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ORIGINAL ARTICLE

SYSTEMATIZATION OF NURSING CARE: AN ANALYSIS OF RESOURCES THAT ENABLE ITS DEPLOYMENT IN THE MEDICAL CLINIC UNIT

SISTEMATIZAÇÃO DA ASSISTÊNCIA DE ENFERMAGEM: ANÁLISE DE RECURSOS QUE VIABILIZEM SUA IMPLANTAÇÃO NA UNIDADE DE CLÍNICA MÉDICA

LA SISTEMATIZACIÓN DE LA ATENCIÓN DE ENFERMERÍA: UN ANÁLISIS DE LOS RECURSOS QUE PERMITEN SU IMPLEMENTACIÓN EN LA UNIDAD DE CLÍNICA MÉDICA

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ABSTRACT

Objective: analyzing the scenario of healthcare practice of the nursing team focused on the availability of resources to implement the systematization of nursing care at the clinic of a public hospital. **Method:** an exploratory study of a quantitative and qualitative approach addressing the speech technique of collective subject. Data collection was conducted through semi-structured interviews. The sample comprised 100% of nurses working in the medical clinic, performing a total of 24 people. The research project was approved by the Ethics Committee in Research, CAAE 29317614.1.0000.5181. **Results:** 92% of the professionals showed that the hospital cannot afford the nursing process, the difficulties relate to the lack of nursing intimacy with the theme and the lack of support from the institution. **Conclusion:** it is hoped that this study may support actions to minimize such obstacles to allow the implementation of SAE. **Descriptors:** Nursing; Nursing Process; Nursing Staff.

RESUMO

Objetivo: analisar o cenário da prática assistencial da equipe de enfermagem com foco na disponibilidade de recursos para a realização da sistematização da assistência de enfermagem na clínica médica de um hospital público. **Método:** estudo exploratório, de abordagem quantitativa e qualitativa à técnica do discurso do sujeito coletivo. A coleta de dados foi realizada através de entrevista semiestruturada. A amostra foi composta por 100% dos enfermeiros que atuam na clínica médica, perfazendo um total de 24 pessoas. O projeto de pesquisa foi aprovado pelo comitê de ética em Pesquisa, CAAE 29317614.1.0000.5181. **Resultados:** 92% dos profissionais mostraram que o hospital não tem condições de implantar o Processo de enfermagem, as dificuldades referem-se à falta de intimidade da enfermagem com a temática e falta de apoio da instituição. **Conclusão:** espera-se que este estudo possa subsidiar ações que minimizem tais obstáculos para permitir a implantação da SAE. **Descritores:** Enfermagem; Processo de Enfermagem; Equipe de Enfermagem.

RESUMEN

Objetivo: analizar la situación de la práctica de la salud del equipo de enfermería, focado en la disponibilidad de recursos para implementar la sistematización de la atención de enfermería en la clínica de un hospital público. **Método:** un estudio exploratorio de enfoque cuantitativo y cualitativo frente a la técnica del discurso del sujeto colectivo. La recolección de datos se realizó a través de entrevistas semi-estructuradas. La muestra fue de 100% de las enfermeras que trabajan en la clínica médica, un total de 24 personas. El proyecto de investigación fue aprobado por el Comité de Ética en la Investigación, CAAE 29317614.1.0000.5181. **Resultados:** 92% de los profesionales mostraron que el hospital no puede permitirse el lujo de poner en práctica el Proceso de Enfermería, las dificultades se relacionan con la falta de intimidad de la enfermería con el tema y la falta de apoyo de la institución. **Conclusión:** se espera que este estudio pueda apoyar acciones para minimizar estos obstáculos para permitir la aplicación del SAE. **Descriptor:** Enfermería; Proceso de Enfermería; Personal de Enfermería.

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INTRODUCTION

Nursing is a profession essentially turned to care, with the prerogative to take care of the health of the human being, in his individuality and plurality of groups. Nursing care is of fundamental importance in the context of health services at different levels of complexity. This prerogative responsibility of the nurse who, in his care practice, develops health promotion, prevention of diseases and disorders, therapeutic actions and rehabilitation of the person sequel victim result of illness or accident.¹

Looking back on the history of Nursing it can be seen that care practice has been carried out in different periods of its history amid intervening factors that compromise the objectivity of care, the resoluteness of the nurse's actions and hence its professional autonomy and social recognition.² Thus, nursing care is characterized as a problem that is present in the forums of debates, both in the hospital environment, where there is a significant part of the nurse's work, as in scientific events and scientific production of professional; seeking viable solutions to this problem comes the Systematization of Nursing Assistance (SAE).

In the context of work assistance the referred professional assumes too many responsibilities, not always specific to his skills and abilities, compromising the quality of care provided to the user of hospital services. This difficulty present in the hospital reality reveals a disconnection between the teaching of nursing care based in scientific knowledge and professional practice, in some situations, also placed on improvisation, without the determination of the nursing diagnoses.

The objective of this study is to check if the resources available in the sector of Clinical Medicine of the referred institution enable the implementation of the Systematization of Nursing Care. The question that arises is: The Medical Clinic Unit of the hospital where the participant subjects of this study work is in a position to carry out the systematization of Nursing Care?

When seeking for answers to this question, the investigation objects analyzing the scenario of care practice of nursing professionals focused on the availability of resources to carry out the systematization of nursing care in internal medicine service of a public hospital, the scene of this research. In essence, this study will raise awareness of managerial instances of this hospital of the public network as to the implementation of

the Nursing Process, a model that is the scientific method of professional practice, being set up by the systematization of nursing care. Thus, the research addresses an instrument that the nursing staff can use it for care practice in reality in which it operates, through critical thinking and planning assistance, ensuring responsibilities with patients and guiding in the decision-making in various situations experienced by nursing staff.

METHODOLOGY

An exploratory study developed by quantitative and qualitative approach.³⁻⁴⁻⁵ It has as focus to deepening the subject of detailed study, featuring the Systematization of Nursing Assistance (SAE) as scientific nursing care strategy, tracing the professional profile of nurses as the qualification to implement the SAE describing aspects related to possible difficulties faced by nurses to implement the SAE and discussing opinions of respondents from the perspective of professional autonomy and resoluteness in the nurse's actions.

The research took place at the clinical medicine section of the Regional Hospital Mr. Janduhy Carneiro, which is a reference public hospital in the countryside of Paraiba, in the municipality of Patos. The criterion for hospital choice as a place for development of this study was due to the fact of it being an institution that provides practical training course for graduates and Postgraduate of several courses in the health area. This fact provided a free access, fast and easy for the study.

It is the population of the study all the nurses who work in the field of clinical medicine of the hospital, totaling 24 individuals. The sample comprised 100% of nurses selected from the following inclusion criteria: being a nurse (male or female) active in the internal medicine section, having at least twelve months of activity in that sector and agreeing to participate in the study by signing the Consent Instrument.

Data collection occurred in August 2014, when the nurses were interviewed on site and working hour by applying a semi-structured script, with open and closed questions relating to the proposed objectives for research. This instrument was used individually for each nurse, applied in a reserved manner to avoid any kind of embarrassment.

The results of the collection were analyzed based on the approach of quantitative and qualitative methods and discussed based on the literature reviewed in this study. The

quantitative part was statistically analyzed and grouped by software (Word and Excel), using Figures and tables. The qualitative material was analyzed through the Collective Subject Discourse technique (DSC) is a methodology of organization and tabulation of qualitative data of verbal nature of the community, obtained testimonials. This technique consists of adding similar statements in a speech synthesis, written in the first-person singular. Later there were taken from the individual key expressions that answers that form equivalent central or complementary ideas.⁶

The research project was submitted to the Research Ethics Committee of the Integrated Colleges of Patos - FIP, which approved the rapporteur's recommendation and issued the CAAE nº 29317614.1.0000.5181, authorizing the search. Regarding the ethical position, the research was guided by the criteria laid down in the Guidelines and Regulatory Norms of Research Involving Human Subjects, contained

in Resolution nº 466/2012 of the National Health Council (CNS), particularly with regard to the consent of participants and to the principles of autonomy, anonymity and confidentiality of data.

RESULTS AND DISCUSSION

The findings are arranged in two stages: the first presents the characterization of the sample group, whose figures were arranged in a table, and the second time, qualitative data were presented through Figures, being analyzed using the method of analysis of the Collective Subject Discourse.

♦ Characterization of nurses participating in the study

The characterization of the study participants was built from the following variables: age, gender, time of work in the institution and professional qualification.

Table 1. Socio-demographic aspects of nurses. Patos/PB, 2014.		
Gender	n	%
Female	19	79
Male	05	21
Age (in years)		
20 - 29	09	38
30 - 39	14	58
40 - 49	01	4
Professional Skill		
Graduated	06	25
Specialist	18	75
Work time (in years)		
1 - 5	15	62,5
6 - 10	09	37,5

The female predominance is evident in this study, a feature expected, because when we return to the socio-historical aspects, we can say that nursing is born as a service arranged by the institution of holy orders associated with the figure of the woman who since has always been a healer and holds a knowledge about informal health practices, mainly carried out by midwives who, in turn, transmitted such knowledge woman to woman. Indeed, the marks of religious orders impose on nursing for a long period, its sole institutional exercise and/or mostly female, thus demonstrating that since ancient times the males are a minority in nursing.

The data above described also show the predominance of individuals aged between 30 and 39, represented by a percentage of 58% of total respondents. In general, this age group allows rotation schedules and adequate physical layout for nursing practices.⁷ This information articulated with data from the national survey by sample households (National Household

Survey), the Brazilian Institute of Geography and Statistics (IBGE), revealing that the population between 30 and 59 years old continues representing the largest percentage of the workforce in the country, represented by 90.6 million people employed in Brazil in the 2nd quarter of 2013.⁸

Table 1 shows the information that 75% of the professional qualifications of nurses interviewed have some evidence of specialization, followed by 25% of the sample who performed only have graduation. This majority revealed by research demonstrates that improving technical, scientific and cultural knowledge as well as being a right of the nursing staff will provide greater support to professional practice, becoming qualified to provide a differentiated service to customers.⁹

The results point that 63% of nurses have little time working in the medical clinical area, 1-5 years. This can be a relatively negative factor in the eyes of many, because

this profession requires technical and scientific skills. In addition, the practice of assistance over the years makes the professional increasingly skilled in the procedures and precautions to be offered to people in their care. In contrast, little working time has its advantage because professionals are less likely to develop

psychosocial problems compromising the health and quality of life. Added to this the increase in flexibility and precarious employment, the intensification of work and the problems of relations in the working environment are some of the factors that have led to an increase in work-related stress.¹⁰

Central Idea 1. It is a method to assist organized by a care plan.
The collective subject discourse 1: process-oriented assistance of taking care [...] it is a systematic plan of care [...] is a form of care with more attention [...] is an organized method of providing patient care [...] is a process of planning, implementation and evaluation of care.

Central Idea 2: it is a method of taking care with autonomy.
The collective subject discourse 2: is an exclusive activity of nurses with the assistance of technicians and assistants [...] the SAE includes Diagnostics and care plans [...] are specific activities of the nurse performed with autonomy [...] nurses identify user needs and plan appropriate interventions [...] is a set of actions that should be implemented only by the nurse.

Central Idea 3: form of integral assistance.
The collective subject discourse 3: is a complete assistance offered to users [...] assist the patients globally [...] is a way to look at the patient as a whole, identifying his needs and tracing a care plan [...] process that involves a comprehensive and full assistance [...] way to meet all the needs of the patient.

Figure 1. Central idea and the collective subject discourse about the understanding of systematization of nursing care. Patos/PB, 2014.

According to the testimony of the study participants in relation to the understanding of the systematization of nursing care, we found three senses in the speeches of professionals, so extracted three central ideas, which are broken down in Figure 1.

Nurses mentioned mainly that SAE is a method to provide organized assistance by a care plan (central idea 1) method to take care autonomously (central idea 2) as well as provide full assistance (central idea 3).

The Federal Board of Nursing (COFEN), through resolution 358/2009 has recommended that nursing care should be systematized by deploying the Nursing Process (NP).¹¹ The systematization of nursing care is a methodological tool that guides professional care and nursing documentation of professional practice, by applying five steps interrelated, interdependent and recurring: collection of nursing data (or nursing history record), nursing diagnosis, nursing planning, implementation and evaluation nursing.

An integrative review of research literature about the SAE reveals that some studies, wrongly, approach the SAE and the EP as synonymous, aspect which translates as making it difficult characteristic of real

understanding and realization of SAE as nursing empowerment tool.¹²

The modern nursing interprets the SAE as a representation of ethics and humanization, directed to problem solving to meet the health care needs and nursing of a person.¹³ Contributions that this care model offers is to promote the promotion and recovery of health, disease prevention and rehabilitation of the individual, with repercussions for the family and the community, taking as a guideline the principle of integration provided by the Single System Health - SUS.¹⁴ In addition to helping to ensure that interventions are designed to the individual supplying their biopsychosocial needs and not only to disease.¹⁵

The individual nurse career after accepting the SAE as the best strategy for hospital practice will benefit in climbing higher credibility, competence and visibility of the profession. Its reflection in the hospital work will promote greater autonomy to nursing professionals, greater security to patients through humanized care and boost the nursing professionals to examine their actions, thus seeking to maximize the assistance and minimize errors.

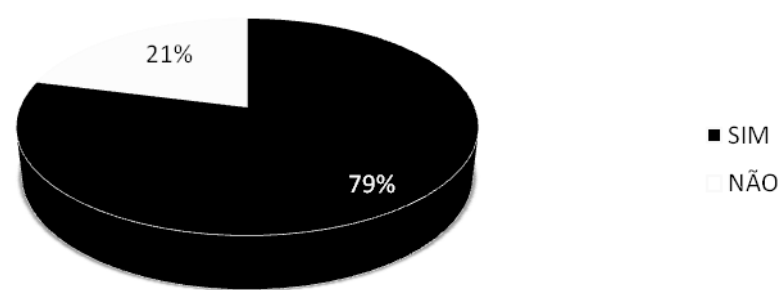


Figure 2. Responses of the professionals interviewed about the curricular matrix of graduating if there was discipline of SAE. Patos/PB, 2014.

You can see that in Figure 2, 79% of respondents answered that in his curriculum nursing discipline was the systematization of nursing care, so that the remaining 21% denied the learning of this discipline. However, for the systematization of nursing care is incorporated into the practice, it is necessary that the service offers a continuing education for nurses who graduated before 2002 and for those who graduated after that date, since higher educational institutions are still in curriculum adaptation process.

A comprehensive qualitative study in a graduate degree in nursing from a state Brazilian public university, the results showed

that despite the attempt to introduce, in the early periods of the course, elements that make up the NCS, academics cannot understand them, which shows a lack of explanation about the relation of SAE with the history and physical examination. This difficulty affects even the ability to grasp the focus. So at graduation, one should not overlook the way the contents are addressed, so that the successive approximations are not just a cluster of new themes. Thus, the steps of Parliament be developed in addition to deepen the knowledge and existing practice, one must constantly relate them to SAE, ie as a whole.¹⁶

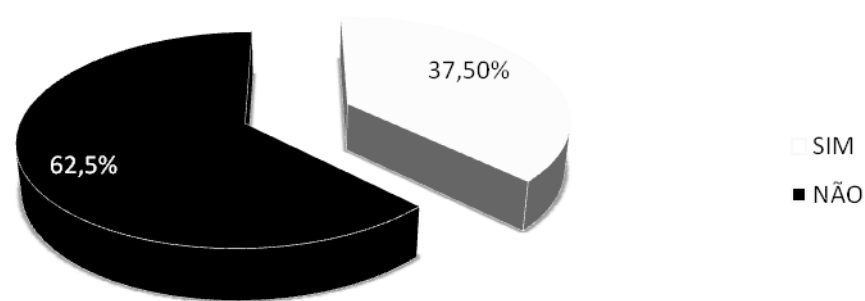


Figure 3. Responses of the professionals interviewed about SAE implementation experience still as academics. Patos/PB, 2014.

The graph in Figure 3 shows that about 62,5% of the interviewed nurses reported having had no experience in implementing the NCS. In contrast, 37,5% of respondents reported having had experience even as academics in field hospitals stages located in the state of Paraiba and Ceara.

The survey revealed that some respondents did not have in their curriculum SAE discipline, though they might have had experience with the SAE implementation practice in the stages of field hospitals. If the educational institution is in curricular

adapting to the new guidelines issued by the Ministry of Education and Culture (MEC), the expectation is that it will have the discipline. Not least because the Federal Nursing Council (COFEN), by resolution 358/2009 determines that the nursing process should be accomplished, deliberate and systematic way, in all environments, public or private, that is professional care in Nursing.¹¹ If hospitals must obey the relevant legislation the mandatory implementation of SAE probably these respondents would have said inexperience.

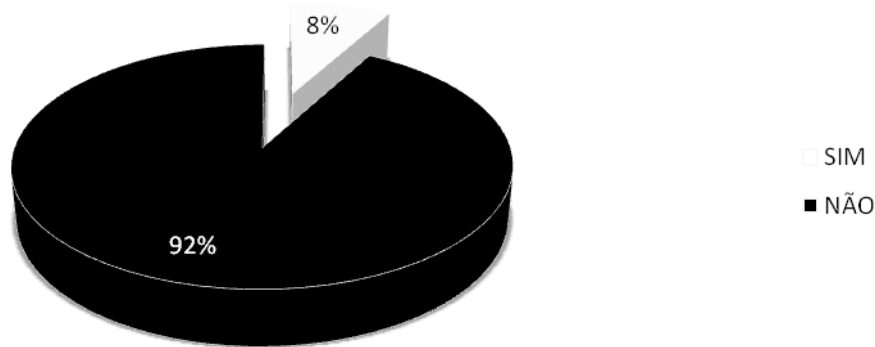


Figure 4. Responses of the professionals interviewed about whether the assistance provided by these meet all the needs of patients. Patos/PB, 2014.

By analyzing the data in Figure 4, there were identified that 22 nurses, represented by 92% of the sample said that assistance they practice in medical practice do not meet all the needs of patients. Only 8% of the sample reported that the team offers a service that meets the biopsychosocial needs of inpatients.

The American psychologist Abraham H. Maslow (1908-1970) through his theory of human motivation focused on the individual from his needs, arranged in levels or hierarchy of importance. Thus, a kind of necessity arises when the immediately previous order have

been satisfied.¹⁷ Considering what brings Maslow's pyramid, we found that 92% of the sample do not meet the primary needs of patients, and if these needs are not met, the nursing process is ineffective, since the process focuses on the individual as a uniform, requiring assistance in its various aspects. In addition, the assistance offered by the majority of respondents, does not guarantee the services provided by the SUS law 8080/90 completeness of the actions performed by health teams.¹⁸

Central idea 1: the SAE implementation meets all the needs of users.
The collective subject discourse 1: it is necessary to implement the SAE to promote the early rehabilitation of the customer [...] the assistance of nursing staff would be more individualized [...] patients would enjoy particular attention [...] best answer the needs of patients [...] will help us make an effective prognosis.
Central idea 2: professional acknowledgement.
The collective subject discourse 2: the nurse would hold what really competes within his legal duties [...] would have more autonomy.

Figure 5. Central idea and the collective subject discourse about the deployment of the SAE in clinical medicine. Patos/PB, 2014.

The Figure 2 shows two central ideas on the implementation of systematization of nursing care in the medical clinic of the hospital. Analyzing the categorization of participants' speech, we observed that professionals believe that there is need to implement the SAE.

The nursing staff recognizes that the use of the Nursing Prognosis directs one focused assistance to individual needs, provides early rehabilitation and directs the survey for an effective outcome. Therefore, it is necessary to look beyond the patient's pathology, aiming serve you in its total requirements to achieve quality in nursing care. The pursuit of quality should be an ongoing process subsidized by the technical and scientific competence and commitment of the professional. SAE, for example, allows the nurse whether expert in any field, focus on the field of knowledge

peculiar to nursing quality level search compatible with the patient's needs.¹⁹

Nurses consider that the SAE provides professional autonomy, since all nursing staff passes using this methodology of work in their actions through the systematic application of the nursing process. This provides theoretical support and security in making decisions across the customer, as a result bringing greater visibility to the profession. Therefore, it is important for nurses to have knowledge and demonstrate attitudes that can protect their autonomy, their character and competence in conducting a nursing care.

Autonomy in nursing will only be achieved through technical and scientific knowledge, legal activities and primarily on the development of a humanized practice.¹⁸ As the hospital being studied is the public network, the National Policy of Humanization - PNH, the Ministry of Health, it must be

closely followed by health professionals, especially when it comes to humanization that

should be seen as a fundamental dimension all SUS.²⁰

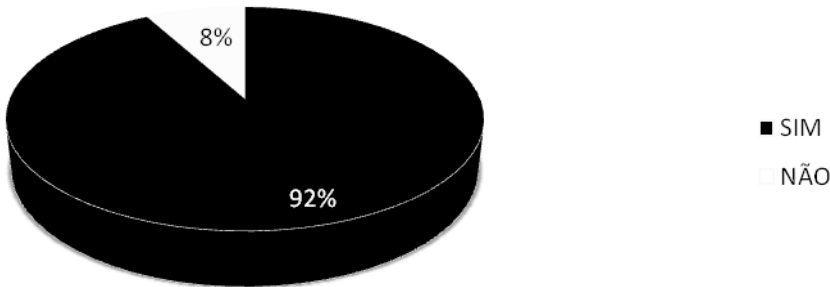


Figure 6. Responses of the professionals interviewed about whether there are difficulties in the application of SAE in clinical medicine. Patos/PB, 2014.

By observing the data portrayed in Figure 6, we observe that 92% of the statements of the respondents stated that there are difficulties in implementing the systematization of nursing care in the medical clinic of the institution under study. And only 8% of the sample reported that the hospital provides a service that has appropriate facilities sufficient for implementation of SAE.

Each institution has peculiarities with regard to facilities and difficulties in

realization of SAE. So to experience a decline in the percentage of 92% of contention difficulties in the hospital, it is necessary that the service reorganize the assistance provided to users, basing it on health indicators that allow the exchange of information, evaluation and monitoring the quality of services rendered to the population.²¹

Central idea 1: lack of knowledge about the SAE.
The collective subject discourse 1: lack of professional training [...] lack of knowledge of nursing diagnoses.
Central idea 2: lack of awareness of professionals in adopting the SAE in practice.
The collective subject discourse 2: lack of interest from the professionals [...] lack of goodwill of professionals in implementing [...] lack of commitment [...] little adhesion [...] The SAE is not seen as a genuine benefit in improvement of the patient.
Central idea 3: problems of investment in institution.
Speech by Guy coletivo3: lack of material resources [...] human resources deficit [...] inadequate physical structure [...] lack of high-tech equipment [...] lack of Protocol (model) standard.
Central idea 4: difference between institutional and legal determinations intentions.
The collective subject discourse 4: lack of encouragement of the institution [...] lack of commitment by the authorities [...] clutter hospital service [...] lack of current management interest [...] over load of activities beyond the responsibility of nurses and take up time that could be used for the SAE implementation.

Figure 7. Central idea and the collective subject discourse about the difficulties for the application of the SAE in clinical medicine. Patos - PB, 2014.

The speeches show that the difficulties encountered in the hospital appear significantly more often than other opinions on the study; this reflects the level of stress and staff dissatisfaction with the hospital reality. The main obstacles observed for the realization of SAE are the professional knowledge deficit on the nursing process, disbelief and rejection of professionals in adopting the SAE in care practice, disproportionate human dimension to the flow of patients, lack of material and lack of institutional interest and commitment of the management to implement the proposal in order to enable the resources required for its implementation and maintenance.

Inadequate physical structure is not often mentioned by respondents. In contrast, an account of nursing experience of a public hospital Fortaleza-CE, seeking to implement the SAE in the interdisciplinary care center for patients with multiple sclerosis, stress that the appropriate physical space for the nursing consultation is extremely important, because depending on the complexity of the disease, the patient needs an environment with the least possible number of people, so he can feel free to take his questions about the pathology, and nursing in turn, need a space to perform their query to empower patients to face their daily hardships and follow treatment in a positive light.²²

The difficulties revealed about the institution make the hospital end up adopting standards opposing the law, and thus the care provided by nurses is inconsistent with what recommends SAE, and this upsets the customers with the service offered.

The literature shows that other factors hindering its implementation in nursing practice is lack of proper record of nursing care, lack of credibility of nursing

prescriptions and the prescription is not accepted by the professional staff.²³

The problems identified represent common difficulties in the services that are part of the SUS. And to solve these problems is complex discussion because it requires reflection on a mobilization within the government to realize the essential moves towards providing quality care and awareness of employees and managers.

Central idea 1: Personal qualification
The collective subject discourse 1: the institution should provide training courses on the SAE [...] promote a permanent education training and perfecting the pros [...] offer courses of humanization [...] awareness of nursing staff about the benefits of the SAE [...] offer talks to implement the SAE [...]
Central idea 2: Investment in hospital service
The collective subject discourse 2: public authorities should commit to offering resources to implement the SAE [...] offer materials to carry out some procedures [...] improving the physical structure [...] improve the remuneration of the class [...] hire more nurses [...]
Central idea 3: Determine the SAE as methodological strategy of assistance
The collective subject discourse 3: the institution should offer regular and routine meetings to follow if the SAE is working on its application [...] the management needs to recognize and support this new form of work [...] shall charge of nursing coordination implementation of SAE [...]

Figure 8. Central idea and the collective subject discourse on what the service needs to improve to implement the SAE in clinical medicine. Patos - PB, 2014.

There is concern of nursing staff in reversing the picture of the institution's problems, evidenced fact when asked about what the service needs to improve to implement the SAE. Respondents emphasize the need to offer training to nursing staff through theoretical support for the team's practices would be of great value.

The lack of trained staff to develop a nursing care with quality covers two points: the first are the interests of the institutions to hire a small number of nurses who usually work to solve the administrative problems remain for a long time away from care unit the patient, which affect the application of SAE. The other is related to the hiring of employees without adequate scientific knowledge and practical skills and no investment in staff training activities.²⁴

For the nursing process be implemented, it is necessary that the hospital recognizes that the SAE promotes a critical reflection on the organization and philosophy of the work in nursing and is an important tool for management and optimization assistance. In addition to providing construction documents with technical, scientific and ethical-legal value, providing the important institutions records for billing purposes, subsidies for internal and external audit and measure to assess quality of care provided.²⁴

For respondents hiring more nurses is as important as the monitor service and monitoring such professionals who resist the practice of SAE and thus limited to the technical-bureaucratic model and often use

unethical and inflexible strategies to not participate in the process; that is: the lack of specific knowledge and professional outdated.

FINAL REMARKS

The difficulties of the most varied backgrounds make the implementation of the SAE one discouraging process and often unworkable in practice of nursing professionals, however, such difficulties can be overcome from a joint effort by the team and the institutional incentive. In addition, educational institutions and practice fields should establish links, providing the student with practical context consistent with the nursing legislation, since the responsibility for the quality of training of nurses is not only the educational institutions, but also bodies for healthcare assistance providers. For professionals, the hospital should seek to engage in planning and conducting educational proposals for staff in the workplace as a strategy for implementation of SAE.

It is believed that the knowledge of this subject constitutes a weapon in favor of the feasibility of systematization, either as a way of differentiating the assistance or the broad humanistic and professional vision, able to meet the individual needs of each patient. From the scientific basis you can have in SAE, the nurse will be authentic and conquer his space with merit.

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