

Epistemological Construction of Disciplinary Knowledge in Nursing Students

Construcción epistemológica del conocimiento disciplinar en estudiantes de enfermería

Construção epistemológica do conhecimento disciplinar em estudantes de enfermagem

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Abstract: Introduction: For nursing discipline, the training of professionals emphasizes the construction of theoretical and practical knowledge, with the intention that these two structures allow for the understanding of reality in the professional care of individuals, families and communities. Objective: To understand the construction of disciplinary knowledge, from the experiences lived in real practices of nursing students. Methodology: Qualitative, phenomenological research, the informants were five undergraduate nursing students, with a purposive sample. For the collection of information, in-depth interviews were conducted; for the treatment of the information, a four-step phenomenological analysis was chosen. Results: Based on the analysis of the interviews, three units of meaning emerged: 1) The first experiences do not pass through knowledge, 2) Moment of epiphany: the difference between caring and healing, and 3) Learning to apprehend accompanied. Conclusions: The results represent an area of opportunity to articulate the theory that is taught in the classroom and the practice that is strengthened in hospitals, without neglecting the adjacent elements in the teaching and learning process.

Keywords: knowledge construction; phenomenology; nursing.

Resumen: Introducción: Para la disciplina de enfermería la formación de profesionales hace énfasis en la construcción de conocimientos teóricos y prácticos, con la intención de que estas dos estructuras permitan la comprensión de la realidad en el cuidado profesional de las personas, familias y comunidades. Objetivo: Comprender la construcción del conocimiento disciplinar, desde las experiencias vividas en prácticas reales de estudiantes de enfermería. Metodología: Investigación fenomenológica con una muestra intencional de cinco estudiantes de licenciatura en enfermería. Se realizaron entrevistas en profundidad y se realizó un análisis fenomenológico de cuatro pasos. Resultados: En función del análisis de las entrevistas emergieron tres unidades de significado: 1) Las primeras experiencias no pasan por el saber, 2) Momento de epifanía: la diferencia entre cuidar y curar, y 3) Aprendiendo a aprehender acompañado. Conclusiones: Los resultados representan un área

de oportunidad para articular la teoría que se enseña en el aula y la práctica que se fortalece en los hospitales, sin dejar de lado los elementos adyacentes en el proceso de enseñanza y aprendizaje.

Palabras clave: construcción del conocimiento; fenomenología; enfermería.

Resumo: Introdução: Na disciplina de enfermagem, a formação profissional enfatiza a construção de conhecimentos teóricos e práticos, com o objetivo de que ambas as dimensões contribuam para a compreensão da realidade no cuidado a pessoas, famílias e comunidades. Objetivo: Compreender como se constrói o conhecimento disciplinar a partir das experiências vividas por estudantes de enfermagem em contextos reais de prática. Metodologia: Pesquisa com abordagem fenomenológica, realizada com uma amostra intencional de cinco estudantes do curso de graduação em Enfermagem. Foram conduzidas entrevistas em profundidade e foi realizada uma análise fenomenológica em quatro etapas. Resultados: A partir da análise das entrevistas surgiram três unidades de significado: (1) As primeiras experiências não passam pelo saber; (2) Momento de epifania: a diferença entre cuidar e curar; e (3) Aprendendo a apreender acompanhado. Conclusões: Os resultados revelam uma área de oportunidades para articular a teoria ensinada em sala de aula com a prática reforçada nos hospitais, considerando também os elementos adjacentes no processo de ensino e aprendizagem.

Palavras-chave: construção do conhecimento; fenomenologia; enfermagem.

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Introduction

The World Health Organization (WHO) has repeatedly recognized the importance of nursing personnel in health promotion and disease prevention. ⁽¹⁾ As the main healthcare workforce, this group is expected to possess the necessary competencies for effective performance. Additionally, a strong ethical foundation is required to provide care centered on people's needs. This requirement is particularly relevant, as nursing staff maintain direct contact with individuals, their families, and, by extension, their communities. This closeness allows them to have a clear understanding of health needs and deficiencies, which should drive them to formulate accurate and sensitive assessments of the health and illness conditions of the population.

In Mexico, the fundamental role of nursing personnel has also been acknowledged, both in the care of individuals and in the country's economic development. This essential

role within the healthcare system became especially evident in 2023, when it was estimated that 50% of all health professionals were active nurses in the public and private sectors. ⁽²⁾

At present, the nurse-to-population ratio is 2.71 per 1,000 inhabitants, although with significant variations among different states. This figure still places the country below the international average reported by the Organization for Economic Co-operation and Development (OECD), which stands at 8.8 nurses per 1,000 inhabitants. ⁽³⁾

This situation allows us to reflect on the importance of nursing education. Since 2003, the International Council of Nurses has declared the Framework of Essential Competencies for the Generalist Nurse, which groups competencies into three areas: professional, ethical, and legal practice; care practice and management; and professional development. ⁽⁴⁾

In the same way, the WHO has more recently issued the Global Competency Framework for Universal Health Coverage, promoting a competency-based training model grounded in values and focused on knowledge, skills, and attitudes that contribute to improving health outcomes for individuals and communities. ⁽⁵⁾ These guidelines are also reflected in the Strategic Directions for Nursing and Midwifery 2021–2025. ⁽⁶⁾ Competency-based education is an approach centered on the development of specific skills by students. This model is oriented towards the acquisition of theoretical and practical knowledge necessary to address real-life challenges. It also positions the student as the main agent of learning and the teacher as a facilitating guide. ⁽⁷⁾

In the field of nursing, this training emphasizes the integration of theoretical and practical knowledge to better understand the reality of the object of study (*episteme*). ⁽⁸⁾

Regarding the background of the subject of this research, mostly quantitative studies were identified, aimed at evaluating the quality and/or satisfaction of students in relation to instructors, clinical mentors, and practice environments. These studies generally report favorable results in these dimensions. ⁽⁹⁻¹²⁾

Among qualitative studies, those analyzing perceptions of hospital practices stand out. These reveal categories linked to the importance of professional values, attitudinal aspects, empathy, and respect. Other findings address the challenges of practicing in real-world contexts, the emotions students must cope with, and the role of simulated environments in the development of clinical skills essential to their personal and professional growth. ⁽¹³⁻¹⁵⁾

In this context, the objective of the present research is to understand how disciplinary knowledge is constructed based on the lived experiences of nursing students in real-world practice settings.

Methodology

This type of research seeks to analyze phenomena from a subjective perspective, focusing on the meanings, perceptions, and experiences of individuals in relation to a specific situation. ⁽¹⁶⁾ This approach is appropriate for understanding the experiences of nursing students during their first clinical practices, as it aims to explore in depth how they experience this initial encounter with real care settings. Phenomenology was chosen as the theoretical and methodological framework, as it allows access to reality as it is lived by individuals, recognizing that their experiences are imbued with meaning and constructed within a life context. This approach considers that lived experiences carry meanings that can be interpreted, making it especially relevant for analyzing subjective experiences within the educational setting. ⁽¹⁷⁾

Setting and Sampling

The research was conducted with the participation of five students (three women and two men), aged between 20 and 22 years, who were in their fourth semester of the bachelor's degree in nursing. All of them were undertaking their first clinical practice in a real setting, corresponding to the course Nursing in Pregnancy and Newborn Care, at a secondary-level healthcare institution located in the state of Campeche, Mexico, during the August–December 2024 period. The sampling was intentional, ⁽¹⁸⁾ as participants were carefully and deliberately selected based on their potential to provide rich, in-depth, meaningful information related to the subject of study. Table 1 shows the sociodemographic data of the participants.

Table 1 – Participants' sociodemographic data

ID	Sex	Age	Practice shift
H1	Male	21 years old	Evening
H2	Male	20 years old	Morning
M1	Female	22 years old	Evening
M2	Female	20 years old	Morning
M3	Female	21 years old	Morning
M4	Female	20 years old	Morning

Data Collection Procedure

To carry out this research, the first step was to request the review and approval of the project by the Scientific Committee of the Facultad de Ciencias de la Salud (Faculty of Health Sciences) at UNACAR. Once authorization was obtained, contact was made with the two professors responsible for the previously mentioned clinical practice in order to request their collaboration in coordinating a meeting with the students and presenting them with an invitation to participate in the study. During that meeting, an informational brochure was distributed, including the researcher's contact information, for those students who expressed interest in participating.

Finally, the voluntary participation of six students was confirmed. A date, time, and place for the interview were agreed upon with each of them. At the beginning of each meeting, the purpose of the project was reiterated, written informed consent was provided, and it was explained that the interview would be audio-recorded solely for research purposes. Confidentiality of the data was assured, stating that participants' names would not be recorded and that the information collected would be used in aggregate form, without individual identification.

In-depth interviews were conducted to collect information, understood as a dialogue between equals aimed at understanding the participants' perspectives regarding their experiences, lived realities, and meanings constructed in specific situations. ⁽¹⁹⁾ A guide with open-ended questions was used:

What has your experience been during the development of your clinical practices in real settings? How do you consider that it has contributed to your education?

These initial questions were supplemented with other open and emerging questions, formulated during the interview, always related to the experiences in clinical practice and their impact on professional training.

Data Analysis

The data analysis was carried out using the audio recordings of the interviews, which were carefully transcribed by the researchers responsible using the Microsoft Word processor. Once the transcription was completed, a general reading of each interview was conducted with the aim of gaining an initial understanding of the content and beginning to identify significant discourses. For the analysis, the methodological steps proposed by Giorgi,⁽²⁰⁾ specific to the phenomenological approach, were taken as a reference. These steps were as follows:

1. General reading of the material to obtain an overall understanding of the experience.
2. Identification of units of meaning presented in the narratives.
3. Reformulation of the units of meaning in disciplinary language, without distorting the participant's expression.
4. Preparation of a synthesis that captures the essence of the experiences described by students.

This process allowed for the organization and interpretation of the shared experiences, respecting the uniqueness of each narrative and aiming to understand the meanings attributed by the participants themselves to their initial clinical practices.

Ethical Considerations

The research was conducted in compliance with the current ethical and legal principles in Mexico. The guidelines established in the Mexican Official Standard (Norma Oficial Mexicana) NOM-012,⁽²¹⁾ which regulates the criteria that all health research involving human subjects must meet and is based on scientific and ethical foundations, were respected. Likewise, the provisions of the Regulation of the General Health Law on Health Research⁽²²⁾ were observed, which establishes that all research must guarantee respect for the dignity of individuals, the protection of their rights, and the safeguarding of their privacy and confidentiality as research participants.

Results

Based on the analysis of the interviews, the following units of meaning emerged: "The first experiences are not about knowledge", which refers to the students' initial contact with clinical and community settings. These experiences are aimed at making visible, understanding, and sharing feelings with their patients. Since their competencies including knowledge, skills, and abilities are still limited, their experiences are expressed in relation to the emotions they felt or that were particularly meaningful to them.

One of the essential competencies for nursing practice is the ability to understand and respect people's needs. In this regard, the term empathy is frequently used as a fundamental tool in the practice of professional care. These elements are reinforced by the following codes:

Seeing an elderly woman cry because her family member wasn't coming to visit her, and she felt like a burden to her family. She said she wanted to die. At that moment, I, as a nurse, lifted her spirits by listening to her and letting her vent completely, because I understood how she felt and how much it was affecting her. She ended up feeling very happy (H2).

When I first started my hospital practice, I was extremely nervous. I was afraid someone would ask me something and I would get it wrong. But instead, I learned so much, and that's when I realized I was made for this. I always treated everyone with respect, both professionals and patients (M1).

When I was assigned to the women's ward, I definitely had the opportunity to connect with all the patients, but there was one patient who really stood out to me because of what she was going through. The way she started to share her story with me was interesting—she was a special patient for me (M3).

I had the opportunity to work in an emergency unit where patients were in critical condition. While the experience was valuable in terms of learning how to care for critically ill patients, it wasn't that meaningful for me... patient care in critical situations is often focused on stabilization and preventing complications, rather than interacting with the patient as a person (M4).

The second unit of meaning, titled "Epiphany Moment: the difference between caring and curing", shows that during the training process, students repeatedly examine the importance of understanding the object of study within the discipline. In nursing care, especially during the early years, it is important to clearly distinguish between caring and curing. The interviews reveal that students can identify and reflect on the idea that care goes beyond techniques, procedures, or treating an illness. For truly holistic care, it is necessary to see the person, including their family and their environment.

My clinical practice taught me that patient care is not only about providing medical treatment, but also about offering emotional and psychological support. It taught me that every patient is unique and deserves to be treated with dignity and respect (H1).

Treating patients with kindness and affection is something that comes naturally to me, because I don't know when my own family might have to go through a hospital experience, and I would want them to be treated the same way I treat my patients. Also, because I don't know what each person is going through (H2).

Uncertainty and pain are part of it, but it's a meaningful and rewarding moment to encourage, support, and be present. Being in this profession has helped me become a better person—to care and to learn something every day from each life and each illness (M1).

The most meaningful thing for me has been seeing how a nursing professional can support a family member, give them hope in the face of death. In every illness or obstacle, we have the mission to help our patient feel better—maybe by providing emotional support, medical treatment, or another intervention to improve their well-being (M2).

The third unit of meaning was titled “Learning to Grasp (Nursing) Through Companionship.” This category refers to students’ experiences in real training environments such as hospitals or community spaces which complement their professional education process. These settings allow them to apply the knowledge acquired in the classroom and develop new skills in demanding contexts marked by direct contact with individuals, families, and communities who, in many cases, are experiencing situations of vulnerability.

Traditionally, these settings include the participation of nursing professionals already integrated into the workforce, who take on the role of clinical tutors or mentors. Their guidance provides students with a sense of security and supports the development of clinical competencies in real-world settings.

It is in this intersection between theory and practice where a meaningful learning experience occurs—for both the students and the professionals who guide them. The inherent challenges of caregiving allow future nurses to take ownership of their professional role, giving meaning to their identity as active agents in health care and support. This is evidenced in the following statements:

The nurses are definitely people who allow us to carry out procedures. As a student, I thought they wouldn’t let me, but they’ve trusted each one of us. If we have any doubts, we just ask. I’m truly grateful to all the nurses I worked with in each area—I learned so much from each of them, improved my performance, and overcame my fear by being confident in the procedures I was performing (H1).

In the pediatrics department, the nurse there also allows us to perform procedures. You see different things compared to other areas since that one is more focused on children (M2).

I really enjoyed being in the pediatrics area, spending time with the babies and connecting with my fellow classmates. These were my first clinical practices, and I will never forget all the support I received from the nurse (M3).

Something very rewarding was when they let me explain the procedures on my own and carry them out. Also, being able to learn about all the medications and how to administer them (M4).

Discussion

In line with the findings from the unit of meaning “The first experiences are not about knowledge,” a range of feelings and emotions experienced by students during their initial contact with clinical settings can be identified. This is evident in expressions such as: “I was extremely nervous; I was afraid they would ask me something and I’d get it wrong.” These findings are consistent with those reported by Munguía-Briones et al. ⁽²³⁾ in a qualitative study conducted with nursing students in Puebla, where it was observed that during their first interactions with nursing professionals in real clinical settings, students experienced various emotions, perceptions, and personal sensations.

These experiences can either strengthen or shake their vocational calling, influence their resilience, and generate feelings of security or insecurity. This is also reflected in the following student account: “I’m not someone who suffers from anxiety or who is usually very nervous, but being with that nurse on the fourth floor caused me a lot of emotions.”

In the same way, this category also includes students’ first caregiving experiences during the health–illness process. This is reflected in statements such as: “I, as a nurse, lifted

her spirits by listening to her and letting her vent completely,” and “I had the opportunity to connect with all the patients.” These expressions are consistent with those reported by Blas et al.,⁽²⁴⁾ who identified a category called “Practice in teaching”, in which students emphasize the importance of clinical practices as the privileged space where theory and practice are articulated, and professional vocation is consolidated. This is supported by codes such as: “I learn in the classroom, but I live the experience in the hospital” and “I did not like nursing until I went to internships, it is to feel the essence of why I study every day”. In this sense, it is relevant to highlight that clinical practice represents a fundamental pillar in the training of students. It allows them to apply the knowledge acquired in the classroom, generate new learning, and develop care skills from a comprehensive approach, with quality and warmth. During this process, students are accompanied and guided by nursing professionals from the different services of the health institutions.⁽²⁵⁾

With respect to the unit of meaning “Moment of epiphany: the difference between caring and curing,” moments of revelation are evident among students as they identify the fundamental role of the nursing professional in providing care, both in health and illness. This is expressed in testimonies such as: “My clinical practice taught me that each patient is unique and deserves to be treated with dignity and respect,” and “This career has helped me become a better person to care for and learn from every day.” These findings align with those reported by Espinoza et al.⁽²⁶⁾ who, through analysis of reflective journals from nursing students during their first clinical experiences, collected expressions such as: “During procedures, I observe that patients feel comfortable, which demonstrates the importance of providing humanized care,” and “We must strive to provide quality care, respect the techniques... I try to do it in the best possible way.”

Similarly, Hernández-Ramírez et al.⁽²⁷⁾ developed the category “Sense of professionalism toward the phenomenon,” which includes statements that reinforce the identity-building of the professional role, such as: “When I wear the uniform, I really believe it—I try to strongly believe that I am a nurse and... I have to help the patients or make them stronger.”

These results underscore the importance of clinical practice as a space where professional identity is consolidated, ethical commitment is assumed, and inter- and multidisciplinary teamwork is enhanced. Likewise, various studies indicate that nursing practice allows students to identify with their profession while also making visible the challenges that influence the construction of their professional identity. These include motivation, technological advances, and the quality of the nurse-patient relationship, among other factors.⁽²⁸⁾ Therefore, clinical practices constitute a fundamental setting for students to develop the necessary competencies that enable them to master and reaffirm technical and scientific knowledge. Such knowledge is important for providing care to hospitalized or outpatient patients at different stages of the life cycle.⁽²⁹⁾

Regarding the third and final unit of meaning, “Learning to apprehend (nursing) accompanied,” the fundamental role played by clinical nurses in supporting students is highlighted. Their presence provides security and confidence during the first contact with the hospital environment, especially in carrying out techniques and procedures. This guidance allows students to appropriate the experience of “being nurses,” as expressed in the following testimonies: “the nurses... let me perform the procedures,” “I learned a lot from each one of them,” and “I will never forget all the support I received from the nurse.” These codes align with the category defined by Rodríguez et al.,⁽³⁰⁾ titled “symbolic figure

in clinical spaces,” where students recognize the relevance of nursing staff in their clinical learning process, as reflected in the statements: “the nursing staff teaches you how to administer medications... they are willing to help and support,” and “I receive more teaching from the ward nurse; he is the one who is really there.” These experiences emphasize the importance of the clinical team’s willingness, closeness, and availability during the early stages of practical learning.

Nevertheless, as Munguía-Briones et al. ⁽²³⁾ point out, not all experiences in the clinical field are positive. Some students recount difficult experiences, such as: “sometimes the nurses tell you, you’re doing it wrong, get out of the way, you don’t know how to do things” or “there were some nurses who, if you were a woman, treated you differently and treated you very badly.” These testimonies show that, although support can facilitate the acquisition of competencies and strengthen professional identity, it can also hinder it or generate conflicts that affect self-esteem, motivation, and understanding of the caregiving role.

Therefore, clinical settings (and especially clinical nurses) play a central role in the training of future professionals. The actions, attitudes, and interpretations experienced by students during their first clinical practices can decisively influence the construction of their professional role. These experiences can foster confidence, empathy, and commitment to care, but they can also negatively affect their perception of the clinical environment and even lead to questioning or dropping out of the program. ⁽³¹⁾

In this context, it is crucial to strengthen the academic and ethical training of future professionals, as well as to promote clinical environments where good care practices are modeled. These spaces allow students to observe different ways of providing care, critically reflect on them, and improve their performance. In this way, the enjoyment of the act of caring is encouraged, and professional identity is strengthened through conscious, humane, and committed practice. ⁽²⁷⁾

Conclusions

The results of this study made it possible to understand how nursing students construct disciplinary knowledge based on their lived experiences during their first clinical practices. These experiences represent a revelatory moment in their training process, as they become spaces where theoretical knowledge, practical skills, attitudes, and fundamental values for the comprehensive care of individuals, families, and communities are integrated.

The participants’ narratives show that the first contact with hospital settings generates a wide range of emotions and feelings, which in some cases may limit their initial performance. However, through the support of clinical nurses, the students manage to identify the essence of the professional role: care as the core of nursing. This ethical and human dimension, experienced in real contexts, contributes to the appropriation of the role and the strengthening of their professional identity.

Additionally, the results show that clinical practice constitutes a valuable opportunity to integrate the theory learned in the classroom with the demands of the healthcare environment. In this process, students recognize that theoretical knowledge alone does not guarantee effective performance; direct experience in real situations allows them to reinterpret what they have learned and develop new ways of apprehending professional reality.

To achieve quality training, it is essential to properly integrate theoretical spaces with clinical settings so that professional competencies are strengthened in both contexts. This articulation also requires a faculty with solid pedagogical and ethical training, capable of guiding reflective and integrative processes.

Looking ahead, future research should delve deeper into the diversity of experiences and contexts, for which a careful selection of participants is recommended to ensure a variety of perspectives. In this study, one of the main limitations was the difficulty in identifying reflective informants with communication skills, which led to an extension of the planned data collection period.

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