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NURSING PROCESS EXPANDED BY ANTHROPOSOPHY: PERCEPTION OF ANTHROPOSOPHICAL NURSES

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ABSTRACT

Objective: to identify the characteristics of the nursing process in the anthroposophic nursing clinical practice.
Method: this is a qualitative, descriptive study of an exploratory nature. Between October 2023 and July 2024, 23 semi-structured interviews were conducted on the anthroposophically-enhanced nursing process with participants from different countries who met the inclusion criteria. Data were analyzed with Thematic Reflective Analysis applying the ATLAS-ti® software.
Results: the codes emerging from the analysis of the interviews describe the nursing process in all its parts: assessment, diagnosis, planning, intervention, and evaluation, with characteristics specific to anthroposophic nursing. Planning and intervention are described as if they were a unit, and codes emerge in reference to annotations and data exploitation.
Conclusion: Nursing assessment is enhanced by data collection based on anthroposophic anthropology; diagnosis is informed using anthroposophic medical terminology, and anthroposophic nursing practices are used for planning and intervention. In this process, evaluation is carried out periodically and often in an interdisciplinary manner, and all anthroposophic nursing actions are recorded, and the data is used to conduct continuing education and research work. Future studies are needed to broaden and deepen the different school and university training methods that influence their understanding, the implementation of the nursing process, and the practice of anthroposophic nursing.

DESCRIPTORS: Nursing care. Anthroposophic medicine. Nursing theory. Complementary therapies. Nursing process. Nursing records. Patient care planning. Holistic nursing.

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PROCESSO DE ENFERMAGEM AMPLIADO PELA ANTROPOSOFIA: PERCEPÇÃO DAS ENFERMEIRAS ANTROPOSÓFICAS

RESUMO

Objetivo: identificar as características do processo de enfermagem na prática clínica da enfermagem antroposófica.
Método: trata-se de um estudo qualitativo descritivo, de natureza exploratória. Entre os meses de outubro de 2023 e julho de 2024, foram realizadas 23 entrevistas semiestruturadas sobre o processo de enfermagem ampliado pela Antroposofia, com participantes de diferentes países que atendiam aos critérios de inclusão. Os dados foram analisados por meio de Análise Reflexiva Temática, utilizando o software ATLAS-ti®.
Resultados: os códigos que emergem da análise das entrevistas descrevem o processo de enfermagem em todas as suas etapas: avaliação, diagnóstico, planejamento, intervenção e evolução, com características próprias da enfermagem antroposófica. O planejamento e a intervenção são descritos como se fossem uma unidade e surgem códigos que fazem referência às anotações e à exploração dos dados.
Conclusão: a avaliação de enfermagem é ampliada com a coleta de dados baseada na antropologia antroposófica; o diagnóstico é enriquecido com a terminologia da medicina antroposófica; e, para o planejamento e a intervenção, são utilizadas práticas específicas da enfermagem antroposófica. Nesse processo, a avaliação é realizada periodicamente e, muitas vezes, de forma interdisciplinar, assim como todas as ações de enfermagem antroposófica são registradas e, com os dados, é realizada a formação continuada e os trabalhos de investigação. São necessários estudos futuros que ampliem e aprofundem as diferentes formações escolares e universitárias que influenciam sua compreensão, na execução do processo de enfermagem e na prática da enfermagem antroposófica.

DESCRITORES: Cuidados de enfermagem. Medicina antroposófica. Teoria da enfermagem. Terapias complementares. Processo de enfermagem. Registros de enfermagem. Plano Assistencial de Enfermagem. Enfermagem holística.

PROCESO DE ENFERMERÍA AMPLIADO POR LA ANTROPOSOFÍA: PERCEPCIÓN DE LAS ENFERMERAS ANTROPOSÓFICAS

RESUMEN

Objetivo: identificar las características del proceso de enfermería en la práctica clínica de la enfermería antroposófica.
Método: se trata de un estudio cualitativo descriptivo de naturaleza exploratoria. Entre los meses de octubre de 2023 a julio 2024 se realizaron 23 entrevistas semiestructuradas sobre el proceso de enfermería ampliada por la antroposofía a participantes de diferentes países que cumplían los criterios de inclusión. Los datos fueron analizados con Análisis Reflexivo Temático aplicando el software ATLAS-ti®.
Resultados: los códigos que surgen del análisis de las entrevistas describen el proceso de enfermería en todas sus partes: valoración, diagnóstico, planificación, intervención y evaluación, con características propias de la enfermería antroposófica. La planificación y la intervención son descritas como si se tratase de una unidad y surgen códigos en referencia a las anotaciones y la explotación de los datos.
Conclusión: la valoración de enfermería se amplía con la recogida de datos basada en la antropología antroposófica; el diagnóstico se nutre con la terminología de la medicina antroposófica y para la planificación e intervención se utilizan prácticas propias de enfermería antroposófica. En este proceso la evaluación se realiza periódicamente y a menudo de manera interdisciplinaria, así como todas las acciones de enfermería antroposófica son registradas y con los datos se realiza la formación continuada y los trabajos de investigación. Se necesitan futuros estudios que amplíen y profundicen las diferentes formaciones escolares y universitarias que influyen en su comprensión, en la ejecución del proceso de enfermería y en la práctica de la enfermería antroposófica.

DESCRIPTORES: Atención de enfermería. Medicina antroposófica. Teoría de enfermería. Terapias complementarias. Proceso de enfermería. Registros de enfermería. Planificación de atención al Paciente. Enfermería holística.

INTRODUCTION

The nursing process is considered the systematic and rational method of planning and providing individualized nursing care. It consists of 5 phases: assessment, diagnosis, planning, intervention, and evaluation. Its purpose is to recognize a patient's health status and their real and potential problems or needs to provide them with appropriate nursing care at each stage of their problem, as well as to their families and the community. The application of the nursing process benefits patients because it addresses their needs and nurses because they expand their creativity by reflecting on theoretical and practical knowledge in the intervention[1].

Since 1975, the nursing process began to be introduced into the curricula of nursing schools and colleges, and is considered relevant in the academic production of the course[2]. However, the literature indicates that the pace of practical implementation of the nursing process in health centers is uneven and needs to be seen as an instrument to assess the work processes of the nursing team, and not as bureaucratic tasks[3–4].

The nursing process is a methodological tool; therefore, it is systematic, methodical, measurable, and timely, and can be implemented in healthcare, teaching, and research. For the nursing process to be applied, nursing professionals must have occupation-specific knowledge, such as management and administration, morpho-physio-pathology, psychology, and social sciences, as well as the theoretical foundations of the profession: philosophy, theories, conceptual models, and research. Work environments and the culture of identity in nursing are created from two areas, one area is the nursing process that provides the method, another area is the nursing theories that provide the concepts and worldview[5–6]. In this regard, the theoretical-philosophical bases supporting nursing practical work are those that will guide the nursing process[1,7].

In integrative and complementary nursing practice, the nursing process integrates expanded care for the patient's physical, social, spiritual, emotional, and economic needs, as well as their response to illness and the effect of illness on their ability to meet their self-care needs[8–9].

There is a juxtaposition between holistic nursing and integrative or complementary nursing[10]. Two areas can be described, namely, integrative or complementary nursing, which includes, along with its biomedical practices, techniques from other medical systems (Traditional Chinese Medicine, Ayurvedic Medicine, Shamanism) or techniques derived from the New Age and holistic nursing, organized in the USA, which is characterized by assuming in its corpus holistic philosophy and sacred activism, existing nursing theories and techniques from other medical systems and derived from the New Age[10–12].

Conversely, Nursing care extended by the Anthroposophic one (AN) has been part of the medical system of Anthroposophic Medicine (AM) since 1923. It is an integrative form of health care through therapeutic care accompanied by the professional's spiritual and emotional qualities, by external applications that are specific to it (based on natural remedies) and by the philosophical bases of anthroposophical anthropology[13].

In Brazil, this system has integrated a role in Integrative and Complementary Health Practices (PICS) in the public system since 2006, and this reality extends to 14 of the 36 countries in America[14]. AN, along with AM, is included in the integrative medicine services in Germany and Switzerland, and its practices are recognized by the German, Swiss, and Dutch nursing councils. In Germany, Switzerland and the Netherlands, there are nursing schools and university centers with courses on AN[15–16]. In 2023, the World Health Organization (WHO) published the criteria for training in AN along with other disciplines of Anthroposophic Medicine[17].

Regarding the holistic nursing process and the future challenges it faces, the literature shows several examples[18]. Given this, this study is warranted by the need to describe the nursing process

expanded by anthroposophy clearly and precisely so that it can be grounded in the theoretical and practical field of AN. To this end, the objective is to identify the characteristics of the nursing process in AN clinical practice.

METHOD

This is a qualitative descriptive study of an exploratory nature. This article presents data collected from semi-structured interviews on the nursing process expanded by anthroposophy.

The following criteria were considered for the selection of participants: being a certified nurse in the country of origin, having some type of training in anthroposophic nursing, external applications, basic concepts of anthroposophy and more than one-year experience in the field of anthroposophic nursing, as well as working in a healthcare context (hospital, outpatient care, private practice, home care, etc.). The participants, originally from Germany, Switzerland, the United States, Japan, Brazil, Chile, and Spain, had to be able to express themselves in one of the following languages: Spanish, Portuguese, German, or English. Participants who met the training criteria but did not have the required experience were excluded. The snowball method was used to recruit 23 nurses who expressed interest and agreed to participate in the study.

First, the semi-structured questionnaire was evaluated by three judges (nurses with expertise in Anthroposophic Nursing) and tested in two pilot interviews to confirm its applicability. Once its applicability was confirmed, a meeting with the researchers and participants was scheduled by phone or email. Data collection took place between October 2023 and July 2024. The semi-structured questionnaire was available in Spanish, Portuguese, English, and German.

The data collection instrument had the following structure: three questions for sociodemographic characterization, eight questions about professional career and workplace, four on management-teaching-research in anthroposophic nursing, ten on knowledge of anthroposophy applied to health, three on self-knowledge or the nurse's personal path, and thirteen on anthroposophic nursing care.

The interviews were conducted in person or in a virtual room in the presence of the participant and the researcher and lasted between 50 and 120 minutes. They were audiorecorded with the participant's permission. The researchers are native Spanish and Portuguese speakers and have knowledge of English and German.

The study was conducted in accordance with national and international ethical standards and was approved by the *Ethics Committee for Research in Persons, Society and Environment* (CEIPSA) of the *Universitat Rovira i Virgili* in Spain.

The free and informed consent was obtained from all individuals involved in the study through the Free Informed Consent Form, either written or online. Data confidentiality and anonymity were guaranteed by using the prefix INT followed by a number indicating the order of the interview (INT-1, INT-2…) to identify the participating nurse.

The analysis of the discourses followed the operational proposal of Reflexive Thematic Analysis (RTA) by Virginia Braun and Victoria Clark, which is defined as a flexible approach to the analysis of qualitative data that allows for the identification, interpretation, and analysis of patterns through interpretive observation of the data and deep immersion in the theme proposed in the study. These authors suggest carrying out the analysis in six stages: a) initial familiarization with the data: reading the data set and beginning the process of identifying and interpreting their meanings in the way of perceiving the phenomena and elements that may be relevant; b) generation of initial codes: coding of characteristics that attribute meaning to the data, and identification of patterns that will subsequently generate themes; c) construction of themes: grouping of codes that share unifying characteristics or describe a coherent and significant pattern of the data into potential themes; d) review of initial themes: verifying the themes that work in relation to the coded extracts and the entire data set; e) definition

and nomenclature of themes: analysis of the initial themes and the specifics of each theme, verifying whether they are related to the research questions and the phenomena addressed, generating clear definitions and names for each theme; e) production of the narrative: final analysis and description of the interpretive history of the data, including data extracts that allow contextualizing the codes and themes[19–21].

For the analysis, all interviews were transcribed in the participant's original language and subsequently translated into Spanish and included in a Word text file in the software ATLAS.ti® Version 24. The researchers then selected significant paragraphs and assigned identifying codes, which were subsequently organized into five thematic areas.

RESULTS

The nursing professionals interviewed were female, aged between 41 and 55, and residents of Europe, North America, and South America. Most hold certification from the basic course and the expert course in AN, with experience in anthroposophic teaching, care management, and clinical practice.

Chart 1 – Codes and verbatims on the assessment (anamnesis).

Codes	Verbatim
Conventional clinical history	*We'll take a medical history, right? Your past and previous history, a study of your clinical condition, right? Both your history and physical examination.* (INT-15)
	Through an evaluation template with manifestations of symptoms that are expected to be obtained after treatment. (INT-13)
Information on Corporalities Vitality Calorific organism	*Through the anthroposophical assessment of the patient himself. An extended interview in which the functional four- and three-fold constitution assessment was carried out.* (INT-13)
	but also specifically analyzes thermal balance, specifically the vital forces. (INT-06)
Perception of the health expression	*And you see a change in posture. You even see how the clothes, the body, the cleanliness change, you know? The person arrived dirty and in a little while that person is all pretty, dressed up, you know? That red lipstick she didn't wear before, that red scarf.* (INT-18)
	Through observation. (INT-20)
	in the conversation. (INT-21)
Nurse's theoretical, empirical, and intuitive knowledge	*On one hand there is theory, theoretical knowledge, practical experience, and then intuition.* (INT-05)
Multidisciplinary data collection	*Because many times there are very complicated cases that sometimes we can't solve alone, right? So I always count on the support of other professionals (…) Other professionals too, especially psychologists, you know? And psychotherapists. And psychiatrists also refer a lot, so often when they come in, I have to take a history, you know? Even more carefully and in depth, to find out if there really is an indication.* (INT-17)
	Basically the patient comes to us with a referral from the doctor (…) *I try, if possible, to talk to the doctor, exchange ideas.* (INT-19)
Evaluation guide	*And I think now, asking properly, I need like a… a more objective evaluation guide.* (INT-09)

*INT: participating nurse.

Chart 2 – Codes and verbatims on the diagnosis.

Codes	Verbatim
Identification of patient needs	*All the information I use is used both to make a diagnosis and to monitor the patient.* (INT-15)
	(…) *the 12 nursing gestures, where in addition to a nursing diagnosis, for example, we develop an attitude towards patients.* (INT-08)

*INT: participating nurse

Chart 3 – Codes and verbatims on planning and prescription.

Codes	Verbatim
Selection of interventions	*The concept of the four essential members and the three members, which always helps us find the right care for the patient as a whole and select our interventions accordingly and return the patient to health.* (INT-08)
Choosing the 12 NA Gestures	*In fourfold and threefold constitution, the gesture of care, Rolf Heine's 12 gestures of care.* (INT-10)
	Working with gestures is a very complex job, but also a very beautiful job to simply realize what the gesture really means. (INT-01)
Choosing External Applications: Infusions, immersion baths, compresses, oil treatments, honey therapy…	*We do a foot bath procedure, full body oiling, yarrow compresses or wet compresses and hot compresses.* (INT-09)
	External therapies. We have cold wet compresses, hot compresses, warm compresses, ointments, medicinal tea, you know? We also have poultices, foot baths, intestinal baths, rhythmic gliding baths, immersion baths. There is honey therapy, nourishing baths, bandages, organ rubs. (INT-20)
Choosing Conventional Nursing Practices	*...the normal part of the nurse with the vital signs…* (INT-20)
	You have to do everything traditional, right? Anthropometric measurements and everything we have to do. (INT-21)
Knowledge of indications, contraindications, and side effects of treatments	*Yes, we monitor these contraindications, indications, and side effects for all the external applications we perform...* (INT-05)
	external applications have few side effects, it really has to be said, most are well tolerated. (INT-08)
	very rarely can it cause any harm. So, it is a safe procedure. (INT-14)
Information on treatments	*I'm investigating... we share with other colleagues too, or with the people from Vade mecum, whom we can consult.*(INT-11)
	...I read first and then I see what I can do... (INT-03)

Chart 3 – Cont.

Codes	Verbatim
Guidance for Health and Self-Care	*also grounded little advice to talk about nursing.* (INT-23)
	We always think about dietary guidance. (INT-18)
	Emphasis on self-care. (INT-12)
Guidance on other anthroposophic therapies	*...massages such as rhythmic massage…* (INT-15)
	...within conversations, events specific to people's biographies. (INT-13)
	guidance on meditation exercises. (INT-18)
	In psychiatry, psychosomatics, the so-called soul exercises, that is, in a broader sense, concentration and mindfulness exercises. (INT-07)

*INT: participating nurse.

Chart 4 – Codes and verbatims on the evaluation.

Codes	Verbatim
Observation of results	*The evaluation I do is this follow-up by filling out the form, right? And observing, mainly the details, right? What is your dream? Eliminations, sleep, and also noticing vitality.* (INT-17)
	First, we are the ones who observe the external application during the treatment. Even after the break, you can get an idea of the effect and ask very careful questions about the patient's condition. (INT-05)
	But when we realized that it didn't fit at all, or that we had to do something different, then, of course, we change. (INT-06)
Conversation with the patient	*I evaluate them and how? I go, always in constant conversation with the patients.* (INT-10)
	For me, the best evaluation is that of the patient himself (INT-04)
Record of interventions	*We make reports every time we do a series of treatments that become part of the person's file.* (INT-22)
	It is the entire follow-up, both of the history and the evolution, the diagnosis, and everything is filled out electronically or in the patient's history. (INT-15)
	I make a small evaluation sheet in which we collect data before the application, and three weeks later there is something in the area of pain, heat, mood, sleep, there are changes compared to before the application. (INT-03)
	once designed a protocol to specifically document external applications (INT-02)

Chart 4 – Cont.

Codes	Verbatim
Care Follow-up	*Then, he follows up, as a communication, on how he woke up and slept, and in the next session, generally the person can also evaluate, if there is any difference between before and after.* (INT-11)
	Then when we see the patient again, we briefly evaluate the previous treatment. (INT-05)
	So we only saw patients in the outpatient setting (..) you have a completely different process than someone who is in an acute care hospital. (INT-06)
Feedback, mail and/or *apps*	*Sometimes the evaluation is by phone call or WhatsApp.* (INT-12)
	I think the clinic sometimes sends a questionnaire home. (INT-08)
Interdisciplinary or medical follow-up	*We do it as a group because we end up discussing the most serious cases (…) also of some colleagues who work there.* (INT-19)
	I do a simple evaluation, or the doctor, because, for example, she always brings me comments from patients. (INT-21)
Institutional instrument	*In our hospital, certain departments receive training in selected external applications and these applications are evaluated.* (INT-05)

*INT: participating nurse.

Chart 5 – Codes and verbatims on annotation and its application.

Codes	Verbatim
Validation of nursing interventions	*I have the nursing record that I keep, and I print it out and I go, I write down the date, the name, and what, what I did to him.* (INT-09)
	I try to keep a record of them and the changes they've had, you know?, of the applications I made. (INT-11)
	It is the entire follow-up, both of the history and the evolution, the diagnosis, and everything is filled out electronically or in the patient's history (…) We take notes of what we've received by phone, in the case of a call made in person to the patient's home. He comes to your office, what has he complained about, you should write it all down, right? You must also report everything you have advised. (INT-15)
	through this history taking form. (INT-17)
	So we put something with the patient's name, age, substance and therapy. First session, what did you use, what did you do? And the patient's observations? (INT-20)
Continuing education with case studies	*And also sometimes, the person in charge of suggesting the case study tries to find out if that patient you have seen has done such and such a thing, if you would not like to present him together with the doctor, together with the masseuse, together with the therapist.* (INT-19)
	Absolutely, because as we work in an interdisciplinary team, everyone uses it to get to know the patient, to understand them, and then we look at it in all ways, all specialties. (INT-21)

Chart 5 – Cont.

Codes	Verbatim
Verification for charging insurers	*I know that the data is used at least for coding, i.e. for payment, so that it can be billed.* (INT-08)
Patient'a long-term follow-up	*They can be seen by everyone involved in the treatment and, when patients return after a long time, of course, you can see them.* (INT-06)

*INT: participating nurse.

DISCUSSION

For the informants, the AN Assessment (Chart 1) consists of the conventional health clinical history, expanded by the anthroposophical assessment that provides the state of the human being's corporalities (four- and threefoldness), of the vital forces and of the calorific organism. In the assessment, the perception and expression of health status is perceived in the conversations held with the patient, along with the observation of aspects that changed from one encounter to another in nursing care. The informants explain that to carry out the assessment, theoretical knowledge of the discipline, empirical knowledge, and intuitive knowledge are necessary. AN's assessment includes, in interdisciplinary work, data that other AM professionals can provide about patients. The informants recognize that the anamnesis or assessment is a guide for evaluation and that improvements are needed in its system.

In the literature we find different examples of AN assessment, for example, a case study on a child with community-acquired bacterial pneumonia (CAP), in which the conventional anamnesis is detailed: blood values, radiological, respiratory and general symptoms, diagnostic tests, hemodynamic values, medical history, etc., in addition to the description of AN therapies[22]. Another case study, about a 12-year-old boy with post-traumatic stress disorder, provides the details of AN's assessment expanded by anthroposophy: fourfoldness, threefoldness, biographical details, etc., with an explanation of AN's actions reasoned by AN empirical, academic and intuitive knowledge[23]. In another case study, a 7-year-old girl with chronic constipation and seizures, the conventional assessment, the extended assessment, the interdisciplinary work – in this case therapeutic eurythmy –, the perception of health and its progress are collected[24].

In the AN diagnosis (Chart 2), which consists of identifying the patient's care needs, the interviewees work based on the 12 nursing gestures. The effectiveness of AN diagnosis, with the 12 gestures and their effectiveness, is shown in the literature. A case study is narrated, over the course of a year, of a patient in a palliative process in which, under the guidance of the 12 gestures, his needs are analyzed and the most appropriate AN therapies are determined at any given time[25].

The planning, prescription, and implementation of AN activities, as the previous case study example shows, is guided, as the literature provides, by the perspective of anthroposophical anthropology that guides the selection of interventions. The 12 gestures, external applications such as compresses, wraps, rhythmic oleations and baths, are part of the variety of interventions typical of AN. The literature describes in detail different interventions with number of applications, guiding idea of the intervention, observed effects and comments from patients[1,24–26].

For the informants, the selection of interventions in the planning and prescription process of AN (Chart 3) is conditioned by the conception of the human being expanded by anthroposophy. They explain that this phase includes actions typical of An, such as nursing gestures and external applications, in addition to actions typical of conventional nursing. The interviewees are familiar with

the indications, contraindications, and side effects of each of the external applications they use and acknowledge that they are well tolerated. Interviewees seek information about treatments by asking colleagues, online, or reading about the topic. This phase also includes health education interventions, self-care advice, and other anthroposophic therapies.

Health education and guidance are described in the literature, as in the previously described case study of a 7-year-old girl with chronic constipation and seizures. In this case, work is done directly at the girl's school, with the teacher and the family to achieve a good result, in addition to relying on other anthroposophic therapies[24]. There are manuals, reference books, and an online platform detailing information on AN's own external applications and remedies, *Vademecum Pflege*[1] draws on the experiences of nurses from around the world who provide case studies and AN experiences.

The Evaluation (Chart 4) of the care provided by AN to the patient is done through the observation of the results: sleep, vitality, and elimination. In this regard, if the desired effect after an intervention does not appear, the study participants report that they have the power to change the therapy. Conversation with the patient is also a tool for evaluating care. All therapies performed are recorded in AN documents, collecting relevant data before and after care. These documents are used to monitor the care provided, the frequency of which will be determined by the type of health problem or level of care. Different means are used to communicate with patients and obtain feedback about AN sessions and their progress, such as new technologies, conventional mail, or phone calls. In assessing care, informants also consider other AM professionals to expand information during interdisciplinary follow-ups. It is important to note that in AN, not only is the outcome of a therapy's effectiveness evaluated on a patient, but also the effectiveness of the therapy itself.

In the literature, there are several examples of evaluation of the interventions carried out, for example: assessment of the effectiveness of external applications in the form of warm chest mustard (*Sinapis nigra*), ginger (*Zingiber officinalis*), and water compresses, in cases of respiratory tract infections. In this study, the skin of patients was observed after external application, also observed with infrared thermography, and a validated questionnaire was used (*Herdecker Wärmeempfindungs-Fragebogen*, HWPQ)[27]. In other cases we found conversation as therapy and as a tool for measuring treatments, as in the study on the understanding of people with cancer and the burnout syndrome in relation to anthroposophic nursing care[28].

The interviewees record the data (Chart 5) in their own AN records, which include the anamnesis, expanded by anthroposophy, the assessment, diagnosis, care, progress and results. These records are fed with all the information received from the patients (telephone messages, home visits) and are used to confirm the AN record. Regarding the use or exploration of the recorded data, the informants use them for interdisciplinary case studies, as proof of payment to health plan providers for the care provided, and, in general, for follow-up with patients in future consultations, either by themselves or by other interdisciplinary professionals.

The existing literature on AN demonstrates that patient-related AN course notes are rigorously kept, as these notes provide the data for publishing case studies, randomized clinical trials, clinical application research, etc., on patient follow-up and health economic management[23–29].

The study's limitations include the lack of academic literature on the AN process, which means the findings cannot be directly compared. The snowball method used to select participants may also be considered a limitation of the study, as it may have excluded nursing professionals who met the inclusion criteria and who could have contributed to the expansion of the data. Due to the fact that participants come from various countries, with different criteria for nursing training, and since the training of the interviewees is heterogeneous, some come from nursing schools (with a vocational training curriculum) and others from nursing colleges (with an academic training curriculum), the cross-

[1]Äussere Anwendungen in der Anthroposophischen Pflege. https://www.pflege-vademecum.de/

sectional understanding about the subject of the nursing process may have different understandings and some of the essential aspects of the subject of the study may have gone unnoticed by the authors.

This research contributes to making the nursing process that occurs in AN and that had not been previously explored visible. AN is recognized in several countries around the world, and its practices are carried out effectively and efficiently in all healthcare settings. Therefore, it is important for the scientific community investigating integrative and complementary nursing to have the nursing process as a tool that is recognized and can be used as a source of information for future research. It should be highlighted that future studies are needed to broaden and deepen this topic, as well as research that shows the different areas of action of AN.

CONCLUSION

This research presents the characteristics of the nursing process in clinical nursing practice expanded by anthroposophy that allow the development of practice, education and research. It is shown that the assessment or history-taking process is enhanced by data collection based on anthroposophical anthropology; the diagnosis is informed by AM terminology; and AN practices are used for planning and intervention. In this process, evaluation is carried out periodically and often in an interdisciplinary manner, all AN actions are recorded and the data is used for continuing education and research.

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NOTES

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APPROVAL OF ETHICS COMMITTEE IN RESEARCH

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CONFLICT OF INTEREST

The authors declare there are no conflicts of interest.

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DATA AVAILABILITY

Access to the dataset may be granted upon prior request to the corresponding author.