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SYSTEMATIZATION OF NURSING CARE IN PRIMARY HEALTH CARE: A REPORT OF AN EXPERIENCE

SISTEMATIZAÇÃO DA ASSISTÊNCIA DE ENFERMAGEM NA ATENÇÃO PRIMÁRIA À SAÚDE: UM RELATO DE EXPERIÊNCIA

SISTEMATIZACION DE LA ATENCION DE ENFERMERIA EN ATENCION PRIMARIA DE SALUD: RELATO DE UNA EXPERIENCIA

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ABSTRACT

Objective: to create a strategy to optimize the work of nursing. **Method:** this is an experience report descriptive study, carried out during the Curricular Traineeship I - Rural Internship at the Nursing School of the Federal University of Minas Gerais, Minas Gerais, Brazil, on the implementation of the Nursing Care Systematization (NCS) in Primary Health Care in a city of Minas Gerais. **Results:** a diagnosis and a prescription nursing form, referring to Adult and Elderly Health and Child and Women's Health, were formulated in order to implement the Nursing Care Systematization through the Nursing Process. Nurses were trained on the use of these forms. **Conclusion:** the implementation of the Nursing Process is essential in nursing care and in the Nursing Care Systematization, and this should be incorporated into practice. **Descriptors:** Nursing Process, Nursing Care, Primary Health Care; Assistance.

RESUMO

Objetivo: criar estratégia para otimizar o trabalho de enfermagem. **Método:** estudo descritivo, tipo relato de experiência, realizado no Estágio Curricular I - Internato Rural, da Escola de Enfermagem da Universidade Federal de Minas Gerais-MG, Brasil, sobre a implantação da Sistematização de Enfermagem (SAE) na Atenção Primária à Saúde em um município de Minas Gerais. **Resultados:** foram formulados impressos de diagnósticos e prescrições de enfermagem referentes à Saúde do Adulto e do Idoso, à Saúde da Criança e à Saúde da Mulher visando implementar a Sistematização da Assistência de Enfermagem por meio do Processo de Enfermagem. Foi realizada capacitação com as enfermeiras para a utilização dos mesmos. **Conclusão:** a implementação do Processo de Enfermagem é fundamental no atendimento de enfermagem e na Sistematização da Assistência de Enfermagem, e esta deve ser incorporada na prática. **Descritores:** Processos de Enfermagem; Cuidados de Enfermagem; Atenção Primária à Saúde; Assistência.

RESUMEN

Objetivo: crear una estrategia para optimizar el trabajo de la enfermería. **Método:** se trata de un relato de experiencia realizada durante en la formación curricular I - Internado Rural, de la Escuela de Enfermería de la Universidad Federal de Minas Gerais (EEUFMG), Brasil, acerca de la implementación de la Sistematización de la Asistencia de Enfermería (SAE) en Atención Primaria de Salud en un municipio de Minas Gerais. **Resultados:** se formularon diagnósticos de enfermería y las prescripciones relativas a la Salud del Adulto y Envejecimiento, Salud Infantil y Salud de la Mujer con el fin de poner en práctica el SAE a través del proceso de enfermería. Se llevó a cabo un entrenamiento con las enfermeras de utilizar esos formularios. **Conclusión:** la implementación del proceso de enfermería es esencial en los cuidados de enfermería y SAE y esta última debe ser incorporado a la práctica. **Descritores:** Procesos de Enfermería; Atención de Enfermería; Atención Primaria de Salud; Asistencia.

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INTRODUCTION

The systematization of Nursing Care is a legal requirement established in COFEN Resolution N°. 358, 2009.¹ The methodological tool proposed for the Nursing Care Systematization (NCS) is the Nursing Process, which provides the nurses the possibility of giving individualized care and that should be directed by a theoretical reference.²

Implementing the nursing process involves intellectual activity, critical thinking and clinical reasoning. When implementing the nursing process, a bond between client and nurse must be established. In Brazil, the NCS has been operationalized in stages similar to the scientific method which involve: a survey of the problems, the formulation of nursing diagnosis, the planning, implementation and evaluation of nursing.¹

Many efforts have been taken to operationalize the NCS at different levels of attention to health in the country. In Minas Gerais, for example, the Regional Council of Nursing (COREN-MG) has been prioritizing its actions in the implementation of the NCS in health services.

The COREN is an autarchy, an administrative body with full autonomy of Supervisory Training, in order to monitor compliance with the Law of Professional Practice, regulated by Law 7.498/86, to take care of the good reputation of the profession and of the professionals as well as to comply with the Code of Ethics of Professional Nursing.

In order to achieve the objectives proposed by the agency in August 2010, visits by the COREN-MG were carried out on different health services in a city of Minas Gerais, the scenario of this study, and these were followed by staff nurses and other associate undergraduate professionals. Meetings with nursing professionals already referenced were also held.

From a Visit Report, the COREN-MG warned about the non-implementation and report in the patients' records of the various steps of the nursing process which should support the NCS during nursing practice in Family Health Teams (FHT's) in the city. In this context, students of the discipline Traineeship I of the School of Nursing, at the Federal University of Minas (EEUFMG), Brazil, inserted in the city mentioned, chosen to develop a work plan which involved the deployment of NCS in Basic Health Units (BHU's) in partnership with the Municipal Health Department.

According to the Law of Professional Practice of Nursing N°. 7498 / Art. 11, it is the

responsibility of all nurses to practice nursing activities, being a prerogative of this professional to perform the planning, organization, coordination and evaluation of nursing care services. In addition, COFEN Resolution N°. 358/2009, Article 1°, states that the implementation of the NCS must occur in all health institutions, of the public and private sectors in Brazil, being the sole responsibility of the professional nurse the nursing diagnosis and prescription.¹

NCS involves the dynamics of systematic and inter-related actions aiming to human being assistance. It is currently conceived as having five sequential and inter-related steps, namely: data collection, diagnosis, planning, implementation and assessment.¹

Some nursing classifications have been used to standardize nursing language in some stages of NCS. They are: "NANDA International" (NANDA I) which establishes a classification of nursing diagnoses, the "Nursing Interventions Classification" (NIC), of nursing interventions and "Nursing Outcomes Classification" (NOC) of nursing outcomes. These classifications have been employed to assist in the operationalization of the stages of nursing diagnosis, planning of the assistance together with the prescription of care and nursing assessment.⁴

The step of nursing diagnosis involves a nurse's clinical judgment, which involves critical interpretations of the data collected during anamnesis, physical examination, and analysis of tests, information from other professionals, family and especially the patient. The diagnosis used are specially formulated to guide nursing planning, implementation and nursing evaluation.⁴

It is inferred that the nursing diagnosis provides several benefits to patient care, such as better planning of the assistance, better communication between nurses with other health professionals and users of the system. From the standpoint of the organization, the nursing diagnosis contributes to uniting the theory, training and to the clinical practice of nursing.⁴ Therefore, at this stage a conclusion is drawn about the data collected and analyzed in a survey, which involves clinical reasoning and judgment. In this sense, the nursing diagnosis becomes essential in current clinical practice.

Nursing diagnosis directs nursing actions, to the extent that, it indicates the nursing interventions that consequently meets the needs of patients. This process requires critical evaluation and decision making.⁵ Thus, nursing interventions that are proposed to solve, to alleviate, to improve the health

status or health problems identified, are defined as any treatment based on clinical judgment and knowledge, performed by a nurse to improve the results obtained by the patient.⁶

Nursing interventions may be of direct or indirect care and are established to solve problems or enhance skills of the patient/client, family or community, both for the treatment of health problems and in actions aimed at prevention and health promotion, and that most of these interventions were developed for use with the patient as an individual, although some are facing families and are for use in entire communities.⁶ It is noteworthy that the classification is continuously developing and an increasing number of new interventions are included after research.

On the other hand, the classification of nursing outcomes (NOC) provides a language to describe the results of patient/client, family and community for which nurses are responsible. It is a classification that has been used in the planning and evaluation stages of nursing. The classification contains, in addition to a list of nursing results, measuring scales and indicators that can be used. The results of nursing represent a state, a behavior or a perception of the individual, family or community, which is measured continuously in response to one or more nursing interventions.⁷

To optimize the nursing service and standardize patient care during nursing consultations undertaken and seeking assurance of nursing care in full, a proposal of implementation of the NCS in the Family Health Strategy (FHS's), in a city of Minas Gerais was established. This study is a report of this experiment in which we tried to improve the quality of nursing care in the city; empower nurses for employment of the various stages of NCS from clinical cases specially designed for the FHS's where these professionals were inserted, in addition to complying with the norms established in the Resolution of the Federal Council of Nursing (COFEN) and the request from COREN-MG. To make this proposal viable, NCS forms were developed, tested and used, a nursing diagnosis profile was established in the units where the consultations were held, and the key actions proposed to solve the most frequent nursing diagnoses in that population served were determined.

METHOD

This is an experience report descriptive study, conducted from July to December 2010

during the Traineeship Course I - Rural Internship at the School of Nursing of the Federal University of Minas Gerais (EEUFMG), Brazil. Throughout this period, a pair of students of the eighth (8th) undergraduate nursing period was inserted in two Family Health Teams (FHT's) of a town in Minas Gerais, which had six teams.

In order to meet the norms in the Resolution of the Federal Council of Nursing (COFEN) and the request of the Regional Nursing Council - Minas Gerais (COREN- MG) in one of the visits to the city, a literature review was performed and instruments to support data collection were prepared. Nursing diagnoses were formulated, as well as the preparation of prescriptions to solve nursing diagnoses. The NCS's forms from the "Hospital das Clínicas" of the Federal University of Minas Gerais (HC-UFGM) were used as guides of these built and standardized instruments.⁸

These forms were designed and organized to contribute to the training of all nurses in the teams engaged, in a total of six nurses and two family nurse managers of Basic Health Units (PHU's). The training was conducted in sessions of lectures, case studies and testing of the instruments elaborated that in the end, were considered good for use in clinical practice.

RESULTS

The nursing process is one of NCS tools, and this has been composed of steps. At the first step, data collection, printed forms were prepared with regards to service areas such as Child Health, Adult and Elderly Health and Women's Health. These data were collected at the initial clinical evaluation, referring to age, reported complaint, signs and symptoms, health status, family history, medical history, presence of pathology, nutrition, physiological elimination, among others. During the physical examination data were collected related to weight, height, BMI, vital signs, auscultation (heart, lung and digestive), and palpation, among others. This data collection was adjusted according to the service area.

For the nursing diagnoses, those appropriately related to the reality of the city's health (Figure 1) and according to the data found during data collection were established, based on the printed forms created at the HC-UFGM.⁸

These instruments contain defining characteristics, related factors, data from additional tests judged as essential for the clinical judgment and which are important when identifying the problems treatable by

nurses, contributing to the formulation of nursing diagnoses. It is considered that some may be central in every area of health care, and create a diagnosis profile. In this sense, the present study sought to determine the diagnoses profile of nursing activities in the areas of attention of the city's FHS and also proposed a set of nursing interventions/actions that subsidize the nursing prescriptions used in the so-called Nursing Consultation (consisting of data collection, diagnoses, prescriptions and evaluation of nursing care). This was implemented in the city. Nurses were trained for the operationalization of the NCS through the steps of the nursing process for the use of instruments. These instruments were tested by nurses and evaluated as suitable for use in practice. Case studies were developed to simulate reality and to clinically test the forms created.

The forms were designed to be used quickly and objectively. In the form that contains nursing diagnoses, the nurse, after collecting data through interview and physical examination, makes a clinical judgment and names the nursing diagnoses identified in the patient. For example, if during data collection, in a follow-up of consultation of

the growth and development of a child, the mother reports that the child is evacuating more than 3 times per day, with blood in the stool, the nurse will detect the diagnostic "Diarrhea, related to infection, characterized by three or more evacuations a day."

However, it is not necessary that nurses write this diagnostic. It should only highlight the diagnostics found in print, along with the defining characteristics (signs and symptoms) and related factors (causes of the problem) detected on anamnesis and physical examination. The evolution is performed from the nursing diagnostic, through an assessment by a nurse on the progress or lack of it, using the terms present, improved, unchanged, worsened or resolved. At the form it is provided, in the documentation about the evolution of the patient, room to record up to five evolutions, providing space for its insertion using only a sheet.

A second tool was developed to document the nursing prescription. The nurse must make an association between the established diagnostic for the patient and the prescriptions, considering the individuality of each patient and the possibilities for resolution of the nursing diagnostic formulated (Figure 2).

Nursing diagnosis	Evolution of Nursing Dianosis				
	Date	Date	Date	Date	Date
Delay in growth and development: inadequate care, lack of stimulation, a result of physical disability / altered physical growth, inability to perform self-care/control activities, blunted affect.					
Diarrhea, malabsorption, parasites, infection / 3 or more evacuations, increased RHA, pain.					
Hypothermia: exposure to cold environment, disease, inadequate clothing / body temperature below the normal range (35.5°)					

Figure 1. Example of nursing diagnosis related to the area of Child Health in the printed form. Source: Printed created in the City. Legend: P=present; I=improved; W=worsened; U=unchanged; R=resolved.

Nursing diagnosis	Nursing Prescriptions
1,2	To create a supportive and therapeutic relationship with parents.
1,2	To provide parents with accurate and real information regarding the condition, treatment and the baby's needs.
1,2	To inform the parents the concerns and issues of development of premature babies.
1,2	To build a relationship of trust with the child.
1,2	To determine the image that parents had of the child before birth.
3	To advise parents about specific food that helps promoting bowel regularity.
3	To advise parents to record color, volume, frequency and stool consistency.
3	To monitor bowel sounds.
3	To teach parents the normal digestive processes.

Figure 2. Example of nursing prescriptions for nursing diagnosis in the area of Child Health. Source: Printed created in the City.

After the elaboration of printed forms by specialist nurses and undergraduate students in activities of the rural internship in the city, a preliminary preparation followed by the training of professionals was planned and implemented in health units of the city. These activities involved eight nurses. The resource materials used were: classes multimedia resources on the steps of the nursing process, delivery of previously elaborated courseware and discussion of clinical cases related to the Adult and Eldery Health, Child and Women's

Health. After the oral presentation, professionals were involved in the discussion and evaluation of the nursing diagnoses identified more frequently in those areas and in the preparation of nursing prescriptions for nursing diagnosis.

DISCUSSION

The nurse at the FHS's is often responsible for hosting the user in the service. Thus, it is of fundamental importance for an effective reception, to consider the nurse as the subject of the actions of prevention and disease control and as a co-participant of its care. With this bet, the interaction with the user must be a permanent construction and reconstruction of knowledge and responsibility exchange, in order to guarantee the autonomy of the subject.

All steps of the nursing process are equally important and are intended to assist in the NCS, they all require technical, scientific and human knowledge to be improved for the assistance of the user, along with the qualification of professional practice.

The NCS contributes to the individualization of care, organization and evaluation of nursing services and thus enables the entire health care. It also helps that the practice of nursing is recognized and standardized, favoring professional autonomy.⁹ It has been considered essential as it allows the nurse to use methods and strategies used to identify any health/disease condition and establishes actions that favor problem prevention, health promotion and rehabilitation of the individual, family and community in which it operates.

However, its implementation has been considered difficult by many factors and may be the biggest challenge for nurses in the daily clinical practice.⁴ This can be confirmed by reports from nurses during the period of training offered. They expressed concern over the time consumed to develop the various steps of the nursing consultation, in addition to the increase in the number of forms to be attached to patient charts.

Thus, it is considered that these may be difficulties that have been faced by nurses in health institutions in the Brazilian states that have tried to deploy the NCS. Besides these, there have been other problems reported in the literature, among them: lack of professional interest, lack of knowledge and difficulties in being accepted in the multidisciplinary team, due to the rejection of changes.¹⁰ During the training of nurses in the setting of this study, some of these points were observed, especially those relating to

lack of knowledge about the NCS, its importance and its stages.

These problems for the operationalization of the steps of the nursing process by nurses have been observed in this study; however, they were not particular to that city. The existence of these can also be justified by the fact that the teaching topics regarding nursing process and NCS in the institutions is still considered recent, being addressed in isolated disciplines, highlighting a lack of standardization in the learning stages of nursing.¹¹

In contrast, the main factors that contribute to the implementation of the NCS are: teamwork, reflective meetings on the subject and awareness of the need for change in the process of team work.¹⁰ Some of these factors were observed during deployment of NCS in that city, where the support of the Municipal Secretary of Health, the involvement of all nurses of the FHS's in training on the NCS, along with awareness of the need to use especially the steps of the nursing process based in the nursing classifications was evidenced.

The interest on the part of the nursing staff to deepen their knowledge of the NCS and seek strategies to implement it in practice is essential. Thus, it is considered that the implementation of the NCS will be possible in the health service, as there is will and determination, especially from nurses, to overcome the difficulties existent.¹¹

CONCLUSION

There was a satisfactory participation of all professionals involved in the training conducted. They discussed the issues proposed, tested and approved the printed forms, simulating their practical use in clinical teaching, had their doubts clarified and seem to have acquired more knowledge about the NCS and its importance.

However, the training led to a questioning among the participants of how these forms would be used in practice without affecting the time available for consultation in nursing service, since they still regarded them as additions to be made in the consultations that were daily. However, it is believed that the theoretical material provided during the training will serve as reference material in case of doubts.

The desirable effect after living in this study scenario is that the professionals of the FHS's in this city implement the NCS in BHU's, facing the difficulties and that the next academic Traineeship Course I from UFMG have as strategy to continue, in clinical

practice, the use of such instruments developed for the operationalization of the NCS.

It is concluded that the NCS is essential for the documentation of care provided by nursing and can promote an evidence-based practice that can be researched. The record of the information collected is a necessity that must be implemented by nursing staff. They must be aware of the fact that the NCS favors the identification of the general conditions of the patient, bases nursing practice and contributes to the development of self-knowledge of the profession by promoting professional valorization.

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