

**Professional Training and the Production of Subjectivity of the Nurse Related to the
Nursing Process**

**Formação Profissional e a Produção de Subjetividade do Enfermeiro Relacionada ao
Processo de Enfermagem**

Flávia Pivoto Franciscatto ¹

Wilson Lunardi Filho ²

Priscila Arruda da Silva ³

Valéria Lerch Lunardi ⁴

Shana Marques ⁵

¹. Doutora em enfermagem. Enfermeira em Palmeira das Missões, RS – Brasil. E-mail: flaviapivoto@yahoo.com.br

². Doutor em Enfermagem. Professor Permanente voluntário, aposentado; Programa de Pós-Graduação em Enfermagem. Escola de Enfermagem, Universidade Federal do Rio Grande, Rio Grande/RS, Brasil. E-mail: lunardifilho@terra.com.br

³. E-mail: patitaarruda@yahoo.com.br; Doutora. Bolsista de Pós-Doutorado FURG.

⁴. Doutora em Enfermagem. Professora Permanente voluntária, aposentada; Programa de Pós-Graduação em Enfermagem. Escola de Enfermagem, Universidade Federal do Rio Grande, Rio Grande/RS, Brasil. E-mail: vlunardi@terra.com.br

⁵: Enfermeira - UTI Hospital Nossa Senhora da Conceição Especialista em Saúde Cardiometabólica do Adulto - Programa de Residência Integrada Multiprofissional Hospitalar - RIMHAS/FURG. E-mail: shana.marques@hotmail.com

Resumo

Pesquisa qualitativa e exploratória, que objetivou compreender a relação entre a produção de subjetividade do enfermeiro e as configurações do desejo relacionado à implementação do Processo de Enfermagem. Os dados foram coletados por meio de entrevistas semiestruturadas junto a 12 enfermeiras de dois Hospitais Universitários, diferenciados pela implementação e não implantação do Processo de Enfermagem, e submetidos à análise temática. A instrumentalização acadêmica e programas de atualização desencadeiam o desejo relacionado à temática, em oposição a uma formação considerada insuficiente, que pode comprometer a motivação e o interesse, favorecendo a incorporação de significados contrários e de resistência à sua elaboração. Uma alteração no quadro de aparente indefinição das competências profissionais precisa ser iniciada na formação, já que a motivação para o consumo da produção científica ainda é reduzida, com vistas a produzir subjetividades com maior força de criação e mais resistentes.

Palavras-chave: Enfermagem; Processos de Enfermagem; Formação Profissional.

ABSTRACT

It is a qualitative and exploratory research, which was intended to understand the relationship between the production of subjectivity of nurses and the configurations of the desire related to the implementation of the Nursing Process. Data were collected through semi-structured interviews with 12 nurses of two university hospitals, distinguished by the implementation and non-deployment of the Nursing Process, and submitted to thematic analysis. Academic instrumentation and updating programs trigger the desire related to the issue, as opposed to an academic training considered inadequate, which can compromise the motivation and interest, thus favoring the incorporation of contrary meanings and of resistance to its elaboration. An alteration in the framework of apparent blurriness of professional competencies needs to be stated throughout training, since the motivation for the consumption of scientific production is still reduced, with a view to producing subjectivities with greater strength of creation and more resistant.

Descriptors: Nursing. Nursing Process. Staff Development.

Introduction

The Nursing Process (NP), as a specific scientific method for the development of nursing activities, demonstrates the professional knowledge of the profession, promotes the reflection and improvement of the care provided and serves as a written record of the care. Thus, it confers evidence to the practice, allows the delimitation of professional space and represents a means of proving clinical reasoning, justifying the actions that were performed and demonstrating the pertinence and relevance of the nursing action to the health of the people (1).

However, in spite of the wide bibliographical discussion about the NP, with reports of its implementation, notes of difficulties and strategies for its implementation and investigations of nurses' perceptions (2-3-4) that highlight their relevance to the profession, this theme has not yet reached the recognition and prominence it deserves in nursing practice, and continues to represent a challenge to scientific production, teaching and professional practice. Therefore, the approach to obstacles to

the implementation of the NP needs to consider the multiplicity of factors that influence professional behaviors and perceptions, since such denial can be perceived as a subjective issue of significance, in which the professional, even recognizing its importance, reproduces the current organization and the previously established nursing work.

The systems of production of subjectivity include the traditional systems: family institution, professional class and dominant systems, which fabricate and model subjectivities on an industrial scale, in order to homogenize the pluralities and sustain the dominant values of society (5). Thus, subjectivity is plural and results from variations in the connections between the different instances that compete for its production, including individual, collective and institutional spheres (5-6). Therefore, the behaviors adopted in the professional practice and the perceptions related to the NP express manifestations of nurses' subjectivity.

The appropriation of the production of subjectivity by the dominant systems integrates several formatting processes,

which attributes subjective consistency to the established social references. In this way, it seeks to crush desire and segregate different identities, in an attempt to eliminate the processes of singularization of subjectivity: reflection, resistance or questioning of the reality and changes of situations, from which are built practical and theoretical and practical references of their own and reinforced individual values ⁽⁵⁾.

The modeling that aims to discipline desire, that is, any form of will to create, aims to maintain the molded social subjectivity, which in nursing can be related to professional behaviors that prioritize routines and institutional needs, subjecting the desire of their employees to imposed demands and underestimating their professional roles. Professional achievements and the overcoming of the current empirical organization of nursing work require the making of processes of singularizing subjectivity, with constant expressions of desire. It can be achieved through reflections and attempts to transform, which, although they seem to have a small impact, are forms of establishing awareness of both individual and collective responsibilities, in view of

the passivity generated and desired by traditional organizations ⁽⁵⁻⁶⁾.

The constitution of individual subjectivities in nursing during training and / or professional performance, although at different intensities, seems to have impregnated a submission which is considered desirable and acceptable to professional behavior. It seeks to produce obedient, productive and economically useful professionals, who are passive and fragile internally and politically, and struggle with manifesting resistance or opposition to the dominant system ⁽⁷⁾.

In the nursing professional training, the concern with technical and scientific skills and abilities is permanent in most undergraduate courses. However, the academic experience produces implications that extrapolate these competences and reflect on the production of their subjectivity. Thus, the way in which this course is conducted can mediate a production of subjectivity that agrees with the dominant perspective, which implies in the standardization of conduct and values and in a stereotyped professional activity limited to the execution of techniques, routines and care demands ⁽⁸⁾. Or, on the contrary, one that strengthens processes of singularization

through a creative experience and that stimulates initiative and active participation of the future nurses, being less normative and leveling of the subjectivities.

In the planning and reflection of the educational actions of academic training courses, the processes of professional subjectivation must be considered, besides the responsibility that such training carries. A study that sought to identify devices for the subjectivity production in the training of nurses observed different conceptions between teachers and students, about the possibilities of subjectivity offered to the latter when it comes to teaching: "For professors, academic training in their established educational devices (the pedagogical project and the pedagogical practices), already assures a production of the subjectivity where the students are stimulated to assume the condition of subjects of their learning. Although, the discourses of the students have other opinions about this intentionality, since they manifest the need to learn beyond what is already known, and to learn through their own experiences and implications" ⁽⁸⁾.

Thus, the academic institution exerts an influence on future nurses and holds a portion of the commitment regarding the preparation of these professionals. When we refer to the teaching of the NP, the relevance of vocational training can be translated into the initiation to the theme, with possible reflections on the assistance work, focusing on the adherence and credibility conferred to this method, according to the experiences and perceptions built up during the training.

The unveiling of factors mediating the production of nurses' subjectivity makes it possible to propose alternatives for subjectivity singularization, enabling transformations that can result in strategies to overcome the instituted model and produce expressions of desire, aiming at the valorization of the NP.

Thus, the present study, a thesis clipping entitled "Nursing Process in the Perspective of Nursing Subjectivity", aimed to understand the relationship between nurses' subjectivity production and the configurations of the desire related to NP. In order to do so, it sought to answer the question: how are professional training and updating, as factors to mediate the nurses' subjectivity

production, influencing the desire related to the implementation of the NP?

Method

An exploratory study, with a qualitative approach, carried out in two public university hospitals in the State of Rio Grande do Sul. One of these hasn't implanted the NP, despite the efforts that have been made, and therefore will be identified in the research as Context 1, while the other has adopted it since its foundation, which will be identified as "Context 2".

The subjects of this study were 12 nurses, six of each institution who act in the units of "Inpatient", "Intensive Care", "Emergency", "Surgical Center", "Ambulatory" and "Education". For the selection of the participants, a simple draw was carried out to select the subjects randomly, based on the lists of active nurses and their respective work units. The process was requested to the institutions, with subsequent visits to the chosen ones to confirm that they properly fit the criterion of inclusion: to work in the institution for at least 5 years, and to consent to participate in the study, with previous scheduling, according to their availability, for data collection.

The semi-structured interview was the data collection method of choice, contemplating the characterization of the subjects and questions formulated, among them: How was your training for the development / implementation of the NP? What do you think about the scientific productions on NP? How do you perceive the development of research on the topic in your work context?

The interviews were conducted from June to August 2014, with an average duration of 40 minutes, recorded in audio and transcribed in full by the researchers; the interviewees were identified using the "Enf." code followed by the number "1" or "2", depending on the context the order of the participant. The inclusion of new participants was not necessary, because enough data was obtained with the initial sample.

The content of the interviews was submitted to thematic analysis ⁽⁹⁾. The ethical prerogatives of Resolution No. 466/12 of the National Health Council ⁽¹⁰⁾ were respected; the study obtained a favorable opinion from the Research Ethics Committees of the two institutions, CAAE no. 30710614.0.0000.5324 on May 22, 2014 and no. 30710614.0.3001.5327 of June 18, 2014.

Results and Discussion

Concerning the characterization of the research sample: the average time of working in the institution was 11.6 years among the nurses in Context 1 and 20 years in Context 2; their graduation year ranged from 1977 to 2005; the six nurses in context 1 completed their training at the same university, to which the hospital is academically linked, whereas among the six interviewees in context 2, only two studied in the same institution, while the others enrolled in different locations; the six nurses in context 1 are specialized, four of them are masters, one of which is a PhD, and another is in the process of being a PhD; five of the participants in context 2 are specialized and, one of which has a master's degree.

Through analyzing the interviews, it was evidenced that the academic training and professional updating and the contact with the scientific productions related to NP exert an influence on the nurses subjectivity production and the desire related to the method. Next, the constructed categories are presented and discussed, considering the theoretical reference of the production of subjectivity of Guattari ⁽⁵⁾ and his followers.

Professional training: instrumentalization for the implementation of the Nursing Process

Some of the interviewees consider that the instrumentalization for the development of the NP, acquired in the academic formation, was insufficient to subsidize professional practice, resulting in a limited knowledge on the subject:

These times, I even told some students that they should teach us what the Nursing Process is, because, in our time, we developed many models. There were already basic care, we took the theoretical part and applied. We did the interview, we raised all the problems, physical, mental, social checkup. There, we planned the care we were about to take, which is the nursing prescription, besides evolution. This was the training we had and from then on, there was no update (En.1.1).

Still, such a limitation in professional training seems to be related to the

centrality conferred, during the stages, to the acquisition of technical skills, limiting the assistance to isolated actions, which are prioritized in assistance planning:

We studied very little of the nursing process when I went to college. We worked hard as a hobbyist, we did procedures. I only studied the Nursing Process a little bit, and then you take this to work life; I did not work with it (Enf.1.2).

An NP education that is considered insufficient to subsidize its practical application may compromise motivation and interest in the subject, since during the training the desire for such theme was not instigated and / or the question was perceived as belonging to the academic sphere, with few possibilities to actually apply it outside of the classroom. In the professional training, there is a production of subjectivity in progress, whose direction has its repercussions in the way in which these professionals will carry out their assistance activities.

The deficiency in the approach of the subject during nurses' academic training is pointed out as one of the contributing factors to the difficulties still faced in the implementation of the NP ⁽¹¹⁾.

The fragility in teaching can be exemplified by a study carried out with 24 nurses, 100% of the staff of a medical clinic unit, of whom 79% reported on the constitution of the discipline in which the NP was present in the curricular matrix of their training course. On the other hand, 62.5% deny that they had experience, as academics, of practical application of the NP ⁽¹²⁾.

The difference between academic training and professional practice was put as an aggravating factor for the learning limits, exemplified by a teaching that presents difficulties in transposing theory and demonstrating its practical applicability:

In class, they talked a lot about the Process. We did it in the internships, but it was punctual, and it only stayed in the academic sphere. I realized I was not transitioning to practice, I did not see the nurses doing it. The academy was disconnected from the practice of the Nursing Process, which is the core of nursing as a whole. Academics will not believe it if employees do not do it. It is very utopian. This is sad. It

devalues our work (Enf.1.6).

Such weaknesses in teaching reinforce common-sense convictions about the applicability of the NP, it represents more work for the nurse and it does not work well:

Only during undergraduate course, and it stayed there, kept in the drawer. I find it very consuming, complex, not practical at all. But I think that once you enter an institution that already has the Nursing Process in the routine, it ends up being part of it, it's easier, it does not feel so complicated and you'll get used to it (En.1.1.4).

Discrepancies among teaching situations are sometimes presented at the ideal level, but it does not correspond to the work reality. Conflicts and discredit are generated by students and nursing professionals regarding the application of NP ⁽¹³⁾, jeopardizing the students' experience ⁽¹⁴⁾.

The literature points to the predominantly theoretical application of the Process during its undergraduate education, structured from clinical case studies, developed after contact with the

patient or even without such contact, as a triggering factor of the dichotomous conception between theory and practice, since it does not favor the establishment of a direct relation between the development of the NP and the practice of care ⁽¹⁵⁾, since the students do not adopt such an instrument, which favors their resistance to its implementation in the care contexts.

The academic training is also referenced as a propelling factor of interest and appreciation of the theme:

In college, we were taught: objective, subjective, and conduct. That was already seen, in college, in 82, they already did that. Then I went to courses, participated in congresses and in the Nursing Diagnosis Working Group, here from the hospital [...] (Enf.2.6).

I think graduation was the seed of my encouragement in developing the process, because I had never been in a hospital, I went for the first-time during nursing school. There, in the internships and with the teachers' teachings, this has already been put into practice. There, it was the seed [...] Then,

having gone to hospitals that already had the process, helped a lot (En.2.2.3).

An academic training that equips professionals for the development of the NP triggers the movement of desire regarding the subject, although it does not guarantee its effectiveness in professional practice. It may represent a way of constructing a creative subjectivity, capable of establishing favorable arrangements for its implementation in nursing work contexts, instead of collaborating to incorporate meanings and contrary feelings or resistance to NP, resulting from negative experiences or unsuccessful ones.

The teaching of the NP as a subject needs to be considered, and in some cases, adapted by the nursing professors in the planning of their disciplines (14). Facing the possible difficulties requires a reflection that warns of the possibility of pedagogical models oriented by vertical processes, which may obscure or even blind to other opportunities, some more comprehensive and participatory, that would allow the re-adaptation of teaching approaches.

The process of change in the framework of apparent lack of definition of nursing competencies needs to be initiated in the professionals' education, in order to establish a movement of production of subjectivities with a greater creative force, more desiring and resistant to the systems of domination. However, if the training process is structured from devices that reproduce and reinforce the disciplinary and normalizing systems of the dominant logic, we have been strengthening since the constitution of these nurses a professional perspective that does not coincide with their desires, who resign themselves for what was socially established.

**Professional update:
instrumentalization for implementation
and maintenance of NP in institutions**

Ideally, academic training needs to be improved by professional upgrading, including institutional upgrading. However, from the reports, it seems that sometimes institutional updating is not identified by professionals, or even does not ever happen:

What we know, is because we care and read. We end up learning from the students

themselves, who bring us. They never updated us. I've been here for almost 20 years, and what do we have to do today in the Nursing Process? What is more important? What are the best ways? I ask again: to what extent does the institution also care? (En.1.1).

Never had anything update. The institution asked that of us, saying that we have to elaborate the Nursing Process, because the institution is being demanded by the competent bodies, but courses, none that I remember "(Enf.1.5).

By not identifying updating processes and incentives for the implementation of PE in their fields of action, nurses sometimes question the assessment attributed to the method in their workplace, which, although it does not justify the lack of exercise of their professional competences, collaborates for the still reduced adoption of the process in the assistance contexts.

The professional improvement directed to the institutional reality, in terms of the organization of work and the needs of its professionals, besides

ensuring a more qualified assistance, demonstrates a concern and institutional commitment and promotes the understanding that its workers are valued, which sustains the production of changes aimed to improve⁽¹⁶⁾.

In addition, coupled with the lack of institutional incentive to professional improvement, nurses often attribute to the employer the unilateral responsibility for promoting their professional update. They seem to be exempt from their individual commitment to improve, ethically and legally provided, necessary for quality assistance to the population and for monitoring the conceptual evolutions that the profession has achieved; sometimes they pity themselves over financial difficulties, in a time when knowledge can be acquired on the Internet, among other different forms, which do not take a lot of financial resources.

On the other hand, when institutional programs of professional updating are identified, they play a formative and stimulating role for the implementation of the NP:

At undergraduate education, I didn't study much about it. I went to college in '74; there

wasn't much. I saw it in college, but I did not have the opportunity to put it into practice and, as a student, it is different. Then I came here. Now, I work with the Nursing Process. [...] I improved, here in the hospital, had training. [...] The institution offered training, and I studied (Enf.2.2).

"Here in the hospital, there are updating courses and I participated, for about three years, here in the [name of the unit], the PETIT committee of the nursing process. It was part of the group, where we reviewed some patients, we saw the evolutions and admissions and the process, and we made clinical cases, on top of them, to work the diagnosis, to train the nursing team, to improve their registry; go after some records that were flawed and work on it. The hospital has the clinical studies of other sectors, that we try to see how the diagnosis of that patient was made, to bring here and improve "(En.2.2.3).

From these reports, it is possible to perceive the positive impact that the

permanent updating and the discussion on the subject in the practice of care exert on the construction of knowledge and, consequently, on the production of the subjectivity of the professional, that incorporates the NP to its activities, perceiving it as a driver of improvements in care practice.

In the work context of these participants, the structure of the nursing group includes the participation of professors in the coordination of the nursing services and of the various existing committees, which may have favorably influenced the professional updating to take place in an effective way, constituting active participation of the academy in the activities of care contexts, even under different structural conditions, in a successful strategy to be replicated.

Thus, training institutions and scientific production need to effectively include commitment to the feedback of their results to their contexts of practice and research. The research result, which sought to analyze the conception of teachers, students and nurses about the integration between a Nursing Undergraduate Course and the Hospital field of practice, demonstrates the expectation of cooperation that nursing

assistants and students deposit in the teachers, actions that favors this integration, the promotion of refresher courses and the development of training, aiming at proposing joint mechanisms for problem solving ⁽¹⁷⁾.

The work of professors which seeks to build changes along with the professionals of the care practice favors their insertion, demonstrating their commitment to make improvements in the context, distancing the perception that some professionals show that the academy is inserted in the fields of practical action only to criticize the work of the professionals, without collaborating with improvements to this practice.

Scientific production in nursing: perception and participation of nursing assistants

The questioning on the scientific production about the NP and the research development on the subject in the work contexts of the participants corroborated that, often, the scientific works remain only in the academic environment.

Research on the Nursing Process are rare. Here, I only remember one, from last year (En.2.2.2);

I'm really outdated. Here, on [unit name], I did not see any research about it (Enf.1.2).

The wide scientific production on the NP seems not to reach the nurses in their fields of action. Although they may recognize their existence, they do not seem motivated to acquire such knowledge, as can be seen in the following reports:

There is a lot. But it is not enough to be closed in the academic world if it does not reach the professionals. The professional himself is not reading about what is being produced, he does not know what the process is because he has not been able to experience it through reading. There are many colleagues who do not know the subject. This shows that professionals become outdated, there is no motivation (Enf.1.6).

Overcoming the problem of the reduced consumption of scientific production in nursing is pointed out as a challenge to the researchers in the field, so that the new knowledge is disseminated and applied in the practice of care, since these still remain remote from the care contexts and, consequently,

have exerted little influence and support to the professional practice ⁽¹⁸⁾. Thus, there is a need for the development of studies that focus on the possibilities of materializing the produced theoretical knowledge, aiming at the transposition of this knowledge into the nursing care scenarios ⁽¹⁹⁾. Moreover, the way in which scientific research is sometimes carried out in care settings has been contested by some of the participants:

The professionals that participate as subjects do not have feedback on the results and this ends up discouraging participation in research (Enf.1.6).

This lack of motivation can be a factor that hampers the sharing of knowledge and the perception of research and practice as complementary, reinforcing in some professionals the idea that there are two types of nurses, those who research and those who attend, increasing the gap between the two. It seems that there is a perception that the development of research in work contexts sometimes plays a more proactive role than that of collaborator and propeller of strategies for improvements in care:

In the institution, I barely see anything. What I see, as a professional, is that we are good subjects [to research]. But I see very few publications. And I do not see feedback from the research they do here. Always promise to bring the answers. I have been a subject many times, but they do not bring you the result. The research deals with the social issue, you are not only a data collector, but capable of changing the reality. I think there's a lack of support from the academy. In the old days, when the hospital was run by professors, there was more. They should think about returning to that (En 1.4).

The return of research results is an ethical issue to be respected and valued by researchers, making it necessary to reflect on and explain their specific implications, as well as the possibilities of incorporating knowledge, by applying their results to the nursing care practice.

However, the ways in which the professionals receive / consume these results also need to be considered, as the culture of the production and consumption of new knowledge and its articulation with the practice seems not to

be unanimous among nurses. A study in which nurses were indirect subjects, reported the double attempt of the researcher to present the partial results of the research, for its discussion and validation with the subjects, which was possible with only 62.5% of the participants (20).

In the same sense, another study describes the results of a project that sought to stimulate the development of research by nurses linked to care, with follow-up and guidance for scientific production, resulting in the development of research projects by 81.4% of participants and the development and publication of the results by only 40% of them. The justifications presented for the inconclusion of the projects and / or their non-development included: difficulties in integrating theory and practice and in the writing of the project; lack of time due to institutional requirements; lack of reading, due to unavailability of time outside the work environment; difficulties in locating literature, searching online sites and performing translations (21).

Thus, the commitment to use knowledge production also results from a reduced interest of some professionals, who sometimes do not seem to consider

that the process of nursing care includes the need for constant updating, to assure the quality of care. In addition, institutional organizations reproduce the dominant management model and, in many cases, exempt themselves from the commitment to the qualification of their professionals, since they are structured according to their interests, which makes it difficult to develop and update the research in the care context (21). Another issue raised is presented as a feeling or feeling that:

When people come to do research, it seems that they come to criticize, to see what is not done, but they do not know that there are several limitations (see 1.2).

This perception further aggravates the gap between the scientific knowledge produced and its consumption and practical application, as well as compromises the recognition of nursing research as an activity that enables the profession and its professionals to demonstrate their potential and acquire scientific and social recognition. In addition, the lack of interaction between care and research activities contributes to the limitations in the improvement and

transformations of nursing practice, resulting in stagnation of knowledge, as it is not applied in practice ⁽¹⁹⁾.

On the other hand, some reports lead to a link between the scientific production of the NP and the professional practice: participation in the NP Commission (COPE), established in context 2, and is suggested as stimulating contact with research on the subject:

There is increasing research in the field of the Nursing Process. At the hospital, too, and they have big incentives. I am part of the process committee, COPE, so I see a lot of it (Enf.2.5).

COPE is a permanent and institutional committee, made up of nurses from the different nursing services and professors of the Nursing School ⁽²²⁾. The participation in the commission stimulates the cooperative scientific production among its members, which results from the different collective assemblies that are offered and the motivating role that it plays by enabling a closer contact between nursing assistants and teachers, fomenting discussion and research on the NP, as well as encouraging participation in scientific events.

Thus, the existence of a committee responsible for conducting questions related to the improvement of the NP, which integrates nursing assistants and professors in the professional practice context, can be considered a successful experience to be reproduced as a strategy of integration between professional assistance and the production and consumption of scientific knowledge.

Conclusion

The present study made it possible to perceive the nurses' perception regarding the professional training and updating and the scientific production about the NP and its relation with the valorization and instrumentalization for its development, making it possible to perceive the influence that these mediating factors of the nurses subjectivity production in the desire related to its implementation.

The instrumentalization for the elaboration of the NP initiated in the academy is considered to be a triggering factor of interest, appreciation and desire regarding the subject, favoring the establishment of implantation processes of the NP in nursing work contexts. On the

other hand, when it is considered insufficient, it limits knowledge and favors a sense of discredit and opposition and resistance.

Among the aggravating factors for the limitation of learning were: the difference between what was learned in the academy and the reality of care practice, derived from a theoretical teaching of the NP with little practical application, and the development of academic activities in nursing work contexts, in which the method is not implemented, which feeds a perception of an instrument that is only theoretical and of little practical application.

The professional update, when it exists in the institution, enables the construction of knowledge and discussion on the subject, favoring the valuation and perception of the EP as part of the professional activities and propeller of improvements in care practice. On the other hand, when not identified by the professionals, the valuation attributed to the method in the institution becomes questioned, collaborating for the Practice's recurrent low adoption in the care contexts. Moreover, there seems to be an accommodation of professionals in relation to their share of responsibility in

professional improvement, sometimes pointing to the employer as sole responsible for such updating.

The scientific production was pointed out as something that belongs to the academic environment and, although some interviewees were aware of their existence, they did not seem motivated to consume such knowledge. Also, the way in which scientific research is sometimes carried out in the care contexts has been contested, by a compromise in the feedback of the results and a perception that the study is aimed to criticize the care work.

In the characterization of the subjects, it was verified that all the participants in the context in which the NP is not implemented graduated from the university to which the hospital is academically linked and that the number of nurses with a postgraduate degree was higher among nurses working in this context; such findings refer to questions that require further investigation and reflection: How much does a field of practical activities, in which the NP is not implemented, impact academic training? What are the real repercussions of postgraduate nursing professional performance?

Finally, it is considered that the results of this study make possible the comprehension and point to the reflection of the role of the academic formation in the production of subjectivity of the nursing professionals and in the still reduced adoption of the NP; the positive and strategic effect of the institutional processes of updating their professionals; and the need to overcome the challenge of the materialization of scientific production in the care contexts.

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