

## Implementation of the nursing process in a hospital according to Wanda Horta and Donabedian

*Implementación del proceso de enfermería en un hospital según Wanda Horta y Donabedian*

*Implantação do processo de enfermagem em hospital segundo Wanda Horta e Donabedian*

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### Abstract

This study aimed to report on the experience of implementing the Nursing Process in a medium-sized hospital in Metropolitan Region II of Rio de Janeiro, using Donabedian's framework and with technical-pedagogical support from the council's oversight. This is an experience report based on Donabedian's model. Data collection occurred through document analysis, direct observation, and monitoring of institutional indicators in the years 2024.2 and 2025. Structural weaknesses, lack of standardization, scarcity of technological resources, training deficits, and team resistance were identified. Strategies adopted included training, adaptation of digital tools, continuous supervision, and validation of the Nursing Process steps in the electronic medical record, with the active participation of the council's inspector. The implementation promoted significant advances in the dimensions of structure and process, strengthening professional practice and reorganizing care. The consolidation of the nursing process depends on the continuous monitoring of results and the parameterization of the North American Nursing Diagnosis Association International taxonomies, classification of nursing interventions, and classification of nursing outcomes.

**Descriptors:** Nursing Process; Quality of Health Care; Nursing Records; Nursing Care Systematization; Patient Safety.

### Resumen

Este estudio tuvo como objetivo reportar la experiencia de implementación del Proceso de Enfermería en un hospital de tamaño mediano en la Región Metropolitana II de Río de Janeiro, utilizando el marco de Donabedian y con el apoyo técnico-pedagógico de la supervisión del consejo. Este es un informe de experiencia basado en el modelo de Donabedian. La recolección de datos se realizó mediante análisis de documentos, observación directa y monitoreo de indicadores institucionales en los años 2024, 2025 y 2026. Se identificaron debilidades estructurales, falta de estandarización, escasez de recursos tecnológicos, déficits de capacitación y resistencia del equipo. Las estrategias adoptadas incluyeron capacitación, adaptación de herramientas digitales, supervisión continua y validación de los pasos del Proceso de Enfermería en la historia clínica electrónica, con la participación activa del inspector del consejo. La implementación promovió avances significativos en las dimensiones de estructura y proceso, fortaleciendo la práctica profesional y reorganizando la atención. La consolidación del proceso de enfermería depende del monitoreo continuo de los resultados y la parametrización de las taxonomías internacionales de la Asociación Norteamericana de Diagnóstico de Enfermería (NADIA), la clasificación de las intervenciones de enfermería y la clasificación de los resultados de enfermería.

**Descriptores:** Proceso de Enfermería; Calidad de la Atención en Salud; Registros de Enfermería; Sistematización de la Atención de Enfermería; Seguridad del Paciente.

### Resumo

Objetivou-se relatar a experiência de implantação do Processo de Enfermagem em um hospital de médio porte na Região Metropolitana II do Rio de Janeiro, utilizando o referencial de Donabedian e com apoio técnico-pedagógico da fiscalização do conselho. Trata-se de um relato de experiência fundamentado no modelo de Donabedian. A coleta de informações ocorreu por meio de análise documental, observação direta e acompanhamento dos indicadores institucionais nos anos de 2024.2 e 2025. Identificaram-se fragilidades estruturais, ausência de padronização, escassez de recursos tecnológicos, déficits formativos e resistência da equipe. Foram adotadas estratégias como capacitações, adequação dos instrumentos digitais, supervisão contínua e validação das etapas do PE no prontuário eletrônico, com participação ativa do fiscal do conselho. A implantação promoveu avanços importantes nas dimensões de estrutura e processo, fortalecendo a prática profissional e reorganizando o cuidado. A consolidação do processo de enfermagem depende do monitoramento contínuo dos resultados e da parametrização das taxonomias *North American Nursing Diagnosis Association International*, classificação das intervenções de enfermagem, classificação dos resultados de enfermagem.

**Descritores:** Processo de Enfermagem; Qualidade da Assistência à Saúde; Registros de Enfermagem; Sistematização da Assistência de Enfermagem; Segurança do Paciente.



## Introduction

The Nursing Process (NP) is an essential methodological tool that guides and highlights the autonomy and identity of the nurse's work regarding the care plan, providing systematized, safe, and quality care. Structured in five stages, assessment, diagnosis, planning, implementation, and evaluation, as per the normative update by COFEN Resolution No. 736/2024, the NP allows for continuous recording of care, improves care practice, and promotes visibility to the professional performance of nursing<sup>1</sup>. Recent studies indicate that the NP also plays a relevant role in the construction of nurses' professional identity, by allowing the experience of multiple identity dimensions: individual, collective, and institutional<sup>2,3</sup>. In this sense, the process acquires a strategic position in valuing the work of nursing, strengthening its social and technical recognition.

In addition to its mandatory nature, the NP has positive impacts on patient safety and the efficient management of healthcare resources. However, its effective implementation still faces several obstacles, especially in small and medium-sized hospitals. These include structural limitations, a shortage of human resources, resistance from staff, and gaps in academic training, which compromise mastery of the NANDA-I, NIC, and NOC taxonomies, hindering the operationalization of the NP stages<sup>2-4</sup>.

In this context, the fundamental role of inspectors from the Regional Nursing Councils stands out. During technical visits, they act not only as inspection agents but also as instruments of scientific, technical, and pedagogical support. The inspector's role has evolved towards a model that prioritizes an educational and collaborative character, especially in institutions with low infrastructure and a lack of protocols, where the nursing team's work frequently faces challenges related to training and the implementation of evidence-based practices<sup>5</sup>.

In states like Paraíba and Tocantins, documented experiences show that inspectors have begun to exert direct influence on improving the quality of care, focusing on guidance and support during inspections<sup>6,7</sup>. This approach transcends the traditionally punitive view of oversight, contributing to the transformation of organizational culture and strengthening the Nursing Process as a strategic tool for patient safety and the enhancement of the profession.

Given this scenario, this article aims to report on the experience of implementing the Nursing Process in a medium-sized hospital in Metropolitan Region II of Rio de Janeiro, with direct support from the Regional Nursing Council's inspection. The reported experience may serve as a basis for other institutions facing similar challenges, as well as encourage the Federal Nursing Council to reflect on its inspection policies, proposing an educational, guiding, and collaborative approach from inspectors, aiming at improving the quality of services and strengthening professional practice in hospital settings.

## Methodology

This is a descriptive study, of the experience report type, based on the theoretical framework of Quality

Assessment in Health proposed by Donabedian, which comprises three interdependent dimensions: structure, process, and outcome. Recent studies confirm the robustness and applicability of this model in various healthcare contexts, including digital and hospital environments<sup>8,9</sup>.

The experience described took place in a medium-sized hospital located in Metropolitan Region II of Rio de Janeiro during the period of 2024.2 and 2025. The institution has 22 beds, distributed among eight Intensive Care Unit (ICU) beds, twelve mixed clinic beds (medical and surgical clinic), an emergency department with 24-hour service, two operating rooms and its own sterilization center.

The methodological approach based on Donabedian's model allowed for a systematic analysis of the implementation of the Nursing Process (NP). The first dimension, structure, encompassed the evaluation of the physical, technological, and human resources available in the institution, since structural adequacy is directly related to the quality of care and user satisfaction. In the process dimension, all activities carried out for the effective implementation of the NP were analyzed, including the sensitization of the nursing team, the holding of training workshops on the five stages of the process (Assessment, Nursing Diagnosis, Planning, Implementation, and Evaluation), the standardization of care records, the monitoring of the practical application of the stages, and the construction of clinical-care flows and protocols. This dimension has a direct impact on clinical and operational outcomes, and on strengthening the identity of the prescribing nurse and the safety of the team<sup>10,11</sup>.

Regarding the outcome dimension, the final stage, a minimum monitoring of the implementation of the Nursing Process will be necessary to consider the effects generated by the implementation, with emphasis on the standardization and traceability of nursing records, the integration of Nursing Process data with institutional quality indicators, and the appreciation of the professional performance of the nursing team. Recent literature indicates that continuous monitoring of results contributes to the improvement of the quality of care and the recognition of good professional practices<sup>8,9</sup>.

The information used was obtained through analysis of institutional records, internal operational documents, direct observation of the nursing staff involved, and monitoring of data presented on institutional indicator dashboards. Because this is an institutional experience report without direct involvement of human subjects in research procedures, this study is exempt from submission to the Research Ethics Committee, as stipulated in Resolution No. 466/12, which addresses research with human subjects in the health field.

## Experience Report

Given the proposed objectives, the results obtained from the situational analysis of the hospital under study allowed for the identification of structural, organizational, care, and managerial aspects that directly impact adherence to the Nursing Process. Based on the data collected, it was



possible to construct an overview that highlights the existing weaknesses in the institutional context, and that hinder the effective implementation of the Nursing Process.

The data presented reflects the documentary and observational analysis carried out in the hospital environment. This analysis allowed for the development of

situational diagnoses, which guide the understanding of the challenges and potential for strengthening the Nursing Process in the institution. The chart below describes the main situational diagnoses raised during the research, which, following Donabedian's methodological approach, is characterized as the structural phase of the research.

**Chart 1.** Situational diagnosis of the study hospital regarding the nursing process. Rio de Janeiro, RJ, Brazil, 2024-2025

Situational diagnosis
Non-standardized Nursing Practice
Lack of scientific language in the records
Absence of the steps of the Nursing Process
Structural resistance
Professional culture that values execution more than planning and clinical reasoning

Based on the situational analysis conducted, according to the assumptions of the structural dimension of Donabedian's framework, it was possible to identify aspects related to physical, human, material, and organizational resources that directly impact the operationalization of the Nursing Process in the studied scenario. Chart 1 presents these findings in detail, allowing visualization of the institution's current conditions in relation to the requirements necessary for the adequate implementation of the Nursing Process. From this analysis, challenges emerged

that constitute concrete barriers to the effectiveness of the Nursing Process, which transcend the structural dimension and are interconnected with organizational, cultural, and managerial aspects. These challenges reflect not only the identified weaknesses but also point to critical elements that demand strategic intervention. Chart 2 systematizes the main challenges listed from the situational diagnosis, which served as the basis for proposing coping strategies and improving the implementation process of the Nursing Process.

**Chart 2.** Challenges encountered served as the basis for proposing coping strategies and improving the implementation of the Nursing Process. Rio de Janeiro, RJ, Brazil, 2024-2025

Challenges encountered
Devaluation of reflective practice - professionals prioritizing immediate and mechanical service
Deficits in academic training regarding the stages of the NP process
Lack of understanding regarding the applicability of the NP in clinical practice. This leads to the perception that it is a bureaucratic or theoretical activity
Lack of a culture of clinical reflection and continuous updating on the benefits of NP
Lack of enabling technologies (such as well-structured electronic health records) and adequate material resources
High demand for care and an overload of tasks prevent professionals from having time to plan, reflect, and properly record information
Lack of internal protocols, workflows, and training in the nursing process
Resistance to change
Weakness in the integration of information systems
Nursing diagnoses and interventions not parameterized with taxonomies (NANDA, NIC, and NOC)

Based on the situational diagnosis, it was possible to identify the main challenges that compromise the effectiveness of the implementation of the Nursing Process in the institution. These challenges, systematized in Chart 2, reflect both structural aspects, such as limitations related to material and technological resources, and organizational and human factors, such as training deficits, team resistance, and weaknesses in care management. Based on these findings, it became possible to outline specific strategies aimed at addressing each of these barriers, seeking not only to resolve the identified difficulties but also to promote the continuous improvement of care practice. The strategies adopted, aligned with the needs identified in the situational diagnosis, are presented in Chart 3 below.

It is expected that the impacts of implementing the Nursing Process in this institution will include improvements in the quality of nursing records, providing greater clarity in communication among the multidisciplinary team, a reduction in adverse events such as falls and pressure injuries, recognition of nursing work by managers and other sectors, and a potential impact on cost management, with better control of supplies and a reduction in rework.

Based on the third dimension of Donabedian's model, the results show that the full impact of the adopted strategies can only be measured over time, through the systematic monitoring of care, operational, and quality indicators. Thus, this experience marks the conclusion of the implementation phase of the Nursing Process, with the



structuring of the necessary resources and the organization of work processes. However, it is important to emphasize that the recognition that the Nursing Process is, in fact, implemented, in the sense of being consolidated and incorporated into the institutional culture, will depend on

observing the unfolding of these actions in the medium and long term. Only from this continuity will it be possible to accurately assess the effects generated on the quality of care, patient safety, and the professional development of the nursing team.

**Chart 3.** Strategies adopted aligned with the needs identified in the situational diagnosis. Rio de Janeiro, RJ, Brazil, 2024-2025

Strategies adopted
Adaptation of digital record-keeping instruments
Registration of instruments in the electronic medical record
Interfacing of the PE (Procedure) steps in the electronic medical record
Conducting theoretical and practical training workshops on the Nursing Process (Round)
Implementation of continuous supervision
Team awareness-raising, demonstrating the benefits of the Nursing Process in patient safety and the social value of nursing work (conducted by the inspector)
Validation of the Nursing Process database (conducted by the inspector)
Validation of the interface of the Nursing Process steps in the electronic medical record (conducted by the inspector)
Nursing Process Implementation Ceremony with the participation of the COREN inspector, nursing team, and the institution's planning and quality center

## Discussion

The implementation of the Nursing Process (NP) remains a challenge in various contexts, especially in medium-sized private hospitals, such as the one studied, which presents structural limitations, a lack of enabling technologies, and an organizational culture still focused on task execution. Although it has a stable and active nursing team, the institution faced difficulties in consolidating the NP as a systematized practice due to a lack of standardization, adequate resources, and continuous support. These findings are consistent with recent literature, which indicates that the absence of adequate structure, coupled with a lack of training and care overload, is a factor directly related to low adherence to the NP<sup>13,14</sup>. In this sense, the Donabedian model<sup>15</sup> reinforces the idea that the quality of care depends directly on the organizational structure and processes, which justifies the need for strategic interventions aimed at institutional transformation.

In various institutional contexts, a superficial or erroneous understanding of the nursing process has been observed. As reported by researchers, "intangible understanding of the concept of the nursing process has been identified as the main challenge"<sup>16</sup>. In the Brazilian context, this weakness is accentuated by the absence of scientific language in the records and by the difficulty in parameterizing diagnoses and interventions according to NANDA, NIC, and NOC, as revealed in the situational analysis of this research. Furthermore, the workload and reduced time for planning and recording hinder the adoption of the steps of the Nursing Process, especially in institutions with lean teams and high healthcare demand.

Excessive workload and a lack of time for planning and record-keeping are challenges widely reported in the literature<sup>13-17</sup>. A study conducted in Ethiopian hospitals found that 73.9% of nurses implemented the nursing process, with this behavior being positively associated with administrative support and continuing education, conditions that are also weak in the context analyzed here<sup>18</sup>. Similarly, the lack of material and technological resources, such as

integrated electronic medical record systems, constitutes a common obstacle to the effective operation of the process.

In this context, the role of the Regional Nursing Council (COREN) inspector as an agent of institutional transformation stands out in an unprecedented and essential way. Traditionally recognized for their supervisory function, this professional has expanded their role with an educational, guiding, and articulating perspective on best practices. In the case under analysis, the inspector's active involvement was crucial in sensitizing the team to the importance of the Nursing Process, validating instruments, monitoring the adequacy of digital systems, and promoting the leading role of nurses in building more qualified care.

The presence of the inspector in the field, when guided by dialogical and formative strategies, is capable of mobilizing the team, reducing resistance, and driving change processes. This approach represents a new paradigm in inspection, aligned with COFEN's guidelines, which understand the inspection function as an instrument for strengthening professional practice and not just for correction<sup>19,20</sup>. Thus, the presence of the supervisor in the implementation of the Patient Evaluation Program goes beyond technical observation: it constitutes a qualified institutional intervention, acting directly on the professional culture and contributing to the recognition of the Patient Evaluation Program as a strategic management tool, professional development, and patient safety.

The strategies adopted, such as theoretical and practical workshops, adaptation of digital tools, and continuous supervision, are supported by national and international literature as effective interventions<sup>22</sup>. The COREN inspector's role, within this scope, can also be understood as a structuring intervention strategy, as it promotes not only technical compliance but also the development of clinical and ethical competencies within the nursing team.

Another study concluded that environments that invest in continuing education and active supervision show greater adherence to the NP and significant improvement in



clinical and organizational outcomes. Organizationally favorable environments, with clear roles and consistent supervision systems, such as those provided by the presence of a supervisor, are considered predictors of success in the implementation of the NP<sup>21,22</sup>.

Resistance to change and the prioritization of mechanical tasks over planning and clinical reflection reflect an organizational culture still rooted in the biomedical, task-centered model. Studies highlight that creating psychologically safe environments, where professionals can reflect and learn without fear of judgment, is fundamental to consolidating a culture of quality and safety. The supervisor's role, in this sense, contributes to transforming this culture by legitimizing spaces for listening, training, and reorganization of professional practice<sup>23</sup>.

The use of technologies, such as electronic health records with a specific interface for the emergency department, constitutes an important facilitating tool. When associated with the actions of catalysts such as the supervisor, this technology can be enhanced and contribute to the consolidation of NP as an institutional practice. Studies indicate that well-implemented technologies, with technical support and training, reduce errors, expedite record-keeping, and encourage informed clinical practice<sup>24,25</sup>.

According to Donabedian's model, the evaluation of the quality of care occurs in three interdependent dimensions: structure, process, and outcome<sup>26</sup>. This experience has allowed for significant progress in the first two dimensions. However, the consolidation of the NP will depend on the sustainability of the implemented strategies and systematic measurement of healthcare outcomes, such as a reduction in adverse events, improved record quality, and increased user satisfaction. Finally, a recurring difficulty evidenced during the implementation of the NP was the parameterization of diagnoses and interventions according to the NANDA-I, NIC, and NOC taxonomies within the institution's electronic health record system. The absence of a previously organized structure for this purpose compromised the fluidity of records and the standardization of professional language, generating insecurity in the team and limiting the practical applicability of the NP. Given this limitation and recognizing the importance of standardized taxonomy for the visibility and safety of care, a further applied investigation was defined as a follow-up to this study, within the same institutional setting, to document and systematize the step-by-step process of parameterizing nursing diagnoses and interventions according to NANDA-NIC in the electronic health record. This strategy aims to consolidate the advances already achieved, as well as offer a replicable model to other institutions facing similar challenges.

## Final Considerations

The experience of implementing the Nursing Process (NP) in the studied hospital demonstrated that structured, articulated initiatives supported by multiple institutional actors are capable of promoting significant changes in the organization of care. The use of Donabedian's framework allowed us to understand that the adoption of the NP depends not only on the technical training of the team, but also on the integration of adequate structural conditions, well-defined work processes, and continuity in the evaluation of results. The findings show that, although the institution presented important weaknesses, such as a lack of standardization, training deficits, a lack of scientific language, and a care culture centered on task execution, the construction of targeted and contextualized strategies enabled concrete advances in the dimensions of structure and process. The adaptation of recording instruments, the holding of workshops, continuous supervision, and the integration of the NP into the electronic medical record constituted fundamental milestones for the reorganization of care and for the valorization of professional practice.

The role of the Regional Nursing Council inspector stands out uniquely as a structuring agent of change. Their educational, technical, and collaborative work has driven institutional transformation, fostering team awareness, validating instruments, and gradually incorporating the Nursing Process into the care dynamic. This work reinforces a new understanding of the supervisory function, aligned with the contemporary guidelines of COFEN (Brazilian Federal Nursing Council), which see the inspector as a mediator of good practices and a catalyst for quality.

Despite the progress made, the challenge remains of consolidating the third dimension of Donabedian's model: results. The full effectiveness of the Nursing Process can only be verified through continuous monitoring of care, operational, and management indicators, as well as by observing the cultural changes resulting from the systematic adoption of the process steps. Thus, the implementation described marks the beginning of a cycle of institutional maturation that requires monitoring, continuing education, and progressive strengthening of clinical practice.

Finally, the need for parameterization of the NANDA-I, NIC, and NOC taxonomies in the electronic health record proved to be a critical point, indicating the importance of further investigations focused on the organization, validation, and standardization of these structuring elements. The continuation of this work may not only consolidate the progress achieved but also provide support for other institutions to replicate the implementation model presented here.

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