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Reframing pedagogical practices for learning the nursing process during the COVID-19 pandemic

Ressignificação de práticas pedagógicas para o aprender do processo de enfermagem durante a pandemia de COVID-19

Reformulación de las prácticas pedagógicas para el aprendizaje del proceso de enfermería durante la pandemia de COVID-19

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ABSTRACT

Objective: To understand the teaching strategies implemented by nursing professors for teaching the Nursing Process during the COVID-19 pandemic.

Method: Qualitative study with a hermeneutic-phenomenological approach. Online individual interviews were conducted with 27 nursing professors from all five regions of Brazil, between November 2022 and May 2023. The analysis was grounded in the hermeneutic circle, respecting the principles of attentive listening and comprehensive interpretation.

Results: The phenomenological-hermeneutic analysis of the narratives led to the construction of a central interpretive category: Reframing of the pedagogical practices of being-nurse-professor-teaching-the-nursing-process. From this category, themes emerged that expressed dimensions of the experience lived by professors during the pandemic: openness of being-teaching to others; loneliness of remote teaching; technological mediation as a possibility; and teaching as care and projection.

Conclusion: In the pandemic context, faculty members projected new possibilities of being in teaching, reframing their practices through openness to the other and existential responsibility. The findings highlight the need for sensitive, flexible methodologies connected to crisis contexts and emerging innovations.

Descriptors: Nursing Education; Nursing Process; Learning; COVID-19; Qualitative Research.

RESUMO

Objetivo: Compreender as estratégias de ensino implementadas por docentes de enfermagem para o ensino do componente curricular Processo de Enfermagem durante a pandemia de Covid-19.

Método: Estudo qualitativo com abordagem fenomenológico-hermenêutica. Foram realizadas entrevistas individuais *online* com 27 docentes de enfermagem das cinco regiões do Brasil entre novembro de 2022 e maio de 2023. A análise foi fundamentada no círculo hermenêutico, respeitando os princípios da escuta e da interpretação compreensiva.

Resultados: A análise fenomenológico-hermenêutica das narrativas permitiu a construção de uma categoria interpretativa central: ressignificação das práticas pedagógicas do ser-enfermeiro-docente-ensinando-processo-de-enfermagem. A partir dela, emergiram temáticas que expressaram as dimensões da experiência vivida pelos docentes durante a pandemia que foram: abertura do ser-docente ao outro; solidão do ensino remoto; mediação tecnológica como possibilidade; e docência como cuidado e projeção.

Conclusão: Diante do contexto pandêmico, os docentes projetaram novas possibilidades de ser no ensino, ressignificando suas práticas a partir da abertura ao outro e da responsabilidade existencial. Os achados destacam a necessidade de metodologias sensíveis, flexíveis e interligadas aos contextos de crise e às novidades emergentes.

Descritores: Educação em Enfermagem; Processo de Enfermagem; Aprendizagem; COVID-19; Pesquisa Qualitativa.

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RESUMEN

Objetivo: Comprender las estrategias de enseñanza implementadas por docentes de enfermería para la enseñanza del Proceso de Enfermería durante la pandemia de COVID-19.

Método: Estudio cualitativo con enfoque fenomenológico-hermenéutico. Se realizaron entrevistas individuales en línea con 27 docentes de enfermería de las cinco regiones de Brasil, entre noviembre de 2022 y mayo de 2023. El análisis se fundamentó en el círculo hermenéutico, respetando los principios de escucha atenta e interpretación comprensiva.

Resultados: El análisis fenomenológico-hermenéutico de las narrativas permitió construir una categoría interpretativa central: resignificación de las prácticas pedagógicas del ser-enfermero-docente-enseñando-el-Proceso-de-Enfermería. A partir de esta categoría, surgieron temas que expresan dimensiones de la experiencia vivida por los docentes durante la pandemia: apertura del ser-docente al otro; soledad de la enseñanza remota; mediación tecnológica como posibilidad; y docencia como cuidado y proyección.

Conclusión: En el contexto pandémico, los docentes proyectaron nuevas posibilidades de ser en la enseñanza, resignificando sus prácticas desde la apertura al otro y la responsabilidad existencial. Los hallazgos destacan la necesidad de metodologías sensibles, flexibles y conectadas con los contextos de crisis y las demandas educativas emergentes.

Descriptores: Educación en Enfermería; Proceso de Enfermería; Aprendizaje; COVID-19; Investigación Cualitativa.

INTRODUCTION

The COVID-19 pandemic represented an unprecedented milestone in health education, directly impacting nursing training processes, including the teaching of the Nursing Process (NP), which, among other curricular components, requires a connection between theory, clinical practice, and critical reasoning[1]. The sudden adoption of social distancing and the suspension of in-person activities forced the academic community into an emergency, unplanned remote model, surrounded by structural, technological, and pedagogical limitations[2].

In this context, NP teaching was faced with challenges that went beyond the technical scope. The need to maintain pedagogical continuity led professors to reorganize time, space, and relationships with students, embracing technological mediation as a means of presence and attentive listening amid virtuality.

This forced transition imposed rapid transformations, affecting the quality of the training process and requiring changes in pedagogical practices, and competencies that had been little explored, such as digital technology mediation, the virtualization of clinical practice, and the reconfiguration of pedagogical interactions[3,4].

Understanding the professor's experience in the context of nursing education requires attention at the meanings attributed to lived practices. Martin Heidegger's hermeneutic phenomenology[5] provides the foundation for this unveiling by understanding the being-in-the-world as someone who constructs meaning as they interpret their own existence in the face of lived phenomena. Such approach proves suitable for understanding how teaching professionals experienced and gave meaning to the act of teaching during the pandemic, especially in the existential, subjective, and professional dimensions of "being a nurse-professor".

In the educational field, phenomenology strives to find meaning in concrete life experiences, that is, the everyday experiences of individuals, and their interactions with others are considered fundamental to understanding the world[6]. In this sense, adopting a phenomenological approach implies: (i) recognizing the complexity of the educational process and (ii) valuing the unique way in which each individual acts, feels, and interprets their reality, according to the nuances of their own culture[7].

From this perspective, this study emerges from the experiences of being-nurse-professor in the prcatice of teaching NP during an atypical and challenging period. Recent studies[2,8,9] indicate that the pandemic triggered profound transformations in teaching subjectivities, requiring not only technical adaptations but also emotional, ethical, and formative adjustments. Understanding these transformations is essential to strengthen pedagogical practices that are sensitive to emerging realities and sustainable in the face of the unknown of new scenarios.

Thus, the present study aimed to understand the teaching strategies implemented by nursing faculty to teach the Nursing Process during the Covid-19 pandemic.

METHOD

This is a hermeneutic-phenomenological study, grounded on Martin Heidegger's theoretical-methodological framework[5]. The study had a unique and particular focus on language[10]. From a Heideggerian perspective, language plays a crucial role, functioning as the guiding thread of the hermeneutic experience[11].

The phenomenological-hermeneutic analysis adopted in this study is anchored in Heidegger's concept of *Dasein* (being-there). It is a privileged and singular mode of being, which describes the human being as an entity capable of understanding their own existence, assigning meaning to life, and interpreting the world based on their concrete experiences[5].

The study participants were nurse-professors affiliated with public and private Higher Education Institutions (HEIs). The inclusion criteria were: teaching curricular units related to the Nursing Program during 2020 and having at least six months of teaching experience, which represents the minimum time necessary for the professor to have experienced, reflected upon, and critically understood the educational context before and during the pandemic. Exclusion criteria included professors on leave, vacation, or absent for other reasons.

Participants were selected through the following steps: (i) initially, information (name, email address, and nursing coordinator) was cataloged on the e-MEC platform (a digital platform owned by the Ministry of Education) regarding Higher Education Institutions (HEIs) offering in-person Nursing programs in the country; (ii) subsequently, electronic contact was made with the Nursing Program Coordinators and a snowball sampling technique was applied, in which the coordinators recommended the professors for their respective programs; (iii) subsequently, those referred professors who met the inclusion criteria received an electronic invitation containing a presentation letter, the digital Informed Consent Form (ICF), and an introductory video with the researcher's presentation, clarifications about the project, and ensurance of participant anonymity.

Since in-person fieldwork was not carried out, given that the study's purpose is to interview professors from different Brazilian states and seek greater familiarity with the digital tools through the lead researcher, a flexible, remote approach was necessary. Alternatively, an explanatory video strategy was employed when contacting potential participants, fostering previous recognition and open dialogue before the interviews.

The research team was already involved in the educational field, which facilitated initial access to some regions, although there was no relationship of subordination or hierarchy between the interviewer and participants. The interaction established during data collection was recorded in a field diary, used exclusively as an ethical and methodological resource. The records contained the researcher's impressions about the listening process, emotional involvement, and the bonds established, contributing to the ethical care of the participants and the phenomenological-hermeneutic analysis. It is noteworthy that the field diary records were not treated as empirical material and were not included in the results presented in this study.

Data collection was conducted through phenomenological interviews[12], a technique widely adopted in ontological-based research. The interviews were conducted individually, synchronously between November 2022 and May 2023 via Google Meet® platform. Each interview was recorded in audio and video format, lasting an average of 95 minutes. Each participant's environment was not controlled, but they were asked to be alone and in a private location. Therefore, each interview was scheduled in advance according to the participants' availability and conducted with authorized recordings. During the study, no other person was present during the interviews, ensuring confidentiality and privacy.

A total of 152 nursing faculty members were selected through sampling. Of these, 32 responded to the email invitation, expressing interest in participating in the research, and 27 confirmed their participation by signing the digital ICF.

During the phenomenological interviews, as a strategy to connect the being-nurse-professor with the research topic, the symbolic image of the transformations experienced by a butterfly was used. This metaphor served as an invitation to reflect, establishing an analogy between metamorphosis and the transformations experienced during the pandemic. The image served as a phenomenological opening device, fostering welcoming, initial bond, and the exposition of existential meanings by the participants.

The phenomenological interview was guided by the following question: "What are the meanings of the teaching and learning experiences regarding the Nursing Process that you had in remote teaching during the pandemic?"This question was posed openly, allowing the participant to recall their personal and professional experiences spontaneously, retrieving the experiences and meanings attributed to that period and creating an environment of authentic listening and existential openness.

The interviews were conducted by a researcher trained in phenomenological studies and with continuous methodological supervision throughout the data collection process. This previous experience was essential to ensure welcoming, sensitivity, and rigor in the dialogic approach. No pilot test of the interview was conducted, as the approach should prioritize openness to lived experience and not be based on a structured and formal instrument.

The interviews were analyzed according to the principles of the Hermeneutic Circle[12], which can be understood as a continuous interpretative movement between pre-understanding, understanding, and interpretation[13]. Pre-understanding refers to the openness of the individual that guides the search for meaning; understanding is where the movement of approaching the phenomena and recognizing initial meanings occurs; and interpretation is where the meanings are unveiled and grounded in Heideggerian ontology[13], enabling the unveiling of the phenomenon in its singularity.

Therefore, for the pre-understanding stage, the interviews were manually transcribed, without the use of automated software, so that the phenomenological-hermeneutic analysis could approach the narrative in a sensitive and interpretive manner. Although the transcripts were not validated by the participants, they were subjected to exhaustive and repeated readings by the research team to ensure fidelity to the narrated content and to become familiar with the participants' statements.

Next, general and specific notes were made on each transcript to document exploratory coding, highlight convergences and divergences, and compare notes with one another. All with the goal of achieving a consensus and enabling a simpler and more immediate understanding of the statements, what Heidegger called average understanding[5,12].

Subsequently, based on the phenomenological description of the modes of being of nursing faculty in the pandemic, a more comprehensive interpretation of the phenomenon was achieved through a Heidegger-based analysis of the meanings and senses that underlie nursing professors' existence and contribute to understanding the strategies implemented for teaching NP.

To ensure anonymity and organization, each participant was identified by the letter "E" followed by a sequential number corresponding to the order in which the interview was conducted (E1, E2, ...E27). The study complied with the guidelines of Resolution No. 466/2012 of the National Health Council and was approved by the Research Ethics Committee under opinion No.5,726,248, CAAE 57871222,2,0000,0121. Furthermore, the study complied with the guidelines of the Consolidated Criteria for Reporting Qualitative Research (COREQ)[14], ensuring transparency and methodological quality in the presentation and conduct of qualitative research.

RESULTS

A total of twenty-seven nursing professors participated in the study, 24 women and 3 men, aged between 35 and 60 years old. Of these, 20 were affiliated with private institutions and 7 with public institutions. All taught courses related to NP during the pandemic and had between 1 and 30 years of teaching experience. The sample included representatives from the five regions of Brazil (South = 10; North = 7; Northeast = 4; Southeast = 4; and Central-West = 2), which enabled an understanding of different institutional, cultural, and regional realities, converging with the goal of capturing the lived phenomenon in its plurality.

The meaning constructed from a lived experience is always unique, as it reflects the intentional nature of consciousness. In this case, the interpretation of the phenomenon occurred within the unity of the existential meaning of being-in-the-world and being-with-others and will be presented based on the meaning unit below.

Reframing of the pedagogical practices of being-nurse-professor-teaching-NP

In the process of articulating theory and practice in teaching the NP, in a scenario where physical distance becomes an unknown horizon, *Dasein* (being-there, the being that understands and projects meaning for its existence) finds itself compelled to question its being. Immersed in a constant search for professional authenticity and effectiveness in the teaching process during the pandemic, the nurse-professor-teaching-NP was marked by the need to undergo a process of metamorphosis in their professional practice.

The impact of this change in pedagogical practices was expressed through the perspectives of the professors, evidencing a sensitive recognition of the being-professor in the face of the complexities also experienced by the students. A first reframing, therefore, was to understand individual limitations and challenges, while reinforcing a more shared view of coping.

> *Living through the pandemic caused great emotional disruption in the classes* [...] *now imagine conducting an educational process during this period, remotely? It left us vulnerable. And I decided that, when I opened the classroom, I would take some time, or sometimes the entire class, to comfort them and then continue teaching, you know* (E5)

> *Sometimes, they would arrive tired, coming back from work and everything... and they would say: "Professor, I'm not feeling well today." We had to be sensitive enough to recognize that that person, or even the class, wasn't feeling well that day. Even though they were just small squares on the screen, there were people who were not fine* (E10)

> *This issue of being more sensitive and open with the students, and that each one had difficulties: one didn't have a cell phone, another didn't have a computer, another had a computer but it was "super old," another didn't have internet, and so on. I had to be flexible; I think I had to have empathy for everyone* (E19)

This reality invited the nurse-professor-teaching-NP to shed the rigidity brought on by the formality of daily life and the strictness of a traditional classroom — understanding this traditional classroom as one linked to a normative, professor-centered practice, which was confronted with the reality experienced in the pandemic context. The subject then began to live with and perceive a reality that was not unique to their being as a professor, so as to look around and see other beings in similar situations of uncertainty, fear, personal difficulties, and adaptation to a pandemic world, shared with the being-student. Empathy, as a result of this reframing and relationship, was only possible from the perspective of being-with-the-students.

This *Dasein*, when thrown into the unknown of teaching remotely, projected different possibilities for the continuous exercise of maintaining its occupation in the world, which is teaching. Faced with this new experience, the being-nurse-professor-teaching-NP brought to light some concerns that led him to a second reframing of his work environment, resulting in the need for a change in the pedagogical approach, including a sensitivity of the current situation.

The natural classroom environment was no longer a room with concrete walls, sometimes perceived as the only place where learning processes could occur. The being-professor was removed from the physical presence of the professor-with-students and invited into a social interaction mediated by screens. Virtual communication became the primary means of interaction, but with its advent, different feelings and meanings were revealed both in learning and in interaction with students.

> *I couldn't see people's faces. Only a few students turned on their cameras. But when I used slides on the platform, I was completely absent… I was afraid… afraid of not doing well, afraid of not being able to handle it, afraid of losing money… afraid of not getting it right. So, I had a lot of fears* (E11)

> *One thing really bothered me: we'd ask: Turn on your cameras, I want to see you! Because I was the only one who showed up. And I felt like an idiot in front of the computer talking, and like, on the other side, there were one, two, or three with cameras on. Others, I don't know what they were doing* (E16)

> *The hardest thing for me, from in-person to virtual, was the silence, you know! I'd say: "Guys, show your faces!" Then I'd ask: "Guys, for the love of God,*

show your faces! Interact with me!" And they only interacted through the chat (E18)

I think I had to reinvent myself when it came to presenting the content, because when you're in the classroom, if you use the board, I make my connections, right? It was a way to dialogue, to interact... but, with remote learning, the lack of interactivity made NP teaching more difficult (E23)

Reframing the way of communication within classroom learning processes was necessary, since the new era brought an absence of in-person interaction and a new space for communication was being amplified, now mediated by virtual means. However, it is possible to see the professor relentless search to make the environments equal, which sometimes raised feelings of frustration, loneliness, and inability to encourage more active student participation.

On the other hand, not seeing, not listening effectively, and not being sure of the concreteness of their actions toward their students allowed the being-nurse-professor to question their practices. And, in facing this reality, just as *Dasein* is thrust into the world, it projected possibilities that would help in facing the challenges of the remote world and, thus, achieve student engagement and participation.

In this context, the nurse-professor-teaching-NP, amidst new digital practices, was called upon to reframe their teaching within the "classroom" universe. Remote teaching in the NP context led subjects to experience searching and questioning about which approach would be best applied and would be able to mitigate the weaknesses resulting from the lack of physical interaction.

I think the pandemic, for me, was kind of a test, you know? To put it this way: let's see if you're a professor too, right? Because I know I'm a nurse, right? That I know I am. But what about a professor? I began to notice the deficiency in student learning within the NP. . . and this was only afforded to me through remote teaching during the pandemic (E14)

I, at least... I couldn't get the interaction I normally had in the classroom. Yes, but the difficulty, I think, was being distant from you. I couldn't achieve this remotely, to bring it into the abstract. It was an obstacle. I couldn't. So I got frustrated. There's no other word for it... I tried several strategies, and participation just didn't happen (E25)

So, I went online, I started looking for tutorials to discover learning tools, things online that I could do with the students so they could interact better and learn too. I looked for strategies on how I could modify that traditional class and make it happen through the camera (E26)

These statements unveil the challenges, feelings, and opportunities faced by the being-nurse-professor-teaching-NP during the pandemic. Adapting to the new conditions of remote teaching, using active methodologies, and seeking innovative tools and strategies demonstrate this professor's commitment to finding answers to their concerns. These experiences highlight their understanding of a flexible, creative, and student-centered approach to ensuring the continuity and effectiveness of education during the pandemic and to reducing the barriers of remote teaching.

What I did was take the progress of a specific real-life case, in the tests it was the same, with clinical cases. . . and from there, I developed questions and discussed them so that they could solve them. I used adapted examples from hospital forms where I had worked, and then I sent them by email beforehand and discussed them in the virtual classroom. We discussed the formulation of the history, diagnoses, prescriptions, and schedules. That's what I could do (E1)

So I remember that I would schedule the content with them... I tried to adjust my husband's work schedule to get his help... so my husband was my patient, and I would perform the vital signs check procedure with him and use the camera to record it. Then I would ask the students to do the same with someone at home and post their videos (E16)

I placed my camera on a stand near the sink and carried out the technique, showing the step by step live. That's how I taught how to put on gloves. But then, how was I supposed to catheterize a person, a mannequin I didn't even have? I ended up assembling a panel, where I drew a life-size human silhouette, added all the organs, and showed the pathway (E26)

A really interesting idea was the clinical evidence board, which involves organizing a fictitious case study within a board, including information about the physical examination, information about the clinical interview... we created this scientific and clinical evidence board! So, for example, with six students, I'd create two charts, one case for each trio or pair... And then we started working on this process in the same way we did in person (E27)

So, the being-nurse-professor-teaching-NP took as a stance in practice the proposal to abandon their traditional pedagogical methods and rebuild to meet the demands of a virtual setting, configuring a third reframing. And, to this end, started exploring different digital tools in daily life, as well as creating interactive content and establishing connections that could bring them closer to students, using strategies identified as most relevant as promoters and facilitators of learning.

With remote teaching, teaching the NP was a great challenge. What I did was take the evolution of a specific real-life case [...], *send it by email beforehand, and then discuss it in the virtual classroom. We discussed the development of the history, diagnoses, prescriptions, and schedules, you know! That's what I was able to do at that time* (E1)

To achieve greater effectiveness in student engagement, I moved away from the traditional lecture model. I tried to create several groups within the platform and assigned each group one stage of the Process. We worked in different ways, with clinical cases: initially we gave an explanation of the theoretical part, divided the case, and each group worked on its stage separately, and then we held a discussion (E5)

We tried to incorporate case studies, using apps that could contextualize questions that could prompt student reflection... (E7)

We produced infographics and held a series of livestreams to discuss NP. They are available on our institution's and our center's YouTube channel... During this pandemic, we tried to increase the visibility of NP teaching a little. (E24)

This moment required professors to truly seek out innovative and creative strategies to overcome limitations and make classes more interactive and engaging. As can be seen from the statements, case studies, smaller groups, virtual clinical simulations (with the support of teleconsultations), infographics, and online presentations were used to promote adherence to the subject.

However, the statements resonate and highlight the difficulties experienced by students from the professor's perspective, especially in applying these strategies to the NP subject. Some situations were highlighted as major obstacles: the NP stages, the teaching of clinical reasoning, and the handling and use of the NANDA International (NANDA-I) taxonomies[15], Nursing Interventions Classification (NIC)[16] and the Nursing Outcomes Classification (NOC)[17].

Students had difficulty researching the patient's problems. They would take, for example, arterial hypertension and treat it as a nursing problem, but it is a medical diagnosis. And the student would want to build a whole line of reasoning on that, instead of on nursing problems (E1)

It was very difficult because the NP requires problematization. It requires foundation on our base. So, when they needed to make connections to work on the NP, this reflected in their difficulty with following and understanding (E7)

The NP is already somewhat subjective for students, and it becomes even more difficult because there was a lack of therapeutic relationships. I tried to share things from the lab, but it didn't work out very well. We work with NANDA, with the diagnosis, remotely, even showing the book, it was very difficult (E25)

And, during the pandemic, being able to work with them on Nursing Diagnosis remotely, how to develop a nursing diagnosis, was challenging! And when were we going to talk about the stages? We were explaining... but when we talk about the diagnosis, the actual diagnosis, the risk diagnosis, and then what we have there is the NANDA diagnosis. So, how do we make that student see it? (E26)

The statements reveal conflicting feelings during the development and application of these new strategies. While the need to incorporate them gave new meaning to teaching practice, concern also emerged about deficits and knowledge gaps, especially regarding the understanding of the stages of the NP and its application in professional practice. This reality highlighted the dichotomy between the benefits of innovation and didactic adaptation and their weaknesses.

In this context, the being-nurse-professor, in the quest to give meaning to their work, brought with them the opening of possibilities for choosing a way of being when facing the process of change. In the statements, the projection that this *Dasein* made within itself in the face of the different possibilities of its existence as a professor and the responsibilities assumed in teaching the NP.

> *I believe the pandemic set back the development of the NP. And we are going to "struggle" a bit with that 2020 class. They are not going to understand the greatness of a good NP, a good description. That is a challenge ahead of us, because many times we "turned a blind eye" and let too many things go, because everything was pandemic-related* [...] *There are people graduating out there thinking that nurses can do everything, and that is not quite the case* (E2)

> *Today I see that the professor needs to be the mediator. They need to create some "tricks" to mediate this teaching, even remotely, so that the student can be empowered, can seek knowledge, even if the professor is not physically there* (E3)

> *So, what could be accomplished remotely, we accomplished, right? Mainly the reflections on the very theoretical content. The student's understanding of the technique they were performing, the relationship with the NP. But we worked on what was supposed to be taught remotely. We don't replace practical knowledge with online knowledge* (E24)

The reframing of teaching practices during the pandemic highlighted the need for careful attention to the student, as well as the readaptation of student-professor communication in a virtual setting and the use of new methodological strategies that would allow NP teaching, to achieve greater interactivity and better learning. It also highlighted the weaknesses imposed by this entire context. This reframing process reflects not only the necessary adaptation experienced by the being-nurse-professor, but also the pressing demand for didactic innovation and greater effectiveness in NP teaching methodologies.

The statements reveal that the experience of remote teaching for NP did not replace practical teaching, but rather promoted reflections, especially on the teaching practice. Many reported feelings of loss, but also of growth in recognizing that the learning process is a relationship with others and that it goes beyond the physical space.

DISCUSSION

The encounter with the being-nurse-professor-teaching-NP was conducted through a language-guided experience. It is in language that we find the dwelling of the very presence of being, allowing a touch in the innermost core for the opening of presence[10]. However, philosophizing about nursing education in light of Heidegger goes beyond the being-nurse-professor. In this sense, it is important to understand the educational process in which one is inserted.

Approaching education from this perspective leads us to understand that the educational process is part of the social context and needs to be investigated in terms of applicability, the way of perceiving others and its scope, which occurs from those who experience it[18]. Thus, by transforming the analysis into a report of the linguistic expression of those who experienced the pandemic period, we learn that the rupture with routine everyday life opened possibilities for the being-nurse-professor to construct their own practice, surrounded by a previously unknown context.

It is important to understand the being in its existentiality, that is, how it manifests itself in the world through its daily activities[5]. The statements reflect this existentiality when describing their experiences during remote teaching of the NP. They faced practical and emotional challenges that made them question their own professional authenticity and seek ways to adapt to a new and unfamiliar context.

We can infer that the existence of the being-nurse-professor-teaching-NP was not limited to an isolated "I" within a body but constituted a *Dasein* aware of its finitude and its solitary existential condition, whose fundamental ontological constitution is that of a being-in-the-world. In this scenario, the being-nurse-professor reveals itself as a *Dasein* — a being that, thrown into the world, becomes aware of its finitude and the existential solitude that characterizes it[19,20].

For Heidegger, *Dasein* is the one who exists in relation to time and death, and who, by recognizing its limitation, can live more authentically[5]. The pandemic, by breaking with normality and exposing professors to uncertain and solitary teaching, brought to the surface this awareness of their own fragility and existential anguish. The impossibility of seeing faces, feeling the environment, and listening to concerns in person emerged as an experience of estrangement. In this reality, the *being-there* was called upon to reframe its role.

Different of understanding the remote environment as a choice, professors found themselves thrown into this condition, and their response was to exist within it authentically and responsibly. This occurs even though, in daily existence, these engagements and concerns often occur in a deficient manner, and challenges and contingencies transform this existence into an intensely busy and inauthentic condition[5,21].

Daily existence is called inauthentic existence[5]. By deepen into the universe of the being-nurse-professor during this period, one finds enveloped in a world of traditional doing and pre-established rules. Heidegger emphasizes that inauthentic existence alienates the being from itself, as the possibilities of existence end up being determined by what he calls something or impersonal[19,20]. And by being thrown into the pandemic context, the being-nurse-professor was torn away from the everyday and impersonal mode, being exposed to its own facticity.

Remote teaching brought the being-professor a new possibility. By projecting themselves even in the face of relational emptiness and uncertainty, the being-nurse-professor chose to remain in the world, investing meaning in the formation of the other and assuming responsibility for their presence as a way of existing. And the existential attitude toward the presence of anguish and uncertainty is what, in the light of Heidegger, makes this experience authentic.

According to other authors[22,23], changes in teaching methodologies resulting from the COVID-19 pandemic have shifted educational priorities. The redefinition of these priorities by nurse educators represented a significant experience for the professor-student binomial. From this perspective, it can be inferred that rethinking pedagogical implications reflects the fact that all professors and students are eternal learners, beings of project who, at each moment, have the possibility of reframing their way of doing. In the context of this study, this means the reframing of pedagogical practices[21].

The being-nurse-professor expressed that their reframing was centered on the importance of maintaining an empathetic and sensitive connection with students, recognizing their individual difficulties and needs. As a way of coping with this new reality, they adopted a stance of belonging to the learning community and seeking to promote a communicative environment of mutual support and collaboration.

An online environment where communication strategies between professors-students are well-established and integrated favors the learning process and promotes greater student satisfaction[2,23]. However, when these strategies are not clearly defined or utilized appropriately, there is a risk of restrictions on both synchronous and asynchronous learning, especially when the educational experience is not mediated by attentive listening, language adaptation, or methodologies that favor presence and bonding, even at a distance.

The virtual environment provided and introduced the being-nurse-professor to a new entity that would enable the encounter with the other *Dasein*. At times, this encounter does not take place, but it is known to occur simply by the addition made in thought[19]. This is possible through the unveiling of the world, which is essentially an internal world that presents an entity (Information and Communication Technologies - ICTs) that is at hand not only for the nurse-professor, but also for others, such as the being-student.

Heidegger differentiates what is "at hand" (*Zuhandenheit*)[19,24] from what merely "presents itself". The teacher, in adapting their practices to remote teaching, used what was at hand — digital platforms, slides, and improvised tools — to maintain their teaching

existence in the world. These resources, more than tools, became extensions of their being-in-the-world, revealing their ability to project themselves even in the face of the unknown.

In Heideggerian thought, objects "at hand" (*Zuhandenheit*) are not neutral; they acquire meaning as they are used in the context of an existential project[19]. For the professor, slides, platforms, and video calls were not just technical tools; they became ways of sustaining their presence in the world while teaching. This use reflects *Dasein's* ability to project itself into the world with the resources that surround it, even when the world seems threatened or suspended. Teaching, in this context, also meant reinterpreting their own performance and involvement through new means. In this sense, it is possible to establish a dialogue with the concept of care.

For Heidegger[5,24], care (*Sorge*) is a fundamental structure of *Dasein*, which projects itself into the world concerned with its own being and with others. Thus, the professor is not "a being who cares" in the moral or affective sense, but a being who is cared for, because it is launched into the world concerned with its own existence and with others as the constitution of its being. Thus, the professor existentially engages with teaching, with students, and with its own formation as a being-with-others.

Thus, the professor did not decide to care in the sense of a voluntary or moral action. In Heidegger, care (*Sorge*) is not something *Dasein* does, but what it is. Within this framework, the philosopher distinguishes care directed toward the world of objects (*Besorgen*) from care directed toward other *Dasein*, called *Fürsorge*—which can be understood as solicitude or "care for"[5]. In this context, a *Fürsorge*[5] enables a redefinition of teaching practice, as the professor engages with the being-student through their affected presence, attentive listening, and openness to the other's pain and silence. The nurse-professor manifests their own existential constitution as a being-with projected into the shared world.

From this perspective, the change adopted by the professors can be seen as a manifestation of care, seeking, through different teaching strategies, to preserve both the integrity of the teaching and learning process and themselves. Thus, approaching the study, the being-nurse-professor-NP, through the pedagogical changes imposed by the Covid-19 pandemic, observed the need to reshape his practices to foster an environment of support and mutual collaboration.

The remote environment, more than a choice, became a possibility of existential projection for the being-nurse-professor, who, thrown into an uncertain reality, remained in the world as the one who teaches. In this sense, the professor, even in the face of technological estrangement and the absence of the other, sustained his teaching existence as a project in a disorganized world.

This can also be seen in studies[25–27], through reports of different opportunities for learning created and used by professors in their interaction with the world, for conducting meetings, tasks, and online counseling, as well as for storing content on the Web and making effective use of electronic media, as opportunities for remote education during the pandemic.

Studies[28,29] point out to some teaching-learning strategies capable of contributing to this process, such as case studies, clinical simulation, questioning, concept maps, and interactive learning, corroborating the active methodologies used by participants. According to these authors, the application and improvement of this knowledge occurs primarily through experiences in clinical practice. However, this consolidation of learning was interrupted due to the suspension of in-person classes.

Studies[28–30] clarify that the choice of a clinical reasoning model depends on the learner's skills and previous knowledge and that strategies must be aligned with pedagogical objectives. From the perspective of the nurse-professor-teaching-NP in this study, the interruption of in-person activities created gaps in the effective learning of the NP and its phases, with consequent difficulties in the construction, implementation, and understanding of effective clinical reasoning and practical application of the topic remotely.

The pandemic can be understood as a being that, by imposing itself on the daily existence of *Dasein*, unveiled the structure of being-professor in its facticity and finitude. For Heidegger, the being should not be seen merely as something that exists, but as that which reveals something about Being itself. Thus, the pandemic illuminated how professors project themselves

into the world, redefining their presence, their listening, and their responsibility to others.

This reality brought negative impacts[22], both on the interaction between professors-students in university settings and on the very construction of traditional social relationships before the pandemic. In teaching and learning, now online, social interaction between students and teachers as they used to have at university was impossible. The being-nurse-professor projected themselves into the world, trying to remain authentic amidst the disruption. Thus, teaching during the pandemic meant experiencing vulnerability itself as a potential for reinvention[31].

From these restrictions, the being-nurse-professor expressed antagonistic perspectives toward the new teaching model. Although innovative, entering the technological world brought negative scenarios into the learning process. According to[30,32,33], the difficulties in the remote environment included delays in the start of classes, poor image and connection quality, students' lack of skills in handling ICTs, lack of access to the internet or a computer, and, consequently, lack of motivation.

However, some transformations and adaptations experienced by the being-nurse-professor brought essential aspects to be discussed in the post-pandemic period, reflecting the need to transform challenges into opportunities to improve teaching. The spaces provided for professors to reflect on their experiences and identify positive aspects of these transformations can contribute to the consolidation of more innovative, dynamic teaching aligned with the new demands of nursing education[21].

The pandemic cannot be understood merely as an external event, but as one that unveiled fundamental aspects of being. The pandemic did this by disrupting normality and demanding an existential response from professors. It exposed vulnerability but also revealed the power of professors to project themselves, to find meaning in caring for others, and to reinvent themselves as pedagogical presence.

At the beginning of 2020, the abrupt and prolonged transition to remote work, teaching in virtual environments, and the adaptation - or even interruption - of research and extension activities significantly transformed nursing education. These changes, driven by the need for an emergency reorganization of teaching-learning processes, left lasting impacts that extend beyond the pandemic period[21,34].

The experiences lived by nurse professors during the pandemic highlighted the need to reframe pedagogical practices in light of the concrete existence of those involved in the teaching-learning process. More than proposing structural changes in educational models, the findings of this study point to nursing education grounded in listening, sensitivity, and openness to the other — existential elements that emerged as central in the professor-student relationship during emergency remote teaching.

This study has limitations that should be considered when interpreting the results. Data collection occurred exclusively through online videoconferences, which prevented in-person sharing of lived contexts and limited the observation of more subtle nonverbal or interactional aspects, even in the presence of images.

In addition, it was not possible to fully ensure the privacy of the environment in which participants answered the interviews, which may have influenced the freedom of expression or the depth of some statements. These limitations, although relevant, did not compromise the validity of the meanings unveiled, but indicate important directions for future research with methodological triangulation and in-person observations.

CONCLUSION

The Covid-19 pandemic caused an abrupt rupture in traditional teaching practices and required professors to reposition themselves regarding the teaching of NP in a remote setting. The being-nurse-professor revealed that their reframing was deeply connected to the importance of maintaining a sensitive and attentive connection with students, recognizing and acknowledging their difficulties and individual needs.

The experience unveiled that overcoming these challenges was not only achieved through the acquisition of pedagogical tools, but, above all, through existential openness and concern toward others. This reframing was mobilized by the need to maintain connections, acknowledge student suffering, and create possible pathways for NP learning.

The findings of this study point out to possible paths for NP teaching in unstable contexts, such as: valuing interactive methodologies mediated by digital technologies; using case studies and simulations as strategies to bring theory and practice closer together; promoting virtual spaces for listening and exchange between professors and students; and fostering co-authorship in the teaching-learning process, recognizing the student as an active and unique subject in the act of learning.

Thus, this study contributed to teaching by highlighting the importance of practices adapted and interconnected with the emerging reality; to research by deepening understanding from a phenomenological perspective on teaching during the pandemic; and to the professional teaching practice of nurses by indicating that strengthening the NP requires pedagogical intentionality, institutional support, and active listening to the singularities in the learning process.

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Data and material availability

Access to the dataset is available upon request from the corresponding author.

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