FACULTY MEMBERS' SOCIAL REPRESENTATIONS OF THE NURSING PROCESS: STRUCTURAL APPROACH

REPRESENTAÇÕES SOCIAIS DE DOCENTES SOBRE O PROCESSO DE ENFERMAGEM: ABORDAGEM ESTRUTURAL

REPRESENTACIONES SOCIALES DE DOCENTES SOBRE EL PROCESO DE ENFERMERÍA: ENFOQUE ESTRUCTURAL

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ABSTRACT

Purpose: to analyze the structure of nursing undergraduate faculty social representations of the nursing process. **Methods:** this is a qualitative study conducted with one hundred nursing undergraduate faculty members from seven public and private colleges, located in a capital city in Northeast Brazil. Data was obtained by means of the free word association test were processed using the Evoc software and analyzed in light of the theory of social representation. **Results:** this study's results showed that faculty members assigned the meaning of the expressions "systematization of nursing care," "process stages" and "organization for care" to the nursing process, whereas, in the peripheral system, they attributed importance to the nursing process and pointed out professional attributes. **Conclusion:** participants considered the terms "systematization of nursing care" and "nursing process" to be identical, which may contribute to subsume their importance, increase the gap between theory and practice, and distance the nursing process from its main purpose, which consists of guiding practices based on the profession's own theoretical basis.
Keywords: Nursing Process; Nursing; Psychology, Social; Education; Teaching.

RESUMO

Objetivo: analisar a estrutura das representações sociais de docentes de graduação em Enfermagem sobre o processo de Enfermagem. Métodos: estudo qualitativo realizado com 100 docentes do curso de graduação em Enfermagem de sete instituições de ensino superior, públicas e privadas, situadas em uma capital do Nordeste do Brasil. Os dados obtidos por meio do teste de Associação Livre de Palavras foram processados pelo software Evoc e analisados à luz da Teoria das Representações Sociais. Resultados: na centralidade os docentes atribuíram ao processo de Enfermagem os significados das expressões sistematização da assistência de Enfermagem, etapas do processo e organização para assistência e na periferia atribuíram importância ao processo de Enfermagem e destacaram atributos profissionais. Conclusão: os participantes consideraram como idênticos os termos sistematização da assistência de Enfermagem e processo de Enfermagem, o que pode contribuir para subsumir a importância de cada um destes, aumentar a lacuna entre teoria e prática e distanciar o processo de Enfermagem de sua principal finalidade que consiste em nortear práticas com fundamentação teórica própria da profissão.
Palavras-chave: Processo de Enfermagem; Enfermagem; Psicologia Social; Educação; Ensino.

RESUMEN

Objetivo: analizar la estructura de las representaciones sociales de docentes de grado en enfermería sobre el Proceso de Enfermería. Método: estudio cualitativo realizado con docentes del curso de grado en enfermería de siete facultades públicas y privadas de enseñanza superior de una capital del noreste de Brasil. Los datos, recogidos a través de la prueba de asociación libre de palabras, fueron procesados por el software Evoc

y analizados a la luz de la teoría de las representaciones sociales. **Resultados:** *en el centro los docentes atribuyeron al proceso de enfermería los significados de las expresiones sistematización de la atención de enfermería, etapas del proceso y organización para la atención y en la periferia atribuyeron importancia al proceso de enfermería y realzaron los atributos profesionales.* **Conclusión:** *los participantes consideraron que los términos Sistematización de la Atención de Enfermería y Proceso de Enfermería son idénticos, lo cual puede subestimar su importancia, aumentar la distancia entre la teoría y la práctica y alejar el Proceso de Enfermería de su finalidad principal que consiste en orientar las prácticas basadas en la propia teoría de la profesión.*

Palabras clave: *Proceso de Enfermería; Enfermería; Psicología Social; Educación; Enseñanza.*

INTRODUCTION

Nowadays, under the auspices of neoliberal economic models and precepts, the world is characterized by successive economic, political, technological, social, and cultural transformations. More specifically, educators, from basic to college levels, seek to keep up with the changes, to improve education in the country, and to train qualified professionals to deal with the growing demands of a complex society.

Law number 9394, issued on December 20, 1996, defined the bases and guidelines for national education at the basic level, consisting of basic education and kindergarten, elementary school, and high school to college education. This regulation incorporated new responsibilities to colleges and signaled the need to restructure undergraduate programs, with paradigmatic changes in the academic context, designed to build curriculum guidelines for each undergraduate program.[1]

Resolution CNE/CES number 3/2001, part of the brazilian *Diretrizes Curriculares Nacionais*, was issued for undergraduate programs in nursing (DCN/ENF). Article 4 of this resolution states that, during the period of higher education, the future nurse must learn how to evaluate, systematize, and make decisions based on scientific evidence. In addition, such a regulation constitutes a starting point for the construction of pedagogical projects that guide the education of competent, critical, and engaged professionals.[2]

The DCN/ENF are accompanied by deliberations by the *Conselho Federal de Enfermagem* (COFEN), which, after Resolution 358 was published in 2009, considers the Systematization of Nursing Care (SNC) to be a specific know-how for the profession and a mandatory legal requirement. This resolution determined that the SNC, together with nursing process (NP) practice, should be implemented in all of the country's health care services where nursing care is provided.[3]

In the literature, the terms SNC and NP are frequently treated and interpreted as if they were similar. However, scholars understand that NP represents the dynamics of systematized and interrelated actions, a method or logical activity that organizes nursing practices, or a philosophical model, instrument, and methodology that subsidizes nurses' decision-making processes.[4-6] SNC consists of a regulation for using the NP as the profession's autonomous and identification activity.[7]

Nursing faculty members, as a group in social interaction, exchange ideas and beliefs, based on scientific knowledge, and develop social representations (SR) about objects, as well as the NP, assigning them particular meanings known by common sense.[8] Therefore, one can understand that this knowledge, originating in reified knowledge, constitutes essential elements to the analysis of mechanisms that may interfere with teaching and applying the NP in teaching practice scenarios.

These elements are significant latent cognitions that may reach SR functions, such as guidance and justification of a given group's behaviors and attitudes, as in the case of the faculty group, and thus affect interactions throughout the formative process of future professionals.

The topic researched in this study is extremely important for nursing, considering that the NP is the methodology that may guide future nurses in their activities in healthcare services throughout the country. It is believed that identifying the meanings assigned by nursing faculty members who teach NP, using Theory of Social Representations (TSR) as support, may reveal common sense cognitions beyond what may be observed, and therefore raise academic reflections and discussions.

Based on these considerations, this study elected NP as its object, and as its **leading question:** how do undergraduate nursing faculty members assign meaning to the nursing process? As its **purpose**, this study chose to analyze the structure of the social representations of the nursing process, performed by undergraduate nursing faculty members.

THEORETICAL FRAME

This study adopted the TSR, which introduces psychosociology and considers that, in their interactions, subjects build thoughts that structure them in the world. Such cognitions are woven within the tapestry of everyday life and are designed to develop behaviors and communication among individuals. From these cognitive processes, social representations of objects in different contexts arise.[9]

Under this perspective, it is understood that the social group of faculty members, in exchanging information from different beliefs, values and ideologies, may assign new meaning to the NP. In these dynamics, subject and object are constructed, considering that *"[...] there is no section between the external universe and the individual's (or the group's) [...]"*.[9] Therefore, social representations arise within groups of belonging, in the feeling of in-group familiarity, an essential condition for their origin.[10]

Two processes take place during this construction, the objectivation process, which consists of materializing abstractions, and the anchoring process, originating from pre-existing knowledge, to assign new meaning to an object and to promote its roots within social values.[8,11]

TSR's structural, or central core (CC), approach was adopted in this study based on the argument that all representation is organized around one or more structured elements, which have, in themselves, fundamental SR meanings. Thus, identifying the CC means knowing the main representation, expressed by the participating faculty members, of the object in question.[12]

The central core assigns meaning to the peripheral system (PS), which consists of elements associated with context and culture. It is more flexible than the CC, and it is responsible for the solidification, defense, regulation, updating, and dynamics of all elements present in the CC.[11,13]

This theoretical contribution is understood as being that which enables one to identify the nature of objects and the latent elements in the individual's and the faculty group's cognition about the NP. It also enables one to go beyond appearances, given that it unveils that which is immersed in the social fabric, in order to obtain practical knowledge about the investigated phenomenon.

METHODS

The research was an exploratory, descriptive, qualitative study based on TSR and extracted from the results of the dissertation "Teaching the Nursing Process in Undergraduate Classes: Social Representations by Faculty and Students." Submitted to the *Comitê de Ética em Pesquisa* at the *Escola de Enfermagem da Universidade Federal da Bahia*, and registered under protocol number 1172325. This research complied with ethical principles defined in Resolution 466/2012, and all participatns signed and handed in Free and Informed Consent Forms. The research was developed based on the researcher's personal and professional interest, using personal funding, with no conflicts of interest involved in its development and publication.

The research population consisted of public and private college faculty members selected from the 19 colleges in operation in the city of *Salvador, Bahia*. To be selected for the study, the college needed to have a legally authorized undergraduate nursing department. Public colleges were intentionally chosen, because of their uniqueness. Private colleges were selected in a drawing, due to their large number. Seven colleges were part of the research scenario, including three public colleges, federal, state, and non-profit community colleges, and four private, profit-seeking colleges.

Faculty members needed to have employment ties to the college for at least six months, and to teach NP in curriculum components to be able to participate in the study. If they did

not meet the defined criteria, they were excluded. One hundred faculty members were selected, a number that meets the recommendations for SR structure studies.

Data were collected between August 2015 and January 2016. For this purpose, a Free Words Association Test (FWAT) was used. This test has its origins in Psychology and is widely used in studies that employ TSR. This technique enabled the identification of latent dimensions by configuring the elements the constitute the web of evoked contents, thus revealing meanings that are masked in the participants' pre-existing speech productions and semantic contents, in a fast, objective, and spontaneous manner.[14]

The FWAT consisted of asking faculty members to quickly say five words or expressions that came to mind when they heard the inductive term "nursing process." Answers were written down by the researcher in the order they were evoked, using a specific tool.

The evocations were organized by topic, following similar meaning word grouping stages based on their denotative meaning. The selection of the most representative term regarding frequency and meaning was conducted by referring to a Portuguese dictionary and coding. Next, the terms were organized in notepads and processed according to EVOC software instructions, in turn constructing the corpus for analysis. This software calculates the average frequency of each evoked expression, the average evocation order (AEO), and the average of average evoked word order, elements required for preparing the four-cell grid.[15]

RESULTS

All colleges involved in this study adopt in-house teaching. Among the three public colleges, the average course load is 4,286 hours, distributed over nine or ten semesters, offering, on average, 510 yearly openings for the Nursing degree program. The four private colleges have an average course load of 4,187 hours, distributed over nine or ten semesters, offering, on average, 536 yearly openings.

Although the number of openings offered by the public and private sectors is equitable, it contradicts the National Education Plan, given that this document provides for a higher number of openings in public colleges. This equivalence in the number of openings is related to the expansion of private colleges and the incentive of public policies to higher education.[16]

Participant profiles show that 87 (87%) are women, age brackets with the higher number of participants were between 24 and 39 years of age, with 59 (59%) participants, and between 49 and 58 years old, with 22 (22%) participants. These data reveal that the majority of faculty members are young. Most participants identified themselves as being mixed race, in a total of 41 (41%), followed by white, in a total of 30 (31%), and by black, to-

taling 26 (26%). Among the participants, 46 (46%) contribute to the household, in percentages varying between 76% and 100%.

The FWAT results added up to 506 evocations, with 61 different words, which allowed for the construction of the four-cell grid (Figure 1), considering the frequencies, the average order, and the average of average evocation orders.

DISCUSSION

Although the study was based on TSR, CC, and PS, the non-use of multiple data collection techniques prevented the discussion of results from being more detailed. However, explaining faculty members' social representations of the NP, based on dissimulated cognition aspects, which is a characteristic of FWAT, allowed for the structural construction of the group's social representation of the investigated phenomenon.

Its application becomes important when we take into account that the set of meanings prepared by faculty members about the NP may occupy spaces in continued discussions and reflections among nurses, professors, and managers in undergraduate nursing schools, considering that they are dynamic cognitions, both individually and as a social group.

Figure 1 illustrates the set of elements that is deemed the most important. The first quadrant, located on the upper left corner, shows the evocations whose AEO is lower than 3.00 and whose frequency is ≥ 20. These were the most readily evoked expressions, which characterized them as the most significant, with potential centrality, significance, and core organization of the profession. In this study, the main elements are "systematization of nursing care, process stages, and organization for care".

The SNC element was considered to be the origin of all other CC components, considering that it has a higher evocation readiness, and its AEO is 1.710. All other elements are organized by means of these elements. Therefore, it is believed that faculty members characterize the NP as SNC, as it is possible to notice in the terms "nursing process stages" and "organization for care" expressed by the participants.

By assigning identical meaning to two different terms, it becomes clear that, for the participants, the NP is materialized as SNC. Nevertheless, as proposed by Amante *et al.*[17]

> [...] the terms have different meanings. It may be assumed that the SNC can be found in an institutional sphere, where the view of organization of nursing activities interferes directly in the set-up and implementation of the NP and, so to speak, in the methodology based on a nursing theory to be used in practice.

This feeling of equivalence may include the actual meaning of the NP, subordinating it with the term SNC, considering that the NP is a dynamic, systematic, logical, and deliberate method, and consisting of stages that aid in the performance of nursing care.[17]

This cognitive construction by faculty members differs from the original nature of the NP, and is anchored on beliefs and ideologies attributed to them at the symbolic dimension, focusing on the notion of SNC's significance. Conceiving these elements as identical may fragment the nature of the nurses' identity activity. When shared in the teaching contexts, this idea is embedded in order to guide the practice, considering that teaching the NP also means applying it in practical terms.

Table 1 - Four-cell grid for the inductive stimulus "nursing process" in direct order for all participants. Salvador – Bahia, 2018

Central core elements			First periphery elements		
Frequency ≥ 20 - AEO < 3.00			Frequency ≥ 20 - AEO ≥ 3.00		
Element	Freq.	AEO	Element	Freq.	AEO
Systematization of Nursing Care	60	1.710	Humanized care	21	3.571
Process stages	31	2.683	Knowledge	20	3.600
Organization for care	21	2.333	Autonomy	20	3.150
Contrast zone elements			Second periphery elements		
Frequency AEF < 20 - AEO < 3.00			Frequency AEF < 20 - AEO ≥ 3.00		
Element	Freq.	AEO	Element	Freq.	AEO
Action	19	2.895	Fundamental	18	3.333
Care method	18	2.611	Nursing history	17	3.235
Care	18	2.500	Patient safety	15	3.667
Assistance	14	2.929	Responsibility	15	3.067
Quality	13	3.000	Attention	12	3.917
Teaching	12	2.333	Professional identity	12	3.667

Source: research data.

This significance may limit or discourage the group from applying it, given that the SNC is a unique regulation for the profession, instituted to provide autonomy to the nurse and the team, and whose implementation in practical scenarios has encountered difficulties.[18] This happens because, despite the standards that govern the profession, neither SNC nor the NP are a consensus in the professional sphere, which may interfere in their consolidation in nursing care environments.[19]

In this sense, in the brazilian study designed to expand the understanding of the possible connections between the SNC and the professional identity formation, the authors argue that, although the SNC contributes to the care quality, professional autonomy and scientific advancement of the profession, it is still a controversial and multifaceted topic that requires more investments, even through the category itself, aiming to achieve a better understanding of its importance.[7]

This study understands that there are historical and social determinants in the implementation of NP, in healthcare environments, that are directly related to the colleges' structures, as well as to the theoretical and philosophical knowledge of the faculty, which are key elements in NP teaching. Therefore, pre-existing NP practices contradict COFEN Resolution 358/2009 and become paradoxical representations in nursing teaching and care.[3,17]

By representing the NP as SNC, nursing faculty members may pass on a partial and limited knowledge that may even generate resistance to its implementation or give the wrong idea that NP only takes place in theory, thus resulting in its fragmented and/or routinized application in professional practice environments.

Therefore the NP may at times be devalued by faculty members, which may result in its distancing from this methodology's original proposal, guided by the profession's own scientific and theoretical knowledge. The NP leads to reflection and critical thought, capable of expanding the nursing category's visibility and acknowledging its know-how.[3,17] In this sense, academia, as the space for discussion, ideological construction, and knowledge dissemination, plays a key role in redirecting the guidance and transforming the key findings about NP in the researched group.

The term "process stages", present in CC, appears in discourse, meaning the phases that make up the NP. It refers to a way of doing or performing sequenced tasks preceded by deliberate intellectual activity, consisting, essentially, of the triad: data survey, data analysis, and care plan. Process stages are a way of applying the theoretical basis or the theoretical model adopted by the college in its pedagogical project and in compliance with COFEN Resolution 358/2009.[3,17]

The term "nursing theory" is not part of the CC. Faculty members seem to have attributed importance and value to the NP stages based on the understanding of the logical sequence of ideas in practice, disconnecting it, in their understanding,

from the profession's identity and structuring epistemology. This study points out that nursing theories are components that must guide nursing practices and must be taught and applied by means of the NP throughout the nurse's clinical education. The absence of this element in the central core may reveal a distancing between the NP's theoretical and practical teaching.

Therefore, as an intrinsic element of nursing theories, the NP[6] must be conducted by faculty members in their teaching practices so that students realize the subjectivities of people, groups, and the community and act in a critical and reflexive manner, led by a specific professional knowledge.

This fact reveals fragmentation and distancing from the theoretical-philosophical thought, which is anchored in the "NP stages" element. It can also be observed, that, in the CC, the NP takes on a normative nature linked to the legal mandatory nature attributed by participants to the SNC. In face of this possible significance, the NP is understood as imposition, rather than as a professional, distinct, or empowering characteristic, and its meaning is atomized based on the theoretical contribution from which it emerged.

The third element present in the CC was "organization for care". It expresses the organizational nature of the NP, given that its stages organize logical thought for the theoretical and practical teaching of nursing.

Elements in the upper right quadrant, or first periphery, reveal the most frequent, but belatedly evoked, terms. Figure 1 presents the elements "knowledge, humanized care, and autonomy", terms that express normative content associated with the complex nature of public health policies' NP and the aforementioned COFEN resolutions.

Given the fluidity of social representations, social-historical context and meanings, elements in this quadrant may, at some point, migrate to the first quadrant, considering that they encompass NP inherent meanings that have not yet been incorporated to the central consensual universe in the investigated group of belonging.

Under this perspective, findings from Santos' et al.[20] stand out, given that these authors made it clear that implementing the NP is a challenge due to historical and cultural barriers in formal education, that is, there is still a long road to be traveled, whose starting point may be academia.

The third, or bottom left, quadrant is considered to be a contrast zone and provides the most readily evoked terms, but whose frequency was lower than 20. The terms in this quadrant may be viewed as elements that translate the NP's subjective meanings, such as "care and teaching method, action, quality, and care." Such elements contradict the CC, because the latter presents elements that have normative meanings, consistency, and permanence of the nursing organization for care. Elements in the contrast zone, however, highlight the subjec-

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tivities required for the process of assisting human beings, such as witnessing, seeing and listening, that is, caring for the human being in a qualified manner.[6]

The fourth quadrant, bottom left, exhibits the elements evoked at a lower frequency and with a higher AEO. These are organized, based on the connections they hold with the topic, under two perspectives: the first deals with "the NP associated with its importance", consisting of the words "fundamental, patient safety, and professional identity." The latter refers to the "NP associated with professional attributes," consisting of the words "responsibility, attention, and humanized care." These elements also include new perspectives, considering that faculty members point out the NP as essential for contemporary nursing, expressed by the terms "patient safety" and "professional identity".

When it is applied as a logical method, the NP may affect patient safety positively, reduce risks and damages, and provide individualized, full and qualified nursing care.[21] The term "patient safety" is the most current one in the faculty members' social representations. Patient safety was first adopted in 2008 by the Brazilian Nursing and Patient Safety Network (*Rede Brasileira de Enfermagem e Segurança do Paciente* – REBRAENSP), and was consolidated in the *Programa Nacional de Segurança do Paciente*.[22]

The term "professional identity" is understood as the term that distinguishes a person or a profession, individualizing it or identifying it. Therefore, by assigning meaning to knowing and doing, it is incorporated as a professional identity.[7] These elements may appear in the faculty members' evocations in hopes of seeing the materialization of professional identity, as well as the reach of quality practices that offer safety to the patient.

Nevertheless, although participants have assigned the meaning of professional identify to the NP, they seem to resist, or they do not incorporate the topic in their teaching practices, nor do they highlight or incorporate the autonomy, visibility, and empowerment that the NP may add to the profession. As a result of this position, there is considerable distrust within the nursing category, especially regarding the use and application of this care technology.

These evocations are viewed as lacking room for continued reflections and discussions involving nursing teachers and leaders in the profession, given that they are cognitions under construction, individually and as a social group, which may evolve to the core of group thought, and, therefore, deserve special attention.

The use of "responsibility" leads us to understand that the participants take upon themselves the decision to act rationally regarding the purpose or their goals. This element is related to "attention" and both involve patient care as a privileged and singular act, selfishness in favor of others, with respect and consideration. These specificities are intrinsic to the several theoretical nursing models in which the NP is defended as a practical model or an action model for qualified nursing care.

It is worth pointing out that the NP contributes to rescuing attitudes and practices that are not only humanized, but also relate to the patients' and the nursing team's safety. From this perspective, academia, the space for constructing knowledge, needs to invest efforts, when faced with the responsibility of the teaching of NP, and to conduct theoretical and philosophical reflections, promoting a profession that is committed to society.[23]

CONCLUSION

TSR has allowed for the identification of the nature of objects, such as the NP in latent beliefs and ideologies in faculty members' cognition. The central core has revealed normative elements, and, among them, the SNC has been the most significant, both regarding the readiness of evocation and the meaning assigned by the investigated group. Assigning identical meanings to NP and SNC includes the nature of part of the nurses' specific activities in the different contexts of NP teaching, and may imply its limitation or deny its mandatory application in clinical practice, given that the SNC application in healthcare services has faced difficulties throughout the country.

In the peripheral system, participants assign meaning to NP considering its fundamental nature to the professional attributes of nursing and regarding patient safety as a new element. These social representations must be taken into account, especially in academia, considering that this is the key space for the ideological construction that will later aid in social transformation.

This study deems it necessary to invest efforts in qualified teaching, led by the appropriate knowledge of the profession itself. In this sense, colleges may incorporate transversal teaching of NP in their pedagogical projects, priming for the training of nurses whose activity in clinical practice is based on scientific and humanistic knowledge, and who are capable of acting in a unique manner when faced with problems/disease scenarios.

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