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SYSTEMATIZATION OF NURSING CARE IN HOUSING DEVELOPMENT: CHALLENGES AND BENEFITS

SISTEMATIZAÇÃO DA ASSISTÊNCIA DE ENFERMAGEM NO ALOJAMENTO CONJUNTO: DIFICULDADES E BENEFÍCIOS

SISTEMATIZACIÓN DE ASISTENCIA DE ENFERMERÍA EN ALOJAMIENTO CONJUNTO: DIFICULTADES Y BENEFICIOS

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ABSTRACT

Objective: to describe the main difficulties and benefits of implementation of the Systematization of Nursing Care. **Method:** transversal study with quantitative approach, carried out during the period from August to September 2012 with seven nurses of the housing development. The absolute and relative frequencies were calculated, and presented in tables and in a figure. The research project was approved by the Ethics Committee in Research, CAAE nº 04122812.7.0000.5208. **Results:** most of the interviewed were from 50 to 59 years old (42.8%) and 85.7% were formed for more than 10 years. 71.4% participated in training for SNC; 85.7% commented that the SNC brings benefits and 85.7% pointed to the form used as the main difficulty in completion of the SNC. **Conclusion:** SNC implementation still occurs in fragmentary form, and there is need for greater investment in training and education for the real effectuation and harnessing of this care tool. **Descriptors:** Nursing Processes; Housing Development; Nursing.

RESUMO

Objetivo: descrever as principais dificuldades e benefícios da implementação da Sistematização da Assistência de Enfermagem. **Método:** estudo transversal, de abordagem quantitativa, realizado no período de agosto a setembro de 2012 com sete enfermeiras do Alojamento Conjunto. Foram calculadas as frequências absolutas e relativas, as quais foram apresentadas em tabelas e uma figura. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE nº 04122812.7.0000.5208. **Resultados:** a maioria das entrevistadas tinha idade entre 50 a 59 anos (42,8%) e 85,7% eram formadas há mais de 10 anos. 71,4% participaram de capacitação para SAE; 85,7% referiram que a SAE traz benefícios; e 85,7% apontaram o impresso utilizado como a principal dificuldade na efetivação da SAE. **Conclusão:** constata-se que a implementação da SAE ainda ocorre de forma fragmentada, havendo necessidade de maior investimento quanto à capacitação e educação para a verdadeira efetivação e aproveitamento dessa ferramenta assistencial. **Descritores:** Processos de Enfermagem; Alojamento Conjunto; Enfermagem.

RESUMEN

Objetivo: describir las principales dificultades y beneficios de la implementación de la Sistematización de la Asistencia de Enfermería. **Método:** estudio transversal, de enfoque cuantitativo, realizado en el período de agosto a setiembre de 2012 con siete enfermeras del Alojamiento Conjunto. Fueron calculadas las frecuencias absolutas y relativas, y presentadas en tablas y una figura. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, CAAE nº 04122812.7.0000.5208. **Resultados:** la mayoría de las entrevistadas tenían edad entre 50 a 59 años (42,8%) y 85,7% eran formadas hacia más de 10 años. 71,4% participaron de capacitación para SAE; 85,7% dijeron que SAE trae beneficios y 85,7% apuntaron el impresso utilizado como la principal dificultad en la efectividad del SAE. **Conclusión:** se constata que la implementación del SAE todavía ocurre de forma fragmentada, habiendo necesidad de mayor inversión en la capacitación y educación para la verdadera efectividad y aprovechamiento de esa herramienta asistencial. **Descriptor:** Procesos de Enfermería; Alojamiento Conjunto; Enfermería.

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INTRODUCTION

Systematization of Nursing Care (SNC) is a methodological instrument used to organize care in everyday of nursing and to favor patient's care. It can also enable the development of the profession as a science, integrating care, teaching and research, giving visibility to nursing professionals who provide that care, being recognized by patients, families and other team members.¹ This process is accomplished through five systematized stages: assessment, diagnosis, planning, implementation, and evolution.²

The nursing process was introduced in the United States in the 50s, and during this period had different changes, at first consisted of three steps and it was focused on the need to think before acting. In the decade of 70s it started to have five stages with the focus on the identification and classification of diagnosis, and from the decade of 90s, the emphasis was focused on the results presented by the patients according to the interventions carried out by the professionals. In Brazil this method was introduced in the 70s, by Wanda de Aguiar Horta, taking as a basis the Theory of Basic Human Needs, being used in health and teaching institutions.³

This activity is considered nurse's activity regulated by COFEN Resolution 272/2002, revoked by Resolution 358/2009, being a requirement for public or private environments providing nursing care.⁴

Although it is a requirement by law, many health institutions did not implement SNC, maybe for lack of interest of professionals, disbelief, and rejection of the possible changes, knowledge deficit or insufficient number of employees.⁵

The Systematization brings numerous advantages such as: facility at the time of on duty changing, guiding on the actions provided, but mainly making individualized, efficient and effective care, with greater integration of nursing with the patient, family, community and with the multidisciplinary team resulting in the improvement of the care given.⁶ The SNC gives the nurses a greater autonomy in their actions, in addition to bring positive aspects as facility for the implementation and evaluation of behaviors, safety on action planning and individualized care.⁷

Given the importance of SNC for the improvement of the quality of care and recognition of health professionals, it is realized the need of this study, which aims:

- At describe the main difficulties and benefits of implementation of the Systematization of Nursing Care.

METHOD

Cross-sectional study with quantitative approach, held at the housing development of Hospital das Clínicas from the Federal University of Pernambuco/HC/UFPE. The population was composed by eight nurses from the housing development with a sample of seven nurses, because one was on vacation at the time of data collection. Working of a period less than a year in the housing development was used as exclusion criteria.

The data collection was conducted in August and September 2012, after approval of the research project by the Ethics Committee in Research of the Federal University of Pernambuco, in CAAE 04122812.7.0000.5208. The instrument used was a questionnaire with two parts. The first one with the characterization of the group and the second one with questions about systematization of nursing care, and for better use of respondents' thought, they were recorded after their consents.

For calculation of relative and absolute frequencies, the data were organized using the program Microsoft Excel®.

RESULTS

Table 1. Characterization of nurses from the housing development of the Hospital das Clínicas, Aug/Sep, 2012.

Variables	Respondents	
	N	%
Age group		
24 to 29	1	14,3
30 to 39	2	28,6
40 to 49	1	14,3
50 to 59	3	42,8
Marital status		
Single	1	14,3
Married	3	42,8
Separated	2	28,6
Widow	1	14,3
Children		
Yes	4	57,1
No	3	42,9

Table 1 is about the characterization of the professionals interviewed, finding 100% female, most of them were 50 to 59 years old (42.8%), married (42.8%) and with children (57.1%).

Table 2. Characterization about nurses’ training from the housing development of the Hospital das Clínicas, Aug/Sept, 2012.

Variables	Respondents	
	n	%
Training time		
From 1 to 5 years	-	-
From 6 to 10 years	1	14,3
More than 11 years	6	85,7
Training institution		
Public	7	100
Private	-	-
Graduation		
Yes	7	100
No	-	-
Time in the institution		
> 1 year	-	-
From 2 to 5 years	1	14,3
from 6 to 10 years	1	14,3
More than 11 years	5	71,4
Time acting in the area		
> 1 year	-	-
From 2 to 5 years	1	14,3
From 6 to 10 years	2	28,6
More than 11 years	4	57,1

Regarding the training of these professionals, 85.7% are formed for more than 11 years, all formed in a public institution and with specialization. As for the time of actuation in the institution, most of them have over 11 years (71.4%), and 57.1% worked in housing development over 10 years.

Table 3. Participation of nurses of the housing development in the Hospital das Clínicas training about SNC and benefits recognition, Aug/Sept, 2012.

Variables	Respondents	
	n	%
SNC training		
Yes	5	71,4
No	2	28,6
SNC with benefits		
Yes	6	85,7
In parts	1	14,3

Table 3 deals with the participation of nurses in SNC training offered in the institute, with the participation of 71.4% of the sample. In relation to the benefits provided by SNC, most of them showed that this methodological instrument brings benefits (85.7%) and only one participant mentioned that it brings benefits in parts (14.3%).

Table 4. Benefits in care practice mentioned by the nurses of the housing development of the Hospital das Clínicas, ago/set, 2012.

Variables	Respondents	
	n	%
Benefits		
Interaction with the patient	2	28,6
Legitimation of care	1	14,2
Care improvement	2	28,6
Professional acting	2	28,6

Table 4 shows the main benefits that SNC provides to care: interaction with the patient, care improvement and professional acting

with 28.6% each one and 14.1% said that brings legitimacy to the nurse’s care.

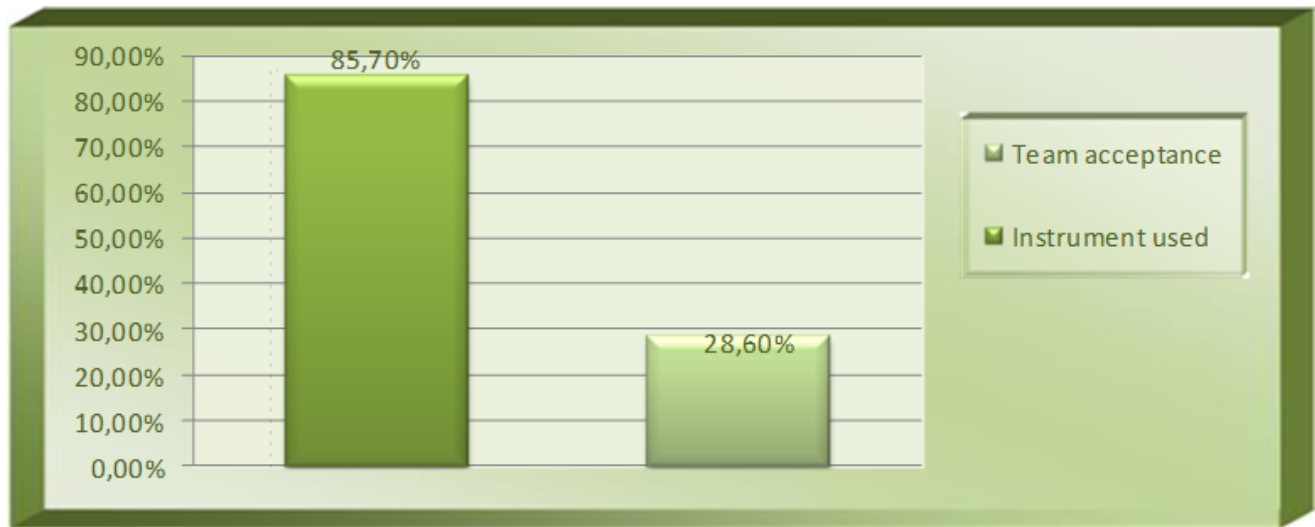


Figure 1. Difficulties in SNC implementation reported by the nurses of the housing development in the Hospital das Clínicas, Aug/Sept, 2012.

As for the difficulties pointed out by the respondents about SNC implementation, 85.7% reported the form used in the housing development and 28.6% the acceptance by the nursing staff.

DISCUSSION

The study confirms that Nursing is still a profession exercised by women, similar as another study showing that 70.1%⁸ of nursing professionals are female. This female predominance in nursing is shared by other authors, reproducing the historical feature of the nursing, profession exercised almost exclusively by women since its beginnings. With regard to table 1 as to the age group found, it is seen that the highest percentage of nurses are above 50 years old, whereas in studies where the profile of these nurses is searched, there are more young people⁹ probably by the fact that, in recent years, the Nursing course has grown a lot and, associated with this growth, the demand for the profession has increased. In the case of Hospital das Clínicas, long periods without admission exams has raised the age of nurses.

In table 2 showing the characterization on the formation of professionals, there are nurses with plenty of professional experience, as 85.7% have formed 11 years ago, with

specialization and practice time in the institution (71.4%) and in the housing development (57.1%) up to 11 years. But not always professional experience means to to be prepared in using of the Nursing Process. The literature points out factors that hampered the implementation of SNC in Brazil and says that since 1989 the lack of preparation of nurses about the method were already presented among the factors that hinder its use. Many nursing professionals do not know the topic, because of training process deficiency¹⁰.

As for participation in trainings for the SNC implementation, this study is similar to other found that 74.0% of professionals received SNC training.⁸ At the Hospital das Clínicas from the Federal University of Pernambuco/HC/UFPE, discussions regarding SNC began remotely in 1992, but only from 1999 the goals began to be enforced through a workshop with the presentation of the first proposal for SNC implementation to ICU. In 2004, there was a workshop held by the COREN/PE to aware professionals, because since 2002 it was considered a private activity. Thus, a group of nurses from the hospital and teachers of Nursing Department of UFPE who had interest in the SNC implementation was formed.¹¹

With the proposal formulated in 2004, the first stage was the performance of a workshop with awareness and theoretical rescue of SNC, in the second stage the nursing history and testing of the proposed model were built, in the third stage a module of semiotics and semiology was offered, followed by the last workshop that was directed to the construction of nursing diagnosis for the inpatient units. This step of the course was held by members of the SNC committee and by the nurses of the areas, focusing on the specifics of each sector, using NANDA taxonomy; subsequently, an awareness course was developed with the technicians and nursing assistants, explaining the importance of SNC instrument proposed.¹¹

Although most nurses have participated in the SNC training, it is observed the need for greater investment in training and education for continue use of this methodological instrument, not only for nurses as well as nursing technicians, since they are executors of requirements of nurses, and also by the fact of being a university hospital in a constant process of vocational training.

When questioned about the benefits of SNC implementation for the practical care (table 3), 71.4% of nurses highlighted that the SNC provides benefits. In table 4 they reported that among the main benefits were: improvement in the quality of care, improvement in the interaction with the patients, a professional update way besides being a way to legitimize the assistance provided. This can be visualized in the following lines:

Yes, I think that brings benefits. It systematizes the practices, it causes you to be always attentive to the conditions of the patients [...].

The SNC, as articulator methodology of care, represents for patients, professionals and institutions, a model capable of improving care provided, as soon as the records indicate changes, ensure the continuity of this process, in addition to the legalization of actions and provision of data for research.¹²

The SNC implementation contributes to reduce hospitalization when it is applied effectively, consequently reducing the number of hospital-acquired infections, increasing the turnover of beds and decrease hospital costs.¹³

It certainly brings benefits for care, to practice, to patients and to the professional he also updates also searching update for our practice.

According to literature¹⁴ the completion of the SNC brings a series of benefits as the

professional valuation, recognition of nursing work by other professionals, knowledge acquisition and consequently job satisfaction providing positive results to clients. The benefits are also directed to the nursing professionals, because it directs their activities, improving communication between the team causing greater autonomy and job satisfaction.¹⁵

Another important factor mentioned in the lines was about the interaction with the patient and the legitimation of SNC.

We adapt the difficulties of the patient in such a way that there is an interaction with regard to the needs of the patient and to the realization of SNC [...].

Due to the legitimacy of our care [...].

The SNC approaches clients to nurses, facilitating the care provided by modifying the professional's view who will see his patient as a human being who has a pathology and requires specific care, released from merely bureaucratic and technical activities.¹⁶

It is considered a resource used by nurses to demonstrate their technical, scientific and human specialization in daily practice of care provided to the client, thus constituting an instrument of record of nursing actions, with an important gain for the development of nursing as a profession.¹⁷

When carried out in a systematic way, these records has an important ethical legal value, for providing visibility and ensure safely, continuity of care provided, in addition to provide data to conduct research, for billing purposes, audit and to identify the professional on the implementation of their actions.¹²

In relation to the main difficulties for SNC implementation (figure 1), discussions have permeated on the same topics, which there was the acceptance of the instrument used in the area for being an instrument in the form of a check list, and according to the interviewed do not encompass all diagnosis that are present in the patients assisted by this sector, but also the unfavorable acceptance by the nursing staff.

The difficulties are that it does not cover all the diagnosis of obstetrics and so also complications that need to be seen [...].

The model adopted in the housing development needs to improve the questioning and answering, not contemplating all aspects of nursing care [...].

In the study conducted in São José do Rio Preto,⁶ all nurses surveyed reported they feel difficulties in performing SNC, among the main difficulties there were: lack of time

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(50%), the work environment (16.67%), the instrument used (11.11%), lack of theoretical knowledge (11.11%), and high demand of patients and resistance by professionals. In this same study it was questioned to nurses on the need to recast the instrument, and 56% have reported that the instrument should be enhanced and 22% reported that some changes should be made.⁶

A question was raised regarding the ownership and implementation of the nursing staff.

I see the technical difficulty in practice to accept and follow the prescriptions.

[...] The difficulty is just that, I think it's the appropriate nursing staff to participate even more progress to SNC change of paradigm [...].

In a study¹⁸ it was observed that there was a deficiency by the nurses in the realization of some phases of SNC and its documentation, considering as a consequence of difficulties: lack of knowledge, personal resistance in the use and appreciation of the method, lack of material resources and excess by the nursing assignments.

Believing and valuing SNC are the first step towards a proper implementation, but these are some of the difficulties, which have also been found in similar studies where 67% of respondents reported that, in most cases, there was not an accreditation and valorization of nursing requirements.⁶

CONCLUSION

The results of the study showed that, despite the recognition of the importance and benefits of SNC as: improvement in interaction with the patient, legitimization of care and result in a better quality of care, many issues still need to be discussed about the real purpose of this methodology to the professionals who work in the housing development.

Among the main difficulties regarding SNC implementation in the sector there are: the form used by the participants in the study did not include all necessary diagnostics for the patients of the sector and another difficulty is when the acceptance of nursing staff.

An issue that hinders the implementation of SNC in the sector is the lack of completion of the stages, because the instrument that represents the SNC is based only on the instrument of diagnostics and interventions, resulting in a fragmented implementation of this process.

It is necessary that the professionals become aware of the importance of SNC and the stages be rearranged so that they are

carried out correctly, in addition to a reformulation in the instrument used in the sector, since it was appointed as one of the main difficulties for the implementation and since its deployment there was no changes, it is worth to point out that the SNC is not proof and is always in the improvement process. It is suggested that a survey be carried out of the main diagnosis and interventions carried out in housing development together with the professionals of the sector.

The study showed weakness and limitation in everyday nursing, since there are difficulties regarding the implementation of SNC. On the other hand, it allowed to see that it is possible for the implementation of the nursing care since there is the will and disposition of all nursing staff, in overcoming the difficulties that exist.

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