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Editorial

New Brazilian National Curriculum Guidelines for Nursing Education: A Historic Milestone for the Future of Care

Novas Diretrizes Curriculares para os Cursos de Enfermagem: marco histórico para o futuro do Cuidado

Nuevas Directrices Curriculares para la Formación en Enfermería: un hito histórico para el futuro del cuidado

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Nursing Week is celebrated from May 12 to 20, a period honoring Florence Nightingale and Anna Nery, figures who symbolize the ethical, scientific, and human commitment inherent in care. In 2026, the occasion was marked by a historic event for the profession in Brazil: the Ministry of Education's official approval of the new Brazilian National Curriculum Guidelines (DCNs - *Diretrizes Curriculares Nacionais*) for undergraduate nursing programs. More than just a regulatory update, this represents the consolidation of a collective educational project committed to the quality of care provided to the entire population, the defense of the Unified Health System (SUS - *Sistema Único de Saúde*), and the social needs of the Brazilian people[1].

The publication of the new DCNs is the result of over a decade of mobilization by scientific organizations, professional councils, educational institutions, faculty, students, and healthcare workers. This movement was driven by the understanding that transformations in the health, epidemiological, technological, and educational landscapes necessitated a revision of the guidelines established in the early 2000s. Throughout this period, the debate extended beyond curricular issues to encompass themes central to the profession, such as the quality of education, patient safety, the value of in-person instruction, and nursing's social commitment to the population[1].

In recent decades, the Brazilian healthcare system has become increasingly complex. Population aging, the rise of chronic conditions, the expansion of Health Care Networks, and shifts in the population's

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epidemiological profile have created a demand for professionals with increasingly broad and highly qualified competencies, as well as strong clinical reasoning skills[2]. At the same time, the rapid expansion of higher education in the country has raised concerns regarding the quality of training provided by educational institutions, particularly given models that weaken the integration of theory and practice and limit students' exposure to real-world care and practice settings.

In this context, the new DCNs reaffirm the foundational principles of nursing education. The document maintains the minimum workload of 4,000 hours distributed over a five-year training period, strengthens supervised curricular internships, expands the integration of education, service, and community, and consolidates in-person training as an essential requirement for developing professional competencies in this field[3]. These measures reflect the understanding that healthcare cannot be learned exclusively through theoretical content or virtual environments. Nursing education requires direct, hands-on experience in the community, interaction with service users, families, and multidisciplinary teams, as well as the progressive development of clinical reasoning and the relational skills that underpin safe care.

Another relevant aspect is the explicit recognition of care as the nursing work process's goal. In times marked by the increasing technologization of care, the new guidelines reaffirm that education should not be limited to mastering procedures and technologies. Caring involves attentive listening, effective communication, clinical judgment, evidence-based decision-making, ethical responsibility, and a commitment to human dignity. By highlighting these dimensions, the document reinforces a broader understanding of the nursing profession, aligned with the principles of comprehensive and humanized care[3].

The new DCNs also address contemporary challenges that shape professional practice. Topics such as digital health, patient safety, diversity, ethnic-racial relations, social inclusion, sustainability, and interprofessional work now occupy an explicit place in training within this field. This represents a significant advancement, as it acknowledges that 21st-century health issues are complex and require professionals capable of working in diverse contexts, engaging with multiple bodies of knowledge, and responding to the needs of increasingly diverse populations.

The incorporation of digital health into the training process is particularly relevant. Advances in artificial intelligence, telehealth, and information systems are transforming how the services where these professionals work are organized and how care is delivered. However, the adoption of these technologies must not compromise fundamental attributes of professional practice, such as empathy, communication, and critical thinking. Thus, it is important to emphasize that the contemporary challenge lies not in replacing human care with technology, but in using innovation to enhance the quality of care and expand access to healthcare services.

Another important advancement concerns the emphasis placed on pedagogical training in

nursing. By recognizing teaching certification and technical vocational education as strategic components for strengthening the health system, these guidelines reaffirm nursing's role as a profession that also trains workers. In a country where healthcare delivery relies heavily on the work of nursing teams, dedicating effort to improving educational processes means directly investing in the quality of care provided to the population.

More than just a curricular update, the new guidelines represent a vision for the profession committed to quality care, the defense of life, and the strengthening of the SUS. They preserve historical advances in nursing education while incorporating contemporary demands related to innovation, the complexity of care, and social transformations[3-4].

However, the formal approval of these guidelines does not end the debate; on the contrary, it ushers in a new phase of discussion. The greatest challenge now lies in their effective implementation within educational institutions. Ensuring adequate infrastructure, high-quality practical training sites, education-service integration, and faculty training aligned with the new curricular requirements will demand institutional investment, political commitment, and the active participation of the academic community. Guidelines alone do not transform reality; their impact depends on their successful integration into the day-to-day practices of education and care.

In this regard, the official approval of the new DCNs during Nursing Week holds great symbolic significance. It links the profession's historical trajectory to the challenges of the future. Honoring the legacy of Florence Nightingale and Anna Nery means not only remembering their contributions but also ensuring that future generations of nurses are educated with scientific excellence, human sensitivity, and a commitment to society.

In commenting on the official approval of the new DCNs, the Federal Nursing Council hailed this achievement as a historic milestone for the profession[5]. This statement encapsulates the significance of a collective effort that opens up new horizons for nursing education and healthcare delivery in Brazil. However, it would be naive to imagine that the publication of the new DCNs will, on its own, resolve the long-standing challenges facing nursing education. Issues persist regarding the unregulated expansion of educational programs, the uneven quality across training institutions, the adequacy of practice settings, the recognition of the teaching profession, and the need for mechanisms to ensure the training of competent professionals.

Even so, the new DCNs reaffirm essential principles for nursing education and, drawing inspiration from Eduardo Galeano's reflections, point toward a horizon that exists not to be reached, but to keep us moving forward[6]. Thus, they represent an ongoing invitation for nursing to continue building the future of the profession, of care, and of the SUS in a manner that is critical, high-quality, and socially committed.

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