ABSTRACT
Objective: to analyze, in the contextual way, the phenomenon of teaching the nursing process using the framework proposed by Hinds, Chaves and Cypress (1992). Method: analytical and critical essay based on the analysis of contexts: immediate, specific, general and metacontext. Results: the reflections about the woven contexts of this phenomenon enabled to trace the contexts of teaching nursing process in four dimensions, allowing to understand their immediate aspects, bypassing specific relations of the nurse formation, by legal framework general dimension that consolidates this process of higher education, getting a look at the macro issue that guides the paradigmatic features of health. Conclusion: the nursing process and its use by the nurses to provide and develop a more quality assistance, requiring appropriate training of these professionals.

Descriptors: Nursing; Teaching; Institutions of higher education.

RESUMO

Descritores: Enfermagem; Ensino; Instituições de Ensino Superior.

RESUMEN
Objetivo: analizar, en forma contextual, el fenómeno de la enseñanza del proceso de enfermería utilizando el marco propuesto por Hinds, Chaves e Cypress (1992). Método: ensayo analítico y crítico basado en el análisis de los contextos: inmediata, específico, General y metacontexto. Resultados: las reflexiones sobre los contextos tejidos de este fenómeno permitieron rastrear los contextos de enseñanza del proceso de enfermería en cuatro dimensiones, que permiten comprender sus aspectos inmediatos, en relaciones específicas de la formación de la enfermera, un marco jurídico general que consolida a este proceso de la educación superior, consiguiendo un vistazo a la cuestión del macro que guía la salud y sus características paradigmáticas de la dimensión. Conclusión: el proceso de enfermería y su uso por parte de enfermeras proporciona a estos desarrollar una asistencia con más calidad, que requieren una formación apropiada del profesional.

Descritores: Enfermería; Enseñanza; Instituciones de Educación Superior.

1Nurse, graduate student, postgraduate program in nursing, Universidade Federal do Rio Grande do Norte/UFRN. Natal (RN), Brazil. E-mail: camilafernandes_enf@hotmail.com; 2Nurse, Professor, graduate/postgraduate program in nursing, Universidade Federal do Rio Grande do Norte/UFRN. Natal (RN), Brazil. E-mail: francistourinho@gmail.com; 3Nurse, Assistant Professor, graduate/postgraduate program in nursing, Universidade Federal do Rio Grande do Norte/UFRN. Natal (RN), Brazil. E-mail: farnoldo@gmail.com; 4Nurse, Professor, graduate/postgraduate program in nursing, Universidade Federal do Rio Grande do Norte/UFRN. Natal (RN), Brazil. E-mail: sorayamaria_ufrn@hotmail.com
INTRODUCTION

In early nursing, assistance developed as the needs were arising, without working methodology to guide their actions. During their construction, historical practice partner has been developing through several stages, changes and developments, requiring of its professionals and reflection questions about his performance and situation.¹

From the 19TH Century, emerges the scientific Nursing Florence Nightingale, focusing on scientific development to abandon the empirical, intuitive and feature of charity, which characterized this social practice. Its evolution and consolidation as a science is marked by the construction of own knowledge throughout its history, but specifically from the years 1950. In Brazil, Wanda de Aguiar Horta, for his pioneering spirit, became important milestone to formulate and propose a systematic nursing care in early 1970, based on the theory of basic human Needs, redefining the role of the nurse with emphasis on the scientific method, called the nursing process (EP).²

The EP used by nursing assistance instrument better known and accepted in the world, providing a systematic and a holistic view of the real needs of the patients.³ It is based on several theoretical contributions of the different areas of knowledge influenced by a model and grounded according to their concepts and propositions. Moreover, it is a systematic tool which comprises five phases that occur in a concurrent and interrelated, such as: research, diagnosis, planning, implementation and evaluation.⁴ It is important to emphasize that the use of PE allows the nurse decision-making during nursing care, making it more scientific and, consequently, less intuitive.⁵

From his seminal moment, the EP has been implanted in Brazil since the Decade of 1970, however, only from 2002 received support from the Federal Council of nursing care (COFEN); and more recently legal support through resolution nº 358/2009, which provides for on the Systematization of nursing care (SAE) and the implementation of PE in private or public environments in which occurs the Nursing care.⁶

Front of the redesign of nursing care, the nurse in your teaching-learning process cannot do without the knowledge and skills about the EP, limited to a theoretical framework able to promote the care and recovery of the patient, configuring itself as a working tool. Thus, should be at graduation, during the seminal training professional that this process must initially taught, enabling its deployment by nursing.

Know that the teaching of PE is a reality that is present, and that this phenomenon presents relevance and pertinence to the studies about the nursing care. In this perspective, the theme became cause for greater reflection of contextual form of this phenomenon, investigating its insertion in the various levels of context.

OBJECTIVE

- To analyze, in the contextual way, the phenomenon of teaching the nursing process using the framework proposed by Hinds, Chaves e Cypress (1992).

METHOD

The understanding of a phenomenon occurs when you can explicitly, explain what is implied and, for this, the context needs to be encompassed.⁷ This analytical essay was built using the theoretical framework proposed by Hinds, Chaves and Cypress (1992), which constitutes a valuable source for the recognition of a reality.

The context such as entailed analysis phenomenon of the four layers: the immediate, specific, general metacontext clarified that these layers are distinguished from each other by the way they share the meaning, ranging from individual to universal, enabling the analysis of conceptual aspects through the interpretation of the study results.

The immediate context represents the phenomenon itself, focuses on the present time, being the immediacy its main feature. The specific context is in the immediate past, encompassing the elements that exist in the environment, which influence the phenomenon. The general context with respect to frames of reference of the subject's life, developed from his interpretations derived from past and current interactions, constituting an organizing events or behaviors associated with elaborate meanings over time. As for the metacontext, refers to the socially constructed knowledge, describing the social vision of the phenomenon, having the past as its focus, however, incorporates requirements of this and has attributes that shape the future.⁷

In the present study the contextual perspective organized through dthe contexts:

1) Immediate context: teaching of nursing process.

2) Specific context: the formation of nurses and the higher education Institution (HEI).
3) General context: legal framework of graduation.
4) Metacontexto: The paradigmatic Changes in health/nursing.
   □ IMMEDIATE CONTEXT: teaching of nursing process

Nursing education in Brazil began in the early 20th century, influenced by the American Nursing made theoretical content and task repetition, without focusing on the understanding of the phenomena. This model answered immediately, changes and demands political, social and economic transformations under way in this century.

In the course, new models introduced, passing biological vision the current epidemiological perspective, shifting the focus from illness to health determinants and social indicators. This reality began to require the formation of skills and technical skills, interpersonal cognitive, intellectual and to provide a humanized care in levels of health care.

In this context, undergraduate education in nursing has been turning in addition to advances in science, technology and innovation of the production of knowledge and the speed with which they propagate the information. In the midst of these transformations, the EP part more effectively in the curricula from the national curriculum of Nursing Guidelines (DCN-ENF), focusing on the learn and seize a critical-reflexive understanding seated in philosophical-theoretical and practical evidence.

The training of nurses to demand attention to essential care. In this way, the PE is introduced in undergraduate courses through basic curricular components, seeking to establish with the students, the knowledge to perform their phases. It is therefore necessary to the student preparation about PE in the first year of undergraduate education through the introduction of a specific discipline directed to teaching this methodology of assistance, allowing the expanded student vision of the health-disease process through the exchange between theory and practice.

However, this process of teaching surrounded by several difficulties. Firstly, the EP and their concepts are taught to students at graduation that are scientifically technical preparations for attending to patients, however, after they become nurses, many forget the contents seized and not put into practice. The nurses difficulties in applying the EP relate to teaching himself this methodology at graduation, your relationship in the fields of theoretical-practical training course, and even with individual learning characteristics.

In spite of all the obstacles that permeate the education of this process, learning of this basic instrument during the academic training is of inestimable importance to future nurses, applying theoretical and practical learning experiences, so that there are truly knowledge, construction of apprehension skills and attitudes among the various situations of acting as professionals.

□ SPECIFIC CONTEXT: the formation of nurses and the institution of higher education

In contemporary times, the nursing brings break with the Cartesian model still dominant, aiming at the valuation of subjective aspects involved in the process of care, that is, personal experiences, values, and various forms of face various situations that permeate the meet/be/knowing/doing the care. In this way, the process of nursing training suffered and been suffering different transformations throughout the ages, determining, as a consequence, changes in the profile of nurses.

With regard to the training of nurses, this can be understood as “a social right and a duty of the State, producing senses only when it becomes relevant to society and should be directed to health needs of the population and the system.” In the health professions, particularly in nursing, this process must occur before an active, critical and reflective stance, focused on the issues and social needs, which takes place in a public and private educational system, formed by schools and universities regulated by federal and State agencies.

Establishes the nursing education in Brazil in 1890, with the creation of the school of nursing at the Rio de Janeiro School call Alfredo Pinto, at the National Hospital, with targeted training to act in Psychiatry in civilian and military hospitals. However, the first organized and structured school with faculty emerged only in 1923, the Ana Neri School, also in Rio de Janeiro.

The formation of the nurse consists of several theoretical and practical skills and abilities that seized during the teaching-learning process, allowing the association between both, what determines health praxis. The learning process during graduation has given emphasis to teaching technical procedures, through the vision of healing because of the work process.
It is known that in spite of this training be characterized as fragmented and based on instrumental skills that hamper the praxis has given prominence to the fact that the nursing professionals require an academic training that is capable of allowing these develop holistic care, understanding the human being within its cultural context, social, historical and emotional. This turns out to require the future professional development of skills involving several areas of knowledge as anthropology, philosophy, sociology, psychology, among others.  

The formation of the nurse needs to meet the needs of health through professionals who are knowledgeable of the social and health problems of the community as well as able to interfere in the Organization of the health sector, enabling the completeness of the actions. It is in this context that if justifies the essentiality of the teaching of PE during graduation and his seminal continually learning through continuing education in educational institutions.

The higher education Institution (HEI), responsible for this training process, provides an environment of education designed to train and prepare future professionals reflective, critical and politicians capable of acting coherently, creating and recreating reality to meet the needs of individuals and the collective. So, this institution committed to society, competent and innovative, solidifying an Academy based on the integral education and problematized.

The knowledge learned in the classroom during the teaching process in nursing requires an Association of INSTITUTIONS of HIGHER EDUCATION with health services, where the student in field experience and realizes the role assignments that are part of the program and do nursing. Meanwhile, these institutions should establish links, allowing this ideal learning academic, aiming to train qualified professionals.

Today these days, given the demands required by new models of attention in accordance with the unified Health System (SUS) and the DCN-ENF, the IES are losing the controller label and exclusive holder of knowledge. Agree that these education centers should be alert to the success in the formation of graduating, however, worrying only with bills and income, but also taking into consideration the development of cognitive and social skills. Within this prism, faculty and students should live in a space of mutual learning, valuing the exchange and dialogue in search of knowledge.

Furthermore, this training must transcend the graduation period, which is only the beginning of this educational process and instigating and enable the student’s tools to the ticket in qualifications, by Lato and Stricto Sensu, but also through the continuing education of professional nurses. Thus, the IES must be effective and socially committed to the challenges, which requires a future professional profile able to invest in your self-knowledge with agility and creativity to solve problems, by undergraduate and graduate training at academically competent and innovative manner, overcoming old clippings.

These institutions, in the general context, offer legal framework that supports this educational process should aim to integrity of attention to health and interdisciplinary, seeing and acting according to the particularities of each one.

**GENERAL CONTEXT: legal framework of graduation**

The reorientation of Brazilian education has certain reflections and changes, generating experiences that come reaffirming the need to confront challenges responsibly, ethical, political, economic and technological. This context of teaching guided by a series of laws and guidelines that support.

The publication of guidelines and Educational Bases (LDB-law No. 9394, December 20, 1996) determined the replacement of the old minimum curriculum the curriculum guidelines, resulting in a larger organization and flexibility of full curriculum of higher education, which must provide changes capable of serving society and their health needs. In this context, the DCN for the undergraduate courses aim to enable a targeting at IES for implementation of Educational Projects (PP) within each socio-political and cultural reality, giving it greater freedom in the definition of their curricula, requiring innovative proposals, criticism and creative.

Specifically for the undergraduate program in nursing, in the resolution CNE/CES n° 3, November 7, 2001, defines the DCN-ENF that were elaborated on the basis of the SUS, its principles and guidelines, in addition to take into consideration that the health-disease process is determined by historical factors, social, economic, political and nuclear elements of the collective and democratic construction. In synthesis, the pedagogical principles elucidated by DCN of nursing are: the pedagogy of competences; the principle of learning to learn; generalist, humanist...
paradigm focused the biological phenomena and individual, marked by an absolute belief in medicine to eradicate diseases, belittling the common sense of the population. 

However, in the twentieth century, the dominating positivism begins to questioned, experiencing a crisis. This paradigmatic crisis scenario comes from several factors, exemplified in the contributions of Albert Einstein’s general relativity, Quantum theory Max Planck and the critique of science in the postwar period, which contributed to the aggravation of environmental problems and social inequalities. 

Before the crisis context, it is necessary to seek new principles to guide science and new studies emerged seeking the recovery of man, of ethics and of biodiversity in favor of a healthier society in the relations between humanity and the environment.

New sanitary conceptions were constituting, as the systems thinking which presents a more comprehensive and complex look that crosses the interconnections between the biological, social and environmental, in order to enable the integration of the collective and individual health issues, constituting a disciplinary action of health practices among the social actors.

In Brazil, this moment of crisis health paradigm is present predominantly in health reform movement, started in the late 1970 and peaked with the VIII national health Conference (CNS) held in Brasilia, in 1986. This Conference, health is the “be all right and duty of the State” and has its concept extended beyond the absence of disease. Agree that this movement results the new Brazilian Federal Constitution, enacted in 1988, and her originating the SUS through which it seeks to overcome the flexineriano paradigm that does not meet the health needs of the population.

Known that nursing, in the 19th century, with Florence Nightingale, became modern and tiered, reproducing the model of capitalist society and the scientific positivism parameter, therefore, marked by intense Division of work process and focused on disease.

However, the prevailing positivist paradigm also wouldn’t take more the needs imposed on nursing, because it required “a new paradigm” in an attempt to overcome the differences between natural and social dichotomous, body and mind, objective and subjective, making emerge a new scientific order. It is evidenced from the Decade of 1950 the targeting to the cultural, social and economic
context, reverberating in the health-disease process, emphasizing the knowledge from nursing theories. 20

The definition of health extends beyond cause and effect, leaving of being reductionist and aggregates the various contexts in which individuals are inserted, exemplified by the harmony between body and mind proposed by Watson (1982), cross-cultural care defined by Leninger (1978), until the establishment of self-care proposed by Orem (1985), among others.24

Knowledge of nursing is based on cooperation, breaking with the dogmatic stance and reductionist vision, under the aegis of new paradigms that allow the free expression of science, knowledge and art, aiming to rescue the essence of the phenomena in nursing.23 Enabling still, reflection about these paradigmatic changes in nursing, dominant, which suggests expansion of the vision to qualify the act on health. 20

These new paradigms (systems theory, interdisciplinary, complexity, appreciation of subjectivity, among others), become a hope that health and its working process ensuring more efficiency, efficacy and effectiveness, without denying the contributions of positivism, but meet the new social demands. In line with this, nursing is valuing the individual, the humanization of assistance and care that considers the person in bio psychosocial aspects, inserted into community and social reality. 20

This paradigmatic context of new demands required of health-disease process is that it inserts the EP as a proposal able to structure the nursing care given to the patient in the most diverse fields of activity to maintain, promote and restore the health of individuals, families and communities.

CONCLUSION

The contextual analysis made it possible to trace the vision of PE teaching in several dimensions, allowing you to understand how the situations of this phenomenon are characterized in their immediate aspects, bypassing specific relations of the formation of the nurse, by General dimension legal framework that consolidates this process of higher education, getting a look at the macro issue that guides and paradigmatic features health. In this way, allows you to understand this phenomenon and contributes to the scientific field of nursing as it generates ideas for future investigations, although it is recognized limitations, deepening future object.

The EP and its use by nurses to provide more assistance to develop quality, bringing benefits to patients, by identifying the needs in a holistic look, allowing the individual care and valued; and for nurses as it strengthens the profession, making it more and more scientific.

Education constitutes the foundation of this process. It is possible to notice that the EP needs worked on academic training of graduating in nursing, as it is one of the tools that the future professionals have to systematize their knowledge of technical-scientific and human in tracing its role and professional practice. Integral formation is required to allow the polishing of nursing professionals for the consolidation of assistance focused on the principles and guidelines of the SUS, reflecting the improvement of the quality care and on autonomy and recognition of the profession.

REFERENCES


English/Portuguese
J Nurs UFPE on line., Recife, 8(3):757-64, Mar., 2014 762

English/Portuguese
J Nurs UFPE on line., Recife, 8(3):757-64, Mar., 2014
Teaching of nursing process: contextual...