



## CHALLENGES IN THE IMPLEMENTATION OF NURSING CARE SYSTEMATIZATION IN EMERGENCY DEPARTMENTS

### DESAFIOS NA IMPLANTAÇÃO DA SISTEMATIZAÇÃO DA ASSISTÊNCIA DE ENFERMAGEM NOS SETORES DE URGÊNCIA

### DESAFÍOS EN LA IMPLANTACIÓN DE LA SISTEMATIZACIÓN DE LA ASISTENCIA EN ENFERMERÍA EN DEPARTAMENTOS DE EMERGENCIA

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#### ABSTRACT

**Objective:** to identify the challenges faced by nurses in implementing the systematization of nursing care in emergency departments. **Method:** this descriptive, qualitative study was conducted with 19 nurses in a general hospital in Minas Gerais, employing semi-structured interviews and thematic analysis. Data collection took place in January 2013. The study project was approved by the Ethics Research Committee, CAAE 11999612.0.0000.5112. **Results:** we highlight: high turnover and patient demand; bureaucratic tasks; need for quick decision-making; lack of technical preparation; inadequate staffing; work overload; and lack of vision and appreciation by the multidisciplinary team. **Conclusion:** nurses consider the SNC to be a tool which promotes the professional valorization of nurses and facilitates the process of providing systematic, qualified and humanized care, focusing on meeting patients' individual needs, and emphasize the need for its improvement in their field of work. **Descriptors:** Systematization; Nursing; Urgency and Emergency.

#### RESUMO

**Objetivo:** identificar os desafios enfrentados pelos enfermeiros na implantação da sistematização da assistência de enfermagem nos setores de urgência. **Método:** estudo descritivo, qualitativo, realizado com 19 enfermeiros num hospital geral em Minas Gerais e orientado pela entrevista semiestruturada e pela técnica de análise temática. A coleta de dados aconteceu em janeiro de 2013, após aprovação do estudo pelo Comitê de Ética em Pesquisa, CAAE n 11999612.0.0000.5112. **Resultados:** destacam-se a alta rotatividade e a demanda de clientes; a atividade burocrática; a necessidade de tomada de decisão rápida; o despreparo técnico; o dimensionamento profissional inadequado; a sobrecarga de trabalho e a falta de visão e valorização pela equipe multidisciplinar. **Conclusão:** os enfermeiros reconhecem a SAE como um instrumento de valorização, facilitador do processo da assistência sistematizada, qualificada, humanizada e centrada nas necessidades individuais do cliente, e ressaltam a necessidade do aperfeiçoamento na área de atuação. **Descritores:** Sistematização; Enfermagem; Urgência e Emergência.

#### RESUMEN

**Objetivo:** identificar los desafíos enfrentados por los enfermeros en la implantación de la sistematización de la asistencia de enfermería en departamentos de emergencia. **Método:** estudio descriptivo, cualitativo con 19 enfermeras de un hospital general de Minas Gerais, realizado a través de entrevistas semiestructuradas y análisis temático. La recolección de datos se llevó a cabo en enero de 2013. El proyecto del estudio fue aprobado por el Comité de Ética en Investigación, CAAE 11999612.0.0000.5112. **Resultados:** se destacan: la alta rotación y demanda de pacientes; la actividad burocrática; la necesidad de toma de decisiones rápida; la falta de preparación técnica; el inadecuado dimensionamiento de profesionales; la sobrecarga de trabajo; y falta de visión y apreciación por parte del equipo multidisciplinario. **Conclusión:** las enfermeras reconocen la SAE como una herramienta de valorización, que facilita el proceso de asistencia sistemática, calificada, humana y centrada en las necesidades individuales de los pacientes. Además, resaltan la necesidad de perfeccionarse. **Descriptores:** Sistematización; Enfermería; Urgencia y Emergencia.

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## INTRODUCTION

We live in an era in which technological advances occur very quickly, which requires professionals to be in constant pursuit of knowledge. Thus, nurses, as professional caregivers, in order to provide quality and efficient care to patients, should constantly seek knowledge and training to improve their proficiency in the application of technical and scientific knowledge, and in the systematic use of nursing care methodologies.

Emergency departments can be considered as one of the areas of the hospital where care of higher complexity is provided, patients have a greater number of needs and there is higher workflow. In these departments, immediate and efficient care and extensive technical knowledge are required, as well as professional skill and the use of technological resources.

Nursing is a constantly improving science and the systematization of nursing care (SNC) allows nurses to develop and apply their knowledge in order to ensure quality care. The environment where nurses work is considered to be stressful, both due to the workload required and to the kinds of the tasks performed. Emergency Departments and Intensive Care Units (ICU), where patients with specific acute care conditions are cared for, require the work of a specialized team.<sup>1</sup>

In these units/departments, there is a high turnover of patients, which requires professionals to provide rapid, effective care. The SNC enables the assessment of the patient's real needs and the provision of quality care.<sup>2</sup>

The SNC is a methodology used to organize, plan and implement systematic actions carried out by the nursing team while the patient is under nursing care.<sup>3</sup>

COFEN resolution 358/2009 deals with the SNC and the implementation of the Nursing process in public or private environments where professional nursing care takes place. According to it, the SNC is an activity exclusive of nurses and it is organized into five interrelated, interdependent and recurring stages: nursing data collection (or nursing history), nursing diagnosis, nursing planning, implementation and nursing evaluation.<sup>4</sup>

There are potentials and difficulties associated with the implementation of the SNC in health services, since it is part of the process of reorganization and systematization of health care practices.<sup>5</sup> Some difficulties are: nurses' insufficient scientific basis for making prescriptions; lack of knowledge about

physical examination and clinical reasoning; quantity at the expense of quality; reduction in the number of nurses, resulting in an overload of functions and the devaluation of systematized care by the own nurses, nursing technicians and nursing assistants. These could be considered issues to be reflected on in this context.<sup>6</sup>

Identifying the difficulties faced by professionals in the implementation of the systematization of nursing care is of paramount importance to ensure not only the adhesion of nurses but also the adhesion of members of the nursing and multidisciplinary teams. This would guarantee the correct implementation of the SNC in the health system, and ensure the provision of quality, humanized care, focused on meeting patients' individual needs.

## OBJECTIVE

- to identify the challenges faced by nurses in implementing the SNC in emergency departments.

## METHODS

This descriptive, qualitative study was conducted at the emergency departments and ICU of a general hospital in Minas Gerais, Brazil. The entire population of Southwestern Minas Gerais is treated in this regional, philanthropic hospital and 70% of the patients are treated by the Unified Health System. The hospital has established itself as a major hub of health care activity for Minas Gerais, due to a highly specialized medical staff and modern equipments.

The study population was composed of 22 nurses who worked in these departments/units. However, the final sample was constituted of 19 subjects, since two nurses refused to participate in the study and one nurse was on vacation at the time of data collection.

Data collection was performed using a semi-structured questionnaire based on the literature on the subject. The subjects were interviewed by the researchers between January and February 2013. All interviews were prescheduled according to the availability of the participants, recorded and later transcribed. Next, the statements were identified, read, reread, underlined, and analyzed employing thematic analysis.<sup>7</sup>

To calculate the characteristics and experience of nurses, we used the Microsoft Excel 2007 software. Results are presented as absolute and percentage values.

Before data collection began, all participants signed an informed consent form and were instructed and informed about the study procedures and objectives. We assured them of the confidentiality and anonymity of their responses and of the possibility to stop participating in the study at any time.

The study project was approved by the Ethics Committee of the Institution where the study was conducted and by the Research Ethics Committee of the FESP/UEMG (opinion number 199 917 and CAAE number 11999612.0.0000.5112).

RESULTS AND DISCUSSION

◆ Nurses' characteristics and experience with SNC

The fact that women 16 (84.21%) are prevalent among nursing professionals is evidenced not only in this study, but also in nursing in general. It reproduces the historical characteristic of nursing as a profession performed almost exclusively by women since its inception. The predominance of female workers in hospitals and especially in Nursing is explained by the archetype attributed to women.<sup>8</sup>

There is a growing concern among health professionals about their scientific knowledge. They seek to acquire more knowledge in order to qualify the care provided to the patient, the family and the community. In Nursing, this

concern is evidenced by the implementation of the SNC, which has been posing a challenge to professional nurses around the world, be it in care provision, teaching or research.<sup>6</sup>

According to the data collected, nurses fail to continue education beyond university: 13 (68.42%) nurses had no *Latu senso* specialization in their field of work; 10 (52.63%) nurses do not usually participate in scientific events (conferences, lectures, seminars, symposiums). Many of these professionals have only their undergraduate degrees and no further specializations, nor do their participate in courses or lectures in their field of work.

O scientific and technological advances require professionals to be open to a wide diversity of knowledge and to its interdisciplinary, as well as to a research environment that fosters relationships and interactions between social actors, and focuses on building knowledge and practices that result in new technologies and new knowledge to improve human living.<sup>9</sup>

With regard to the wage income, most nurses (16; 85%) earned 2-3 minimum wages nurses and 3 (15%) nurses had an income of 4-5 minimum wages.

Table 1. Distribution of nurses by sex, weekly working hours, specialization and wage income. Passos, MG, Brazil -2013.

Characteristics	n = 19	%
Sex		
Female	16	84.21
Male	03	15.79
Weekly working hours		
40	19	100
Postgraduate degree in their field of work		
Yes	06	31.57
No	13	68.42
Participation in Scientific Events in their field of work		
Yes	09	47.36
No	10	52.63
Wage income		
Up to 1 minimum wage	0	0
between 2 and 3 minimum wages	16	85
between 4 and 5 minimum wages	03	15
between 6 and 7 minimum wages	0	0
more than 8 minimum wages	0	0

According to Table 2, most professionals had completed their undergraduate studies 1-5 years prior to the study. This could lead us

to think that they had some knowledge on or previous experience with the SNC.

**Table 2.** Distribution of nurses by number of years since undergraduate degree completion, years of professional work and experience with the Systematization of Nursing Care. Passos, MG, Brazil -2013.

Characteristic	Years since Nursing graduation		Number of years working in the current institution:	
	N	%	N	%
1 year or less	01	5.27	02	10.52
Between 1 and 5 years	12	63.15	09	47.37
Between 5 and 10 years	03	15.79	05	26.32
More than 10 years	03	15.79	03	15.79
	Performed SNC during undergraduate nurse training		Previous experience at an institution where SNC was performed	
Yes	13	68.42	11	57.89
No	06	31.58	08	42.11

◆ **Nurses' definition of the SNC**

Systematization of Nursing Care (SNC) is an ideal methodological model that allows nurses to apply their technical and scientific knowledge to health care practice, favoring the provision of care and the organization of the necessary conditions for this provision.<sup>10</sup>

All 19 (100%) subjects showed knowledge of SNC and were able to define SNC according to their views. This can be seen in the statements transcribed below.

[...] *I understand it to be a formal activity that is exclusive of nurses and whose objective is to guide the nursing staff, according to the individual needs of each patient, and to help them establish care priorities, aiming at safety and quality of care as a whole . E1, E2, E3, E5, E10, E11, E13, E14, E15, E17, E18.*

[...] *It is a way of applying our scientific knowledge to the patients, treating them holistically. It is also an opportunity to improve the quality of the care provided to the patient through the early detection of risks, trying to maintain their integrity and aiming at achieving healing and hospital discharge, since the SNC is performed individually for each new patient. Every new nursing diagnosis can help improve nursing prescription and patient care delivery. E7, E4, E6, E8, E9, E12, E16, E19.*

◆ **Strategies to facilitate the implementation of the SNC in emergency departments and ICUs**

In order to provide quality humanized nursing care, the nurse needs consciously insert themselves in the reality in a competent, technical and scientific way. Thus, the implementation of the SNC, based on specific knowledge and critical reflection on the organization and philosophy of nursing practice, constitutes an instrument of paramount importance that allows nurses to manage and optimize nursing care in an

organized, safe, dynamic, competent, rational and universal way, determining their specific area of performance.

The implementation of the SNC in health facilities, especially in hospitals, is a way of adding value to the nursing profession, improving the quality of care provided to patients, and will consequently produce a qualitative leap in the provision of care.<sup>11</sup>

All 19 (100%) nurses have suggested strategies to facilitate the implementation and performance of SNC in emergency departments and ICUs. Some of these suggestions are described below.

*Increase in the number of nurses working in the unit, as well as in the number of nursing technicians, in order to enable nursing prescription. E1, E2, E14, E16, E17, E19.*

The human resource is one of the most important factors for the implementation of the SNC, not only with regard to the quantitative and qualitative aspect, but also with regard to the role played by each member of the team. Regarding the organizational aspect, the lack of nursing staff/nurses is one of the main factors that compromise the implementation of the SNC. Since the performance of the SNC requires the continuous presence of nurses in the units, this is a variable that needs to be considered when defining the number of professionals and selecting the nursing personnel.<sup>12</sup>

According to some studies, there are some prerequisites for the implementation of the SNC. They are related to aspects such as nursing teaching, the structure of the nursing work organizations and elements that involve nurses' beliefs, values, knowledge, skills and practices. Other prerequisites are: Institutional Policy, Leadership, Continuing Education, Human Resources, Communication, Tools and Change Process.<sup>3</sup>



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*Institutional interest. Raise nurses awareness about the importance of the process. Implementation of a printed checklist system, aiming at a faster process, but with the possibility of prescription in the case of special/individual needs of patients. E3, E5, E7, E15, E18.*

*Training and involvement of the multidisciplinary team. To evidence the results achieved with the implementation of the SNC. E6, E8, E4, E9, E10, E11, E12, E13.*

#### ◆ Performance of the SNC

With regard to the implementation and performance of the SNC, 11 (57.9%) nurses did not believe that was associated with a deficiency in the training process, and 8 (42.1%) nurses reported that was associated with such deficiency, as can be seen in the statements below:

*[...] I realized that we receive no adequate preparation on the systematization of nursing care during undergraduate training, which contributes to appearance of difficulties in the work process. E10, E3, E4, E5, E13.*

The difficulties experienced by nurses during the implementation of the SNC are permeated with peculiarities and related to the teaching of this methodology at university, to the theoretical and practical relationship during undergraduate field work and even to individual learning characteristics. The difficulties related to undergraduate teaching have been studied by some authors, who suggest a greater integration between theoretical teaching and care practice, and incorporation of this practice into nursing undergraduate field work.<sup>12</sup>

*[...] Because the importance of the SNC for the successful provision of care is not emphasized. E15, E12.*

#### ◆ Lack of credibility and devaluation of the SNC

17 (89.47%) of the 19 (100%) nurses reported that there is a lack of credibility and devaluation of the SNC, as shown in the following excerpts.

*[...] Yes, by the nursing staff and also by the multi-professional team (doctors, speech therapists, physical therapists, nutritionists) because they do not know the real importance of systematization. E19, E10, E11, E12, E13, E16.*

Thus, raising awareness of the entire nursing staff and interdisciplinary team about the importance of the SNC methodology should be part of the action plan of the nursing coordination, as a prerequisite for its effective implementation. The lack of interest of nursing assistants/technicians in

implementing the process, the lack of awareness about its importance, or even the fact that they are not involved in its elaboration and do not know the real importance of systematization, was evidenced in this study.

*By some nurses, and especially by nursing assistants and technicians. The latter not even take the time to check the prescriptions. Because they fail to understand the meaning, the purpose of this process. E3, E1, E2, E4, E7, E8, E9, E5, E6, E15, E18.*

Nurses also fail to incorporate systematized processes of care aimed at meeting the patient's individual needs into their practice, i.e., the care model that should be applied by nurses in all health care areas. This compromises the visibility and the quality of care provided to patients.<sup>11</sup>

#### ◆ In practice, there is the consolidation of SNC

In this study, 11 (57.9%) nurses reported that there is consolidation of the SNC in the institution where they work, while 08 (42.1%) nurses reported that this process is not performed in professional practice and justified why it is not performed.

*[...] Yes, but only partially. High turnover compromises the performance of all stages of the process. The team can only perform it incompletely. There is an insufficient number of nurses and the nurse has to perform other tasks first in order to help the health team in providing direct care to the patient. E3, E4.*

It seems almost impossible to effectively implement the SNC if the nursing staff is properly prepared, i.e., if the staff lacks the necessary scientific knowledge (theoretical basis) and practical skills. Therefore, the recognition of the need to train the nursing team and invest, if necessary, in the preparation for the performance of this practice should be part of the planning steps for its implementation.<sup>12</sup>

*Not always, in the emergency department, most of the time the patient demand is higher than the number of employees and so the time has to be prioritized. E5, E9, E10.*

*Because the SNC is made in a mechanized and methodical way. There is no individual assessment. E15, E8, E11, E16.*

Indeed, despite the fact that the SNC can be applied in any unit/department where there is the presence of nurses, there are numerous factors that interfere with its implementation. These factors are related to the institution, the professional nursing staff, as well as to other health professionals. As examples of factors specific of the institution,

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we may cite the specification of a number of nurses per bed and the distribution of nurses according to the number of nurses' stations. As for the causes related to nursing professionals, we may cite the lack of theoretical knowledge to perform the SNC, the lack of time to perform all the activities and the lack of preparation to perform the stages of the SNC.<sup>13</sup>

#### ♦ Challenges to perform the SNC

This study evidenced that nurses were able to define the difficulties and advantages of performing the SNC in Emergency departments and ICUs. 17 (89.53%) nurses mentioned difficulties and advantages, while 2 (10.47%) nurses only mentioned the difficulties found in their departments/units.

Previous studies point out that the performance of the SNC in health institutions has the following positive aspects: safe planning, implementation and evaluation of nursing performances, individualization of care, visibility and increased autonomy for nurses.<sup>3</sup>

Some of the difficulties mentioned are: nurses' insufficient scientific knowledge to make the prescriptions; lack of knowledge about the physical examination and clinical reasoning; quantity at the expense of the quality of care provided; reduced number of nurses, resulting in an overload of functions and in the devaluation of the care system by the nurses themselves, as well as by the nursing technicians and nursing assistants.<sup>6</sup>

*High turnover, need for rapid decision-making aimed at patient resuscitation and stabilization, which makes systematization to be seen by many as a bureaucratic activity that can be completed later. Some nurses lack technical preparation. Inadequate staffing, which obliges the nurse to act on the front line with the other members of the nursing team and makes him therefore unable to perform the systematization. Using checklists would be really helpful. E3, E17, E1, E11, E13, E14, E19.*

*Difficulties: Critically ill patients. Lack of vision from professionals. Lack of training. Inadequate infrastructure. Advantages: We get to know each patient better. E12, E2, E4, E5, E6, E7, E8, E18.*

According to other studies, some of the difficulties reported by nurses are: the lack of institutional interest, lack of a model of care, poor working conditions, lack of professional motivation, lack of staff, work overload, the fact that one nurse has to cover for/supervise several departments, lack of interaction of nursing staff with the multidisciplinary team, and lack of awareness about the SNC.<sup>11</sup>

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*Difficulties: Lack of vision and valorization of the SNC. Advantages: Number of professionals available per shift to perform the SNC. E15, E9, E10, E16.*

It is noteworthy that each health institution has peculiarities with regard to the advantages and difficulties. This should be analyzed by the nursing staff, so that the method is implemented with knowledge of the situation and achievable goals. Therefore, when planning the implementation of the SNC, it is important to assess, recognize and identify the system as a whole (values, patients, human resources and their tasks, productive capacity).<sup>12</sup>

#### ♦ Professional recognition in the SNC

According to the analyzed data, most nurses (17; 89.47%) believe that the SNC is a form of adding value to the nursing profession, while 02 (10.53%) nurses reported not recognizing the SNC as a way of adding value to their profession within the institution.

*The systematization reflects the autonomy of the nurse with regard to the patient's treatment. It stipulates that the nurse has enough knowledge to define actions that meet the individual needs of each client under his/her care. E3, E1, E5, E12, E13.*

*With the SNC, the nurse is able to identify and express in written form the needs of each patient and it documents the importance of nurses' role, thus highlighting their knowledge and the bonds of our profession, since we spend all of the time with our patient. E7, E6.*

*With the establishment of the SNC, nurses seek to demonstrate and apply their scientific knowledge, justifying their actions in the provision of care, demonstrating how important and essential for effective and quality care is the role of nurses by making diagnoses and perform proposed interventions. E10, E8, E9, E11, E17, E18.*

The Systematization of Nursing Care improves the quality of the nursing care provided, benefiting both the patient - through personalized care delivery - and the nurse, by showing the importance of the nursing process and adding value to the nursing profession.<sup>14</sup>

*It provides the nurse with a way to develop the entire process and show his/her value to the institution, it is an activity that is exclusive of nurses and guides the performance of the entire nursing staff, and nursing technicians perform their tasks according to the prescriptions made by the nurse for each patient. E19, E2, E4, E14.*

The Systematization of Nursing Care (SNC) should be implemented because it is a strategy for achieving standardization and quality. It helps organize the professional

work and ensures the provision of humanized, continuous and quality care.<sup>15</sup>

According to several previous studies, the implementation of the SNC by nurses who work in emergency departments is relevant, accessible and necessary. Although they work in a department where speed, agility, skills and effectiveness are required, the SNC is a guiding tool for their practice and adds value to the profession.<sup>2</sup>

## CONCLUSION

The SNC is considered a valuable tool for nurses, especially in the emergency room, as it directly contributes to the improvement of care and to the resolution of problems, enabling the evaluation and documentation of the care provided.

Among the challenges reported by nurses in this study, we may cite: high turnover in the department; high demand of patients; bureaucratic activity; the need for rapid decision-making; lack of technical preparation; inadequate staffing; lack of time (work overload) and the lack of vision and appreciation of the SNC by the multidisciplinary team.

Therefore, in order to solve the problems associated with the SNC in emergency departments, it is necessary to change some nursing practices and paradigms, especially in what concerns the search for specific knowledge. The SNC allows and encourages the constant search for quality nursing care and it must be suited to the reality of nurses.

Therefore, nurses who work in emergency departments need to improve their performance and expertise, rethink about their practice as a tool for the provision of immediate care in emergency situations, and about the continuity of care while patients are hospitalized, ensuring quality and excellence in care, effectively contributing to the discussions and to the concrete and effective implementation of the SNC in emergency departments and Intensive Care Units.

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