



## PERCEPTION OF NURSES REGARDING THE SYSTEMATIZATION OF NURSING CARE TO THE CHRONIC RENAL PATIENT

### PERCEPÇÃO DE ENFERMEIROS QUANTO À SISTEMATIZAÇÃO DA ASSISTÊNCIA DE ENFERMAGEM AO PACIENTE RENAL CRÔNICO

### PERCEPCIÓN DE ENFERMERAS ACERCA DE LA SISTEMATIZACIÓN DE LA ATENCIÓN DE ENFERMERÍA AL PACIENTE RENAL CRÓNICO

Patrick Leonardo Nogueira da Silva<sup>1</sup>, Ana Carolina Batista Alves Quintiliano<sup>2</sup>, Simone Guimarães Teixeira Souto<sup>3</sup>, Ricardo Soares de Oliveira<sup>4</sup>, Renata Patrícia Fonseca Gonçalves<sup>5</sup>, Patrícia Alves Paiva<sup>6</sup>

#### ABSTRACT

**Objective:** identifying the perception of nurses in respect of the systematization of nursing care for patients with chronic renal failure. **Method:** a descriptive, exploratory study of a qualitative approach conducted with two nurses of a dialysis center in northern Minas Gerais in April 2009. We used a semi-structured interview in which the statements were recorded, transcribed and coded for further descriptive analysis. The research project was approved by the Research Ethics Committee, protocol number 019/2009. **Results:** it was found a predominant knowledge regarding the concept, importance and purpose of systematization, as well as the value of this method of assistance directed to patients with chronic renal failure, because it believes that this systematization allows nurses to identify the presence of basic human needs assigned to this public submitted to blood therapy. **Conclusion:** it is needed awareness by the authorities by demonstrating cost-effective relation and justification based on attendance to the basic needs of the customers. **Descriptors:** Chronic Renal Failure; Renal Dialysis; Hospital Units of Hemodialysis; Nursing Care.

#### RESUMO

**Objetivo:** identificar a percepção de enfermeiros quanto à sistematização da assistência de enfermagem ao portador de insuficiência renal crônica. **Método:** estudo descritivo, exploratório com abordagem qualitativa realizado com duas enfermeiras de um centro de diálise do norte de Minas Gerais em abril de 2009. Utilizou-se uma entrevista semiestruturada na qual as falas foram gravadas, transcritas e codificadas para posterior análise descritiva. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, protocolo nº 019/2009. **Resultados:** constatou-se domínio de conhecimento referente ao conceito, importância e finalidade da sistematização, assim como a valorização deste método de assistência direcionada ao portador de insuficiência renal crônica, pois se considera que esta sistematização possibilita ao enfermeiro identificar a presença das necessidades humanas básicas afetadas a este público submetido à hemoterapia. **Conclusão:** é necessária uma sensibilização das autoridades responsáveis através da demonstração de relação custo-benefício e justificativas embasadas no atendimento das necessidades básicas dos clientes. **Descritores:** Insuficiência Renal Crônica; Diálise Renal; Unidades Hospitalares de Hemodiálise; Cuidados de Enfermagem.

#### RESUMEN

**Objetivo:** identificar la percepción de las enfermeras en relación con la sistematización de los cuidados de enfermería para pacientes con insuficiencia renal crónica. **Método:** este es un estudio descriptivo, exploratorio con un enfoque cualitativo, realizado con dos enfermeras en un centro de diálisis en el norte de Minas Gerais, en abril de 2009. Se utilizó una entrevista semi-estructurada en la que las hablas se registraron, fueron transcritas y codificadas para el posterior análisis descriptivo. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, número de protocolo 019/2009. **Resultados:** se encontró el dominio de conocimiento acerca del concepto, importancia y el propósito de la sistematización, así como el valor de este método de asistencia dirigida a los pacientes con insuficiencia renal crónica, ya que considera que esta sistematización permite a las enfermeras para identificar la presencia de las necesidades humanas básicas asignadas a este público sometido a la Hemoterapia. **Conclusión:** es necesario el conocimiento por parte de las autoridades mediante la demostración de la relación costo-beneficio y justificación basadas en el cumplimiento de las necesidades básicas de los clientes. **Descriptores:** Insuficiencia Renal Crónica; Diálisis Renal; Unidades Hospitalarias de Hemodiálisis; Cuidados de Enfermería.

<sup>1</sup>Nurse, Specialist in Family Health and Teaching and Methodology of Higher Education, State University of Montes Claros/Unimontes. Montes Claros (MG), Brazil. Email: [patrick\\_mocesp70@hotmail.com](mailto:patrick_mocesp70@hotmail.com); <sup>2</sup>Nurse, Egress, United Colleges of the Northern Minas/Funorte. Montes Claros (MG), Brazil. Email: [carolinavzp@yahoo.com.br](mailto:carolinavzp@yahoo.com.br); <sup>3</sup>Nurse, Master Teacher of Nursing, State University of Montes Claros/Unimontes. Montes Claros (MG), Brazil. Email: [simonegts28@yahoo.com.br](mailto:simonegts28@yahoo.com.br); <sup>4</sup>Nurse, Public Health Specialist, Teaching Higher Education and Nursing Cardiology, State University of Montes Claros/Unimontes. Montes Claros (MG), Brazil. Email: [rickenfermeiromoc@yahoo.com.br](mailto:rickenfermeiromoc@yahoo.com.br); <sup>5</sup>Nurse, Master Teacher of Nursing, State University of Montes Claros/Unimontes. Montes Claros (MG), Brazil. Email: [patriciapfonseca@yahoo.com.br](mailto:patriciapfonseca@yahoo.com.br); <sup>6</sup>Academic, Graduation in Nursing, State University of Montes Claros/Unimontes. Montes Claros (MG), Brazil. Email: [patriciaalvespaiva@gmail.com](mailto:patriciaalvespaiva@gmail.com)

## INTRODUCTION

The health of human beings depends on the proper functioning of all organs, so the health team function, in which there are nurses, is to promote appropriate conditions, even seeking new knowledge for the harmonious functioning of the body.<sup>1</sup>

There are numerous diseases that challenge the human being in the struggle for perpetuation of the species and a good quality of life. Among them is the Chronic Kidney Disease (CKD), which can be defined as a progressive disease characterized by an increased kidney's inability to maintain low levels of protein metabolism products (such as urea), normal pressure values, blood pressure (BP) and hematocrit, as well as the electrolyte balance (water and minerals) and acid-base (hydrogenionic potential - pH).<sup>2</sup>

CKD is a metabolic syndrome resulting from the progressive and irreversible loss of kidney function, being a disease that requires nursing specialist treatment including the systematization of Nursing Assistance (SAE), since in addition to clinical and curative aspects, staff nursing should be prepared to assist and give psychological support to the patient under Hemodialysis.<sup>3</sup>

The process of SAE in the CKD constitutes, as well, in a methodological tool that provides individualized and quality patient care with scientific basis. On the physical, functional, psychological, social commitment, among others, existing in hemodialysis therapy, we see the need for a systematic intervention, planned, individualized and humanized by the nursing staff and the SAE applied to chronic renal patients in order to equip the implementation of the Nursing Process.<sup>4</sup>

The SAE is a scientific method of work that provides a very significant improvement in care quality given to customers through individualized planning of nursing actions prepared by the professional nurse.<sup>1</sup>

It also allows the integrity and continuity of humanized care, appreciation of nurses and other nursing categories in order to strengthen and promote team work. For CRF patients, SAE becomes important due to the fact that, for the purpose of replacement of renal function, there were created some forms of treatment, among them hemodialysis by which use of a machine, a system cardiopulmonary bypass, and a capillary called artificial kidney that filters blood slag and removing the excess liquid. This procedure is usually performed at a dialysis center, where the patient must go two or more times per

week for sessions during approximately four hours.<sup>5</sup>

In assistance to CKD patients under hemodialysis it is very important the work of a skilled multidisciplinary team due to the high risk of complications during treatment. The role of the professional nurse in this team stands out for its close proximity of this with patients in order to enable the identification and intervene in possible complications, promoting better adaptation to the treatment, seeking thus a better quality of life.<sup>6</sup>

This study aims to identify the perception of nurses as the systematization of nursing care for patients with chronic renal failure.

## METHOD

Study of descriptive nature, exploratory, of a qualitative approach performed at the Center for Dialysis of the Hospital Foundation Dilson de Quadros Godinho, located in the city of Montes Claros/MG/Southeast Brazil, during the month of April 2009. The sample included 02 nurses in which coordinated the sector.

For the present study, the following criteria for research participation were adopted: professional nurses who care for chronic renal patients; and accept to participate in the research. There were excluded from this study the other professional groups who provide care to patients with CRF.

Data collection was conducted through semi-structured interviews with nurses who provide care to patients with CRF. The interviews were recorded using a recorder, with prior permission of the interviewee by signing the Informed Consent (IC), and followed a pre-established script (interview form). The same was done by the main researcher in scheduled time in advance and in a private room. Then the interviews were transcribed, coded and made descriptive analysis according to scientific literature. To ensure confidentiality and anonymity of the respondent, the lines have been identified with a letter of the alphabet and numbers, and they are: E1 and E2.

Data analysis was done through the Content Analysis.<sup>7</sup> As recorded and transcribed speeches, it was possible to analyze them according to the following categories:

1. Profile of professional nurses;
2. Activities developed;
3. Systematization of Nursing Assistance in the research institution;
4. SAE Importance for nurses;

5. SAE implementation of importance for the dialysis center;
6. Difficulties encountered in the implementation of SAE;
7. SAE Benefits for chronic renal failure patients under hemodialysis;
8. SAE Benefits for the work of nurses.

This study followed the ethical principles standardized by Resolution 196/96 of the National Health Council (CNS) in which regulates researches involving human subjects. The research project was assessed and approved by the Research Ethics Committee of the United Colleges of the

North of Minas Gerais (CEP FUNORTE) with Protocol number 019/2009.

RESULTS AND DISCUSSION

According to Table 1, the same refers to the professional profile of the interviewees. Thus, two nurses coordinators of the Dialysis Center Hospital Foundation Dilson de Quadros Godinho were interviewed. Both girls aged 40 and 30 years respectively, specialists in Nephrology and Health Education, with time on dialysis minimum experience of ten years and working hours of 30 hours per week.

Participant	Gender	Age	Academic Training	Working time at dialysis	Weekly Journey
1	Female	40	Nurse specialist in Nephrology and Health Education	14 years	30
2	Female	30	Nurse specialist in Nephrology and Health Education	10 years	30

Figure 1. Profile of the nurses interviewed. Montes Claros (MG), 2009.  
Source: Hospital Foundation Dilson de Quadros Godinho. Nephrology Service. Dialysis Center. Montes Claros (MG), 2009.

Regarding the activities developed in the sector, the nurses providing care to the chronic renal patients report that these activities consist of diagnostic, curative, psychological and social activities, in order to prioritize the humanization of care and to encourage self-care in which they can be proven through the following addresses:

*There are many activities that we develop here [...]. I try to follow the method based on Orem's Theory in assistance to patients who are under dialysis. [...] they are quite suffered, they suffer and the family, and we nurses, in addition to the management activities of the service, we need to respond to welfare goals that patients who require hemodialysis, as well as guide them to self-care [...] following the Orem Theory. I try to offer a more humane medical treatment to these patients and their families, enabling them to self-care. (E1)*

*Following the Orem's Theory to perform numerous activities that develop here and consisting of clinical care, social and even materials to patients [...]. (E2)*

The Dialysis Center studied according to the opinion of those interviewed has not yet been formally according to SAE. However, they point out that since 2002 apply the stages of history, prescription and nursing evolution.

*We have a form, but the deployment has been compromised due to a lack of professionals. (E2)*

It is perceived by the response that the lack of staff leads the difficulties faced in the

implementation of the SAE in the institution. Other authors share this same opinion, and further state that besides the lack of staff, the ignorance of the law of professional practice, lack of leadership, lack of commitment and lack of time as factors that can easily result in loss of stimulus from nurses, generating demotivation and dissatisfaction with the performance of SAE and consequently difficult to implement this work method.<sup>8</sup>

However, the lack of employees does not prevent the professional nurses perform both diagnostic activities as healing and social and psychological support to chronic renal failure patients on hemodialysis treatment and their families. But nurses complain about the lack of conditions to implement the SAE as they consider that if this happened they could provide better assistance to them. According to the nurses interviewed, they report this idea in the following words:

*If we had condition to implement once the SAE here, we would be better able to give psychological support to patients. I get anxious when some of them come here and down and I have so many people to meet who cannot devote more attention to those who are sad and distressed, but still stop to chat a bit to try to cheer them up, but other activities to times are more important at the time [...]. (E1)*

*Even without much time, I try to talk with the patient and their families, but if the SAE had fully implemented the assistance would be better [...]. (E2)*

SAE allows the involvement of nurses in the planning, implementation and evaluation of nursing actions that are implemented in order to allow a better overview of the assistance.<sup>9</sup>

All nurses interviewed consider that the SAE is important for the planning of nursing care. According to one interviewee, SAE means:

*Quality in nursing care to the customer, organization and systematization of the service, in addition to the record of all the assistance. (E2)*

For the other interviewed, the SAE means:

*Best care and nursing diagnosis. (E1)*

The respondents also claim that the SAE organize and optimize patient care, and reduce the length of stay, which also means less cost to the healthcare industry.

SAE is a methodology used to systematize nursing care and to organize the conditions necessary for its implementation. It emphasizes the importance of SAE for nurses to point out that, when applied, enables the professional better able to identify, understand and describe how the client is reacting front of their life processes and their health problems, real or potential, may determine which professional care should be implemented.<sup>10</sup>

Other authors also highlight the importance of SAE for nurses to point out that it is critical to optimizing patient care by making it more secure, dynamic and competent and more easily managed by professionals.<sup>8</sup>

Regarding the importance of implementing the SAE in Dialysis Center, the professionals consider that:

*[...] in the Dialysis Center, SAE collaborates in identifying the real needs of the patient, streamlines the service by priority and humanize care. (E1)*

*For me, the implementation of SAE in Dialysis Center provides safe and effective for both the patient and for us nurses. It is very important to implement for the organization and systematization of the service, which results in improvement of service, especially emphasizing the humanization of care [...]. (E2)*

The testimonies of the nurses are corroborated by other studies in which the application of SAE in the hemodialysis service in addition to responding to the welfare objectives it sets itself, demonstrates the ability to ensure the most important aspects that characterizes chronic renal client: the need to receive a personalized, humanized and continuous treatment, mainly obtained through the interaction between nurse, client and family.<sup>11</sup>

Nurses interviewed consider that the small number of professional nurses in the sector and the lack of more health professionals, such as nursing technicians interfere with the implementation of SAE. This is the same reason that prevents nurses follow in the footsteps of SAE as to the care of chronic renal patients, factors that are justified in the following lines:

*You cannot follow in the footsteps of SAE [...]. There are 105 patients for two nurses [...]. You cannot do a detailed physical examination, for example. (E1)*

*Try the steps below 100% of SAE, but there's no time [...] due to the overhead of service and the small number of nurses. (E2)*

The work overload and lack of time are not factors that can be associated with difficulty in the implementation of SAE so that it should be considered a matter of priority.<sup>12</sup> Another study also goes against the justifications given by the interviewed nurses. The same considers that the greatest difficulties encountered in the implementation of the SAE are directly related to disbelief and rejection of own nurses, limited to technical-bureaucratic model, used often unethical and inflexible strategies to not participate in the process. It must understand; however, that the very rejection and inflexibility can characterize the lack of specific knowledge and professional downgrade.<sup>13</sup>

The SAE is a scientific method of work that provides significant improvement in quality of care delivered to critically ill patients through individualized planning of nursing actions developed by nurses. Provides continuity and completeness of humanized care, appreciation of the technician in charge of the sector (nurse), plus the appreciation of other categories of nursing, strengthening teamwork.<sup>14</sup>

The benefits of SAE to the hemodialysis patients are enumerated by the nurses as:

*Quality of care [...] organization of service and support [...], standardization of assistance with individualized plan of care. (E1)*

*Diagnostic guarantee which provides better quality care. (E2)*

The standardization of care and organization of nursing services are recognized by interviewees as the benefits of SAE for the work of nurses providing care to patients of chronic renal Dialysis Center.

According to the interviews:

*[...] SAE allows the appreciation of nurses and other nursing professionals as well as integration with the multidisciplinary team. With SAE, labor relations are greatly improved, both among ourselves and with*



*other nursing professionals within the patient care team here at the dialysis center. (E1)*

*The SAE strengthens teamwork and allows multi work [...]. The relationship between nurses and patients we also improves, it seems they start to appreciate more our work. (E2)*

SAE provides not only an improvement in the quality of care given to the customer, but also gives the professional nurses greater autonomy in their actions, a legal support through nursing records, and to promote a greater link between the nurse and his client and the development of a nursing scientifically feature.<sup>15</sup>

In a Cardiological Clinic and Intensive Care Unit of a public hospital of medium complexity in Teresina-PI, the SAE is being implemented in which it is experiencing difficulties to achieve them.<sup>16</sup> The SAE is taken as a lifelong learning process in which necessarily requires the acquisition of knowledge, skills and attitudes by professionals who will give it. The tools give the systematization of care an organized and uniform character, so as to act as a facilitator of the process; however it was obtained from many planning throughout the history of nursing.<sup>17</sup>

## FINAL NOTES

The SAE in the dialysis center Hospital Foundation Dilson de Quadros Godinho is still being implemented and discussion between the multidisciplinary team working in the service.

Nurses demonstrate master the knowledge about the concept, the extent and SAE purposes, as well as the development of this nursing care methodology directed to chronic renal patients as they consider that this systematization enables nurses to identify the presence of the affected basic human needs CRF in patients undergoing renal replacement therapy.

For nurses the dialysis center, among the factors that hinder the implementation of the SAE directed to CRF patients stand out from the small number of nurses and work overload. To this end, it is suggested that an awareness of the authorities to resolve the issue by demonstrating cost-effective and grounded justification in meeting the basic needs of the customers, the main targets of a skilled nursing care.

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#### Corresponding Address

Patrick Leonardo Nogueira da Silva  
Avenida Doutor Sidney Chaves, 1171, Ap. 102,  
Bloco H  
Bairro Edgar Pereira  
CEP 39400-648 – Montes Claros (MG), Brazil