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Pedagogical Practices and Learning Processes: Configuration and Institutionalization in the Discipline of Nursing

Prácticas pedagógicas y procesos de aprendizaje: configuración e institucionalización en la disciplina de enfermería

Práticas pedagógicas e processos de aprendizagem: Configuração e institucionalização na disciplina de enfermagem

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ABSTRACT:

Objective: to identify the configuration and institutionalization of pedagogical practices and teaching processes in the discipline of nursing, as well as the proposals that emerge for the integral human development, according to the humanistic approach underlying the profession. **Methodology:** integrative literature review based on the question: What are the scientific products that suggest the configuration and institutionalization of pedagogical practices and learning processes in nursing? **Results:** 78 articles were selected of which 58 formed the final sample which allowed for the structuring and analysis of two categories: pedagogical practices, a process of reflection and transition; critical pedagogy and learning processes, a challenge for the discipline. **Conclusions:** Nursing has a legacy of biomedical-traditional educational models, which have shaped a positivist teaching-learning process. In this historical process, one of the priorities is knowing the model institutionalized by academic programs with the aim of discussing and rethinking its coherence with the disciplinary phenomenon: care.

KEYWORDS: Teaching practice, Pedagogy, Learning processes, Nursing.

RESUMEN:

Objetivo: identificar la configuración e institucionalización de las prácticas pedagógicas y los procesos de enseñanza en la disciplina de enfermería, así como las propuestas que emergen para el desarrollo del ser integral, según el enfoque humanístico que sustenta la profesión. **Metodología:** Revisión con enfoque integrativo de la literatura, a partir de la pregunta ¿cuáles son los productos científicos que sugiere la configuración e institucionalización de las prácticas pedagógicas y los procesos de aprendizaje en enfermería? **Resultados:** se seleccionaron 78 artículos de los cuales 58 conformaron la muestra final que permitió la estructura y análisis de dos categorías: -prácticas pedagógicas: un proceso de reflexión y transición y pedagogía crítica y -procesos de aprendizaje: un reto para la disciplina. **Conclusiones:** la enfermería tiene un legado de modelos educativos biomédico-tradicionales, que han configurado un proceso enseñanza-aprendizaje positivista; en este transitar histórico, se denotan prioridades como conocer el modelo institucionalizado por los programas académicos, con el objeto de discutir y replantear su coherencia con el fenómeno disciplinar: el cuidado.

PALABRAS CLAVE: Práctica docente, Pedagogía, Procesos de aprendizaje, Enfermería.

RESUMO:

Objetivo: identificar a configuração e institucionalização das práticas pedagógicas e processos de ensino na disciplina de enfermagem, bem como as propostas que emergem para o desenvolvimento do ser integral, de acordo com a abordagem humanista que sustenta a profissão. **Metodologia:** revisão com abordagem integrativa da literatura, com base na questão: Quais são os produtos científicos que sugerem a configuração e institucionalização das práticas pedagógicas e processos de aprendizagem em

enfermagem? **Resultados:** foram selecionados 78 artigos, dos quais 58 formaram a amostra final que permitiu estruturar e analisar duas categorias: -práticas pedagógicas: um processo de reflexão e transição e pedagogia crítica e -processos de aprendizagem: um desafio para a disciplina. **Conclusões:** a enfermagem possui um legado de modelos educacionais biomédico-tradicionais, que moldaram um processo de ensino-aprendizagem positivista; Nesta trajetória histórica, as prioridades são denotadas como conhecer o modelo institucionalizado pelos programas acadêmicos, com o objetivo de discutir e repensar sua coerência com o fenômeno disciplinar: o cuidado.

PALAVRAS-CHAVE: Prática de ensino, Pedagogia, Processos de aprendizagem, Enfermagem.

INTRODUCTION

Nursing as a discipline integrates the social and human sciences. It also has a responsibility over the care experiences of the human health process: theoretical, scientific, moral, ethical and legal referents that frame our own knowledge and are a product of a historical legacy related to the development of the practice (Garzón et al., 2014, p. 8). This social responsibility lies with the nursing programs, since this is in charge of training people and professionals with a comprehensive and humanistic view to meet the population's needs for care, based on the knowledge that supports and explains the phenomenon of interest of a visible discipline (Palencia, 2006).

According to Noreña et al. (2013), Vasconcelos, Backes and Gue (2011), the history of nursing development adopted a teaching-learning process based on the biomedical model. This model provided input at the beginning of the profession through the organization of knowledge and pedagogical bases that were determined and influenced by educational trends and the individual's desired conception. This led to the emergence of teaching practice, which fluctuates in recent times between three types of models: 1) pedagogy of consensus and traditional didactics; 2) pedagogy of conflict and educational technology; 3) critical pedagogy. The first two models are dominant in the present and the last is just emerging.

Thus, nursing professors have the responsibility of reflecting on what to educate citizens from pedagogical practices that transcend and involve the teaching-learning process, rather than covering necessary content for the profession (Araújo, Santana and Ramos, 2011; Moura, et al., 2010). Waldow (2009) and Achury (2008) claim that teaching in nursing implies that the professor is an apprentice in search of updating and reflecting their knowledge in their teaching role. It entails facilitating the education of the learners who participate in the construction of knowledge. They are able to critically question health situations, generate and implement care actions that humanize their environment in the classroom and beyond. This also allows for the development of meaningful learning focused on solving problems and the use of other models different to the biomedical and banking ones.

This paper presents a systematic and integrative review of scientific literature regarding the configuration and institutionalization of pedagogical practices and teaching processes in the discipline of nursing. It also lays out the proposals that emerge to give coherence to the integral human development from a humanistic approach, as part of the research: "Pedagogical practices in the learning processes of nursing students in the eastern part of Colombia".

METHODOLOGY

An integrative literature review was carried out, synthesizing and interpreting the findings of studies conducted on a specific phenomenon, whilst remaining faithful to the interpretations of each study. The state of the art of scientific production was investigated, needs were identified and general conclusions were reached about the research problem (Carreño and Chaparro, 2015).

The search used the following question: what are the products of scientific evidence that suggest the configuration and institutionalization of pedagogical practices and learning processes in nursing from

education? From this question, the search strategy was configured in the following databases: SciELO, LILACS, SCIENCE DIRECT, EBSCO and PUBMED. The research was limited between 2001-2016 for scientific disciplinary products. The review of books from primary sources of pedagogues that answered the question and were not within the publication range were included.

The review was conducted in three languages: Spanish, English and Portuguese, based on descriptors in Education (Tesauro Unesco) and Health Sciences (DeCS). Equations with Boolean operators for advanced search were also used. The abbreviated CHEK-LIST for validity and apparent usefulness of Gálvez (2003a) was applied to the selected documents. The analysis of the documents was carried out based on the critical reading (using the CASPe tool) of those which met the inclusion criteria: original qualitative studies, critical reviews, systematic reviews, meta-analysis and books from primary sources in pedagogy.

After executing the search equations in the databases, 223 original articles were found; Once the title and the abstract were revised, 78 articles that met the inclusion criteria and were relevant for the purpose of the study were selected.

To proceed with the selection, the complete reading of the article was carried out in order to determine its validity and apparent usefulness. Lastly, the final selection filter was applied through the critical evaluation of methodological rigor, levels of evidence and degrees of recommendation given by Gálvez (2003b, 2003c). The resulting articles were 58. The information search is shown below (Figure 1):

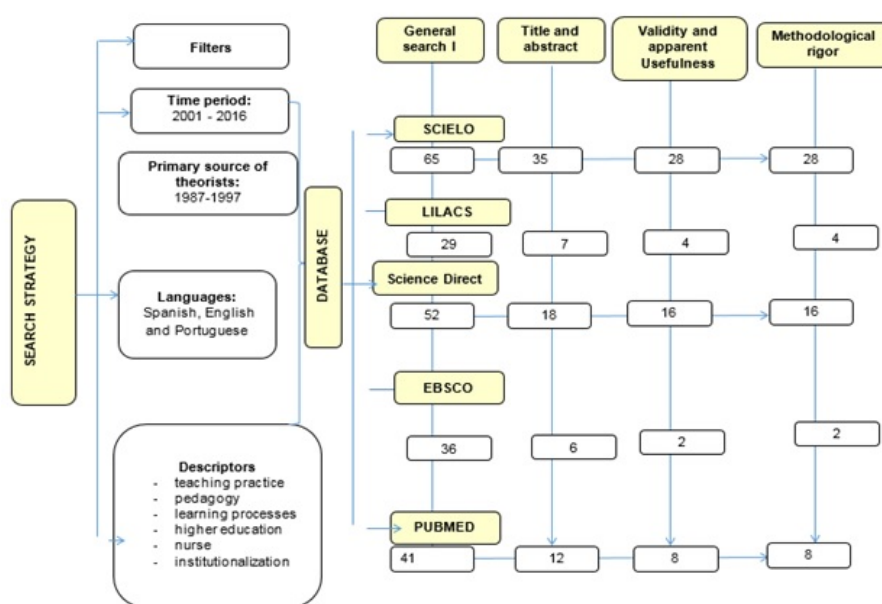


Figure 1

Search information process

Source: Moreno and Barragán (2018)

RESULTS

From the selected documents and through critical reading and reflection from the proposed question, the results were classified and structured into two categories of analysis: pedagogical practices, a process of reflection and transition; critical pedagogy and learning processes, a challenge for the discipline.

Pedagogical practices: a process of reflection and transition

The teaching process, according to the comprehensive and humanistic education that nursing poses today, is a challenge for traditional behavioral pedagogical model that has been configured for over a century. This model has been supported by the biomedical one that does not meet the comprehensive needs of the learner (Noreña et al., 2013). Teaching practice in nursing fluctuates in three types of models: 1) pedagogy of consensus and traditional didactics; 2) pedagogy of conflict and educational technology 3) critical pedagogy. The first two models are dominant in the present and the last is just emerging and will be exposed as a last category.

The pedagogy of consensus and traditional didactics is a model in which the type of teacher-student relationship is subordinate and the pedagogical practices of teachers

most resemble the transmission of knowledge and scarce open-ness to dialog. The banking concept of education, when adopted by the lecturers, involves harm, some irreversible, to the students, sometimes turning them into domesticated, limited beings, and with difficulties in inserting themselves into the world (Amestoy et al., 2013, p. 7).

Meleis (cited by Carranza, 2005) claims that "the nursing professor is the holder of knowledge, and therefore, the methodology applied in teaching is both positivist and rationalist or analytical empirical" (p, 17). From this conception, currently, some nursing professors have an idea of pedagogical practice similar or equal to the traditional conception -characterized by the on-the-job training from cognitive and technical development- in which education is established by objectives, standardized care plans and generalized care management. These aspects lead the student to assume a passive role in front of the knowledge that is transmitted to them as the tool for his job performance. This transmission is carried out through selected and segmented contents, which create a limitation in the student's learning and in the reflexive and argumentative critical capacity (Pinto and Pepe, 2007, Achury, 2008).

Likewise, it is observed that, from the categorization paradigm supported by positivism and functional structural logical rationalism, nursing academic projects arise from the traditional model. In this model, curricula and programmatic contents guide teaching towards memorization rather than the construction and understanding of knowledge. The emotional and sensitive component is left aside and the profession is reduced to an instrumental action. It also focuses its interest on the given content in a sequential, mechanical and repetitive way where rules, guides and protocols are applied, instead of solving the human being's care needs (García, Guillén and Acevedo, 2011; Pereira, Ribeiro and Depes, 2013).

Medina and Sandin (2006) states that the pedagogical practices of nursing professors have been framed in a simplistic logic. This leads to the incoherence of the teaching-learning process, where students are offered a conception of the human being as a unitary and multidimensional subject. This subsequently disagrees with reductionist and rigid practices under coercive strategies and evaluations that impede the argumentation of the disciplinary's phenomenon: care from a humanized learning perspective. From such simplicity, the professor transmits knowledge in a determined time with the aim of initiating the training practices. However, it leaves aside the application and teaching of learning strategies that could help the student to integrate the knowledge of nursing to the self-care, the care of people and the improvement of interpersonal relationships that are established within the social and healthcare context (Rideout, cited in Noreña et al., 2013).

Thus, banking education in nursing has taken on different connotations that are nothing more than the prolongation of a hegemonic concept, which has been adapted over time. In addition, the behavioral model is added with a new element: the feedback of what is expected as a response from the student, who must "uncritically develop programmed activities" to respond to the acquisition of technical and manual skills (Sánchez, 2014).

Subsequently, with the aim of training people not only from the cognitive and instrumental scope, but also able to perform in the current society, the modernization of teaching emerges with pedagogies of conflict and educational technology. This focused on the visibility of the student as the didactics allowed them to participate during theory in the construction of knowledge and put it into practice. This visibility was assumed by teachers as a controlled participation where the latter used audiovisual media and group techniques to keep the student active ((Agramonte et al., 2006).

According to Acevedo (2009) "the proposals of educational technology in nursing were taken within a purely instructional model, which consolidated the development of expected behaviors in imitation and memory-based learning and made reflective teaching practice impossible" (p. 58). This problem arises when the pedagogical practice (praxis)[1] is reduced by the technique (tejne) and the material action (piosis), abolishing reflection (phrónesis) as a process of the prudence of the task and ultimate goal of professors. This leads to an indelible activity without the possibility of innovating, evaluating, and improving the contribution and responsibility of the process of education of the human being that connotes as a student (Moya, 2006; Madeiray, 2008).

Failure to fully achieve the objective proposed by the pedagogy of conflict may be related to the training of the nurse as a teacher. In research on teaching practices in nursing education, it is concluded that the disciplinary training does not provide the pedagogical basis for being teachers, which is a complex activity that requires mastery of pedagogical knowledge, so as not to continue with the transmission of content and fragmented teaching (Cestari and Loureiro, 2005). Carrera y Mazzarella (2001) conclude that there is a need for training the nurses who wish to pursue the teaching career. This is due to their pedagogical practices following a traditional paradigm with a deficiency of specific preparation for teaching and difficulties in incorporating emerging models that lead to the dichotomy between theory and practice, by not integrating the learning in the different problematic situations into the students.

As reported by Rodríguez (cited in Araújo et al., 2011) "it is not possible to train critical and reflective nurses if professors do not have an adequate training" (p.3). As a consequence, some of the pedagogical practices are the reproduction and reflection of the training that the current professors had, who continued with strategies and didactic transmission of contents with a reductionist vision without knowing the learning styles of the students: lectures, assigned expositions, clinical case, nursing process "diagnostics and labels" and exhaustive evaluations that encourage mechanical processes of retention and memorization of contents in the light of medical knowledge (Yancen, et al., 2013; Aguayo, et al., 2014).

The transition of nursing training between the pedagogy of consensus and traditional didactics, and the pedagogy of conflict and educational technology, is observed as a path of "an innovative discourse, but with fragmented and conservative practices, which promote a series of contradictions and inconsistencies in the training process" (Waldow, 2009, p.1). 249); as well as in teachers who focus their teaching practices on competencies of knowing and doing, from the cognitive domain and pay less attention to the formation of the being in ethical, affective and social aspects, which does not allow the teacher-student relationship to be determined, by remaining under a vertical scheme (Henao, Núñez and Quimbayo, 2010).

This fact promotes reflection on a new way of understanding and proposing teaching methodologies based on coherent practices, where disciplinary and pedagogical knowledge transcend and involve the teaching-learning process as a transpersonal and reciprocal end: teacher-student and society, then:

Learning to care occurs, necessarily, in the relationship between the student and the person being cared for, where the student applies and transforms the theoretical knowledge learned in the classroom, through practical care actions, which are supported by the teacher (Bettancourt, et al., 2011, p. 2).

Critical pedagogy and learning processes. A challenge for the discipline

Critical pedagogy is the conception of education as praxis, which allows to reach the emancipation of the oppressed classes by means of the awareness that is achieved when questioning the immediate social reality (Freire, 2005). In this context, the teacher accompanies the student as an agent of social change in the construction of knowledge, from the analysis, comprehension, interpretation, transformation and intervention of problems in the community of which they are a part of (Ramírez, 2008).

As an emerging pedagogy in nursing, Piña and Amador (2015), Gordon (2010) and Roza (2002) propose constructivism as a basic transformation model of the teaching-learning process based on Lev Semenovitch Vigotsky (2001), who states that knowledge is elaborated individually, as a dynamic process that is transformed over time. This is related to the environment and the experience of the human being through the zone of close development, which is "the distance between the level of development, determined by the capacity to solve a problem independently and the level of potential development, determined through the resolution of a problem under the guidance of an adult or in collaboration with another more capable companion" (Baquero, 1997, p. 3). The process involves not only the learner as an active actor, but also the teacher, since teaching is given as a construction dynamic, which offers alternatives for the circular and ascending growth of the actors, by means of communication or intersubjectivity that facilitates the joint understanding of shared knowledge (Vigotsky, 2001).

From here, learning is the individual's own process, which occurs through the interaction of mediating instruments: tools and signs. The tools are the expectations and previous knowledge of the student that transform the informative stimuli that come from the context; and the symbols are the set of signs that the same subject uses to make these stimuli their own. This process receives the name of the double education law, since the knowledge is acquired from the outside, together with the tools and then it is restructured in the inside through the symbols (Baquero, 1997).

Vigotsky develops the concept of scaffolding in which a significant adult with the help of mediators, accompanies the student in the structuring of knowledge to access new learning, creating a certain degree of autonomy and independence to learn. Teaching is oriented in a reciprocal way from the dialogue of the teacher with a group of students, where the change of roles allows to verify the level of comprehension by means of social exchange and scaffolding, while the students acquire the emotional, affective and cognitive abilities (Carrera and Mazzarella, 2001). According to Castro and Pereira (2011) and Lepiani et al. (2013), teaching in nursing from this paradigm and model leads to the teacher being an apprentice, where he is always in the search, updating and reflecting knowledge and teaching practice, which demands an increasingly serious teacher training in the field of pedagogy.

In this way, care is proposed as a teaching-learning process, "from pedagogical tools and strategies that favor the rapprochement between theory and practice, by making greater use of those that increase the visibility of nursing knowledge to provide a solution to the phenomena inherent to the discipline" (Mantilla and Gutiérrez, 2013, p. 46). This reconstructs the concept of learning from the significant adult and student's cognitive, affective and physiological traits, as the basis for the development and incorporation of mediators, which allow the humanization of knowledge construction environments over time, starting from problematic methodologies (Paim, Lappe and Rocha, 2015).

For Castro and Pereira (2011), the care of teaching is to allow the student to grow in his own time and manner, to recognize his independence, to have tolerance for limitations and ramblings, to be honest, sincere, and to believe in the student's potential as a necessary condition for learning. The processes of planning and organization, in relation to the pedagogical action of the teacher, contribute to a better teaching in nursing from the coherence of humanized care. This is how the incorporation of reflective strategies allows students to understand practice from theory, so that the knowledge acquired in the classroom takes on meaning and significance in the teaching process, which the teacher proposes as a complementary agent that guides and

accompanies, and abandons reductionism and the transmission of knowledge (García, Guillen and Acevedo, 2011).

Henao, Rodríguez and Quimbayo (2010) conclude that the educator, as the mediator of the teaching-learning process, must approach the student with a methodology through which they can both learn to learn and direct his practice towards the acquisition of concepts that generate new academic, personal, social and civic attitudes. This implies that for nursing to transcend the content beyond imparting subjects, as "the task that is considered essential in a teacher is that of teaching" (Porlán, 1987, p. 65), so it is possible to facilitate learning from research in the classroom in which inquiry processes are presented as unpredictable for knowledge quality that facilitates meaningful teaching.

To achieve this process, each teacher must recognize that the student is not a receiver of messages, but an individual being with their own needs. Furthermore, variables such as the environment, the degree of cognitive development and the semantic structure with which they interpret reality all influence the student's learning, which teachers must know in order to adapt their teaching practices and leave homogenized groups aside (Porlán, 1987; García, 2005; Ospina, 2006).

Nursing, as a dynamic profession and in response to the paradigm shift, proposes Patricia Benner's Model of Clinical and Ethical Wisdom Care in Nursing Practice. In this, the process of nurse training is based on competencies that will be reflected in their professional and personal practice, by generating cognitive, affective, behavioral and behavioral skills that allow them to translate theory into practice, according to the stage in which the student is at.

In the same way, it conceives the person as an complete being with capacities and potentialities that are developed with the interactive experience with others. In this sense, it establishes the relationship of simultaneity of the teacher as mediator of the interactive construction of knowledge with the student, based on the needs and strengths as active beings of a continuous process that transcends from various learning strategies (Benner cited in Carrillo et al., 2013; Molina and Jara, 2010).

Benner (cited in Rauner, 2007) proposes the approach to real and meaningful learning, through the regulation of the development of competences that allow the student to take his abilities from a beginner state to an expert state through the construction of practical knowledge. For this, proposals are generated around learning theories that the new nursing education should be appropriate, in order to continue the development of a transforming path. These theories can be punctuated in the following way:

Problem-Based Learning (PBL) is defined as "a learning method based on the principle of using problems as a starting point for the acquisition and integration of new knowledge" (Barrows quoted by Granero, et al., 2011, p. 30). It focuses on the student, who will develop communication skills, expression and critical thinking around the reconstruction of knowledge of the discipline from understanding, prior knowledge and context when facing real situations (Spencer, 2003). Similarly, Giribet and Medina (2014) propose that the problematized situation should correspond to real life, so that it allows the construction of explanatory hypotheses, as well as the identification of learning needs that lead to be solved as a teacher-student group, to achieve the previously established objectives.

Collaborative Learning is defined as "the set of instructional methods for application in small groups, training and development of mixed skills, where each member of the group is responsible for their learning as well as that of the other members in the group" (Duran quoted by Acevedo 2009, p.58). This type of learning in the nursing profession involves staging coexistence according to the values promulgated by the discipline such as autonomy, respect, responsibility and individual and group beneficence around the collective construction of new knowledge (Acevedo, 2009).

Evidence-Based Learning (EBL) is the critical, reflective and propositional use of information derived from research that leads to the validation of care and makes decisions regarding the need for change in practice, based on scientific substantiation. This proposal allows the inclusion of technology as a tool that modifies the cognitive and conceptual structures of the teacher and the student, based on the critical thinking which

must be applied in each systematic review that is undertaken (Cano, 2008). For Eterovic and Stiepovich (2010) this learning "consists of a five-stage method, namely: formulation of the question that derives from the observed problem; search for the best answer in the best sources of information; critical evaluation of the evidence found; implementation of evidence in practice, when considering the preferences of users; and evaluation of the consequences resulting from the applied intervention" (p. 10).

Experiential Learning is a concept developed by John Dewey (quoted in Pineapple and Amador, 2015) who proposes that "one learns by doing and incorporating the reflection on it, without this meaning the reduction to a repetitive and unreflective doing" (p.154). This learning integrates analysis, synthesis, comparison, and analogies that are presented in the various scenarios first proposed by the teacher and then by the student, who is responsible for his or her learning as an autonomous subject and not just a spectator of what is happening (Niño, Vargas, and Barragán, 2015).

The aforementioned types of learning respond to the significant process proposed by Ausubel (cited in Bernal and Ponce, 2009), which occurs as "a complex, systematic and organized phenomenon that includes the active restructuring of the perceptions, ideas, concepts and schemes that the apprentice possesses in his cognitive structure" (p. 35). Thus, the rethinking of educational practice in nursing is based on experiences, ideas and previous information, which will be integrated for the construction of new concepts and allow the transformation of reality from critical and reflective thinking, which demonstrates the usefulness of learning (López, Cardó and Moreno, 2011; Barriento, et al., 2009).

In coherence with significant learning, strategies are postulated that allow the development of competences of the knowledge of being, of the knowledge and the know-how from the patterns of nursing knowledge: the empirical pattern, the ethical pattern, the aesthetic pattern, the personal pattern, the socio-political pattern and the emancipatory pattern. The recognition of these patterns allows the construction of epistemological questions about nursing care from critical questions, creative processes, integrated expressions, construction of empirical indicators from teaching, to put them into practice through the construction and analysis of the nursing situation as the lived and shared experience where the care between nurse and person cared for is enhanced (Mantilla and Gutiérrez, 2013).

Other strategies for teaching nursing that can be used are: concept maps, documentary analysis, systematic review, poetry, mimics, dramatizations, creative writing, sculptures, drawings, bulletins, decoration, artistic projects and group discussions as means to stimulate the critical and reflective process (Moura and Mesquita, 2010).

According to Niño, Vargas and Barragán (2015), clinical simulation is a methodology that favors the direct participation of the student in learning processes. The student is the main protagonist of the scenario, in which guides are constructed that involve clinical situations and integrate previous knowledge and take up new ones, to produce concepts and the achievement of previously established competencies. Alongside this strategy, information and communication technologies (ICTs) facilitate the development of metacognition processes and generate knowledge as a product of social, collaborative and explorative reflection (Boude and Ruiz, 2008).

For Tovar, Argote and Ocampo (2011), the use of ICTs in education means redefining the concept of flexibility in terms of physical and intellectual presence, productivity, creativity, innovation, time periods and tools made available to the student, who is autonomous and author of the knowledge that can produce and expand from multiple sources, where care is built from interactive perspectives of national and international character. Thus, teachers and students reflect on the world reality, through positions that seek alternatives to the problems encountered.

Now, with the objective of giving visibility to the discipline in higher education, the transforming change of the teaching-learning process begins, based on innovative pedagogical practices that promote comprehensive information through cooperation and effective communication. In this process, a critical-constructivist approach is used, the dialectic between theory and practice and practical-critical rationality,

that lead the student to make decisions in a holistic way when faced with real situations. This implies an abandonment of the positivist and technological model (Triviño and Stiepovich, 2007).

Thus, the pedagogical practices of teachers must be in constant transformation based on the reflective process that they carry out with the group of students. They construct the significant learning process from the recognition of the history of the involved subject, the perception of the situation, the objectives, alternatives and resolution strategies that lead to the appearance of alternative conceptions in the role of the teacher. This changes with the vertical form of teaching and stimulates the power of creativity, affectivity and the reality of understanding in the student (Agramonte et al., 2006; Pereira and Tavares, 2010).

CONCLUSIONS

Nursing has a legacy of educational, biomedical-traditional models with pedagogies of consensus and conflict, which have configured and institutionalized a positivist and rationalist teaching-learning process. Such process is based on human behavior and categorization through teaching practices of transmission of knowledge from a banking education, which forgets the changing and unstable phenomena that occur in the human being. This situation highlights the gap and the lack of coherence between the complete being, proposed by academic projects and the pedagogical practices that can structure learning from care. These practices are indelibly passed on by the nurse teacher, who from their disciplinary training does not have the pedagogical basis to be a teacher and leads them to continue with the transmission of contents and fragmented teaching (Rubio and Arias, 2013).

Thus, the need arises for pedagogical training of nursing teachers in order to understand and respond to the new educational demands for a comprehensive education, whose practices allow the development of an active, critical and proactive being. For this reason, the teacher considers that the production of knowledge and the complexity of teaching occur in the daily and reflexive processes of the practice developed as a teacher, which aims to transform and enable change for a good life from transpersonal care which transcends from the classroom to society (Caires et al., 2011).

In the same way, the teaching-learning process is reconsidered under new pedagogical models that allow the autonomy of the individual and generate critical-reflective processes with the construction of significant knowledge about the possibility of intervening in a humanistic and integral way in one's own environment and society. Thus, from the critical pedagogy and the constructivist model Agramonte et al., (2006) propose the historical cultural approach in the nursing professional's training, where there is a tendency in which the student's learning is related to the context that surrounds it, for which they sustain the focus in Vygotsky's theory and his zone of proximal development concept

From the historical transition of the teaching-learning process in nursing, nowadays we see priorities such as knowing the model that establishes academic projects and that structures the curricula of each educational institution centered on care, with the purpose of discussing, internalizing and rethinking its coherence with the disciplinary phenomenon. This allows us to recognize and understand the diversity of pedagogical practices and their possible relationships with the learning processes of students from a real and significant construction of knowledge.

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NOTES

- [1] Praxis: complex, structured and coherent activity of the individuals in which to theorize and to execute are complementary; thus, the practice is situated between "the extremes of knowledge and doing" (Gadamer, cited by Barragán, 2013, p.29). This implies the technical reasoning (tejne) that is the realization of material actions (piosis) directed by concrete instructions, which in the light of knowledge and practical reasoning (Phronesis) are executed towards a moral good, from wisdom, reflection, prudence and experience (Barragán, 2013).