



THE SYSTEMATIZATION OF NURSING CARE AS INSTRUMENT OF EMPOWERMENT: INTEGRATIVE REVIEW

SISTEMATIZAÇÃO DA ASSISTÊNCIA DE ENFERMAGEM COMO INSTRUMENTO DE EMPODERAMENTO: REVISÃO INTEGRATIVA

LA SISTEMATIZACIÓN DE LA CAPACITACIÓN DE ENFERMERÍA COMO INSTRUMENTO DE ASISTENCIA: REVISIÓN INTEGRADORA

Pétala Tuani Candido de Oliveira Salvador¹, Kisna Yasmin Andrade Alves², Joyce Laise da Silva Ribeiro³,
Cláudia Cristiane Filgueira Martins⁴, Viviane Euzébia Pereira Santos⁵, Francis Solange Vieira Tourinho⁶

ABSTRACT

Objective: to summarize the knowledge of the studies published in the Journal of Nursing Revista Brasileira de Enfermagem (REBEn) that deal with the Systematization of Nursing Assistance (SAE). **Method:** integrative literature review in the light of questions: how is the SAE understood as an empowerment tool in nursing practice? What are the current challenges to nursing for the empowerment of their practice? Data collection was conducted in June 2012, in pairs, following the research protocol. We analyzed the issues of REBEn available electronically. We used standardized instrument for systematic assessment of studies, according to collect indicators. **Results:** We analyzed 29 articles according to the indicators: type of study; location; year; formation of the author; concept, advantages and challenges of SAE; and SAE as an empowerment tool. **Conclusion:** It was elucidated that, increasingly, the advantages of using the SAE for affirmation of nursing care quality have been discussed. **Descritores:** Nursing; Nursing Process; Power.

RESUMO

Objetivo: sumarizar os saberes dos estudos divulgados na Revista Brasileira de Enfermagem (REBEn) que versem sobre a Sistematização da Assistência de Enfermagem (SAE). **Método:** revisão integrativa da literatura à luz dos questionamentos: de que modo a SAE é compreendida como ferramenta de empoderamento na prática de enfermagem? Quais os desafios atuais à enfermagem para o empoderamento de sua prática? A coleta foi realizada em junho de 2012, em pares, seguindo protocolo de pesquisa. Foram analisados os números da REBEn disponíveis eletronicamente. Foi utilizado instrumento padronizado para sistematização da avaliação dos estudos, segundo indicadores de coleta. **Resultados:** analisou-se 29 artigos segundo os indicadores: tipo de estudo; local; ano; formação do autor; conceito, vantagens e desafios da SAE; e SAE como instrumento de empoderamento. **Conclusão:** elucidou-se que, cada vez mais, se debate as vantagens da utilização da SAE para afirmação da qualidade da assistência de enfermagem. **Descritores:** Enfermagem; Processos de Enfermagem; Poder.

RESUMEN

Objetivo: resumir el conocimiento de los estudios publicados en la Revista de Enfermería (REBEn) que se ocupan de la Sistematización de la Asistencia de Enfermería (SAE). **Método:** revisión integradora de la literatura a la luz de las preguntas: ¿Cómo se entiende el SAE como una herramienta de empoderamiento en la práctica de enfermería? ¿Cuáles son los desafíos actuales a la enfermería para el empoderamiento de su práctica? La recolección de datos se llevó a cabo en junio de 2012, de dos en dos, siguiendo el protocolo de investigación. REBEn los números fueron analizados disponible electrónicamente. Utilizamos instrumento estandarizado para la evaluación sistemática de los estudios, de acuerdo con recoger indicadores. **Resultados:** se analizaron 29 artículos de acuerdo a los indicadores: tipo de estudio; ubicación; año; formación del autor; concepto, ventajas y retos de SAE; y SAE como una herramienta de empoderamiento. **Conclusión:** Si dilucidado que, cada vez más, se discuten las ventajas de utilizar el SAE para la afirmación de la calidad de los cuidados de enfermería. **Descritores:** Enfermería; Proceso de Enfermería; Poder.

¹Nurse, Doctoral student in Nursing, Graduate Program in Nursing, Universidade Federal do Rio Grande do Norte /PPGENF/UFRN. Natal (RN), Brazil. E-mail: petalatuan@hotmail.com; ²Nurse, Doctoral student in Nursing, Graduate Program in Nursing, Universidade Federal do Rio Grande do Norte /PPGENF/UFRN. Natal (RN), Brazil. E-mail: kisnayasmin@hotmail.com; ³Nurse, Resident in intensive care Neonatal, Universidade Federal do Rio Grande do Norte /PPGENF/UFRN. Natal (RN), Brazil. E-mail: joyce_laise@hotmail.com; ⁴Nurse, Doctoral student in Nursing, Graduate Program in Nursing, Universidade Federal do Rio Grande do Norte /PPGENF/UFRN. Natal (RN), Brazil. E-mail: claudiacrisfm@yahoo.com.br; ⁵Nurse, PhD. in Nursing, Graduate Program in Nursing, Universidade Federal do Rio Grande do Norte /PPGENF/UFRN. Natal (RN), Brazil. E-mail: vivianeepsantos@gmail.com; ⁶Nurse, PhD in Child and Adolescent Health, Nursing Department, Universidade Federal de Santa Catarina /UFSC. Natal (RN), Brazil. E-mail: francistourinho@gmail.com

INTRODUCTION

According to the Virtual Health Library (VHL), through the Descriptors in Health Sciences (MeSH), the descriptor power, synonymous with empowerment is understood as "having great influence or control over others in a variety of the contexts-administrative, social, academic, etc.". ¹

It should be noted, however, that captures the distinction between power and authority, based on being the first an element of abstract nature, which is configured as the potential to influence, without this influence must be exercised; while the second is the legal power, institutionalized, conceiving force of ideas, coercion, manipulation and control. ²

As seen in this way, the power of the practice allows to reveal the relationships not revealed in organization charts, being described as transformational phenomenon that promotes individual and group growth by encouraging reciprocity, focusing on the person and the environment as a whole fully related. ²

From this perspective, to defend the empowerment of nursing is to affirm the power and reconstruction tool, to rescue the essence of the profession, as part *sine qua non* for that nursing can enable their service and management projects. ³ Such reflections mean to put in relief the historical challenges of nursing as a profession assertion of sound scientific basis, combining science and art in the solidification of professional care.

In other words, it is noted that the debate about nursing practices that are rooted in empowering has presented like thread medullary element in this category: knowledge. This is characterized as a social product with numerous constraints, priorities and stages of construction, and the knowledge is an inherent and essential activity for humans, through which we seek to assign meaning to the phenomena that surround them. ⁴

The knowledge thus is seen as a means to obtain competence in acting and ensure the empowerment of nursing, basing their skills and giving it domain to act scientifically consensual. ⁵ It is seen, therefore, the existing close relationship between knowledge and nursing practices: when knowledge changes, practices also change, and it is the amount necessary to the provision of quality care grounded in power. ⁶

These reflections should not be viewed as the last defining best practices. In other words, scientific knowledge, seen as the only

element necessary for the empowerment of nursing, and give it power, can ensure the illusion of exemption from liability, as of superiority, authority, against the knowledge of other subjects involved in the process to care for. Therefore, the nursing is in a scenario of multiple challenges: it is seen on the need to defend itself as a science, based on multiple paradigms, but seeking a trans-dimensional care by the crucial relationship between science, art and spirituality; ⁷ and realizes that the array to its theoretical and practical progress is the definition, classification and disclosure of their own phenomena. ³

It is in the interim, to elucidate the knowledge of nursing phenomena field as a fundamental way to go to the defense of the empowerment of the profession, it is recognized that, in contact with users, is that nursing knowledge are applied when using this Systematization of Nursing Assistance (SAE), which is operationalized mainly through the Nursing Process (NP). ⁸

We emphasize that we understand the fundamental difference between NP and SAE, which lies in the fact that the latter, as an organization of nursing encompasses the method, the personnel and instruments; characterized the NP, in turn, as a methodological and systematic tool to provide care. ⁹ In summary, the NP constitutes a practical tool for realization of the ideals of SAE.

Given the large current discussions about the essentiality of SAE to the setting of nursing as a profession qualified, based on clinical reasoning, and therefore the systemic and scientific care, the objective of this study is to summarize the knowledge of the studies published in the Journal of Nursing that deal with the SAE, clarifying the understanding of this as an empowerment tool in nursing practice.

METHOD

It is an integrative literature review on the SAE as instrument of empowerment in nursing practice, which seeks to answer the research questions: how is the SAE understood as an empowerment tool in nursing practice? What are the current challenges to nursing for the empowerment of their practice? The integrative literature review is a survey that allows the synthesis of knowledge from the analysis of published studies, supporting the elaboration of general conclusions of knowledge in a certain area of study. ¹³

The study followed pre-established protocol aimed at standardizing the

component elements of the integrative review, ensuring the selection and the appropriate analysis of the data included, which was composed of the following elements: theme, objectives, guiding questions, search strategy, selection of studies, strategy for critical evaluation of studies and synthesis of data.

Data collection was conducted in June 2012, in pairs, with the data source to the Brazilian Journal of Nursing *Revista Brasileira de Enfermagem* (REBEn), periodic chosen because it is unique representative in the dissemination of Brazilian nursing knowledge.

The REBEn, created in 1932, is the official publication of the Brazilian Nursing Association (ABEn) and it is the oldest journal of Brazilian nursing, having currently bimonthly and indexing in the following databases: *Base de Dados em Enfermagem* (BDENF), *Cumulative Index to Nursing and Allied Health Literature* (CINAHL), *Base de dados da Fundacion Index - España* (CUIDEN), *Sistema Regional de Informação em Linha para Revistas Científicas da América Latina, Caribe, Espanha e Portugal* (LATINDEX), *Literatura Latino-americana e do Caribe em Ciências da Saúde* (LILACS), *Medical Literature Analysis and Retrieval System Online* (MEDLINE), *Índice de Revistas Latino-americanas em Ciências* (PERIÓDICA), *Scientific Electronic Library Online* (SciELO), SCOPUS and *Ulrich's International Periodicals Directory*.

For the selection of studies, issues of REBEn available electronically in the collection Brazil since 2003 were accessed individually and scientific productions about SAE were selected, excluding those that did not cover the relevant subject to the achievement of the research and those which are not about the study indicators.

We used standardized instrument for systematic evaluation of each selected study, by using Microsoft Excel 2010, according to indicators of data collection, such as: type of study, according to categories established by REBEn - editorial, research, review, reflection

or experience report; study of the development site; year of publication; formation of the author, considering the author with highest degree; concept of SAE; Advantages of using NCS; challenges to consolidate SAE; presence and understanding of SAE as an empowerment tool.

After a critical reading of studies which were selected a priori, they were analyzed for the discussion of such indicators being included in the review those relevant to debate and answer the above research questions.

The methodological quality of studies was also analyzed from the assessment of the level of evidence of the productions. Thus, the quality of evidence was assessed, classified into seven levels: at level 1 there are the recommendations arising from systematic review or meta-analysis of randomized controlled clinical trials or derived from clinical guidelines based on systematic reviews of randomized controlled trials; at level 2, evidence which are derived from at least one randomized controlled trial well defined; at level 3, those obtained from well-designed clinical trials without randomization; at level 4, from the cohort studies and well-designed case-control; at level 5, originating evidence of systematic review of descriptive and qualitative studies; at level 6, those which are derived from a single descriptive or qualitative study; and, at level 7, the recommendations coming from authorities of opinion and/or report of committees of experts.¹¹

The final data, which supported a quantitative and qualitative analysis of the productions included in the integrative literature review, are presented below.

RESULTS

Table 1 shows the quantity selected and included in the research purposes, according to the inclusion and exclusion criteria and in response to revision of indicators, respectively.

Table 1. Quantitative results of database, 2012.

Year	Pre-selected*		Included**	
	n	%	n	%
2003	2	3,8	1	3,4
2004	6	11,6	4	13,6
2005	5	9,6	5	17,6
2006	6	11,6	5	17,6
2007	3	5,8	3	10,4
2008	7	13,5	2	6,8
2009	5	9,6	2	6,8
2010	9	17,2	4	13,6
2011	7	13,5	2	6,8
2012	2	3,8	1	3,4
Total	52	100,0	29	100,0

* According inclusion criteria: scientific publications that deal with the SAE.
** According to analysis of the relevance of studies and availability of research indicators.

It is noticed a significant number of studies that deal with the SAE published in a temporal dimension of just ten years, an aspect that reflects the interest of nursing professionals on the theme as well as the relevance of REBEn in the publication of such research.

The initial number of selected research, 55.8% was included in the review, a total of 29 articles, by discussing key aspects of the debate SAE as nursing empowerment tool. The syntheses of the characterization of the included studies are shown in Table 2.

Table 2. Quantitative description of the studies included, per year, in absolute numbers, in 2012.

Variable	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Type of study										
Search	1	2	5	2	1	-	2	4	1	1
Review	-	2	-	1	-	1	-	-	-	-
Reflection	-	-	-	1	-	1	-	-	-	-
Experience report	-	-	-	1	2	-	-	-	1	-
Author's degree*										
Specialization	-	1	-	-	1	-	-	-	-	-
Master's degree	-	-	-	1	-	-	-	-	1	1
Doctorate	1	3	3	3	2	2	2	4	1	-
Postdoctoral	-	-	-	1	-	-	-	-	-	-
Free teaching	-	-	2	-	-	-	-	-	-	-
Place										
Bahia	-	-	-	-	-	-	-	-	1	1
Ceará	-	-	-	2	2	-	1	1	-	-
Distrito Federal	-	-	-	1	1	-	-	1	-	-
Goiás	-	-	1	1	-	-	-	-	-	-
Minas Gerais	1	-	-	-	-	-	-	-	-	-
Paraíba	-	1	-	-	-	-	-	-	1	-
Paraná	-	-	-	-	-	-	1	1	-	-
Rio de Janeiro	-	-	-	-	-	1	-	-	-	-
Rio Grande do Sul	-	1	-	-	-	1	-	-	-	-
São Paulo	-	2	3	1	-	-	-	1	-	-
Sergipe	-	-	1	-	-	-	-	-	-	-

*When considering the author with highest degree.

Regarding the type of study, there was a predominance of articles categorized as Search, 19 Investigations (65.5%), followed by Reviews (4; 13.8%), the Experience reports (4, 13.8%) and Reflections (2; 6.9%).
The category Search, according to REBEn, includes studies whose results corroborate knowledge available in the area or expand knowledge of nursing and/or health and are, therefore, highly relevant productions for professional practice, a rich source of knowledge that can support nursing practice guided by their empowerment.
With regard to the authors of the study, the amount ranged from one to six, protruding

articles with two authors (13; 45.0%). In relation to the formation of the author with highest degree, doctors were the predominant category, appearing in 21 productions (72.4%), followed by masters (3; 10.3%), specialists (2; 6.9%), free professors (2, 6.9%) and post-doctors (1; 3.5%).
About the federal units of studies development, there was highlight of the Brazilian Northeast region, which promoted 11 of the included studies (38.0%), followed by the Southeast (9; 31.0%), Midwest (5; 17.2%) and South (4; 13.8%), with no resulting publications of the North. Among the regions, the highlights were the states of São Paulo,

with seven productions (24.1%), and Ceará, with six studies (20.6%). These data reveal a national concern with the relevance of SAE for nursing practice, since production of four of the five regions of Brazil were included in the study.

About the level of evidence of the studies, 100% of the analyzed articles are categorized on the level of evidence 6, which corresponds to the descriptive or qualitative studies.

DISCUSSION

The concept of SAE, which usually deals with aspects that are also translated in the NP, was elucidated in most of the studies, comprising: an instrument to guide nursing practice, through the scientific method;¹² practical application method of a nursing theory;¹³ tool for the organization of nursing care;¹⁴ instrument characterized by the following interdependent and dynamic steps;¹⁵⁻⁸ prerogative of nurses to ensure organization for its assistance;¹⁹ and methodology that translates into opportunity to express care holistic approach, human and individualized, enabling excellence in practice professional.^{16,20}

Some studies, mistakenly, address the SAE and the NP as synonyms,¹⁴ aspect which translates into a complicating element of real understanding and realization of SAE as nursing empowerment tool. In contrast, other authors perceive and clarify the distinction between such categories.^{9,12,15-8}

Researchers recognize this distinction indicate the NP as the scientific method, divided into stages, which guides the SAE, and consider it as the work methodology that incorporates philosophy and welfare objectives and the NP as the practical application of nursing theory in assistance to patients.^{9,12,15-7} Some authors that also bring the definition of just one NP stage, especially the history of nursing and the diagnosis of nursing.²¹

What is argued, in short, is the need to understand the fundamental difference between SAE and NP, which is the means to operationalize that. Thus, we visualized the SAE as a methodology in the organization of knowledge and care to the user, constituting a deliberate intellectual activity, characterized by being intentional, systematic, dynamic, interactive, flexible and based on theories.

The advantages of solidification of SAE for nursing practice are: the subsidy in decision-making, based on clinical reasoning, concentrating on the desired results;^{13,19} ensuring individualized, humanistic, comprehensive and qualified care;^{12,18,22-3} the

theoretical basis of nursing actions, the scientifying practice through the adoption of theories, defending nursing as a profession of solid scientific basis;^{18,22} the possibility of communication between the multidisciplinary team, through adequate and standardized records, building continuity of care;²⁰ to greater security in decision-making, the time savings and ease of care planning, reducing even the hospital stay;²³ and the imperative aid in teaching, research, audits and verification of legal aspects.²²

The user, who is the focus of the benefits of SAE, is also positively influenced, since the SAE provides greater confidence, satisfaction, gratitude, better recovery and reducing customer anxiety. Thus, to be established focusing on the individual and humanistic care, SAE also provides validation of nursing functions contributing to the recognition of the importance of nursing actions in any health care level and increasing their autonomy and visibility, creating phenomena with unique, specific features for the care, essence of profession.^{14,21}

Unanimously, however, the literature recognizes that there are still many difficulties to be overcome and urgent needs for effective consolidation of SAE as nursing empowerment tool. A pointed basic difficulty is the fact that the work is not yet systematized incorporated into care practice, being more present in the discourse of professionals, which translates into a weakening and a disarticulation between theory and practice, a fact that generates ideological conflicts that undermine not only the understanding of nursing practice, as well as the teaching of nursing theories, NP and SAE.⁹

In large part, the lack of knowledge, the difficulty of technical-scientific field and the resistance of professionals to understand the SAE as a bureaucratic activity that the user distance, are seen as difficult elements.¹⁸ Lack of knowledge, especially, is seen as a reflection of an academic background that still favors technical skills: results of a study, which interviewed 27 nurses from University Hospital (UH) of the Federal University of Sergipe (UFS), showed that 63% of respondents said they had only studied the NP theory and have not applied (or applied superficially) it in practice, while 18.5% reported not having studied or did not remember being approached this subject in their academic training.²⁴

Further obstacles in consolidating SAE are added as: excess of tasks for the nurse, lack of material resources for care, low stimulation

of nursing direction, rotation of users, lack of discussions on the subject, few human resources in health institutions to perform all the activities required by SAE and non-incorporation of assistants and nursing technicians.¹³⁻⁴

Study craved to summarize the factors that interfere with and harm the achievement of SAE, grouped such barriers: 1) personal/professional factors, highlighting the inadequate preparation graduation, lack of commitment, involvement and responsibility, lack of leadership and organization, the limited availability and overwork, interpersonal relationship problems, the lack of definition of roles of nursing framework and wage issues; 2) organizational factors, such as lack of nursing staff, concomitant administrative activities with the assistance, the unwillingness of managers and the institution, the inadequacy of the physical structure of the units and the low efficiency of support services; and 3) factors related to the theoretical model, the absence of steps highlighting, raising problems just as mental preparation and the complexity of NP.²⁵

Faced with such difficulties, the authors point out challenges: the implementation of the SAE of the profession requires an effective integration with the multidisciplinary team, through the adoption of classification systems that allow the use of a single, standardized language; and planning must undergo the necessary adjustments to each institutional context, this by lifting system as a whole - values, human resources and their functions, institutional management policy structure, job training, specific needs/users profile, awareness and preparation of all nursing staff, setting the theoretical framework, preparation of EP instruments and practical preparation for the implementation of SAE.^{12,16,19}

The SAE is elucidated as an empowerment tool of nursing practices, without which the nurse comes down to a bureaucratic role - the so-called "enfermeso" - running a mere doing, compromising the quality of care if depreciating themselves while a professional.²⁴

Meanwhile, it is considered that the SAE can contribute to the rescue of nursing power as: it values the care as the essence of the profession, assuming reflective practice features, transforming the way of thinking for a change that seeks quality of care;²³ enables excellent quality of care;¹² it is an improvement of driving element, developing knowledge and fostering an effective, efficient practice, minimizing barriers and giving credibility to the nursing work;^{17,26} suit

the nursing functions propelling its visibility and autonomy; and it is reflected in the defense of the scientific basis of the profession, moving from empirical phase for the science phase, developing theories, systematizing their knowledge, directing the observation of phenomena, the nursing intervention and the results waited.¹³

Therefore, the nurse needs to be authentic, through the use of their specific scientific knowledge, to be professional, dedicated, studious, conscientious, conscious, ethical, politicized and have the essential skills: observation, communication, interaction, knowledge, creativity, common sense, flexibility and critical capacity and making decision.¹⁹

Finally, it is highlighted the necessary evaluation of the methodological design of the studies, which means bringing up a discussion increasingly present in all scenarios, intellectual and care: classification of the research that levels of evidence, which is made important for more than 20 years ago when Suzanne Fletcher and Dave Sackett, working in regularly exams for Canadian Task Force developed it to rank the validity of preventive measures in health.¹¹

This classification is based on a hierarchy of study that seeks to facilitate the understanding of the degree of clinical recommendation of the results from the research.

Thus, for the quality of evidence, we found the unanimous production of studies that fall in the level of evidence 6. It should not be affirmed, however, that the research carried out is not significant to the national and international intellectual scenario; so descriptive studies are also important for the analysis of contexts and to support the production of higher level evidence. What is approached, in fact, is the need to balance these figures, encouraging the development of experimental quality research.

It is noteworthy, therefore, the need to encourage the development of clinical research, which, according to the literature, enable expansion of more modern treatments or procedures, healthcare considered cutting-edge, international investments, technological development of the sector and improving the care of institutions as a whole.²⁷

CONCLUSION

Discussions lead us to the conclusion that, nowadays, increasingly we debate the advantages of using the SAE as quality claim methodology of nursing care, beyond the difficulties and challenges to solidify it.

It was also possible to view the appointment of REBEn in reporting jobs that took up the challenge of defending such an ideal, primordial aspect in the dissemination of knowledge that are expressed as a rich source of information that can support nursing practice guided by their empowerment.

Thus, we can perceive the concrete possibility of a path to take: one who seeks the empowerment of nursing. Therefore, the SAE is built as an essential tool, a time when nursing is seen in a multiple challenges scenario: to assert itself as science and art, performing a reflective practice and be guided by multiple paradigms in the scientific nursing statement and creative.

It is hoped in this way to contribute to the reflections made to propel debates that defend, in micro spaces that shape the nursing practice scenarios, the concreteness of a profession which can be assumed scientifically, without neglecting its ethical, aesthetic, creative, humanistic and spiritual aspects, through a care which has been established as integral, systemic and dialogic.

REFERENCES

1. Biblioteca Virtual em Saúde. Descritores em Ciências da Saúde [Internet]. 2014 [cited 2014 June 13]. Available from: <http://decs.bvs.br/>
2. Cruz DALM, Pimenta CAM, Pedrosa MFV, Lima AFC, Gaidzinski RR. Percepção de poder de enfermeiras frente ao seu papel clínico. Rev Latino-Am Enfermagem [Internet]. 2009 Mar/Apr [cited 2014 June 13];17(2). Available from: http://www.scielo.br/pdf/rlae/v17n2/pt_15.pdf
3. Bernardino E, Felli VEA. Saberes e poderes necessários à reconstrução da enfermagem frente a mudanças gerenciais num hospital de ensino. Rev Latino-Am Enfermagem [Internet]. 2008 Nov/Dec [cited 2014 June 13];16(6). Available from: http://www.scielo.br/pdf/rlae/v16n6/pt_15.pdf
4. García TR, Nóbrega MML. Teorias de enfermagem. In: García TR, Egry EY. Integralidade da atenção no SUS e sistematização da assistência de enfermagem. Porto Alegre: Artmed; 2010. p. 31-40.
5. Christensen M. Advancing nursing practice: redefining the theoretical and practical integration of knowledge. Journal of Clinical Nursing [Internet]. 2011 Feb [cited 2014 June 13];20:873-81. Available from: <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2702.2010.03392.x/pdf>
6. Pereira Á, Lima ACMV, Silva RS. The negotiation power: reflection about the managing of conflicts in nursing. J Nurs UFPE on line [Internet]. 2009 Jan/Mar [cited 2014 June 19];3(1):117-23. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/272/pdf_846
7. Soares DA. A enfermagem no contexto das mudanças paradigmáticas. Diálogos e Ciência - Revista da Rede de Ensino FTC [Internet]. 2009 June [cited 2014 June 13];3(9):79-89. Available from: http://dialogos.ftc.br/index.php?option=com_content&task=view&id=179&Itemid=4
8. Cruz DALM. Processo de enfermagem e classificações. In: Gaidzinski RR, Soares AVN, Lima AFC, Gutierrez BAO, Cruz DALM, Rogenski NMB. Diagnóstico de enfermagem na prática clínica. Porto Alegre: Artmed; 2008. p. 25-37.
9. Fuly PSC, Leite JL, Lima SBS. Correntes de pensamento nacionais sobre sistematização da assistência de enfermagem. Rev Bras Enferm [Internet]. 2008 Nov/Dec [cited 2014 June 13];61(6):883-7. Available from: <http://www.scielo.br/pdf/reben/v61n6/a15v61n6.pdf>
10. Mendes KDS, Silveira RCCP, Galvão CM. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. Texto contexto-enferm [Internet]. 2008 Oct/Dec [cited 2014 June 16];17(4):758-64. Available from: <http://www.scielo.br/pdf/tce/v17n4/18.pdf>
11. Melnyk BM, Fineout-Overholt E. Making the case for evidence-based practice. In: Melnyk BM, Fineout-Overholt E. Evidence-based practice in nursing & healthcare. A guide to best practice. Philadelphia: Lippincott Williams & Wilkins; 2005; p. 3-24.
12. Truppel TC, Meier MJ, Calixto RC, Peruzzo SA, Crozeta K. Sistematização da Assistência de Enfermagem em Unidade de Terapia Intensiva. Rev Bras Enferm [Internet]. 2009 Mar/Apr [cited 2014 June 18];62(2):221-7. Available from: <http://www.scielo.br/pdf/reben/v62n2/a08v62n2.pdf>
13. Vargas RS, França FCV. Processo de Enfermagem aplicado a um portador de Cirrose Hepática utilizando as terminologias padronizadas NANDA, NIC e NOC. Rev Bras Enferm [Internet]. 2007 May/June [cited 2014 June 18];60(3):348-52. Available from:

<http://www.scielo.br/pdf/reben/v60n3/a20.pdf>

14. Neves RS, Shimizu HE. Análise da implementação da Sistematização da Assistência de Enfermagem em uma unidade de reabilitação. Rev Bras Enferm [Internet]. 2010 Mar/Apr [cited 2014 June 18];63(2):222-9. Available from:

<http://www.scielo.br/pdf/reben/v63n2/09>

15. Malucelli A, Otemaier KR, Bonnet M, Cubas MR, García TR. Sistema de informação para apoio à Sistematização da Assistência de Enfermagem. Rev Bras Enferm [Internet]. 2010 Jul/Aug [cited 2014 June 18];63(4):629-36. Available from:

<http://www.scielo.br/pdf/reben/v63n4/20.pdf>

16. Del'Angelo N, Goés FSN, Dalri MCB, Leite AM, Furtado MCC, Scochi CGS. Diagnósticos de enfermagem de prematuros sob cuidados intermediários. Rev Bras Enferm [Internet]. 2010 Sept/Oct [cited 2014 June 18];63(5):755-61. Available from:

<http://www.scielo.br/pdf/reben/v63n5/10.pdf>

17. Nóbrega RV, Nóbrega MML, Silva KL. Diagnósticos, resultados e intervenções de enfermagem para crianças na Clínica Pediátrica de um hospital escola. Rev Bras Enferm [Internet]. 2011 May/June [cited 2014 June 18];64(3):501-10. Available from:

<http://www.scielo.br/pdf/reben/v64n3/v64n3a14.pdf>

18. Carneiro TM, Silva IAS. Diagnósticos de enfermagem para o paciente com necrólise epidérmica tóxica: estudo de caso. Rev Bras Enferm [Internet]. 2012 Jan/Feb [cited 2014 June 18];65(1):72-6. Available from:

<http://www.scielo.br/pdf/reben/v65n1/10.pdf>

19. Mascarenhas NB, Pereira A, Silva RS, Silva MG. Sistematização da Assistência de Enfermagem ao portador de Diabetes Mellitus e Insuficiência Renal Crônica. Rev Bras Enferm [Internet]. 2011 Jan/Feb [cited 2014 June 19];64(1):203-8. Available from:

<http://www.scielo.br/pdf/reben/v64n1/v64n1a31.pdf>

20. Freitas MC, Mendes MMR. Idoso vítima de queimaduras: identificação do diagnóstico e proposta de intervenção de enfermagem. Rev Bras Enferm [Internet]. 2006 May/June [cited 2014 June 18];59(3):362-6. Available from:

<http://www.scielo.br/pdf/reben/v59n3/a21v59n3.pdf>

21. Inácio CCN, Chaves EMC, Freitas MC, Silva AVS, Alves AR, Monteiro AR.

Diagnósticos de enfermagem em unidades de alojamento conjunto. Rev Bras Enferm [Internet]. 2010 Nov/Dec [cited 2014 June 19];63(6):894-9. Available from:

<http://www.scielo.br/pdf/reben/v63n6/04.pdf>

22. Kruse MHL, Silva KS, Ribeiro RG, Fortes CV. Ordem como tarefa: a construção dos Diagnósticos de Enfermagem. Rev Bras Enferm [Internet]. 2008 Mar/Apr [cited 2014 June 19];61(2):262-6. Available from:

<http://www.scielo.br/pdf/reben/v61n2/a20v61n2.pdf>

23. Oliveira MF, Freitas MC. Diagnósticos e intervenções de enfermagem frequentes em mulheres internadas em uma unidade de terapia intensiva. Rev Bras Enferm [Internet]. 2009 May/June [cited 2014 June 18];62(3):343-8. Available from:

<http://www.scielo.br/pdf/reben/v62n3/02.pdf>

24. Andrade JS, Vieira MJ. Prática assistencial de enfermagem: problemas, perspectivas e necessidade de sistematização. Rev Bras Enferm [Internet]. 2005 May/June [cited 2014 June 17];58(3):261-5. Available from:

<http://www.scielo.br/pdf/reben/v58n3/a02v58n3.pdf>

25. Hermida PMV. Desvelando a implementação da sistematização da assistência de enfermagem. Rev Bras Enferm [Internet]. 2004 Nov/Dec [cited 2014 June 17];57(6):733-7. Available from:

<http://www.scielo.br/pdf/reben/v57n6/a21>

26. Alves AR, Chaves EMC, Freitas MC, Monteiro ARM. Aplicação do Processo de Enfermagem: estudo de caso com uma puérpera. Rev Bras Enferm [Internet]. 2007 May/June [cited 2014 June 17];60(3):344-7. Available from:

<http://www.scielo.br/pdf/reben/v60n3/a19.pdf>

27. Dainese SM, Goldbaum M. Pesquisa clínica como estratégia de desenvolvimento em saúde. Rev Assoc Med Bras [Internet]. 2012 Jan/Feb [cited 2014 June 18];58(1):2-6. Available from:

<http://www.scielo.br/pdf/ramb/v58n1/v58n1a02.pdf>

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Corresponding Address

Pétala Tuani Candido de Oliveira Salvador
Rua Almir Freire, 324, Centro
CEP 59270-000 - Bom Jesus (RN), Brazil