SYSTEMATIZATION OF NURSING CARE IN HEALTH INSTITUTIONS IN BRAZIL: AN INTEGRATIVE REVIEW

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ABSTRACT

Objective: analyzing the implementation of Systematization of Nursing Care in Brazilian Health Institutions. Method: an integrative review performed from the research question << What has been evidenced in scientific literature about the deployment of SAE in Brazilian health services? >>, in LILACS, MEDLINE and SciELO Library, from September 2013 to January 2014, selecting 11 studies in Portuguese, condensed and presented in two figures. Results: after analyzing the data, two categories emerged: 1. Benefits by directing, holistic care, care improvement; 2. Difficulties from lack of time, overwork, bureaucracy, lack of knowledge and training. Conclusion: implementation of the SAE is beneficial for assistance, but has occurred piecemeal interfering with the continuity of care.

Descriptors: Nursing Care; Nursing; Hospital.

RESUMO


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INTRODUCTION

Systematization of Nursing Care (SAE) is a methodology that provides a scientifically based nursing care, contributing to promotion, prevention, recovery and rehabilitation of the individual, family and community; providing quality assistance. Within SAE is inserted the Nursing Process (EP), which consists of five stages that include: data collection, nursing diagnosis, care planning, implementation and evaluation of results. 1-3

This assistance methodology originated in Brazil from studies based on the Theory of Basic Human Needs (BHN) of Wanda de Aguiar Horta, who in the 1970s and 1980s was being widely used by healthcare, teaching and research nursing institutions. Based on this theory, some services have begun to deploying SAE as a way to providing a planned assistance signed in knowledge and individualized care.1,4

In 1986, the Federal Council of Nursing (COFEN) standardized the planning of nursing care through the Professional Practice of Law No. 7.498/86 and the Decree No. 94.406/87, which regulates it. It has in the letter c, of item I, Article 8: “To the nurse commits privately planning, organizing, coordinating, implementing and evaluating nursing care services.” 5,3

To reinforce the importance and necessity of planning nursing care, the Resolution 358/2009 of the Federal Council of Nursing (COFEN) provides for the Systematization of Nursing Care (SAE) and the implementation of the Nursing Process (EP) deliberate and systematic way in public or private place where the care provided by nurse practitioners environments. In addition, the Resolution promulgates be incumbent on nurse leadership in the implementation and evaluation of nursing process, this being private, the diagnosis and the prescription of actions or nursing interventions.6

Despite having already elapsed twenty-seven years since COFEN regulated the planning of nursing care, it is observed that there are still many healthcare institutions that do not implement the SAE. 1,3,7,10 Note was still in its scope to highlight the importance of the implementation of the NCS in health care, for nurses to operate using scientific knowledge and critical judgment, in order to plan, organize, coordinate and evaluate nursing care services, providing individualized care and qualified, relevant to providing for the Professional Practice of Law.

OBJECTIVE

- Analyzing the implementation of the Systematization of Nursing Assistance in Brazilian Health Institutions.

METHOD

It is an integrative review that consists of a research method that examines the widely studies in order to synthesize the ideas exposed, contributing to the discussion and research results, as well as to fill gaps found with the formulation of new work.1,11

For preparation of this review were followed the following stages: identification of the theme and design of the research question; Selection criteria for inclusion and exclusion; search and categorization of studies; evaluation of the articles included in the integrative review; interpretation of results; knowledge synthesis and presentation of the review.11

In the first stage, to defining the guiding question to PICO 12 a strategy was used (it is an acronym for Patient, Intervention, Comparison and “Outcomes”), as follows: What has been shown in scientific literature about the deployment of services in SAE Brazilian Health?

There were used as criteria for inclusion: articles available in full for free in Portuguese, published between the years 2004 and 2013, due to the need for studies that addressed the process of implementation of the NCS in the Brazilian scene of the last ten years. Editorials, letters to the editor, integrative reviews, articles that addressed only nursing records or validation of instruments, were exclusion criteria for this review.

The search was performed by pairs, from September 2013 to January 2014, in electronic databases Latin American and Caribbean Literature on Health Sciences (LILACS), international Health Sciences Literature (MEDLINE) and the library virtual Scientific Electronic Library Online (SciELO.ORG). We used the descriptors “Nursing Institution, Hospital” Descriptors in Health Sciences (DeCS) and the keyword “SAE”, by virtue of being the central theme of the present study. For crossings and keyword descriptors used if the Boolean operator, as shown in Figure 1.
The articles found were preselected from reading the titles and abstracts. Later, reading and analyzing the text in full according to the inclusion criteria, the final sample of eleven articles were performed.

For the analysis of data from the studies we built a data collection instrument containing: authors, year of publication, database or virtual library, journal, title, purpose, type of study, levels of scientific evidence, results (definition of SAE, benefits and difficulties encountered with the implementation of SAE) and conclusion.

With regard to the level of evidence (NE), in this review a classification system consists of seven levels was employed, as follows: Level I - evidence from systematic reviews or meta-analysis of relevant trials; Level II - evidence derived from at least one randomized controlled trial well delineated; Level III - well-designed clinical trials without randomization; Level IV - cohort studies and well-designed case-control; Level V - systematic reviews of descriptive and qualitative studies; Level VI - evidence derived from a single descriptive or qualitative study and Level VII - opinion of authorities or expert committees report. The evidence pertaining to levels I and II is considered strong, moderate in III to V and VI and VII weak evidence.  

The results were presented using schematic figure and descriptively.

RESULTS

The results were presented in two stages, the first of which consists of the characterization of the analyzed studies, through exposure of a schematic diagram (Figure 2), containing the principal author, year of publication, database and virtual library, periodicals, type study, main results and levels of evidence. The results fell into two categories: Benefits and difficulties in the implementation process. The second stage was presented in a descriptive way to a better understanding of the extracted contents of the articles.
<table>
<thead>
<tr>
<th>Main author / year</th>
<th>Database and virtual library</th>
<th>Journals</th>
<th>Study type</th>
<th>Main results</th>
<th>NE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tavares ST, 2013</td>
<td>LILACS</td>
<td>Rev Min Nursing</td>
<td>Case study, quantitative</td>
<td>Benefits: staff training; participatory management; use of institutional forms; periodic meetings. Difficulties: work overload; deviations of function; little time and paperwork.</td>
<td>VI</td>
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<tr>
<td>Maria MA, 2012</td>
<td>SciELO</td>
<td>Rev Bras Nursing, Brasilia</td>
<td>Descriptive, qualitative</td>
<td>Benefits: quality assistance; document of scientific value and ethical-legal; training. Difficulties: work overload; little time; bureaucracy; downgrading; lack of interest of the team.</td>
<td>VI</td>
</tr>
<tr>
<td>Medeiros AL, 2012</td>
<td>LILACS</td>
<td>Rev Gaucha Nursing</td>
<td>Based on theory, qualitative data</td>
<td>Benefits: Targeting of assistance; documentation of actions taken; Security and self-esteem; autonomy; visibility of the profession; reduction of expenses and waste of time.</td>
<td>VI</td>
</tr>
<tr>
<td>Silva EGC, 2011</td>
<td>LILACS</td>
<td>Rev Esc Nursing USP</td>
<td>Cross-sectional, quantitative</td>
<td>Benefits: improves assistance; autonomy. Difficulties: work overload; high number of patients; bureaucracy and problems related to working condition.</td>
<td>VI</td>
</tr>
<tr>
<td>Neves RS, Shimizu HE / 2010</td>
<td>LILACS</td>
<td>Rev Bras Nursing</td>
<td>Cross-sectional, quantitative</td>
<td>Benefits: improves assistance; safety in nursing conduct; individualizes the assistance; visibility; autonomy. Difficulties: use of nursing history partially; fragmentation of care; emphasis on biological and bio-psycho-socio-spiritual decharacterization needs; difficulty in working the nursing diagnosis; deficiency in the reappraisal of the customer and commitment of other stages of the process; incomplete notes and performing all prescribed care.</td>
<td>VI</td>
</tr>
<tr>
<td>Silva MEDC, 2010</td>
<td>SciELO</td>
<td>Rev Inter NOVAFAPI</td>
<td>Descriptive, qualitative</td>
<td>Benefits: provides the service; facilitates assistance; view the patient as a whole. Difficulties: lack of scientific knowledge; development of activities that are not of its competence; bureaucracy.</td>
<td>VI</td>
</tr>
<tr>
<td>Amante LN, 2009</td>
<td>LILACS</td>
<td>Rev Esc Nursing USP</td>
<td>Action research, qualitative</td>
<td>Benefits: quality in assistance; targeting of actions; individualized service; interaction nurse-patient-family; ease of passage on duty. Difficulties: lack of time and theoretical knowledge; difficulty in the implementation of the instrument; high demand of patients; resistance on the part of the nurses.</td>
<td>VI</td>
</tr>
<tr>
<td>Felix NN, 2009</td>
<td>LILACS</td>
<td>Arg Science Health</td>
<td>Cross-sectional, quantitative</td>
<td>Benefits: improves assistance; directs the practice of nurses; provides security to the professional. Difficulties: Apply the SAE in fragmentary form; lack of knowledge; large amount of patients; work overload; reduced time and difficulty with registration.</td>
<td>VI</td>
</tr>
<tr>
<td>Moura ACF, 2008</td>
<td>LILACS</td>
<td>Rev Bras Nursing</td>
<td>Descriptive, qualitative</td>
<td>Benefits: improves assistance; directs the practice of nurses; provides security to the professional. Difficulties: Apply the SAE in fragmentary form; lack of knowledge; large amount of patients; work overload; reduced time and difficulty with registration.</td>
<td>VI</td>
</tr>
<tr>
<td>Feijão AR, 2006</td>
<td>LILACS</td>
<td>Online Braz J Nurs</td>
<td>Convergent healthcare research, qualitative-quantitative</td>
<td>Benefits: provision of individualized care; providing guidance of assistance; Organization of care. Difficulties: model-based Technical Assistance; difficulty in applying the LEAVES; disorganization of the service; waste of time; wear of human resources; devaluation of nurses; conflict of roles.</td>
<td>VI</td>
</tr>
<tr>
<td>Andrade JS, 2005</td>
<td>SciELO</td>
<td>Rev Bras Nursing</td>
<td>Descriptive, qualitative</td>
<td>Benefits: eases assistance; the documentation leads to control of the results. Difficulties: in the preparation of nursing diagnoses; theoretical knowledge reduced; multiplicity of tasks; time scarce; inadequate fulfillment of SAE; deficiency in training; little involvement of the team.</td>
<td>VI</td>
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Figure 2. Characterization of the studies: main author / year, virtual library and database, journal, type of study, main results and NE. Brazil, 2013.
Of the 11 articles analyzed, the vast majority is from recognized journals in the national scientific community and internationally, with peer review, and with good indexing and evaluation of high Qualis. Furthermore, when investigating the years of publication it was noted that most of these studies are recent, eight of the eleven articles of the past five years.

With regard to the design methodology, the approach were identified that 54,5% (N = 6) were qualitative approach articles, 36,4% (n = 4) quantitatively, and 9,1% (N = 1) articles of qualitative and quantitative approach. It was also found that 36,4% (N = 4) descriptive, 27,2% (N = 3) transverse, 9,1% (N = 1) case studies; 9,1% (N = 1) Grounded Theory, 9,1% (N = 1) convergent assistance, 9,1% (N = 1) action research.

Regarding the object of research, 90,9% (N = 10) referred to studies focused on the difficulties encountered with the implementation of SAE and 9,1% (N = 1) reported only experienced beneficial situations. Additionally, 81,8% (N = 9) of the analyzed articles have the nurse or the nursing staff as research subjects.

It was found in the literature that 72,7% (N = 8) of the articles reported that SAE is beneficial to systematize the work of nurses and their staff, creating and improving the care delivered, and individualize care. Some studies have also highlighted that the SAE contributes to the autonomy of nurses, provides more security and self-esteem to the activities developed and provides greater visibility of nursing professionals.

It stood out that the deployment of SAE facilitates recording of actions taken through the use of documents and forms that guide institutional assistance. It also provides training of staff, encouraging participative management and even to the shift as reported in a study.

In the 11 articles was also exposed several difficulties that arise when doing the implementation of the NCS in a health institution, standing out as key: work overload, lack of time, the deviation function, the realization of bureaucratic activities, well as the difficulty in making the record. A major difficulty was the lack of knowledge in the application of PE, leading to incomplete filling of all stages of PE, contributing to the fragmentation of care. Figure 3 shows the synthesis of the articles included in this integrative review.

**DISCUSSION**

Systematization of Nursing has been implemented in several Brazilian healthcare services, resulting in an essential change in the practice of professional nursing and the health service in Brazil. This is happening thanks to the insertion of the SAE curriculum of universities, training and professional interest in organizing and qualifying assistance as well as beneficial to the evidence presented in recent studies on the NCS. 14

Some studies have shown that the growing interest of nurses by the subject comes covering various specific fields of expertise, being evidenced by the implementation of the NCS in Intensive Care Units (ICU), rehabilitation units (UR), Emergency Services and Emergency, Pediatric Units, and the Infectious Diseases Hospitals, showing that the contextualization of SAE is more present in hospital settings, especially in sectors that offer assistance and continuous monitoring of the patient.

This predominance of the hospital in critical environments can be explained by the implementation process itself SAE, since the hospital service is achieved by having the institutional support that supports the nursing staff in the planning, design and implementation of model of care, as well as has better targeting of assistance when implementing PE in a group of patients in a hospital or specialty. Some studies 14,15 reported that institutional support facilitates the implementation of this methodology by providing all the necessary conditions to perform the SAE effectively by enabling documents, manuals, forms, and assessment tools that help standardize care, streamline work and oversee the implementation process.

SAE has been entering in the health services as a dynamic and a systematic methodology that guides the provision of care to obtaining satisfactory results; thus needing a theoretical basis for the construction of model of care that contributes to the implementation of the assistance and has the basic infrastructure required for its implementation and operation. 1,16

Institutions are based on the theories of nursing to preparing the model of care, highlighting some articles in the Theory of Basic Human Needs of Wanda Aguiar Horta and the Orem Theory of Self Care. Although it is known that theories contribute to that assistance is carried out with a focus on humans, has been observed in reports of...
studies that implementation of these theories is being incomplete, fragmented, interfering at all stages of the care process.\textsuperscript{1,16}

Importantly, fragmentation of care is related mainly to inadequate application of PE, as evidenced by the use of historical nursing partial basis, prioritizing basic human needs and devaluing the bio-psycho-socio-spiritual aspects. Showing that, in a way, there is a distortion of what is preached as holistic, individualized and targeted care, since many nurses end up prioritizing the biological needs, selecting the curative care to a more immediate and less holistic care.

Most nurses had difficulties in preparing nursing diagnoses, explaining that in addition to not being familiar, does not have enough time to plot them, resulting in making diagnoses incompatible with the problems encountered and compromising the continuity of the stages of PE.\textsuperscript{1,17}

Articles also found that nurses have difficulties in adapting nursing prescriptions to patient needs and develop this activity, due to lack of continuity of care between shifts, the incomplete filling of the previous steps of the EP, the lack of involvement of staff and lack of supervision of the implementation process of SAE. Thus demonstrating that the interaction between professionals, lack of knowledge and safe practice of the nursing process is interfering with the continuity of care and mischaracterization of the process.\textsuperscript{1}

Nursing interventions value the role of a nurse due to the high number of nursing prescriptions, leading professionals to feel more secure in the realization of care and to develop autonomy.\textsuperscript{1,18} The evolution of nursing was not being filled properly since professionals do not fully evaluated all information previously collected.\textsuperscript{1,17}

Furthermore, it was evident that nurses performed the evaluation of the data presented valuing biological needs, disregarding other instances of care. It is noteworthy that the evolution of nursing is critical to get an overview of the state of the patient and their recovery, so to be able to assess and intervene again in affected based aspects in the performance of PE.\textsuperscript{17,19}

It was found that the process of implementing the NAS is facilitated by filling out the evaluation forms\textsuperscript{14,16,20}, because they minimize the time of completion of PE, being an instrument that brings legal support, standardizes the registration of information, and allowing the professional to develop a more focused and holistic patient care.

For the implementation of the SAE occurs properly it is necessary that nursing professionals have the necessary scientific knowledge to develop all stages of PE, but for this, it is essential to training, continuing education and constant updating. Some articles \textsuperscript{1,20,21} which is highlighted by the interest in learning, to upgrade and improve their knowledge, the nurse develops autonomy, self-esteem, feeling safer in decision making and carrying out all steps of the nursing process resulting in a more valued professional in their work environment.

Nurses often have scientific knowledge and to know how to apply the SAE, but need time to develop loosen the bureaucratic activities. Some authors emphasized that this shortage of time for implementation of care directly affects the care provided, causing fragmentation of care, since the professional is burdened with various activities and has little time to accomplish them.\textsuperscript{16,19,20,2}

Even with all the difficulties in operationalizing the SAE in most articles was reported that the implementation of this methodology improves the assistance extended by providing an individualized, continuous and comprehensive care. Noting that both the professional and the patient are benefited from the assistance, since care will be implemented more fully, directed, and based on documented scientific knowledge form. In this context, ensures that actions are carried out with holistic approach, providing assistance to the individual as a whole, not the disease.

CONCLUSION

Nurses recognize that SAE promotes several benefits to nursing care, generating quality care, directed to the individual, continuously and full, but even with that thought many professionals fail to implement the SAE by several factors: lack knowledge; unfamiliarity with the process; lack of time; work overload and release time for bureaucratic activities.

It was also observed that the history of nursing, diagnosis, prescription and developments are being carried out partially and are focused on the biological aspects; showing that the SAE has been applied in a piecemeal fashion, influencing the continuity of care in performing a quality nursing care that addresses the individual as a whole and inserted into its psycho-socio-spiritual environment.

It becomes necessary training, updating, the supervision and the continuing education of nursing professionals in the process of
implementation of the NCS in Brazilian institutions. In addition, for institutions that have implemented the SAE is important to conduct periodic evaluations in order to improve care, identify the difficulties and intervene in the affected aspects.

Despite the relevance of this study, it is noteworthy that most of the findings are derived from descriptive studies, which reflect a level of weak scientific evidence, this aspect being considered as a limitation for this review, therefore, it is suggested that further studies with better evidence is performed to observe the reality of the implementation of the NCS in Brazil and internationally, seeking to extend the look for this series.

REFERENCES


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