



SYSTEMATIZATION OF NURSING CARE IN THE FAMILY HEALTH: PERCEPTION OF NURSING STUDENTS

SISTEMATIZAÇÃO DA ASSISTÊNCIA DE ENFERMAGEM NA SAÚDE DA FAMÍLIA: PERCEPÇÃO DOS ACADÊMICOS DE ENFERMAGEM

SISTEMATIZACIÓN DE LA ASISTENCIA DE ENFERMERÍA EN LA SALUD DE LA FAMILIA: PERCEPCIÓN DE LOS ACADÉMICOS DE ENFERMERÍA

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RESUMO

Objetivo: identificar as percepções dos acadêmicos de Enfermagem referente à aplicabilidade da Sistematização da Assistência de Enfermagem (SAE) em Saúde da Família. **Método:** estudo descritivo, exploratório, transversal, de abordagem qualitativa, realizado com 12 acadêmicos de enfermagem. Para a coleta de dados utilizou-se um questionário de caracterização pessoal e entrevista semiestruturada. Os dados foram transcritos e analisados pela técnica de Análise de Conteúdo. **Resultados:** identificaram-se três categorias, a saber: << Implantação e uso da SAE são inadequados >>; << Pouco interesse dos enfermeiros da ESF em aplicar a SAE >>; << Dificuldade de aplicar a SAE na saúde da família pela escassez de diagnóstico de enfermagem para a família >>. **Conclusão:** a SAE foi apresentada pelos acadêmicos, no contexto do ensino clínico, um pouco falha, abstrata no momento da prática, porém, a maior dificuldade apresentada foi em aplicar os diagnósticos de enfermagem. **Descritores:** Sistematização da Assistência de Enfermagem; Acadêmicos; Saúde da Família.

ABSTRACT

Objective: to identify the perceptions of nursing students regarding the applicability of the Systematization of Nursing Care (SAE) in Family Health. **Method:** a descriptive study, exploratory, cross-sectional, a qualitative approach was carried out with 12 nursing students. For the data collection we used a questionnaire of personal characterization and structured interview. The data were transcribed and analyzed by content analysis technique. **Results:** we identified three categories, namely: << deployment and use of the NCS are inadequate >>, << Little interest of nurses of the ESF in applying the SAE >> << Difficulty in applying the SAE on the health of the family by the shortage of nursing diagnosis for family >>. **Conclusion:** the SAE was presented by academics, in the context of clinical teaching, a little failure, abstract at the time of the practice, however, the greatest difficulty was to apply the nursing diagnoses. **Keywords:** systematization of nursing care; academics; Family Health. **Descriptors:** Nursing Care Systematization; Students; Family Health Strategy. **Descriptors:** Nursing Care Systematization; Students; Family Health Strategy.

RESUMEN

Objetivo: identificar las percepciones de los académicos de Enfermería referente a la aplicabilidad de la Sistematización de la Asistencia de Enfermería (SAE) en Salud de la Familia. **Método:** estudio descriptivo, exploratorio, transversal, de abordaje cualitativo, realizado con 12 académicos de enfermería. Para la recogida de datos se empleó un cuestionario de caracterización personal y entrevista semi-estructurada. Los datos se transcribieron y analizaron por la técnica de Análisis del Contenido. **Resultados:** se identificaron tres categorías: << Implantación y empleo de la SAE son inadecuados >>; << Escaso interés de los enfermeros de la ESF en aplicar la SAE >>; << Dificultad de aplicar la SAE a la salud de la familia por la escasez de diagnóstico de enfermería para la familia >>. **Conclusión:** la SAE se presentó por los académicos en el contexto de la enseñanza clínica, un poco falla, abstracta en el momento de la práctica, aunque la mayor dificultad presentada fue aplicar los diagnósticos de enfermería. **Descriptor:** Sistematización de Asistencia de Enfermería; Académicos; Salud de la Familia.

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INTRODUCTION

The families have been considered, when it comes to health care, with utmost importance. To speak of the family as a social and historical institution always seems like an never ending task, so you must look over the individuals, their families and their contexts.¹

The family is a social environment that promotes and participates in the health care and, being herself responsible for the welfare of its members, interact with the health care service, always respecting the scientific knowledge of professionals, at the same time that they articulate the knowledge of the folk, letting them make the decision to know best treatment.²

In view of the goal of thinking the family as the focus of health care, has emerged in the context of Family Health, a public policy toward structuring of Basic Care started in 1994 as a chance to get to know and interpret the family in its changes along time, and added to the conceptual models relevant to anthropology and psychology that come with part of this complexity of the institution called "family".³

The Family Health Strategy (ESF) emerged in 1994, as an initiative of the Ministry of Health for the implementation of primary health care and changing the model of health care prevailing in the country, changing the paradigm geared to diseases, based on the hospital, for the promotion of health, disease prevention and care of chronic diseases, based on the territory of coverage of Basic Health Units (BHU).⁴

The ESF is occupying a prominent place in the Unified Health System (SUS) by sharing its principles and guidelines and by seeking a humane health care, decisive and able to respond to social and health needs of the population.⁵

In the period prior to the establishment of SUS, the Primary Health Care represented a milestone for the organization of services in a logic that had proposed to be one of the main alternatives for changing the model of care. After its creation and the development of their financial mechanisms and operational, each time has been more frequent use of the concept Basic Attention as reference to municipal services. In recent years, we seen the birth of the Family Health Program (PSF) in the Brazilian scenario, who quickened the debate to clarify the superposition of these references that permeate the organization of local systems.⁶

Prior to the emergence of the ESF, in 1950, appeared the systems of classification of nursing practice, when conceptual models of nursing began to be developed, in an attempt to identify the concepts of the profession. In the 1970s, the Nursing Process as an operational model for assistance by encouraging the development of concepts and systems of classification that contributed to provide autonomy to the nurse in the evaluation of the provided care, improving the construction and use of its own body of nursing knowledge and stimulated the studies related to the quality of care provided. In 1989, was presented to the International Council of Nurses (ICN), during the activities of the Congress held every four years (at the time, in Seoul, Korea), the need to develop a classification system. As a response, the CIE began, in 1991, the project of the International Classification for Nursing Practice-ICNP.⁷

The International Council of Nurses decided to guide an international project aimed at extrainternação. The Brazilian Nursing Association (ABEn) has made a commitment to develop the project in the country and, in 1996, held the first workshop which gave rise to the project International Classification of Nursing Practices in Collective Health (CIPESEC), Brazilian contribution to International Classification of Nursing Practices (INCP)⁸

This project aligned itself on the principles of the Unified Health System (SUS) which had as the main purposes to establish cooperation mechanisms for classification of nursing practice in public health in the country; review the nursing practices in public health in the country, contextualized in the health production process, before the implementation of the Unified Health System; build an information system of nursing practices in collective health that allowed their classification, exchange of experiences and dialogue at national and international levels.⁸

CIPESEC project was a pioneer in demonstrating what makes nursing in basic health services and to analyze why they they should be done the way they are. However, its applicability, as well as the structuring of the systematization of assistance depends on the involvement of professional in nursing practice, able to provide care to transform and solve the problems of the people and the community.⁹

The proposal of the PSF, is based on the binding process of the professional and its strategic activities of the home visitation that

allows the team to know the particularities of each family and health problems they face, thus approaching the real needs of the community as a means to structure health actions.⁹

The role of the ESF nurse is to identify their contributions to the basic health care and the changing of the health care model from the perspective of SUS consolidation. Where the discussion addresses the issue of training and qualifications of the nurse and the consequent transformation of nursing education to prepare and tailor this professional according to the demands of the health system under construction.⁵

In this context, the nurse found a promising workspace and expanded its insertion, taking the forefront in relation to other health professionals to develop assistive, administrative and educational activities, fundamental to the consolidation and strengthening of the ESF under the SUS.⁵

With this, the nurse is able to intervene on problems and their determinants, such as: registration which informs the life conditions and work activities of the population; Home visits that allow to know the individual inserted in the family; Besides the prevention and promotion of health which the nursing process programs applies to. Where the Nursing Process (NP) is the dynamics of systemized actions and interrelations, which enables the organization of nursing care. It is a ethical and humanized nursing approach, directed to problem solving to meet the health care needs of a person. In Brazil, the NP is an activity regulated by the Law of Professional Practice of Nursing, which is a nurse's work tool. In literature, we can find other names for the NP and, among them, Systematization of Nursing Assistance (SAE).¹⁰

The Nursing Process requires theoretical knowledge, practical experience and intellectual ability; Indicating a set of actions performed according to the needs of the person, family or human community at any given time of the health and sickness.¹¹ The same process involves a sequence of specific steps (obtaining multidimensional information on the health status through data collection, identification of conditions that require nursing interventions, planning the necessary interventions, implementation and evaluation of actions) in order to provide professional care to the patient, whether individual, family or community, in order to consider their singularities and expanded modes. It also requires theoretical foundations of nursing field and off it. We can say that it is the

expression of the clinical method in our profession.¹²

At SAE, the embodied knowledge of nursing theories are considered as part of the profession, as well as the nursing consultation, health education and the systematization of nursing care.⁹

The SAE has shown potentialities and hardships in health services, as part of the reorganization and systematization of health practices. The national scene experienced a paradigm shift in the way to produce health, which is initiated with the movement of health reform in the 1970s and culminating in the creation of the Unified Health System (SUS). However, this change depends on many efforts of the involved actors in the various scenarios of services, academic and community to their everyday construction occurs.¹⁰

It is necessary for the nurse, based on their knowledge and family ties, to review their experience based on the experience of the others, being ready and open to listen quietly and understand the family in their needs, establishing an affective interaction, which should facilitate the applicability of SAE in the different environments in which they work with.

The nurse, as an important member of the core multidisciplinary team and be an active component in ESF consolidation process as an integrative and humanizing health policy, need instruments to enable their professional practice and the implementation of the objectives proposed by the Strategy. Therefore the Systematization of Nursing Assistance (SAE) is shown to be an essential tool to meet the principles of SUS and guide the practice and the ESF objectives. Thus, the SAE is a methodological tool that provides guidance and nursing care, as well as providing necessary conditions for the organization of nursing work.¹³

In the current context of organization of the health system founded on the family health strategy (ESF) home visits (HV) has the most important role, restoring the activity of family care considering the communication, education, technical-scientific and political aspects. The practice of HV is not new. As well as home care, goes back to human prehistory, but is only configured as part of the arsenal of interventions available to the health teams when is planned and systematic. It is technology used for the realization of the principle of fairness and completeness, approaching family practitioners and enabling more realistic knowledge of the family environment and surroundings.¹⁴

On this view of basic care, it is necessary that the nurses of the Family Health review its systematization process of practice so that the objectives proposed by the ESF are achieved where nurses must systematize assistance conceptualizing persons as the individual, the family and/or the community; Conceptualizing the environment in a way that encompasses the community where the person lives; Conceptualizing health according to the guidelines of the ESF and conceptualizing the professional nurse as an agent to promote health.¹³

Stressing the importance of the nurse in the Family Health, intervening in the process of health-disease through the applicability of SAE, one can thus promote a broader planning regarding the care of the family inserted in their community, thus bringing the question:

Which are the perceptions of nursing students of Wenceslau Braz Nursing School regarding the applicability of SAE in the Family Health Strategy?

Therefore, this study aims to identify the perceptions of nursing students regarding the applicability of the Systematization of Nursing Assistance (SAE) in Family Health.

METHOD

Article extracted from the research << Perception of nursing students over the applicability of the Systematization of Nursing Assistance in Health >> submitted to the Scientific Initiation Scholarship Program Wenceslau Braz Nursing School. Itajubá-MG, Brasil, 2013.

Descriptive study, exploratory and crosssectional from the perspective of the qualitative approach. Was selected for this study, the Wenceslau Braz Nursing School, which is located in the town of Itajubá-Minas Gerais.

The study population consisted of 12 nursing students of that institution, all of which answered our invitation by participating in the survey as interviewees.

Production data was conducted through semi-structured interview, using a form with objective questions and other queries, seeking information about the research problem and the characterization of the subject.

Before the interview, all subjects of the sample were informed about the objectives of the investigation, and had being assured of the confidentiality of identification. Their approval was expressed by signing the Instrument of Consent. All the ethical aspects of research with human beings were observed.

The interviews were recorded and later transcribed. The data collected was qualitative, worked by content analysis technique.

RESULTS

◆ Profile of the nursing student population

For a better view of the population that we worked with, we present the data in Table 1 which follows:

Tabela 1. Personal characteristics of the study participants. Itajubá-MG, 2014 (n=12).

	n	Average	Deviation
Idade		23,4	3,50
		FA*	FR**
Gênero			
Masculino	0	0	-
Feminino	12	12	100%

The sample was composed by women, where the measure of age average was 23.4 years. A study that addressed the meaning of being a man on a predominantly female profession stating that for those already on the profession it enabled a new understanding of what it is to exercise nursing and may improve the gender inclusion in nursing, contributing to nursing care more humanized and holistic. In addition to changing values and building work environments with more equitable gender relations.¹⁵

There are prejudices. Some female nurses do not accept the male presence in nursing, considering that man are strangers, lazy or less qualified. In addition to that man, male

nurses must face the label that they are all homossexuais.¹⁶

◆ Perception of nursing students about the applicability of SAE in Family Health care

By analyzing the answers of the participants related to the open question: "If a friend of you asked about your perception as an student of nursing about applicability of the SAE health family, what would you answer?", revealed the following categories: is hard to apply SAE in family Health by the lack of proper nursing diagnosis for the family, the

implementation and use of SAE are inadequate and there is little interest to

the nurses in applying the SAE.

Categorias	n
Difficulties at appling SAE in family Health by the lack of proper nursing diagnosis for the family	08
The implementation and use of SAE are inadequate	04
there is little interest to the EFS nurses in applying the SAE	04

Figura 1. Categories and frequencies originated the testimony of nursing students at the EEWB, study participants regarding the applicability of SAE in Health. Itajubá-MG, 2014

♦ **Category:** Difficulties at appling SAE in family Health by the lack of proper nursing diagnosis for the family.

Analyzing this category we notice that the interviewees pointed to the difficulties to list the diagnoses during their experience in clinical education in public health, as we read in the statements:

[...] most diagnoses are seen as individual and not in a collective way [...] more diagnoses of the family could be developed to direct the student in the family group. (A2).

In the view of participants was reported individual diagnoses, which hinders the view that family is very important because often a family problem is inserted in a patient but it actually affects his entire family. The professional can use the nursing process so the family will be regarded as a much more important subject in which a patient seeks to maintain its health, as much as his own.¹⁷ These perspectives maximize the efficacy of the therapy by recognizing the influence of family and using their resources to promote both the health of the individual and the family. Most of the nursing does not value the SAE in the ESF because they do not understand the individual dimension in public health, getting limited systematization of the hospital space at which the individual aspect is overvalued ¹⁰

[...] there is a need to adjust some diagnosis for families [...]. (A3).

I found it very difficult to list diagnoses for family because we get stuck in the individual's illness or his problem and forget the whole of the individual's interaction with the other people in the house[...]. (A11).

I found it difficult to list the family diagnosis, [...] the family of diagnosis are few, I had difficulties to list the diagnoses, because we used to list the individual diagnoses. (A12).

Participants also cite the search for diagnosis which they find hard to do, and they do know that there are points to be improved. Among the possibilities to reduce these difficulties can be cited: the development of

comprehensive project of Continuing Education for teacher professionals; Use of strategies that allow the visualization of the cognitive processes developed by the student; Use of models of clinical reasoning.¹²

[...] In my opinion it presents certain difficulties. The diagnoses of family are few, making the nurse to group defining characteristic and various related factors, ie several problems need to be placed in the same diagnoses, making hard to understand the necessary interventions to resolve the diagnosis [...]. (A8).

Participants also showed that this difficulty arises and becomes greater when they need to assess the family as a whole and can not fit the interventions into relevant diagnoses.

The students know the concept and the steps of that process, however, encounter difficulties in its implementation, especially the lack of uniformity of language used by the teachers and non-use of the method by nurses on the prating field.¹⁸

It is quite complicated to develop the SAE in public health, especially in relation to nursing diagnoses, [...] family diagnosis is very scarce in Nanda.. (A 9).

I had a lot of difficulties to list the family diagnostics (...) to find family diagnosis and is very scarce in Nanda [...] (A 10).

[...] It is very important because it directs care and interventions which are carried out according to each situation. But I see that there are still points to be improved, especially on the nursing diagnoses, because they are scarce in the NANDA [...]. (A 7).

Another difficulty pointed out by the participants regarding the diagnoses were geared towards families, as mostly are centered on hospital care. The development of educational strategies CIPE were difficulties pointed out by the students about the project and this content was initially received by students with a certain resistance to the "new" and, especially, the difficulty to detach the taxonomy of NANDA, Interventions Classification Nursing (NIC) and Classification of Nursing Outcomes (NOC) previously seized during the first and second years of graduation.¹⁹ And in response the students

could realize that they were experiencing a valuable step towards the acquisition of new knowledge and possibilities of new choices for the effective exercise of clinical nursing in public health.

♦ **Category: Implementation and use of SAE are inadequate:**

In this category we ascertain that two participants report that the SAE is not performed in all units and other reports that need to be implemented, let's look at her account:

[...] It has been built, but it is still necessary train the awareness of professionals about the importance of development and applicability [...] (A 1).

It can be seen indirectly in the speech of participants the importance they feel the practice of SAE, but do not know how to better report its difficulty, knowing that this is linked to theoretical and practical training. This makes deployment seen as impossible, where it seems almost impossible the effective implementation of the SAE to occur without the nursing staff being properly prepared with both the understanding of scientific knowledge (theoretical basis) and the practical experience.²⁰

[...] has to be used in all public health units. (A 4).

The implementation of the SAE in the view of participants is scarce not only in a professional environment of nursing, but also in several of them being increasingly difficult to practice the nursing process. In most states, health institutions do not adhere to the full and partial implementation of the NCS because of many difficulties arise from the deployment and implementation where you can notice the lack of professional interest, lack of knowledge, difficulty of professional staff due to disbelief and rejection of changes.²¹ The application of SAE can be indicative of professional autonomy and organizational guarantee of assistance, however, there are still many weaknesses in the way, both regarding its implementation, and in the effectiveness of its application.²²

[...] still lacks the planning structures for the SAE in public health to be implemented [...]. (A 5).

In speaking of students it is possible to notice that the systematization of nursing care is poorly implemented or barely used by nurses, ignoring the family needs in the holistic context. It is important that, during the graduation, the nursing student to have direct contact with the SAE and its implementation phases, because in their field of practice they will be charged with such

jurisdiction, so they must have the ability to plan it accordingly with the various everyday situations of care.¹⁸ This also be seen in students in everyday and in virtually all areas of care, both in a hospital or public health and what is experienced in professional life.

And there was a participant who could not answer the question because his perception for the hospital area follows the speech below:

I would answer that the SAE is essential not to hospital area because through it we can recognize the problem through the diagnosis and also intervene so that the problem is resolved or at least mitigated. The SAE has to be implemented in all areas of nursing. (A6).

♦ **Category: There is little interest of ESF nurses to apply the SAE.**

[...] The training and awareness of professionals regarding its importance is necessary. (A1).

[...] And that health professionals use the knowledge acquired in graduation for implementation of the SAE in family health, because it is challenging. (A5).

As for the Nursing Diagnosis some team members involved in the project mentioned earlier expressed not have enough experience to develop it. A study schedule was made to continue the discussions on the topic, considering that this step of the nursing process requires safety and professional competence in their utilization.²³

[...] Adequar os profissionais envolvidos na assistência a aplicar a SAE. (A3).

[...] Acho que há pouco interesse das enfermeiras da ESF em relação a SAE. (A 12).

Most of the nursing does not value the SAE in the ESF because they do not understand the individual dimension in public health, getting limited systematization of the hospital space at which the individual aspect is overvalued.¹³

There is a lack of professional interest, lack of knowledge, resistance of the professional team because of disbelief in the system and there are rejection of changes.²¹

CONCLUSION

SAE is a valuable tool for nurses, given that it contributes directly to the improvement of care and production of results, allowing the evaluation and documentation of care given.

This research enabled us to identify some of the nursing practices which have been discussed but which are not implanted in the health of the family, even being of utmost importance for planning, directing actions and organization and recording data.

The SAE was presented by academic participants, in the context of clinical teaching, as something to be improved, abstract at the time of practice, however, the greatest difficulty presented was to apply the nursing diagnoses. The study participants presented their perceptions about this stage of the process almost unanimously in points delimited by the research question, making it possible to understand that its applicability is recognized by students, identified in several speeches and presented in this study. However, it is difficult to achieve, use and implement the nursing diagnoses geared to the family since they can not see it on a broader sense, always focusing in the individual. There diagnoses geared towards families that go unnoticed by scholars who meet in the Family Health Strategy, unpreparedness for nursing since the family's needs in the context should be evaluated by the nurse and applied to the effectiveness with quality care.

Still the nursing diagnoses, being one of the nursing practicing stages, it appears that the use of NANDA is of utmost importance, since the diagnoses are diversified and geared towards families, but the student can not understand the whole, biological, psychosocial, cultural, but the problem of each individual family.

We notice the need for new studies into the application of the nursing process and SAE focused on Health, including preparation of the students as future nurses of the Family Health, in order to apply all the nursing process in the whole family context in order so that the professional nursing can ensure that the SAE is applied with quality, supporting and strengthening the bond with the family and providing quality of life to all its members.

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