



QUALITY OF HIGHER NURSING EDUCATION: A CONCEPT ANALYSIS FROM THE PERSPECTIVE OF EDUCATIONAL TRANSFORMATION

Raíssa Millena Silva Florencio*

Josicelia Dumêt Fernandes**

Rosana Maria de Oliveira Silva***

Lázaro Souza da Silva****

Aline Macedo de Queiroz*****

Giselle Alves da Silva Teixeira*****

ABSTRACT

Objective: to grasp the concept of Quality of Higher Nursing Education by analyzing literature and the perceptions of those involved in this context, focusing on educational transformation. **Method:** We conducted an exploratory qualitative study grounded in Concept Theory and the Concept Analysis Method, encompassing three phases: theoretical, empirical, and analytical. **Results:** The concept incorporates antecedents and attributes related to cultural competence and globalization, with outcomes aligned with societal needs, focusing on the formal structures of regulatory institutions and the classical model of quality in structure, process, and outcome. **Conclusion:** The analyzed concept captures the social, political, and economic dimensions inherent in the organization and management of the educational process, linked to institutional, cultural, economic, and social aspects involving academic activities and programs, the commitment of those involved, and the development and technological innovation for education and care.

Keywords: Education Nursing. Nursing Education Research. Education, Higher.

INTRODUCTION

This study aimed to understand the concept of Quality of Higher Nursing Education (QHNE) from the perspective of educational transformation and its impact on healthcare service delivery to the population.

The topic of Quality in Education (QE) has become a critical social demand, particularly in today's knowledge society. Along with changes in the labor market that demand a more qualified workforce, the rapid and disorganized growth of courses and the availability of seats in higher education institutions have contributed to the significance of this topic.

The Law of Guidelines and Bases for National Education (LDB)⁽¹⁾ encouraged the expansion of courses, treating education as a service and, in most cases, limiting higher

education to a teaching function without emphasizing quality.

Resolution CNE/CES No. 3 of 11/7/2001⁽²⁾ has guided quality in higher nursing education. It established the National Curriculum Guidelines for Higher Nursing Programs (DCN/ENF) and directed courses toward innovation and the quality of Nursing Program Pedagogical Projects (PPC/ENF)^(3,4).

However, these documents^(1,2), while strengthening the need for quality education and outlining guidelines for the educational process, do not clearly define what QE means.

Despite the importance of this topic, when attempting to define Quality in Higher Education and, more specifically, QHNE, discussions and reflections arise, marked by diverse interests involving society and the labor market. The term "quality" itself encompasses a multifaceted concept expressed

¹Article extracted from the Doctoral Thesis Entitled "Quality of Higher Education in Nursing: A Analysis of the Concept".

*Nurse. PhD in Nursing and Health. Federal University of Pará. Belém, Pará, Brazil. E-mail: raissaflorencio@ufpa.br ORCID ID: 0000-0002-5085-830X.

**Nurse. PhD in Nursing. Federal University of Bahia. Salvador, Bahia, Brazil. E-mail: jodumet@hotmail.com ORCID ID: 0000-0003-2946-5314.

***Nurse. PhD in Nursing. Federal University of Bahia. Salvador, Bahia, Brazil. E-mail: rosanaosilva@hotmail.com ORCID ID: 0000-0003-3371-6550.

****Nurse. PhD in Nursing and Health. Federal University of Bahia. Salvador, Bahia, Brazil. E-mail: lazo_iss@hotmail.com ORCID ID: 0000-0003-1841-751X.

*****Nurse. PhD in Nursing and Health. Federal University of Pará. Belém, Pará, Brazil. E-mail: alinemacedo@ufpa.br ORCID ID: 0000-0002-7374-011X.

*****Nurse. PhD in Nursing. Federal University of Bahia. Salvador, Bahia, Brazil. E-mail: contato@giselleteixeira.com.br ORCID ID: 0000-0001-6245-302X.

through value judgments, complicating the understanding of QHNE and leading to challenges and inadequacies in nursing education and, consequently, healthcare delivery.

The literature highlights the need to discuss QHNE, which requires an interpretation of contemporary society's reality and new modes of social relations, knowledge sharing, and the diversity of the ever-changing human condition⁽⁵⁾.

Despite the efforts of scholars on this topic, the existing literature on the concept of QHNE has not been fully explored in all its dimensions, indicating the need to grasp this concept as a path toward developing a PPC/ENF grounded in population health care and the principles and guidelines of the Unified Health System (SUS).

Although we understand that concepts are not definitive, they are essential, as scientific work cannot materialize without theoretical categories. Without clarity on what quality education entails, it is impossible to comprehend what constitutes a quality process in nursing education.

Thus, this study is necessary and relevant. It seeks to fill a gap in the literature regarding QHNE and support the construction of new knowledge while informing public education and health policies.

Given these considerations, the central question addressed was: How is the concept of quality in higher nursing education formed? To answer this research question, the study aimed to understand the concept of QHNE in the literature and the perceptions of social actors involved in higher nursing education, with a focus on educational transformation.

METHOD

We conducted an exploratory study with a qualitative approach, using Concept Theory (CT)⁽⁶⁾ and the Concept Analysis Method⁽⁷⁾ as analytical tools. These frameworks allowed us to construct conceptual systems for the phenomenon under study, supporting the study's realization and enabling us to situate knowledge and practices across different contexts and times.

CT provided a theoretical foundation for analyzing and representing concepts. It offered theoretical guidelines to clarify the nature and structure of a specific reference, allowing us to abstract and construct knowledge about the essence of the studied phenomenon and to capture knowledge expressed by a referent, its elements, and the form adopted to designate it⁽⁶⁾. We adopted the Concept Analysis Method to better elucidate the study's object by identifying the antecedents, attributes, and consequent events related to QHNE⁽⁷⁾.

Antecedents or factors related to QHNE were situations and/or events that preceded it and aided in understanding the social context in which the phenomenon is embedded. *Attributes* were words or expressions used to describe the characteristics of the studied phenomenon. *Consequent events* referred to the understanding of the QHNE concept in the direction of transforming nursing education and improving healthcare services.

We identified the antecedents, attributes, and consequences through three phases: theoretical, empirical, and analytical. The theoretical phase involved searching and reviewing literature about the conceptual and operational definition of QHNE. The empirical phase included fieldwork, establishing the study setting, selecting participants, and collecting and recording results. The analytical phase involved reviewing the findings and comparing the theoretical data with empirical observations⁽⁷⁾.

For the theoretical phase, we searched and reviewed the literature search in the Virtual Health Library using the descriptors: Education, Nursing, Nursing Education Research, Education, and Higher, along with their synonyms and Boolean operators "OR" and "AND" in constructing the search strategy, guided by the question: What are the antecedents, attributes, and consequences of the QHNE concept?

Inclusion criteria were: original research and/or reflection articles available electronically in any language, relevant to the study's object, and published between December 1996 (the publication date of the LDB) and December 2020 (the search completion date).

We identified 3,024 articles and selected 179. After reading the abstracts, we selected 48 and excluded 131. After fully reading the 48 articles, we selected 15 and excluded 33. The 15 articles included in the study came from five continents (Africa, Asia, America, Europe, and Oceania), reflecting the topic's broad scope.

The selected articles, which formed the theoretical phase's study corpus, underwent exhaustive and comprehensive reading to identify related factors (antecedents), defining characteristics (attributes), and the consequences of QHNE.

In the empirical phase, the study participants were 20 nurses, experts in higher nursing education, working in the Education Departments of the Brazilian Nursing Association during the data collection period. They were coded with the letter "N" and cardinal numbers from "1" to "20" randomly.

We contacted all 25 directors via email, and 20 who agreed to participate in the study were interviewed. The setting was national, with participants from all regions of Brazil.

In the empirical phase, we obtained data through semi-structured interviews conducted electronically via teleconference from August to December 2020. The interview guide consisted of three parts: header (date, location, interview number); participant characterization (year of nursing degree completion, institution where the nursing degree was obtained, area of expertise, highest academic degree, and length of experience in nursing education); and two guiding questions: How do you understand QHNE? What are the main attributes, characteristics, and consequences of offering quality nursing education?

We contacted potential participants via email or phone, as provided on the ABEn websites. Those who agreed to participate were instructed to attach the signed ICF and indicate possible dates and times for the interview. The interviews lasted 30 to 50 minutes, being recorded and transcribed after obtaining participant consent.

The analytical phase involved comparing the theoretical data with the empirical data. In this phase, we compared, analyzed, and

integrated the data, allowing us to refine the concept.

The study was conducted after approval by a Research Ethics Committee from a federal higher education institution (Opinion No. 2.436.735) and adhered to the ethical and scientific principles for research involving human subjects as outlined in the National Health Council Resolutions No. 466/2012 and No. 510/2016.

RESULTS

We present and discuss the results according to the Concept Theory (CT)⁽⁶⁾ and the three phases of the Concept Analysis Method (CAM)⁽⁷⁾: theoretical, empirical, and analytical. Each phase reveals the antecedents, which are the situations that preceded the concept of QHNE; the attributes, which are the expressions used to describe the concept's characteristics; and the consequent events, which are the situations resulting from the concept of QHNE.

Quality of Higher Nursing Education in the literature (theoretical phase)

The antecedents, attributes, and consequences in this phase reflect the nature of the concept and were guided by the following questions: How is the quality of higher nursing education described? What words or expressions are used to describe the quality of higher nursing education? What is intended by achieving quality of higher nursing education?

We observed that the concept of QHNE evolves over time⁽⁸⁾ and aligns education with globalization demands^(9,10), the country's social, economic, and political context⁽¹¹⁾, and the cultural competence^(9,12,13) of each location. These factors are crucial for fostering professional identity growth^(9,14) and creating participatory spaces in horizontal relationships⁽¹⁵⁾. We also identified the need to harmonize higher education across countries⁽¹⁶⁾ and improve the working conditions of faculty members⁽¹⁷⁻²⁰⁾.

The terms expressing the defining attributes or characteristics of QHNE were:

diverse^(9,12,16,17,20), global^(10,17,21), cultural competence^(13,17,22), and educational innovation^(9,14,15,22). These characteristics reveal the complexity and breadth of the concept.

As consequent events, we identified: addressing health needs in a transforming society by preparing students to serve diverse clients and communities^(11,12), with enhanced cultural^(9,12,13,18,21,22) and global^(10,16,20) understanding, aiming to reduce health disparities^(12,14,15,17,19).

Cultural competence and globalization emerged in the antecedents, attributes, and consequences, highlighting the necessity for future professionals to work in diverse contexts and care for individuals from various cultural backgrounds. However, we found that current curricula have not adequately fostered this competence, emphasizing the need to enhance cultural experiences in education⁽²³⁾.

Quality of Nursing Higher Education in the participants' perception (empirical phase)

Of the 20 participants, 13 completed their undergraduate degrees between 1976 and 1998, and the remaining were between 2002 and 2014. Regarding their professional roles, 13 worked exclusively in teaching, four in both teaching and clinical practice, two in teaching and management, and one in management. In other words, 13 participants served as professors, five as both professors and nurses, one was a course coordinator, and one was a municipal health secretary. Among them, 12 worked in public institutions, seven in both public and private institutions, and one in a private institution.

Concerning their educational backgrounds, 13 held doctoral degrees, six had master's degrees, and one was a specialist. The participants' experience in nursing education ranged from 2 to 32 years, with five having between 2 to 10 years of experience, seven between 11 to 20 years, another seven between 21 to 30 years, and one participant with 32 years of experience.

These data highlight the participants' expertise in nursing education. Moreover, they represent all Brazilian regions, with their

specificities, and engage in discussions with their peers about the direction of nursing education in the country.

In participants' understanding of the QHNE concept, four related factors or antecedents to QHNE were identified, as illustrated below:

The expansion of nursing programs (N2, N11, N12), higher education legislation and the institution's administrative category (N4, N5, N15), objective aspects (N1, N7, N9, N10, N11, N13, N15, N16, N19), and subjective aspects of quality (N3, N6, N7).

The broad and unregulated expansion of nursing programs and the legislation for opening new programs were highlighted as factors that interfere with QHNE. The participants emphasized the need for on-site evaluations before opening new programs, stressing the importance of practice settings that support a quality educational process.

Objective aspects also included the criteria established by regulatory institutions, adherence to the minimum required course hours, in-person teaching, the mandatory supervised internship, faculty qualifications and experience, and the institution's physical and administrative infrastructure. As a subjective aspect, the commitment of faculty and students to the quality of the educational process was highlighted.

The participants also identified the attributes or defining characteristics of the QHNE concept, that is, words or expressions used to facilitate the identification of the concept, as illustrated by the following excerpts.

...curriculum design (N11, N12, N13), the presence of adequate infrastructure (N7, N9, N1, N13, N16), the commitment of those involved in the educational process (N1, N4, N6, N12, N13, N16), the quantity and quality of faculty involved in academic activities (N20), the profile of the students (N17, N6, N10), teaching methodologies (N3, N4, N12, N15, N17), diversity of practice settings (N9, N10, N11, N13, N15, N16, N19), evaluation methods (N2, N12, N6, N7), education level (N6, N7, N10, N14, N16), and in-person teaching (N11, N12, N13, N15).

As for defining characteristics/attributes,

they emphasized the significance of the Nursing Course Pedagogical Project (PPC/ENF) adhering to the National Curricular Guidelines (DCN/ENF), as well as the importance of adequate physical, administrative, and academic infrastructure, including laboratories, libraries, and well-equipped classrooms. Innovative methodologies that bridge students with the realities of the job market are equally critical.

The accessibility of students to practical fields and the quantity and quality of faculty are also crucial attributes for forming a critical, reflective student capable of addressing the population's health needs.

They highlighted the necessity to overcome the scarcity of practical scenarios, improve teaching methodologies, and better integrate theoretical content with professional practice to enhance the acquisition of technical skills.

Participants strongly emphasized the in-person nature of nursing education as a defining characteristic of QHNE. Moreover, participants expressed concerns about distance learning in nursing, considering that nursing education fundamentally requires in-person interaction tied to practice settings and direct engagement with human beings.

They also discussed the Ministry of Education's evaluation, legal standards, and the need for continuous, not just one-time, evaluation. They noted that on-site evaluations by regulatory institutions should occur over time, as sending reports without the evaluator having direct contact with students, teachers, physical infrastructure, and health services is a limitation of the current evaluation process.

In considering the intended outcomes of QHNE, participants identified:

...contribution to the country's development (N19), meeting healthcare needs (N20), transformation of social reality (N16), contribution to the scientific, technological, and innovative development of the field (N9), transformations in the educational models of nursing training (N6).

They highlighted the field's scientific, technological, and innovative development from the perspective of transforming education and changes in healthcare services to the population, underscoring the importance

of QHNE for the country's development and the transformation of social reality.

The identified outcomes included transforming educational models in training, encompassing the qualification of participatory and critical professionals capable of producing quality education and facing a more competitive, globalized world. They pointed to a training process aligned with the workforce, breaking the theory/practice dichotomy, adopting innovative pedagogical strategies, promoting meaningful learning, and enabling the formation of future professionals who are more critical and committed to the principles and guidelines of the SUS.

Comparative analysis of the theoretical and empirical phases (analytical phase)

The analytical phase involved comparing data from the theoretical and empirical phases to refine the concept of QHNE. In the theoretical phase, we analyzed antecedents, attributes, and consequences related to QHNE from five continents. In contrast, the empirical phase focused exclusively on Brazil, accounting for its regional diversity and social inequalities.

The related factors in both phases highlighted the importance of aligning educational demands across countries while considering specific regional needs. In the empirical phase, they also emphasized frequently issues such as the disordered expansion of nursing programs, insufficient legislation, and administrative differences among higher education institutions (HEIs).

The defining attributes of QHNE in both phases revealed the importance of diverse and global education, emphasizing the development of cultural competence. In the empirical phase, innovation in education, guided by the DCN/ENF and the principles of the SUS, was more frequently noted. Nursing education was considered fundamentally in-person, with training closely tied to practical settings and direct human interaction.

The consequences indicated a focus on reducing health disparities and enhancing the quality of professional training to address clients' diverse needs with a global and

cultural understanding.

Both phases underscored the transformative potential of QHNE in nursing education and healthcare service delivery. They also highlighted the need for qualified faculty, adequate and computerized infrastructures, in-person teaching linked to the workforce, and the development of knowledge and citizenship.

The concept:

The results articulated the elements that constitute the concept QHNE, refined through related factors, attributes, and consequences. We conceptualized QHNE as a set of pedagogical actions aimed at developing generalist professional training aligned with the principles and guidelines of SUS, emphasizing quality and humanization in healthcare. We also highlighted the integration of theory and practice, active methodologies, in-person teaching within the workforce, the teaching-research-extension nexus, problem-oriented education, and the development of critical competencies and attitudes integrated with nursing's technical-scientific knowledge.

These actions are connected to institutional, cultural, economic, and social dimensions involving academic activities, research, extension programs, qualified faculty, student profiles, the adequacy of physical, academic, administrative, and equipment infrastructures, and the overall academic environment.

Thus, the concept of QHNE was established as a unit of knowledge encompassing statements about a referent (the quality of higher nursing education). This unit represents a cognitive entity derived from mental constructs based on interactions with the surrounding world. It reflects a multidimensional expertise shaped by value judgments, where antecedents, attributes, and consequences emerge to define the concept. This unit of knowledge is connected to individual perceptions and the social and cultural factors of a given reality.

QHNE, therefore, signifies not only the mastery of content outlined in Nursing Course Pedagogical Projects but also the development

of critical thinking and the commitment to transforming social reality.

DISCUSSION

The construction of the concept of QHNE in this study resulted from a complex activity that involved synthesizing knowledge from literature and participants' perceptions. The Organization for Economic Co-operation and Development (OECD) emphasizes the importance of aligning the training of future professionals with the global context by promoting public policies to improve education and meet the population's health needs. Future professionals must be equipped to work in diverse social and cultural contexts within the globalized world^(11-13,18,21-23,25,26).

Globalization refers to links between countries and individuals, such as lifestyles and ways of acting, thinking, and doing that influence society. Future professionals must be qualified to navigate cultural diversity in a globalized world while critically engaging with their reality^(25,26).

In Brazil, Resolution CNE/CES No. 03/2001⁽²⁾ highlights the need to understand cultural determinants and emphasizes that curricula should play a role in promoting and disseminating regional, national, and international cultures.

QHNE is seen as a set of pedagogical actions focused on integrating theory and practice, active methodologies, in-person teaching within the workforce, the teaching-research-extension nexus, education-oriented toward relevant societal problems, teacher qualification, and the development of nursing's technical-scientific knowledge. The effective implementation of the teaching-research-extension process facilitates the immersion of teachers and students in real scenarios, enabling the integration of teaching with community service and experiences within SUS, thus contributing to improving healthcare quality^(27,28).

These pedagogical actions require forming critical-reflective professionals, adopting innovative methodologies that stimulate individual and collective critical thinking, associating theory with professional practice,

and transforming knowledge and practices concerning healthcare. QHNE enables not only the mastery of content outlined in Nursing Course Pedagogical Projects but also the development of critical thinking and a commitment to transforming social reality⁽²⁸⁾.

It also encompasses issues related to the expansion of undergraduate courses and the systems for regulating and evaluating the quality of educational institutions, focusing on pedagogical aspects and well-equipped physical and academic infrastructure⁽²⁹⁾. This expansion was driven by Law No. 9394/1996⁽¹⁾ and, in the field of nursing, has been disproportionate to the growth of health services. The precarious infrastructure of these services is often cited as a barrier to pedagogical quality in practical training settings^(4,27,29).

QHNE is therefore linked to institutional, cultural, economic, and social dimensions involving academic activities and programs, the commitment of those involved, the development and innovation of educational technologies, and healthcare. These actions are guided by the DCN/ENF and emphasize the importance of constructing innovative and advanced PPC/ENF for nursing education.

The concept of QHNE also highlights the need for a qualified faculty capable of training professionals who can integrate diverse knowledge, skills, and attitudes to promote and/or manage care. It further emphasizes the need for a regulatory system and improving the quality assessment process in education^(27,28,30).

In Brazil, since 2004, the evaluation of education has been anchored by the National Higher Education Evaluation System, operated by the National Institute for Educational Studies and Research Anísio Teixeira, under the Ministry of Education, and led by the National Commission for Higher Education Evaluation. This system analyzes institutions, courses, and student performance, considering aspects such as teaching, scientific production, community service extension, social responsibility, efficiency in institutional management, faculty qualification, physical, administrative, academic infrastructure, and student performance⁽³⁰⁻³²⁾.

Information about the quality and effectiveness of each course is used for institutional guidance and to inform public policies. This information on the quality of teaching in each institution supports the sustenance of QHNE, which focuses on the quality of care with an emphasis on SUS.

FINAL CONSIDERATIONS

The construction of the concept of QHNE presents itself as the result of a complex activity that involves the development of knowledge universally accepted within a specific historical period. It is a socially determined concept with intra- and extra-institutional dimensions linked to the organization and management of the educational process and the attributes necessary for nursing practice. Therefore, this concept is based on multiple meanings, shaped by a diversity of interpretations, broadly and multidimensionally, depending on the perceptions and experiences of the social actors involved in the educational process and society.

QHNE is not confined to the walls of higher education institutions and should not be understood in a reductionist manner, considering only one aspect or dimension of its context. It is connected to a specific reality's social demands and requirements, making it a comprehensive and multidimensional concept.

Additionally, QHNE represents a complex and broad phenomenon that cannot be addressed by focusing on a single dimension. Cultural, political, legal, educational, and organizational aspects must be considered to fully understand educational actions based on the quality of professional training.

The concept of QHNE is associated with the notion of excellence and is aligned with the idea of transformation and improvement for students, teachers, courses, and institutions. It aims to train competent professionals and citizens capable of overcoming the challenges of a global society. QHNE encompasses skills, perspectives, attitudes, and values and cannot be confined to professional training, technical skills, or the

development of abilities. It is also a phenomenon tied to the social demands and requirements of a specific reality, involving a broad range of functions and activities, such as teaching, research, extension programs, staffing (both faculty and students), facilities, equipment, and the overall academic environment. In this way, it ensures effective mastery of curricular content, promotes the acquisition of scientific knowledge or technical capacity, and stimulates critical thinking, strengthening the commitment to transforming social reality.

This study aimed to improve the qualification of professionals to face a more competitive, market-aligned, globalized world—a socio-historical process with ideological, economic, and political dimensions. The study explored the phenomenon under investigation and provided a basis for further reflections, contributions, and inquiries that will advance knowledge in the field. It is not merely about constructing a

concept that impacts nursing practice but about building one that is still not fully defined.

The study did not aim to present a finalized concept but rather to take a critical step toward developing knowledge related to QHNE and to seek its understanding from the perspective of transforming nursing education and healthcare service delivery. The intention was not to exhaust the knowledge domain on this concept but to foster debate on the topic to achieve significant advances in nursing knowledge, particularly in the nurse training process. The study did not intend to prescribe paths for schools to achieve the necessary transformations to develop quality education. Instead, it serves as a step toward epistemological, theoretical, and methodological discussions on a broader project that aims to make QHNE not only a contribution to collective and critical debate for future studies but also a way to obtain a more comprehensive overview of the topic.

QUALIDADE DA EDUCAÇÃO SUPERIOR EM ENFERMAGEM: ANÁLISE DE CONCEITO NA PERSPECTIVA DA TRANSFORMAÇÃO DO ENSINO

RESUMO

Objetivo: apreender o conceito de qualidade da educação superior em enfermagem na literatura e na percepção de atores sociais envolvidos no contexto da educação superior em enfermagem, na perspectiva da transformação do ensino de enfermagem. **Método:** estudo exploratório com abordagem qualitativa, pautado no referencial teórico-analítico da Teoria do Conceito e no Método de Análise de Conceito, instrumentalizado por meio de três fases: teórica, empírica e analítica. **Resultados:** o conceito abarcou antecedentes e atributos com base na competência cultural e na globalização e apresentou consequentes que culminaram em atender as necessidades da sociedade, envolvendo aspectos objetivos restritos às estruturas formais das instituições reguladoras e ao modelo clássico de pensar a qualidade em estrutura, processo e resultado. **Considerações finais:** O conceito analisado apreendeu as múltiplas determinações sociais, políticas e econômicas inerentes à organização e à gestão do processo formativo; está atrelado às dimensões institucionais, culturais, econômicas e sociais que envolvem atividades e programas acadêmicos, compromisso dos sujeitos envolvidos, desenvolvimento e inovação tecnológica para a educação e para o cuidado.

Palavras-chave: Educação em Enfermagem. Pesquisa em Educação em Enfermagem. Educação Superior.

CALIDAD DE LA EDUCACIÓN SUPERIOR EN ENFERMERÍA: ANÁLISIS DE CONCEPTO DESDE LA PERSPECTIVA DE LA TRANSFORMACIÓN DE LA ENSEÑANZA

RESUMEN

Objetivo: comprender el concepto de calidad de la educación superior en enfermería en la literatura y en la percepción de actores sociales involucrados en el contexto de la educación superior en enfermería, desde la perspectiva de la transformación de la enseñanza de enfermería. **Método:** estudio exploratorio con enfoque cualitativo, basado en el referencial teórico-analítico de la Teoría del Concepto y en el Método de Análisis de Concepto, instrumentalizado por medio de tres fases: teórica, empírica y analítica. **Resultados:** el concepto abarcó antecedentes y atributos con base en la competencia cultural y la globalización y presentó consequentes que culminaron en atender las necesidades de la sociedad, involucrando aspectos objetivos restringidos a las estructuras formales de las instituciones reguladoras y al modelo clásico de pensar la calidad en estructura, proceso y resultado. **Consideraciones finales:** el concepto analizado comprendió las múltiples determinaciones sociales, políticas y económicas inherentes a la organización y gestión del proceso formativo; está vinculado a

las dimensiones institucionales, culturales, económicas y sociales que involucran actividades y programas académicos, compromiso de los sujetos involucrados, desarrollo e innovación tecnológica para la educación y el cuidado.

Palabras clave: Educación en Enfermería. Investigación en Educación en Enfermería. Educación Superior.

REFERENCES

1. Ministério da Educação (BR). Lei n. 9394, de 20 de dezembro de 1996. Estabelece as Diretrizes e Bases da Educação Nacional. Diário Oficial da República Federativa do Brasil [internet]. 1996 [acesso em 10 mai. 2022]. Disponível em: http://www.planalto.gov.br/ccivil_03/leis/19394.htm
2. Ministério da Educação (BR). Resolução CNE/CES n. 3, de 7 de novembro de 2001. Institui Diretrizes Curriculares Nacionais do Curso de Graduação em Enfermagem [internet]. 2001 [acesso em 10 mai. 2022]. Disponível em: <http://portal.mec.gov.br/cne/arquivos/pdf/CES03.pdf>
3. Begui JC, Guariente MHDM, Garanhani ML, Carvalho BG, Ferrari RAP, Galdino MJQ. Research as a scientific and educational principle in nursing training. Cienc Cuid Saude. 2020;19:e48380.DOI: <https://doi.org/10.4025/ciencuidsaude.v19i0.48380>
4. Fernandes JD. Expansion of courses/places for Nursing Graduation and the quality of nurse's education process. Rev Bras Enferm. 2012; 65(3):395-6. <https://doi.org/10.1590/S0080-623420130000500028>
5. Backes DS, Hedi CZ, Siqueira CH, Backes MTS, Souza FGMS, Lomba MLLF. Quality nursing education: a complex and multidimensional phenomenon. Texto Contexto-Enferm. 2018; 27(3):e4580016. DOI: [10.1590/0104-070720180004580016](https://doi.org/10.1590/0104-070720180004580016)
6. Dahlberg I. Teoria do conceito. Tradução de Astério Tavares Campos. Ciência da Informação. 1978, 7(2): 101-107. DOI: [10.18225/ci.inf.v7i2.115](https://doi.org/10.18225/ci.inf.v7i2.115)
7. Schwartz-Barcot D, Kim HS. A hybrid model for concept development. In: Cinn PL. Nursing research methodology. Rockville: Aspen, 1986, cap.8, p.91-101.
8. Valiga TMT. Nursing Education Trends: future implications and predictions. Nurs. Clin. North Am. 2012;47(4):423-434. DOI: [10.1016/j.cnur.2012.07.007](https://doi.org/10.1016/j.cnur.2012.07.007)
9. Shin H, Sok S, Hyun KS, Kim MJ. Competency and an active learning program in undergraduate nursing education. J. Adv. Nurs. 2015;71(3):591-598. DOI: [10.1111/jan.12564](https://doi.org/10.1111/jan.12564)
10. Gao LL, Chan SWC, Cheng BS. The past, present and future of nursing education in the People's Republic of China: a discussion paper. J. Adv. Nurs. 2012;68(6):1429-1438. DOI: [10.1111/j.1365-2648.2011.05828.x](https://doi.org/10.1111/j.1365-2648.2011.05828.x)
11. Wong FKY, Zhao Y. Nursing education in China: past, present and future. J. Nurs. Manag. 2012;20(1):38-44. DOI: [10.1111/j.1365-2834.2011.01335.x](https://doi.org/10.1111/j.1365-2834.2011.01335.x)
12. Bednarz H, Schim S, Doorenbos A. Cultural Diversity in Nursing Education: Perils, Pitfalls, and Pearls. J. Nurs. Educ. 2010;49(5):253-260. DOI: [10.3928/01484834-20100115-02](https://doi.org/10.3928/01484834-20100115-02)
13. Darrel OPD. Nursing education: in pursuit of cosmopolitanism. Nurse Education Today. 2009;29(5):566-569. DOI: [10.1016/j.nedt.2009.03.015](https://doi.org/10.1016/j.nedt.2009.03.015)
14. Figueroa AA. La innovación en la educación superior en enfermería y los aportes del diseño de instrucción. Rev. Lat. Am. Enfermagem. 1999;7(2):5-13. DOI: [10.1590/S0104-11691999000200002](https://doi.org/10.1590/S0104-11691999000200002)
15. Silva KL, Sena RR. O processo de mudança na educação de enfermagem nos cenários: potencialidades e desafios. Rev. Bras. Enferm. 2003;56(4):412-416. DOI: [10.1590/S0034-71672003000400022](https://doi.org/10.1590/S0034-71672003000400022)
16. Røholm MB, Hedegaard BL, Løfmark A, Slettebo A. Nursing education in Denmark, Finland, Norway and Sweden - from Bachelor's Degree to PhD. J. Adv. Nurs. 2010;66(9):2126-2137. DOI: [10.1111/j.1365-2648.2010.05331.x](https://doi.org/10.1111/j.1365-2648.2010.05331.x)
17. MaC, Fouly H, Li J, D'Antonio P. The education of nurses in China and Egypt. Nurs. Outlook. 2012;60(3):127-133. DOI: [10.1016/j.outlook.2011.08.002](https://doi.org/10.1016/j.outlook.2011.08.002)
18. Holloway K, Polaschek N, Pool L. DIFE: a new model in undergraduate nursing education. J. Nurs. Educ. 2010;49(9):512-516. DOI: [10.3928/01484834-20100524-03](https://doi.org/10.3928/01484834-20100524-03)
19. Plager KA, Razaonandrianina JO. Madagascar nursing needs assessment: education and development of the profession. Int. Nurs. Rev. 2009;56(1):58-64. DOI: [10.1111/j.1466-7657.2008.00696.x](https://doi.org/10.1111/j.1466-7657.2008.00696.x)
20. Palese A, Zabalegui A, Sigurdardottir AK, Bergin M, Dobrowolska B, Gasser C, et al. Bologna Process, more or less: nursing education in the European economic area: a discussion paper. Int. J. Nurs. Educ. Scholarsh. 2014;11:63-73. DOI: [10.1515/ijnes-2013-0022](https://doi.org/10.1515/ijnes-2013-0022)
21. Mill J, Astle BJ, Ogilvie L, Gastaldo D. Linking global citizenship, undergraduate nursing education, and professional nursing. Adv. Nurs. Sci. 2010;33(3):1-11. DOI: [10.1097/ANS.0b013e3181eb416f](https://doi.org/10.1097/ANS.0b013e3181eb416f)
22. Kohlbray PW. The Impact of International Service-Learning on Nursing Students' Cultural Competency. J. Nurs. Scholarsh. 2016;48(3):303-311. DOI: [10.1111/jnu.12209](https://doi.org/10.1111/jnu.12209)
23. Rahimi M, Shahraki SK, Fatehi F, Farokhzadian J. A virtual training program for improving cultural competence among academic nurse educators. BMC Med Educ. 2023;23(445):1-12. DOI: <https://doi.org/10.1186/s12909-023-04414-x>
24. Maculan BCMS, Lima GABO. Buscando uma definição para o conceito de "conceito". Seeking a definition for the concept of "concept". Perspect. ciênc. inf. 2017;22(02):54-87. DOI: <https://doi.org/10.1590/1981-5344/2963>
25. Amaral NC. A educação superior brasileira: dilemas, desafios e comparações com os países da OCDE e do BRICS. Rev. Bras. Educ. 2016;21(66):717-736. DOI: <https://doi.org/10.1590/S1413-24782016216637>
26. Freitas RG, Coelho HR. Anticipated future in Education: OCDE and Global Knowledge Control Global. Roteiro. 2019;44(3):1-24. DOI: <https://doi.org/10.18593/r.v44i3.21401>
27. Fernandes JD, Silva RMO, Cordeiro ALAO, Teixeira GAS. Estágio Curricular Supervisionado em tempos de pandemia da COVID-19. Esc Anna Nery. 2021;25(spe):e20210061. DOI: [10.1590/2177-9465-EAN-2021-0061](https://doi.org/10.1590/2177-9465-EAN-2021-0061)
28. Chirelli MQ, Sordi MRL. Pensamento crítico na formação do enfermeiro: a avaliação na área de competência Educação na Saúde. Rev. Bras. Enferm. 2021;74(suppl 5):e20200979. DOI: <https://doi.org/10.1590/0034-7167-2020-0979>
29. Fernandes JD, Teixeira GAS, Silva MG, Florêncio RMS, Silva RMO, Oliveira DSR. Expansion of higher education in Brazil: increase in the number of Undergraduate Nursing courses. Rev. Lat. Am. Enfermagem. 2013;21(3):670-678. DOI: [10.1590/S0104-11692013000300004](https://doi.org/10.1590/S0104-11692013000300004)
30. Gualdezi LF, Scussiato LA, Peres AM, Rosa TF, Lowen IMV, Torres DG. Competence assessment in nursing education during field practices. Rev. Enferm. UFSM. 2020;10(e61):1-18. DOI: [10.5902/2179769239939](https://doi.org/10.5902/2179769239939)
31. Ministério da Educação (BR). Lei n. 10.861 de 14 de abril de 2004. Institui o Sistema Nacional de Avaliação da Educação Superior (SINAES). Diário Oficial da República Federativa do Brasil [internet]. 2004 [acesso em 10 mai. 2023]. Disponível em: http://www.planalto.gov.br/ccivil_03/leis/10861.htm
32. Reis ACE, Machineski GG, Barhart JBL, Tonini NS, Rodrigues RM, Contem SFR. Teaching-learning evaluation in

nursing education. Saberes Plurais: Educ. Saude. 2021;5(2):95-114. DOI: doi.org/10.54909/sp.v5i2.113325

Corresponding author: Faculdade de Enfermagem – Instituto de Ciências da Saúde – Universidade Federal do Pará. Cidade Universitária Prof. José da Silveira Neto – Campus Profissional II – Complexo Saúde. Rua Augusto Corrêa, 01 – Guamá – Cep: 66075-110 – Belém – Pará. Telefone: +55 (91) 3201-8563. E-mail: raissaflorencio@ufpa.br.

Submitted: 19/06/2024

Accepted: 06/08/2024

Financial support:

This work was carried out with support from Coordenação de Aperfeiçoamento de Pessoal de Nível Superior - Brasil (CAPES) – Financing Code 001