of the data were substantiated and validated using empirical dialogues or arguments and information drawn from texts.[8]

The research project was approved by the Ethics Committee of Research in Health Sciences, opinion number 174/2011. This study complied with Resolution 196/1996 of the National Health Council, Ministry of Health, which deals with research involving human beings. All participants signed an informed consent form. Participants' anonymity was preserved by the use of a coding system. Each participant was identified by the letter P (for professor), by a cardinal number according to the sequence in which the interview took place (P1, P2, P3 and so on).

RESULTS AND DISCUSSION

In total, 14 professors who answered affirmatively to the question whether they taught or used NP participated in the study. Most professors were female (13), aged between 29 and 58 years. They had completed their (nursing) undergraduate courses between 1976 and 2006. Eight professors had a PhD degree and six had a MSc degree. Most professors teach more than one subject of the curriculum of the undergraduate Nursing Course. Table 1 shows the subjects taught by professors and the semester courses in which these subjects are taught.

Semester courses	Subjects
First and second	Public Policies in Health and Nursing; Environmental Health.
Third and fourth	Semiology and Semiotics I.
Fifth and sixth	Systematization of Nursing care; Semiology and Semiotics II;
Seventh and Eighth	Health Education; Nursing Care in Child and Adolescent Health I; Nursing Care in Women's Health; Nursing Care in situations of Communicable Diseases.
Ninth and tenth	Nursing Care to Adults with Clinical Complications; Nursing Administration; Nursing practice; Nursing Research.
Eleventh and twelfth	Nursing Care to Adults with Surgical Complications; Operating Room Nursing and Nursing in Materials and Sterilization Centers; Geronto-Geriatric Nursing.
Thirteenth and fourteenth	Nursing in the Primary Health Care Network; Hospital Nursing Administration; Nursing Care in Child and Adolescent Health II.

Figure 1. Characterization of the subjects taught by the professors who participated in the study and the semester courses in which the subjects are taught. Rio Grande, Rio Grande do Sul, Brazil, 2012.

Two broad categories emerged from the analysis of the interviews. These are shown in Figure 2.

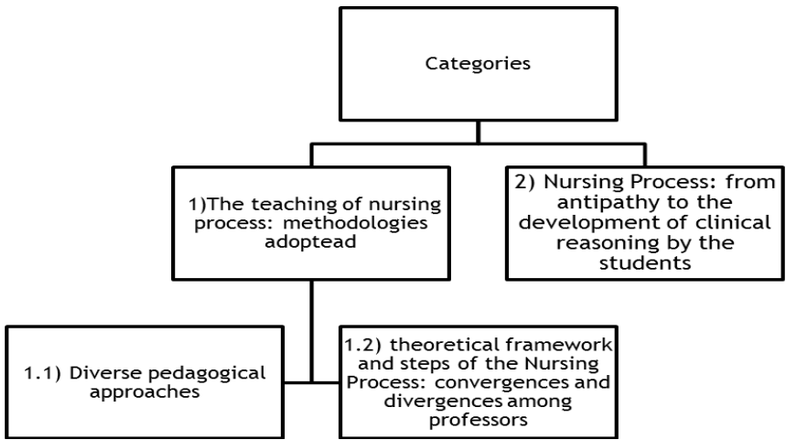

Figure 2. Flowchart of thematic categories. Rio Grande, Rio Grande do Sul, Brazil, 2012.

♦ The teaching of nursing process: methodologies adopted

● Diverse pedagogical approaches

We found that professors use a wide range of methodologies to teach Nursing Process. This encompass theoretical activities, such as the use of clinical and simulated cases, and practical activities through direct contact with the patient in the health care setting, and presentation and discussion of the instruments used in the case study through seminar presentations.

> *[...]The learn simulated history taking in the classroom. And then use it in practical settings.* (P14)

> Among a set of factors that may contribute to the effective teaching of NP, we may cite the variety of learning resources available. The use of problem-posing has proven to be effective for the learning process, as well as the use of technologies.[9] This approach allows students to build their own knowledge and promotes meaningful learning, encouraging students to actively participate in the teaching-learning process.

> *[...] During the semester, students practice problem situations. We ask students to train these situations [...] They are asked to bring nursing diagnoses. In the seminar presentations [...] we ask each group to present the diseases to which they had to bring nursing diagnoses.* (P10)

Most professors also use case studies to teach their subjects and facilitate students' learning of the NP. Students are taught to critically reflect on their knowledge and be prepared to implement all the steps when the time comes. However, the NP is approached in a basically theoretical way, not being applied in the practice. This is evidenced in the statements below.

> *During theoretical activities, the diagnoses are made and the care plan is defined. In practical settings, the student delivers comprehensive care to the patient. [...] In practical settings, each student is responsible for a patient. The student [mentally?] implements the whole nursing process during practice. When he/she leaves, the last part is the evolution. During the time in which he is there, the assesses the results.* (P3)

Indeed, when first teaching NP, the use of an expository method by the professor may be appropriate due to the particularities and novelties of the subject. Another way of teaching is through seminar presentations, papers, and discussion groups. These activities have great educational value, because they encourage students to become more involved in activities, develop arguing skills, voice their opinions, and learn to listen and understand other people's ideas. Moreover, they also promote a greater interaction between students and teacher.[10]

♦ Theoretical framework and steps of the Nursing Process: convergences and divergences among professors

With regard to the use of a theoretical framework that substantiate the Nursing Process, we found that most professors use Wanda Horta's Theory of Basic Human Needs, while other professors do not seem to give importance to the adoption of a theory.

> *The theory adopted is Wanda Horta's Theory of Basic Human Needs. Nursing diagnoses are based on the taxonomy of the NANDA, the most current classification, that of 2009-2011 and the taxonomy II.* (P4)

> *Wanda Horta's Theory. The steps of the nursing process proposed by her, but better defined by the legislation and by COFEN resolutions. And there is also a little bit of Orem's and King's theories. In the 5th and 6th semester courses [systematization of nursing care].* (P14)

> *I do not use any nursing theory.* (P7)

Some professors showed ignorance regarding the nursing theories that can be used to develop the nursing process, as can be seen in the statement below:

> *There are many nursing theories, but I think that, in my case, I work with the systemic*

theory, associating knowledge items within this process. (P1)

The theory most evoked by the participants was Wanda Horta's Theory of Basic Human Needs. This is logical, since this is the most widely used and best known theoretical framework in Brazil. It is usually taught and used at the beginning of the nursing course.[11]

According to Resolution 358/2009 of the Federal Nursing Council (COFEN), the NP is composed by the following steps: Nursing data collection (or Nursing History); Nursing Diagnosis; Nursing Planning; Implementation; and Nursing evaluation. These steps are interrelated, interdependent and recurring. [2]

We found that most teachers did not address the development of all of these steps in the course of the teaching year. The only professors who did address all the steps were those who taught the subject of Nursing Care Systematization (NCS).

In the 5th and 6th semester courses, the student will implement all the steps. Thus, he starts with activities that require the taking of nursing history. They take the history [...] In practical settings, he takes the history and delivers it [...] still without the diagnoses. And, as time passes and we have classes and discuss the subject [...] he makes the diagnoses and prepares the expected results. [...] this is recorded in the medical record. [...] it is left in the form of nursing evolution [...]. (P14)

Some professors (in the subjects that they teach) give priority to the taking of nursing history, the performance of physical examination or to nursing evolution, as evidenced in the statements below:

Our priority is the nursing history. During our theoretical-practical classes, we make nursing diagnoses and nursing prescription, but only fictitiously. We do not make an assessment of the nursing process. (P4)

As I said, we give more emphasis to the daily evolution. We make this evolution. They make records using the acronym SOAP (subjective, objective, analysis and prescription), which they take from that. (P13)

Look. Here we notice that students make the initial part of the nursing history. I believe that the part with the nursing diagnoses is performed with good quality. But the issue of nursing prescription is more complicated, because we would have to have a better interplay, also with the staffs. (P1)

Thus, we can see that each teacher values one specific step and "ignores" the others. This may impair the learning and performance of the NP, given that it has a highly dynamic and interdependent character.

The professors reported not working with all the steps of the NP in a single subject. Instead, they require specific aspects of each one of these steps, without, however, performing the nursing prescription as it should be performed.

[...]we don´t work with all the steps of the process. [...] What has been done? We came to an agreement with the professors who teach SNC that only some common aspects would be used. (P6)

First, we take the nursing history, which involves the part of the interview, the physical examination [...]. Then we move to defining characteristics so that we can evaluate... identify, in the case, the nursing diagnoses, in some situations. The nursing diagnosis is not always made. But the implementation of care is based on the patient's needs and according to what has been evidenced by his/her needs. Not necessarily on a prescription, which does not exist in the unit yet. (P8)

We infers from these statements that the professors do not teach nor require the the student to develop and implement the NP in an integral way during the course of their practical activities. Even when the nursing history is taken, the nursing diagnoses are not always made in practical settings. During their lectures, some professors discuss the most common nursing diagnoses for certain pathologies and possible care practices.

A study conducted with university students in the city of Belém, Pará, Brazil, found that students showed two kinds of difficulties in learning how to make nursing diagnoses. The first kind was related to a deficient theoretical basis, which caused difficulties in the diagnostic process. The second kind concerned the mental processes necessary for attaining the necessary diagnostic knowledge base. [12] Thus, the student knows how to collect data, but does not know how to interpret them and identify problems, in "labels", through nursing diagnoses, which will help them identify what should be prescribed to the patient.

Thus, we can see that the main step implemented is the reporting of the nursing actions performed (SOAP - subjective, objective, assessment and planning). The approaches and emphasis would be requiring the student to deliver care to the patient and then report the care provided in the form of nursing evolution.

Well. I cannot say that I am a professor who fully adheres to the Nursing Process, ok? Because I use the system... in practical settings, the SOAP issue. (P10)

The lack of adherence of the teachers to the teaching of all the NP steps may contribute to the fragmentation of this working instrument, and could have repercussions for the students' future career due to their difficulty in using this method in everyday work, given that they receive only punctual training actions. An exception to this way of thinking seems to be participant P14, who reported teaching NP mainly in practical settings and also using some theoretical approaches, as can be inferred from the following statement:

> *I believe in it [in the NP]. I always try to use it in practical settings. I find it hard to teach nursing process theoretically. In the subject taught in the fifth and sixth semester courses [Systematization of Nursing Care], the use of some theoretical approaches is necessary, but we've been trying to develop some theoretical-practical activities in the classroom ever since the first day of class. [...] During the supervised internships, [...] I try to encourage and, in a way, even require the student to use it, to evaluate the patient, to make diagnoses and make reports in the form of nursing evolution.* (P14)

This idea is supported by a study, which states that the most appropriate way of teaching NP would be using both theoretical and practical approaches.[10] However, another study shows that the teaching of NP is predominantly theoretical, and that it is not used in practical activities, making it even harder for students to learn it.[11]

In addition to the differences ways used for teaching NP as a whole, we also found that there is no consensus among professors as to what approach should be used to teach even one single step of it. Professors have different opinions, for example, as to the use of data collection tools. Some professors like to use one single nursing history-taking model to guide teaching, while other professors are totally against the use of such models, because they believe that these models impairs the development of clinical reasoning by the students.

> *We have our own history-taking model. It is actually constantly being redesigned. We change this nursing history-taking model a little every semester course. Because we want it to be objective so that people can identify what is possible and can be done with all children.* (P5)
>
> *The history-taking model is currently the same one that is used in other subjects, such as Semiology I and II, SNC, Clinical complications and Surgical complications. We finally were able to use all the same model. It is very broad. It contains identification data, previous history, and then it only addresses basic human needs.* (P14)

It was evidenced that those professors who teach subjects related to adults' health make an effort to maintain a common standard for nursing history-taking models. On the other hand, professors who teach subjects related to child's health report that the history-taking model is constantly being redesigned. Other professors say that they do not use any history-taking model, as can be seen in the following statement.

> *I do not use a history-taking model [...]. Because I always say to students that they become narrow-minded.* (P10)
>
> *There is no all-around model in the areas where we work, also because we work with students who are in the seventh and eighth semester courses.* (P13)

Therefore, there is no general agreement as to the use of a nursing history-taking model, which may confuse the student, since each teacher uses a different approach to the same step.

The students have more ability than knowledge take a nursing history. It is important to highlight that this step is composed of various aspects related to patient, such as his/her health problems, needs, etc., which have to be accurately identified in order to plan the care needed by the patient and deliver appropriate nursing care.[10]

One study has revealed, based on students' statements, that one of the students complaints is that the taking of the nursing history is very time-consuming (it takes on average 30 minutes), although it designed in an objective manner, in order to be practical and fast.[13]

With regard to the second step of the NP, the analysis of the statements below has shown that little emphasis is given to the making of nursing diagnoses. Participants only mentioned this step in association with the subsequent step, i.e., nursing planning or nursing prescription.

> *They make the diagnoses, develop the care plan, and write down, in the evolution, the actions and care planning processes that have not been implemented or should be implemented again.* (P3)
>
> *There is nursing prescription. When making a nursing prescription, there are some actions that are fixed or planned for all children, and then there is also a blank space where specific data on each particular child can be entered.* (P5)
>
> *He [the student of Systematization of Nursing Care] only do it in writing. They do*

> *not go back and put it into practice. Because they are not yet fully taking care of the patient. But, for them, this has been giving another connotation to this practice. It´s been more interesting.* (P14)

With regard to the nursing prescription, the analysis of the interviews has shown that it is done in different manners: some are in writing, while others include only the reporting of the care delivered in the nursing evolution, i.e., the student himself provided the care and writes the report. Thus, we found that only a few cases in which theoretical and practical nursing activities are implemented have their own pattern of nursing prescription.

One difficulty encountered by students in implementing the nursing prescription is the lack of theoretical and practical knowledge.[12] A study has shown that the nursing prescription is often not linked to the nursing diagnosis. A list of problems related to the patient is used instead. [13]

Regarding the nursing evolution, a study that has been conducted with nursing professors and nurses who worked in educational practice settings reinforces the idea that most of the information on patients' progress and on the nursing actions performed is only transmitted verbally. This fact that the information is orally transmitted between professionals hinders the appropriate planning of patient care and the progress of the nursing working process, because many pieces of important information get lost in the course of different shifts, and there is virtually no documentation on these data.[15] This is evidenced in the laconic statement shown below:

> *The prescription of care is made orally.* (P2)

The documentation of the care provided is a necessary for the visibility, evaluation, recognition and appreciation of the nursing process. Another study shows how the recording of the different steps of the NP, such as the nursing diagnosis, nursing actions/interventions and nursing outcomes, is neglected. This neglect contributes to a lack of visibility of the work performed by the nursing staff, to difficulties in assessing how the nursing care is being provided to the patient and to a lack of recognition and valuation of the nursing profession.[16]

♦ Nursing Process: from antipathy to the development of clinical reasoning by the students.

The professors have pointed out certain difficulties in achieving students' participation in the use of NP during theoretical and practical learning activities. This is evidenced in the following statements.

> *The hesitation in implementing the process is greatly due to an antipathy towards the nursing process. It is due to the fact that this process was not previously experienced. It is due to some communication difficulties.* (P11)

It should be noted that the antipathy shown by students towards the NP and their hesitation in using it may be due to the devaluation of this methodology as a working tool that can improve patient care, given that many professionals who work in practical health settings not adopt the NP in their work process/practices.

> *I believe it still lags far behind what we need. I think it also depends on the nurses, so that the student can participate more effectively. It should be encouraged by both sides: the university and the hospital [...] I believe that the whole issue of the nursing process was just sloppy marketing strategy.* (P7)

The results of another study reinforce these statements by showing that nursing students do think that the NP is important, but are disappointed by the fact that it is not used by nurses in their practices. Another aspect reported by students is the difficulty in apprehending the concepts of the NP, perhaps because further theoretical and practical activities are needed.[17]

Thus, we cannot disagree with the statement that, as the students realize the benefits of using NP, the teachers become more motivated and begin to believe in this methodology, because it is a systematic and dynamic way of providing nursing care.[18-19] It should also be noted that many of the difficulties faced by students when using NP in practical activities of the nursing undergraduate course may stem from a lack of qualification of professors to teach/use this methodology.

This in in line with the findings of a study conducted in undergraduate schools in the state of São Paulo, which points out as a difficulty for the use of the NP, the fact that professors do not believe in this methodology.[18] This lack of motivation shown by professors in teaching/using NP may have a negative impact on students' training, because they will miss the opportunity to experience the nursing care in a continuous and systematic manner.

With regard to some professors' lack of knowledge about this methodology, a study has shown that many professors are not interested in taking trainings and are also not

encouraged to do so by the institutions they work for. [20]

Given the benefits of using the NP and the difficulties in its teaching, greater investments in the training and qualification of nursing professors are needed to make the teaching-learning process more effective and to adequately prepare students to use this methodology and make care plans that meet patients' needs. [14]

Motivation is extremely important for successful learning outcomes. It helps arouse the interest of the students and encourage them to look for more information in order to learn certain content or skill.[21]

It is known that the problem of disconnection between theory and practice, characterized by a dichotomy between what is taught and what is seen in practical settings - especially lack of use of the NP - is a reality in most institutions that also serve as learning environments.[22]

Thus, there is a gap between what is taught in the university and what is put into practice in working environments. This may lead to demotivation and disbelief on the part of students, because they learn how to use this method (although only partially) and, when they go to practical settings, they do not see its applicability or importance to patient care.

The systematic use of NP by health care professionals in educational environments, together with the professionals' valuation of the use of this methodology as a guiding principle of education and training are aspects that should be fostered, especially through the integration between teaching and care-giving, in order to fill the gap between theory and practice. [9]

On the other hand, the professors have pointed as strengths in achieving students' participation in the use of the NP: the existence of a specific subject for the teaching of this methodology and the development of clinical reasoning.

> *The strengths... The fact that there exists one subject specific for the teaching of systematization of nursing care has made it much easier, because I used to teach this particular topic in practical settings.* (P6)
>
> *I think that one strength is the existence of the subject itself. So, I think that our students are encouraged to develop a clinical reasoning starting in the fifth semester course.* (P8)

These statements show the importance given by professors to the teaching of the SNC subject, a mandatory component of the nursing curriculum. This subject is taught in the 5th and 6th semester courses and includes the theoretical and practical teaching of NP. The statements also show the importance of interacting with other professors to develop the theoretical and practical activities of other subjects.

The statements point out as a strength in the teaching of NP the fact that students learn one step at a time and thus have enough time to assimilate the knowledge acquired before they are called upon to deploy it. This makes the learning process easier, because the understanding becomes "natural" and this methodology is then seen with different eyes. Given the above, it is necessary to reflect upon the theorical and practical teaching of the NP at undergraduate level, in order to fill the gaps in the training process of future nurses, address the difficulties found and explore and maximize the potential of the strengths and opportunities.

FINAL REMARKS

We found that there is no consensus among professors as to what approach should be used in the teaching of Nursing Process. In the educational institution analyzed, several different methodologies are used, from purely theoretical approaches to theoretical/practical approaches. Although the Theory of Basic Human Needs was the most cited by participants, some professors reported not using any theory. With regard to the reporting of activities, priority is given to the step of nursing evolution, except in the subject called SNC (Systematization of Nursing Care) in which all steps are taught and implemented, even though the nursing prescription is not implemented in practical settings. Some value the adoption of a nursing history-taking model, while others are opposed to its use because they believe that it impairs the development of clinical reasoning by the students.

As contributions of this study, we highlight some aspects that may influence teaching, research and care/extension. In relation to teaching, this study may sensitize professors about the need to value the NP and of being consistent in teaching and using all steps during academic training. With regard to research, we hoped that the results of this study will help foster the interest of professors and nurses in further studies on this topic, focusing on professors, students and institutions. Finally, in relation to care/extension, it is expected that nursing professionals become aware of the importance of using and implementing the NP, as well as of the need to integrate teaching and (care)

practice, in order to improve nursing training and care provision.

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