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ORIGINAL ARTICLE

SYSTEMATIZATION OF NURSING CARE: DIFFICULTIES REFERRED BY NURSES OF A UNIVERSITY HOSPITAL

SISTEMATIZAÇÃO DA ASSISTÊNCIA DE ENFERMAGEM: DIFICULDADES REFERIDAS POR ENFERMEIROS DE UM HOSPITAL UNIVERSITÁRIO

SISTEMATIZACIÓN DE LA ASISTENCIA DE ENFERMERÍA: DIFICULTADES QUE SE REFIERE A LAS ENFERMERAS DE UN HOSPITAL UNIVERSITARIO

Nauã Rodrigues de Souza[1], Brena Maria Beserra Costa[2], Débora Coutinho de Farias Carneiro[3], Hilda Silva Carrilho Barbosa[4], Isabel Cristina Ramos Vieira Santos[5]

ABSTRACT

Objective: to verify difficulties to implement the systematization of Nursing Care. ***Method:*** descriptive study with 47 nurses sample from a university hospital in Recife / PE, Northeast Brazil. Data was collected from a questionnaire, from July to October 2013, stored in spreadsheets in Excel® ***software*** and analyzed using descriptive statistics, with calculation of absolute and relative frequencies, presented in tables. The research project was approved by the Research Ethics Committee, CAAE n. 04079112.7.00005192. ***Results:*** the care system is not fully implemented in the hospital and among the difficulties mentioned: lack of professionals (40.4%) and high demand of patients (23.4%); more than half of the sample did not know the theory that supports the systematization of nursing care and 61.7% did not know the resolution establishing its use. ***Conclusion:*** after 11 years, the systematization of nursing care is still not a reality, which may interfere with the quality of care. ***Descriptors:*** Nursing Care; Management of Patient Care; Nursing Process.

RESUMO

Objetivo*: e**studo descritivo, com amostra de 47 enfermeiros de um hospital universitário de Recife/PE, Nordeste do Brasil. Os dados foram coletados a partir de um questionário, de julho a outubro de 2013, armazenados em planilhas eletrônicas no ***software Excel® e analisados pela estatística descritiva, com cálculo de frequências absolutas e relativas, apresentados em tabelas. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE n. 04079112.7.00005192. ***Resultados*:** a sistematização da assistência não está completamente implantada no hospital e entre as dificuldades citadas: falta de profissionais (40,4%) e alta demanda de pacientes (23,4%); mais da metade da amostra não conhecia a teoria que respalda a sistematização da assistência de enfermagem e 61,7% não conhecia a Resolução que estabelece seu uso. ***Conclusão*:** passados 11 anos, a sistematização da assistência de enfermagem ainda não é uma realidade, o que possivelmente interfere na qualidade da assistência prestada. ***Descritores*:** Assistência de Enfermagem; Administração dos Cuidados ao Paciente; Processos de Enfermagem.

RESUMEN

Objetivo: Verificar las dificultades para poner en práctica la sistematización de Cuidados de Enfermería. ***Método:*** Estudio descriptivo con 47 enfermeras muestra de un hospital universitario de Recife / PE, el noreste de Brasil. Los datos fueron obtenidos a partir de un cuestionario, de julio a octubre de 2013, se almacena en las hojas de cálculo en Excel software y analizados mediante estadística descriptiva, con cálculo de frecuencias absolutas y relativas, que se presentan en las tablas. El proyecto de investigación fue aprobado por el Comité Ético de Investigación, CAAE n. 04079112.7.00005192. ***Resultados:*** el sistema de atención no se aplique plenamente en el hospital y entre las dificultades mencionadas: la falta de profesionales (40,4%) y la alta demanda de los pacientes (23,4%); más de la mitad de la muestra no conocía la teoría de que es compatible con la sistematización de la atención de enfermería y el 61,7% no sabía la resolución que establece su uso. ***Conclusión:*** después de 11 años, la sistematización de la asistencia de enfermería todavía no es una realidad, lo que puede interferir con la calidad de la atención. ***Descriptores:*** Cuidado de enfermería; Gestión de la Atención al Paciente; Proceso de Enfermería.

[1]Student, Graduate Program in Nursing, School of Nursing Nossa Senhora das Graças, University of Pernambuco / UPE. Recife (PE), Brazil. Email: nauan_1@hotmail.com; [2]Student, Graduate Program in Nursing, School of Nursing Nossa Senhora das Graças, University of Pernambuco / FENSG / UPE. Recife (PE), Brazil. Email: breninha90@hotmail.com; [3]Student, Graduate Program in Nursing, School of Nursing Nossa Senhora das Graças, University of Pernambuco / FENSG / UPE. Recife (PE), Brazil. Email: dek_coutinho@hotmail.com; [4]Nurse, Professor Master in Hebiatria, Graduate Program in Nursing, School of Nursing Nossa Senhora das Graças, University of Pernambuco / FENSG / UPE. Recife (PE), Brazil. Email: hcarrilho@terra.com.br; [5]RN, PhD in Sciences, Graduate Program in Nursing, School of Nursing Nossa Senhora das Graças, University of Pernambuco / FENSG / UPE. Recife (PE), Brazil. E-mail: tutornad@yahoo.com.br

INTRODUCTION

Against the increasing advancement of science and technology in healthcare, nursing faces the challenge of promoting the development of its staff to provide quality and well-founded care. Nursing, represented by nurses and technical staff have an ethical, legal and technical responsibility to care for human beings at all levels of care, ie, in the framework of family health, hospital or at home, covering the individual, family and community care. [1-2]

The report for Nursing Care (SAE) is a methodology of organization, planning and implementation of the coherent actions that are undertaken by staff during the period in which the client is under nursing care. It is therefore a work process model that provides further assistance and directs the comprehensive and individualized care, ensuring safety to the health system user and professionals involved in their care. [1,3-4]

Given the constant search for quality of care, with exchanges of information and demands of health institutions to maximize resources and reduce costs, in 2002 the COFEN Resolution No. 272/2002, made mandatory the establishment and implementation of SAE in all institutions health public and private, determining the steps for its implementation. [2,5-7]

Seven years later, this resolution was revoked by COFEN Resolution No. 358/2009, which in addition to determining the requirement and need for their application in everyday nursing practice, in their different scenarios work, advocates as private activity of the nurse, based on scientific strategies designed to identify the different situations of the health/disease binomial. Subsidizing this way the actions that can contribute to the promotion, prevention, recovery and rehabilitation of the individual's health, from the nursing process (NP). [2,6-8]

The NP is a tool that guides nursing care and documentation of professional practice. The NP is based on a theory that guides their steps. [5.8 to 9] According to the theory of Wanda Horta, the NP includes the assessment of the health status of individuals through its history of health/illness and physical examination, identification of nursing diagnoses, development of care plan, prescription care, assessing the evolution and prognosis of nursing care. [4,5,8]

It is therefore noteworthy that the SAE and the NP are interrelated, despite their conceptual and operational characteristics, and when incorporated in the work process it allows to organize and evaluate the practice of nursing in order to improve it and ensure continuity of information about care. [4.10 to 11]

From their initial conceptions, the process added new meanings and expressions, the classification of the ***North American Nursing Diagnosis Association*** (NANDA). The implementation of the nursing diagnosis enhances every aspect of nursing practice, raising professional respect, ensuring consistent documentation, representing the accurate and professional judgment of clinical nurses, contributing this way to patient safety through the integration of terminology based on evidence for clinical practice and decision making. [12-13]

The SAE is the main strategy to improve the quality of care and strengthen nursing as a profession, since it provides the nurse (re) definition of the performance space, its performance in the field of management in health and nursing care . [3,10,14]

Some challenges are part of the SAE building trajectory in Brazilian institutions. These challenges fall into two levels: the first is institutional and deals with the organization and coordination of health services, the number of nurses, the appreciation of the administration of the institution and the assistance of outcome indicators. On the second level are those related to professional and concern the scientific basis and required knowledge, skills and attitudes based on ethical commitment, responsibility and taking care of the human being, beyond their involvement in the process. [1, 10]

It is noteworthy that there are still gaps in knowledge production that show what could be interfering with the implementation of the SAE in the different Brazilian institutions thus constitutes objective of this study:

- To check difficulties in implementation of the Systematization of Nursing Care.

METHOD

This is a descriptive and exploratory study with a quantitative approach. The study was conducted between March and June 2013 in all the units of a large public hospital, located in the city of Recife, capital of Pernambuco State, Brazil. The hospital has 300 beds, serving mainly cardiology, pulmonology, medical and clinical oncology. Because it is a teaching hospital, the care is provided by professionals, teachers and students from different areas of health.

Of the 134 nurses working day and night shifts of the investigated hospital 47 participated in the study (35%). The losses are

related to refusal to participate and removal from service during the period of data collection. All workers were informed about the objectives of the study and invited to participate, and those who agreed signed the Informed Consent form (IC).

The researchers administered a questionnaire to the participants of the study nurses, about importance of using SAE, self concerned knowledge about the SAE, the nursing process and the resolution that regulates the adherence to and implementation benefits and difficulties perceived by them in the implementation SAE on their unit.

The data obtained in the collection with the questionnaires was stored in spreadsheets in Excel® ***software*** and analyzed using descriptive statistics, with calculation of absolute and relative frequencies.

The research project was approved by the Committee on Ethics and Research with Human Beings of the University Hospital complex Oswaldo Cruz / Cardiac Emergency of Pernambuco - HUOC / PROCAPE (CAAE: 04079112.7.00005192; Opinion No. 108 727), according to Resolution 466/2012 of the National Health Council.

RESULTS

The total sample was of 47 nurses, and as presented in Table 1, the sample reported not to fully use the SAE.

Table 1. Characterization of the sample as to the clinic and use of SAE.

Variables	N (47)	%
Hospital sector		
Cardiology	07	14.9
Pulmonology	05	10.6
Oncology	07	14.9
Infectious Deseases Adults	05	10.6
Pediatric Infectious Diseases	4	8.5
General Practice	16	34.0
ICU	3	6.4
SAE use		
Do Not	47	100.0

With regard to the difficulties in using the full mode of SAE in their clinic (Figure 1), it is observed that the most frequently cited response was not the deployment through needed forms (n: 34), followed by lack of professionals (n: 19) and high number of patients (n: 11).

Difficulties	n
No deployment	34
Lack of professionals	19
High demand of patients	11
Lack of time / overload of nurses	08
Lack of capacity building and training	03

Figure 1. Difficulties in use of SAE.

It appears in Table 2 that 74.5% of the sample refers know the theory that guides SAE, and 31.9% points out that that theory is the one by NANDA, it is also observed that more than half of the sample did not know the theory which supports the systematization of nursing care. With regard to knowledge of the COREn Resolution institutionalizing the SAE, 61.7% reported not to know it.

Table 2. Knowledge about the theory associated with SAE and resolution institutionalizes.

Variables	N (47)	%
Knows the theory of SAE		
Yes	35	74.5
Do Not	12	25.5
The theory on which SAE is based		
NANDA	15	31.9
Wanda Horta	7	14.9
Do not know	25	53.2
Knowledge of COREn Resolution 272/2002 art.2		
Yes	18	38.3
Do Not	29	61.7

It is observed from the results presented in Table 3 that the entire sample recognizes that the nurse is to follow the steps: diagnosis, physical examination, prescription and evolution. As to the frequency of application of the steps of SAE, it appears that the only ones reported by the nurses were: physical examination and nursing evolution, with higher frequencies 55.3% for the latter.

Table 3. Professional responsible for implementing the SAE and frequency of use.

Variables	N (47)	%
Professional responsible for steps		
Diagnosis		
Nurse	47	100.0
Physical examination		
Nurse	47	100.0
Prescription		
Nurse	47	100.0
Evolution		
Nurse	47	100.0
Frequency of application		
Diagnosis		
None	47	100.0
Physical examination		
1 x day	10	21.3
2 x day	4	8.5
None	33	70.2
Nursing prescription		
None	47	100.0
Evolution of nursing		
1 x day	26	55.3
2 x day	8	17.0
None	13	27.7

DISCUSSION

Although the resolution COREN 272/2002 has stipulated the obligation of SAE in all health institutions and has already spent 11 years since then, one realizes that this is not reality at this University Hospital, like other Brazilian institutions, as referred in one study in a city in Minas Gerais, where, by telephone survey, the researchers observed that no health facility had implemented all stages of SAE.[14]

In fact the applicability of SAE in the health services, still represents a great challenge because, in the opinion of some authors, for some time now, there is knowledge of the subject by nurses and, what is missing, according to these is the initiative to introduce the theory in everyday practice. [1]

When asked about the importance and potential benefits for the implementation of SAE, only one nurse (2.2%) answered considers it important and pointed as a benefit to "improving nursing care planning."

The results of another study, unlike ours, show that the professionals recognize the importance of SAE as a tool for efficiency and effectiveness of the actions, organization and standardization of care, individualization and continuity of care. They add, that it was expected that its implementation would bring benefits for patients, professionals and institutions. [7]

With regard to the identified problems for deployment in the hospital, the results were, similar to that in the literature, related to two levels: institutional, exemplified by not deploying, lack of professionals and high demand of patients and those related to the professional, namely lack of time/overload of nurses and lack of capacity building and training.

The present results on the institutional difficulties are in agreement with several Brazilian studies, it only adds the lack of establishment of organizational priorities. [2,3,6,15-16)]

With regard to the difficulties related to professional, our results are also comparable with two literature reviews on the subject [(2.16)] and another study in only one hospital. [4]

The teaching of this process during the academic training is invaluable for future nurses, however, the literature points to the relationship between the non-use of the nursing process and forgetting the perceived content or how this content is taught in courses graduation. [17]

Although most of the sample has referred to know the theory that supports the SAE, when asked to answer what it would be, little more than half could not answer and only 14.9% answered that it was by Wanda Horta. It is also interesting to note that much of the sample (31.9%) pointed NANDA as a theory that guides the SAE. The ignorance can be seen by these results on part of the nurses of

the theory that underlay the care system by including it to the difficulties to be faced in the implementation of this work methodology. In fact a literature review found that most of the periodicals, record the need for nurses to be founded in nursing theory before implementing the SAE. [18]

The theory serves as a framework for implementation of SAE. and, in the interim the theory of basic human needs of Wanda Horta has contributed significantly to the nursing process in Brazil. [16]

The nursing process consists of steps that organize dynamically, sequential and logical actions of nursing care, they are: historical, that is customer data collection, diagnosis, prescription, implementation and evaluation [16].

The NANDA, in turn, is not a theory but a taxonomy, ie a definition and scientific classification, which in this case applies to the set of diagnostic, for various situations of the health/disease binomial. This classification, arising from the efforts of the ***North American Nursing Diagnosis Association*** - NANDA came to help with the nursing process as it proposes a terminology based on evidence for clinical practice assisting decision making.

The ND is defined by NANDA as "a clinical trial of responses by individuals, the family, the community of life processes or to current or potential health problems, which aid the selection of nursing interventions to achieve results, for which the nurse is responsible. "[13] Thus, it is understood that it corresponds to only one of the steps of the nursing process.

Most of the nurses are unaware of the content of the Resolution establishing the practice of SAE in health institutions, this fact is serious, even considering the methodological limitations of this study, and leads to various reflections, among them the lack of interest of the class, most often associated with difficulty in accepting changes and little involvement of professionals, as recorded in the literature [2,4,15,] because despite the SAE offer nurses a chance to organize their work based on a philosophy and a method that prioritizes individuality care and thus improve the quality and consequent visibility and credibility of their work, professionals prefer to keep the old care model of service delivery.

This way, as evidenced in this study, still using only two stages: physical examination and nursing evolution, decontextualized from the true principles and the need for SAE to improve the quality of patient care.

The results concerning the use of the steps of the nursing process are similar to those found in studies of other Brazilian regions that claim that even when there are the necessary forms and all steps are carried out, one verifies the unsatisfactory fulfillment of the same [3.4, 6] taking into first analysis the discontinuity of care and the lack of communication between the multidisciplinary team, compromising the quality of care.

CONCLUSION

It was found that the SAE is still being implemented in the researched hospital and in a still rather fragmented way. The difficulties encountered by nurses indicate the need for reorganization of this methodology as one of the organizational priorities, especially by investing in ongoing education of nurses, as well as an awareness campaign so that they are effectively involved in the implementation process of this systematization in order to improve the quality of patient care.

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Corresponding Address

Isabel Cristina Ramos Vieira Santos
Rua Teles Junior 475, Ap. 201
Bairro Rosarinho
CEP 52050040 – Recife (PE), Brazil