

Nursing process from the student's perspective: a qualitative approach

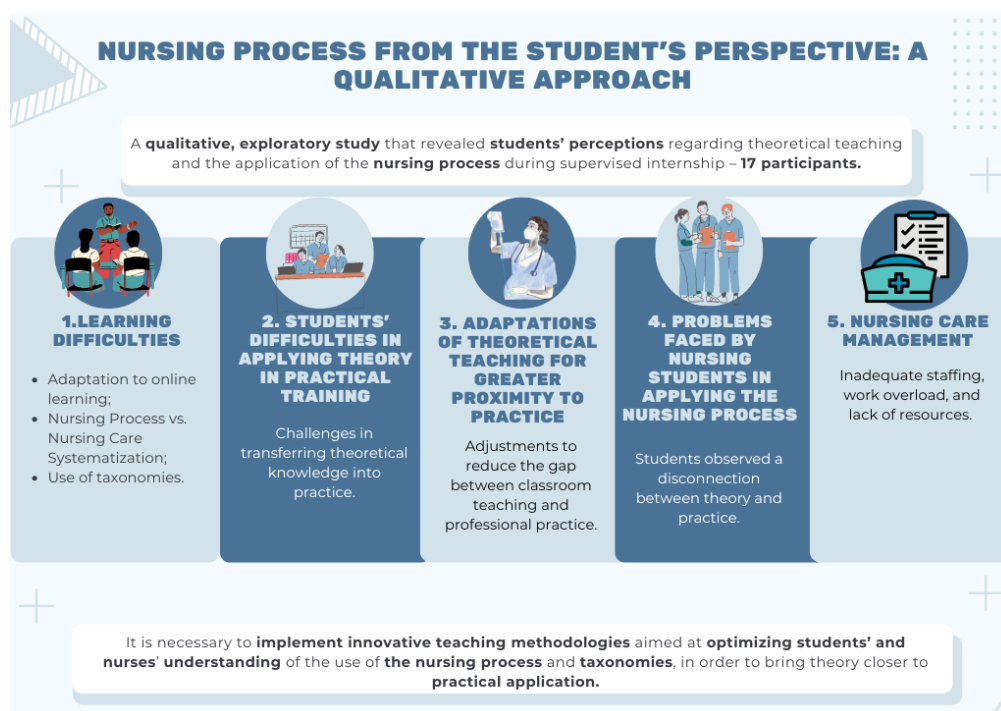
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Graphical Abstract

Highlights

- Students' difficulty in applying the Nursing Process in practice.
- Lack of standardization of the Nursing Process in practical training units.
- New teaching methods to improve the understanding of the Nursing Process.



Abstract

During clinical training, students perceived difficulties in applying the nursing process as taught and established in Brazil by Resolution 736/2024 of the Federal Nursing Council. In light of this, there was interest in elucidating the facilitators and challenges faced by students during undergraduate studies. The objective was to uncover students' perceptions of the theoretical teaching and practical application of the nursing process during supervised internship. This was a qualitative, exploratory, descriptive study conducted between march and april 2024. Data collection took place through online interviews via the Microsoft Teams platform, following approval by the Research Ethics Committee (Opinion No. 6.644.807) and informed consent from participants. Seventeen 10th-semester undergraduate nursing students from a private higher education institution participated. At the end of data collection, the recorded interviews were transcribed for content analysis according to the framework of Laurence Bardin. Analysis of the discourse resulted in five thematic categories: learning difficulties; difficulties in practice; adaptations of theoretical teaching for greater proximity to practice; problems faced by nurses in applying the nursing process; and nursing care management. The findings highlighted a gap between theory and the practical application of the nursing process, both for students and professionals. Therefore, it is necessary to improve the theoretical approach through innovative teaching methodologies, optimizing the understanding of the use of this instrument and taxonomies in nursing practice.

Keywords: Nursing Process. Nursing Students. Education. Methodology. Training.

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INTRODUCTION

In Brazil, the Nursing Process (NP) was introduced by Professor Wanda de Aguiar Horta, who defined it as the dynamics of systematized and interrelated actions aimed at providing care to human beings¹.

In 2024, COFEN updated Resolution 358/2009 by issuing Resolution COFEN No. 736, dated January 17, 2024, establishing that the Nursing Process (NP) is composed of five interrelated, interdependent, recurrent, and cyclical stages: “nursing assessment, which involves data collection through interview and physical examination; nursing diagnosis, which identifies existing problems through clinical analysis; care planning, which prioritizes diagnoses and defines expected outcomes; care implementation, which materializes planned interventions; and nursing evaluation, which analyzes and assesses the outcomes achieved throughout the process”¹.

It is worth emphasizing that the resolution determines that the NP must be based on theoretical frameworks, such as care models, theories, Standardized Nursing Languages, and evidence-based protocols, with diagnosis and prescription being exclusive responsibilities of nurses. Nursing technicians and assistants, in turn, are responsible for Nursing Records and the implementation of prescribed care, which must subsequently be verified under the supervision and guidance of the nurse¹.

According to Berwanger *et al.* (2019)², the implementation of the NP provides numerous benefits to the multiprofessional team, to the institution, and, most importantly, to the patient and their family. Furthermore, it is the means by which nurses are able to organize their work based on theoretical frameworks and the scientific method, prioritizing

the individuality of care. In summary, the use of this tool reinforces the scientific nature of the profession and makes nursing actions visible, highlighting their importance to society¹.

Despite the positive discourse regarding the NP, barriers are still encountered in the teaching-learning process during undergraduate education, as well as in its application in healthcare organizations. A review conducted by Adamy *et al.* (2020)³ asserts that NP teaching is permeated by praxis, defined as an activity that transforms both the subject and reality by connecting theory with practice in an introspective way. Moreover, the studies revealed a gap between the content taught, the requirements established by law, and what is experienced in practice.

During internship experiences, students perceived difficulties in applying the NP as it was taught and as mandated by professional regulations, due to the lack of standardization in the application of the NP within care units. In this context, there was an interest in elucidating the facilitators and challenges faced by students throughout undergraduate education, particularly during supervised internship. This understanding may provide relevant insights for improving pedagogical strategies that foster the development of competencies and skills, contributing to the enhanced application of the NP in professional practice, in accordance with how it is taught and determined by professional regulations.

Given the above, this study aimed to uncover students' perceptions regarding the theoretical teaching and practical application of the NP during supervised internship.

MATERIALS AND METHODS

This was a qualitative study, with an exploratory-descriptive design, in the field study modality, conducted at a private higher education institution (HEI) located in the city of São Paulo.

Qualitative research is used to understand and explore the meaning that individuals or groups attribute to a given social or human problem, in such a way that the research process involves questions and procedures encompassing the analysis of data, which is constructed with the particularity of each theme, in addition to analyses performed on these data⁴.

For the content analysis of the discourses, the methodology proposed by Bardin (1997) was employed, defined as the description of the content of messages and indicators (quantitative or otherwise) that enable the inference of knowledge related to the conditions of production/reception (inferred variables) of these messages⁵.

Data collection was carried out between March and April 2024, after approval by the Research Ethics Committee (Opinion No. 6.644.807), based on the following guiding question: *Is there a dichotomy between theory and the experience of applying*

the Nursing Process in nursing students' practice?

The inclusion criteria were students regularly enrolled in the final semester of the undergraduate nursing course (10th semester) and who were attending the curricular unit of supervised internship, totaling 30 students. Exclusion criteria included students who had transferred from other institutions during the course, and those who, despite being enrolled in the final semesters, were not attending the supervised internship curricular unit.

The sample consisted of 17 students. The number of participants was defined based on the criterion of data saturation, that is, data collection was concluded when responses began to present recurrence of information, with no emergence of new elements relevant to the study objectives, and when the data collected demonstrated sufficient depth and consistency for analysis. This strategy is widely used in qualitative research as it allows the collection of data sufficiently dense and representative of the meanings attributed by subjects to a given experience⁵. Moreover, recent studies reaffirm that, in relatively homogeneous groups with clearly defined objectives, thematic saturation can be reached with smaller samples, provided that the data reveal consistency and analytical depth⁶.

An invitation message containing the participation link was sent to the class representative via the digital platform WhatsApp, who then forwarded it to the other students in the class. Students interested in participating accessed the online form, made available through Google Forms. The form began with the Informed Consent Form (ICF), containing information about the study, followed by fields for scheduling the best day and time for the interview, as well as providing a contact phone number. Thus, it was possible to conduct individual interviews according to each participant's availability. When a student was unavailable at the previously scheduled time, a new day and time were arranged, in

accordance with both the interviewer's and interviewee's availability.

The interviews were conducted through the Microsoft Teams platform, with both video and audio recording, in order to facilitate subsequent manual transcription. The interviews lasted between 5 and 20 minutes, depending on the development of each participant's response. Furthermore, the three researchers responsible for the study actively participated in the entire process, conducting the interviews and performing manual transcription, faithfully respecting the students' statements. The transcripts were not subsequently shared with the interviewees.

Data collection began after participants' formal agreement and signing of the ICF. The following questions were applied: *What were your greatest difficulties in learning the theory of the Nursing Process?; What were the main challenges you faced in carrying out the Nursing Process in practice?; Considering your experiences in the supervised internship and previous practice, what could be different in the theoretical dimension of teaching the Nursing Process?; When observing nurses in care practice during the supervised internship, how do you perceive the application of the Nursing Process?; What would you do differently regarding nurses' practice?*

At the end of data collection, the recorded interviews were transcribed, respecting the language used by the students, and subsequently deleted from the Teams platform. The same occurred with the identification form administered via Google Forms. Both data sources were stored on a physical media device (USB flash drive) exclusively for this purpose, with restricted access to the researchers and team members, and will be kept for five years.

Finally, the transcribed texts were analyzed descriptively, observing patterns and convergences among students' responses, based on the methodological framework of Laurence Bardin.

RESULTS

Seventeen 10th-semester undergraduate nursing students participated in this study. After analyzing the interviews, the responses were grouped into the following thematic categories: difficulties in learning the Nursing Process (NP); difficulties in practicing the NP; adaptations of theoretical teaching for greater proximity to practice; problems faced by nurses in applying the NP; and nursing care management.

The interviewees reported several difficulties in

learning the theory of the NP, some of which were mentioned in more than one interview. These difficulties were subdivided into three categories:

1. Adaptation to Online Learning

Students reported that one of the difficulties was related to the course having been taught remotely due to the COVID-19 pandemic and the need for social isolation, as evidenced in the statements of interviewees E2, E8, E14, and E17, respectively:

"Another difficulty is that I am from the pandem-

ic cohort, and then we had this subject online, and distance learning was also a difficulty.” (E2)

“At the time I think there was a great difficulty, yes, because I belong to the cohort affected by the pandemic, so I think because of those issues there was this difficulty, but nowadays it is much more advanced, much better.” (E8)

“When I started to have this part focused on the nursing process it was right during the pandemic, and it was very difficult to learn how to handle [the books] and really grasp the nursing process, especially the NANDA, NIC, and NOC part, because it was somewhat abstract for us. It wasn’t something we were actually seeing, so it was abstract because of the pandemic itself.” (E14)

“Really understanding how they [the taxonomies] are interrelated, because we had this subject during the pandemic, and it was distance learning, and also with different instructors—more than one!” (E17)

2. Differentiation Between the Concepts of Nursing Process (NP) and Nursing Care Systematization (SAE)

Another aspect mentioned was understanding the difference between NP and SAE, as illustrated by the statements of interviewees E2 and E10.

It is worth noting that, at the time data were collected, COFEN¹ had not yet published the update to Resolution 358/2009, which now considers only the NP and its phases.

“I think the biggest difficulty is that when we start learning it is a little confusing to differentiate what is the process and what is the nursing care systematization. So I think the two things are very much confused, I think that was my biggest difficulty.” (E2)

“It was very confusing to be able to differentiate what SAE really was and what the nursing process was, because even though this change in nomenclature has now taken place, back then we already spoke about this difference, and I think that part was the most difficult for me—really being clear about what SAE was, what the nursing process was, and how one fit into the other.” (E10)

This differentiation between the terms has not always been clear in the literature; however, they are not synonymous. It is essential that nursing professionals are able to distinguish between them and understand the concepts in the field to provide stronger grounding for their application in practice.

3. Use of Taxonomies

The difficulty in using the NANDA, NOC, and NIC taxonomies was also reported by students when learning the theory, as seen in the statements of interviewees E4, E6, and E13:

“The biggest difficulty I think was associating

NANDA, NIC, and NOC. Searching in the books, because I had the physical book, so when she gave it to us it was during the pandemic, if I am not mistaken, and it was on Teams.” (E4)

“At first it was understanding the NANDA, NIC, and NOC part. This part of nursing diagnosis, because I didn’t know that nurses had this diagnostic role. Before the course I thought it was something only for doctors.” (E6)

“I think my biggest difficulty was learning how to handle the book, so, for example, NIC and NOC, since they are a little more complicated to find and to use, I think at first this was my biggest difficulty. Especially because at the time I only had them in digital format, so it was harder.” (E13)

With regard to the practice of the NP, the interviewees cited difficulties such as the gap between theory and practice, handling of books during learning, hospital operating systems, time management for carrying out the NP, the nurse’s clinical judgment, divergences in patient care, and communication with patients. In fourteen interviews, students referred to these difficulties, especially emphasized in interviews E2, E8, E9, and E16.

The interviewees also emphasized other difficulties related to the practice of the Nursing Process (NP). These included reliance on hospital information systems, the need for clinical judgment, patient resistance, teamwork challenges, and communication barriers with patients. Illustrative excerpts are provided below:

“I think we learn how to handle NANDA, NIC, and NOC, but in practice it is the system that does it. So we have the Tasy system, you enter the data, it interprets and elaborates the nursing process, and sometimes it [the system] cannot fully cover what we learned, and I think that ends up being a difficulty and a frustration.” (E2)

“Oh, having clinical judgment, no doubt! I think the university teaches a lot of this part, it provides a strong theoretical foundation and allows us to idealize certain things. But when the time comes, I don’t know if it’s just me, but many times I feel like the patient has everything. So sometimes the clinical judgment leaves me with this gap, and I feel somewhat apprehensive about doing certain things due to lack of clinical judgment.” (E8)

“Well, I think patient resistance—many times the patient resists, or even the team resists putting into practice what we set as goals for the patient. We set care goals, and often it is difficult. When you are alone it is one thing, but when you are in a team it is another, so I believe both the team and the patient themselves [make it difficult].” (E9)

"In practice, the first thing is communication with the patient, so we are often apprehensive about dealing with the patient and knowing everything we need to ask. So depending on the tool we use and how the patient responds—and whether they are able to respond—sometimes the process becomes a little subjective. We need to encourage the patient with instruments so that we can really bring the patient closer to us." (E16)

With regard to teaching, students reported a distance between theoretical instruction and how the process is actually carried out in hospital practice, as observed in the statements of E1, E3, and E5:

"I believe that if we had some type of teaching that actually showed the flow as it really is, because we learn how to apply the process, but it is very difficult to understand it as a workflow that you will perform in your daily routine. So I think I would have felt more prepared if, during undergraduate studies, I had been exposed to cases that showed me exactly how this workflow of applying the nursing process unfolds, including protocols and everything else." (E1)

"In the classroom we could have gone more towards a real-life perspective, more towards the daily routine, you know? I felt that was lacking—we didn't have that day-to-day vision. Because we would see one thing in the classroom, and when we arrived at the internship field, we saw another. Then we would think: wait, this is wrong, I didn't learn it this way! And it's not that it was wrong—it was right! It was just that their way of doing it was different." (E3)

"Connecting with what we find in practice, because we learn a very ideal world, a world that should happen, but doesn't. Stimulating clinical reasoning according to what we actually see in practice during the internship would help a lot. I think including simulations as a learning tool would strengthen theoretical teaching, since it would replicate what we are going to experience both in supervised internship and once we graduate." (E5)

Some interviewees (E1, E5, and E6) reported that the problems faced by nurses in applying the NP included inadequate staffing, work overload, patient safety failures due to poorly written progress notes, and the reuse of previous notes without proper adjustments, or even reliance on colleagues' notes.

"I see [the NP] as very distant from what we learn in theory, especially in inpatient units. Part of this, I would blame on staffing because, in fact, we end up learning about staffing that is not applied. So professionals become overloaded and cannot carry out the nursing process as we learn and as it should be done." (E1)

"Sometimes I feel that the nurse's progress note is not really a progress note! It's just an annotation, or they just write something, but it doesn't actually look like a progress note. That is the key issue, which I think greatly affects care. Because I came across several notes that I read and could not understand at all—they were not really evolving the patient's status, but rather talking about other things. It was not an actual progress note." (E5)

"In the internships I did, I noticed that they didn't do much physical examination, it was more like stopping by, asking if everything was okay, jotting down a few things on paper, and that was it. I also noticed that most progress notes were basically copy-and-paste. So, really, they weren't doing it properly. I also noticed that, due to bureaucratic issues, since they have so many administrative tasks, they didn't complete the process fully. They had to devote more attention to other things." (E6)

Students (E1, E2, and E3) also pointed out the importance of reviewing staffing ratios, as these have a direct impact on the work overload faced by nurses and, consequently, a direct impact on the quality of care. They also highlighted the importance of prioritization strategies, to ensure the focus is directed appropriately and thereby deliver excellent care.

"The main reason for errors is precisely staffing, the work overload. So I think the first thing I would do is adequate staffing to allow the nursing process to be carried out properly, assertively, and safely for the patient, in order to provide safer care. Because the professionals are trained, but in an environment with high demand and heavy workload, you notice that they start to move away from their training and fall into routines." (E1)

"The nurse has an enormous workload and needs to do much more than just the nursing process, but despite everything, since it is something so important that guides all our work, it is essential that we maintain this critical outlook on the patient and on critical diagnoses, because that is what will determine the entirety of patient care. And then the care is affected if we end up doing everything automatically." (E2)

"[...] when I arrive, I receive the shift, and so, I take a sheet and note all the pending issues of all the patients I have... Throughout the shift, everything the doctor requests for the patient I jot down with the bed number and the doctor's request. When I complete it, I mark it with an OK, so I don't get lost, because it's a lot of information. But, thinking today, what I would do differently would literally be organization [...]" (E3)

DISCUSSION

The context of social isolation due to the COVID-19 pandemic required adaptations in teaching, with classes being transferred to remote learning. Students perceived that this change had a significant impact on learning the theory of the Nursing Process (NP). In a study conducted by Silva *et al.* (2023)⁷ with nursing students from a private institution in Belo Horizonte, aimed at understanding students' perceptions of nursing care systematization teaching, the results showed that remote learning represented a barrier to understanding the content related to the Nursing Process and the use of taxonomies.

Resolution COFEN No. 736/2024 on the Nursing Process determined the removal of the term Nursing Care Systematization (SAE), leaving only Nursing Process (NP), asserting that there is an important conceptual difference between these two terms, and that retaining both in the same resolution constitutes an error¹.

The difficulty in distinguishing between the terms SAE and NP has been reported since their implementation, highlighting the misunderstanding of these concepts and, consequently, the challenge of applying them in professional nursing practice⁸.

With regard to taxonomies, NANDA (North American Nursing Diagnosis Association) developed nursing diagnoses that serve as a basis for nurses to establish the care plan for patients; NOC (Nursing Outcomes Classification) guides expected outcomes and corresponding interventions; and NIC (Nursing Interventions Classification) is the taxonomy that directs the nursing interventions necessary to achieve those outcomes⁹. Thus, they serve as an essential guide for professionals in developing the NP which, once adequately implemented, guides the sequence of clinical reasoning and improves the quality of care¹⁰.

The National Curriculum Guidelines (DCNs) for nursing recommend articulation between theory and practice so that students can develop skills and competencies that support their academic training and professional practice. These include competencies in healthcare, decision-making, communication, leadership, administration and management, and continuing education. In other words, managerial competencies that emphasize the importance of nursing work management as a whole, from team coordination to the development of strategies to improve both care conditions and the

working environment for nursing teams¹¹.

According to Andrade *et al.* (2016)¹², in a cross-sectional analytical study with 111 nursing students between the 4th and 8th semesters, 59.4% reported that the greatest difficulty was relating theory to the practice of SAE. Similarly, Amorim *et al.* (2019)¹³ highlighted the gap between theory—where the discipline is taught in a certain way—and practice in internship fields, which often diverges from classroom instruction. This discrepancy between academic and care contexts creates difficulties for students in linking theoretical content with real-world practice. In a scoping review by Silva *et al.* (2025)¹⁴ on active methodologies and teaching of the Nursing Process, it was pointed out that using active teaching strategies, such as simulations, clinical cases, and problem-based learning (PBL), can yield positive results for nursing students' learning.

The lack of human and structural resources, insufficient training, work overload, organizational and administrative demands, prioritization of technical procedures over the nursing process, and lack of knowledge about the NP are aspects that hinder the implementation of SAE in hospitals^{14,15}.

According to Silva *et al.* (2020)¹⁵, in this context, students already experience professional difficulties, making it necessary to guide them towards clinical reasoning so that their practice is grounded in technical-scientific thinking^{16,17}.

Thus, it is suggested that new teaching methods be redesigned and implemented, with the development of pedagogical strategies that support students both during undergraduate education and in their professional practice.

The review conducted by Silva *et al.* (2020)¹⁵ also mentioned that nurses face difficulties in implementing the NP due to work overload and the reduced number of nursing professionals on care teams, emphasizing the need for health organization managers to ensure adequate human and structural resources for proper NP implementation.

Finally, it is important to emphasize that students highlight the need to review staffing ratios, as the work overload faced by nurses directly impacts the quality of care. According to Costa *et al.* (2018)¹⁸, this issue raised by students is associated with the reduced number of staff, accumulation of tasks, and increased patient demand, which leads to a higher workload and distancing from direct health care, thereby compromising its quality.

CONCLUSION

This study enabled an understanding of the theory and practice of the NP from the perspective of final-year undergraduate nursing students, emphasizing its importance for professional practice grounded in science and care.

According to the participants' perceptions, there is a dichotomy between theory and the actual application of the NP in practice. Thus, it is necessary to employ different teaching methodologies to optimize the

understanding of the NP as an instrument of nursing practice, as well as the use of nursing taxonomies.

It is essential to emphasize that the conclusions of this study reflect students' perceptions at a specific point in time, namely during the COVID-19 pandemic. Nonetheless, the findings contribute to the understanding of the teaching and learning process regarding the NP and encourage innovations in teaching strategies.

CRediT author statement

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Declaration of competing interest

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