



INTEGRALITY OF THE CARE IN THE SUS AND NURSING CARE SYSTEMATIZATION

INTEGRALIDADE DA ATENÇÃO NO SUS E SISTEMATIZAÇÃO DA ASSISTÊNCIA DE ENFERMAGEM

INTEGRIDAD DE ATENCIÓN EM SUS Y SISTEMATIZACIÓN DE CUIDADO DE ENFERMERÍA

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The book “Integrity of the Care in the SUS and Nursing Care Systematization”, which was published in 2010, is comprised of 14 chapters, divided into four parts, distributed in 335 pages. This book is the outcome of the product of a scientific and political project of the Brazilian Nursing Association - *Associação Brasileira de Enfermagem* (ABEn) - through the Subcommittee on Nursing Practice Systematization, with the aim of training the workforce, as well as develop the effective use of a language in documentation and information systems of the professional practice, from the perspective of the Nursing Care Systematization - *Sistematização da Assistência de Enfermagem* (SAE) at all care levels of the SUS, since this model still is constituted in a challenge for all involved in this process of consolidation.

In this context, the organizers highlight some of the theoretical-conceptual and methodological milestones of the profession, allowing us to glimpse the complementarity of knowledge and multidimensionality of Brazilian Nursing in its professional practice.

The scenario of public health policies is striking in the book's introduction. In the same context, there is a narration of a brief history on the late of the 19th Century and the early of the 20th Century, when it begins to emerge the “campaigner sanitarianism”, until the current changes in the health sector in Brazil, with the integrity proposal as a constitutional and doctrinal principle for supporting the Unified Health System - *Sistema Único de Saúde* (SUS), with many obstacles to be overcome by managers and health professionals.

After the introduction, it comes the part I of the book, which addresses the milestones for the Nursing Care Systematization and integrates the chapters 1-5.

The first two chapters discuss about Nursing Theories and Human Needs, referring to the Florence Nightingale's ideas which have won the world, favored by the context of its writings that served as the basis for a great part of the contemporary nursing theories, until 1952 with the publication of the Hildegard Peplau's book, which addressed the interpersonal relationship in nursing.

So, since then, other theorists from various countries have developed and published new nursing theories, mostly from the 1970s, when it starts to observe an important change in the paradigmatic orientation of the theories developed in the nursing scope, leaving to reflect on the functionalist perspective and starting to incorporate qualitative dimensions that characterized not what nurses do, but from what we could say that is that the nursing essence.

In Brazil, Wanda Horta influenced by Abraham Maslow and based on the humanistic psychology, decides to elaborate a theory; then it emerges the Basic Human Needs theory, which more strongly modified the practice of the nursing area in our country, then developing a model of the nursing process comprised of six steps: nursing history, nursing diagnosis, assistential planning, care plan or nursing prescription, evolution and prognosis.

The third chapter synthetically with public health, which emerged aiming at expanding the health knowledge and practices through participation of workers' categories, in addition to health professionals, by including social scientists and social actors. The collective health emerges as a criticism of positivism and public health and is constituted as a scientific field, as much as an ideological movement that contributed to the construction of the SUS and reflects over the SAE, because this is considered as health need that is articulated to the social needs, which are heterogeneous and determined by the reproduction of life in society.

Under the title "Health Needs as TIPESC's Object", the fourth chapter focuses on the Practice Nursing Intervention Theory in Collective Health, which is based on the historical and dialectic materialistic worldview, seeking to intervene by means of a dynamic and participatory methodology. In collective health nursing and its philosophical foundations, method and theory, respectively, are also adopted to work as: historicity and dynamism.

When applied to the Nursing, it is the dynamic systematization of capturing and interpreting a phenomenon, the assistance or the nursing care articulated to the processes of social production and reproduction, related to the health-disease process of a given community.

Therefore, the TIPESC is an instrumental skill, or tool, within a work process in health. With regard to the population, whether for planning the actions intervention in the epidemiological profiles of the population and

for caring of family, individuals and groups, these specific work processes aim to modify the object. The work process in health can be unfolded in its constituent elements: purpose, means and tools and object.

The Social Epidemiology is the title of the fifth chapter and describes the history of the epidemiology through the years, when focusing on two strands of the natural history of the disease, epidemiological and pathological. It emphasizes the contribution of Florence Nightingale for the rerouting of the Nursing on the basis of the epidemiological knowledge. At the end of the chapter, it describes the epidemiology as a tool to articulate the singular, particular and structural dimensions, both for seizing the object of attention and for planning actions.

The part II is entitled "Elements of the Nursing Care Systematization" and covers the chapters six, seven, eight and nine. In chapter six, "Nursing diagnoses", it shows the diagnostic as the second phase of the nursing process, as a perceptive and cognitive process and as a nominal category. The ICNP (International Classification for Nursing Practice) and the NANDA-I classification (North American Nursing Diagnosis Association - International) approach the diagnosis as a nominal category and refer to the human needs and human answers, expressing welfare situations, positive and negative, and deviations from what is considered like desirable. They represent welfare situations and welfare deviations of particular interest for the Nursing.

The chapter seven is entitled "Nursing interventions", which unties conceptual knots and suggests the existence of points that need to be understood in the Nursing practice.

The term intervention has a generic meaning, when looked up in the dictionary, but the relationship between the concepts of intervention, activity and action, are different in the NIC (Nursing Interventions Classification) and ICNP classifications, by placing it on different levels of abstraction, but in reverse order. While the NIC classification defines intervention as "any treatment based on clinical judgment and in the knowledge, performed by a nurse to improve the outcomes obtained by the patient / client," ICNP in its Alpha and Beta versions, defines it as "actions performed for answering to a nursing diagnosis, in order to produce a nursing outcome".

A growing number of studies have been developed in different countries and are focused on the analysis of the use and significance of concepts, such as: validation

studies and mapping of actions / activities / interventions in different classifications and contexts of care.

The nursing outcomes are approached in the chapter eight and the authors highlight that the determination of outcomes requires a professional action centered on the individual, and it will demonstrate whether the expected ultimate outcome was achieved or not. So, it suggests that some strategies to critically think be observed and that logic and intuition are used, as well as trial and error.

The chapter nine, entitled “Clinical Reasoning and Establishment of Diagnoses, Outcomes and Nursing Interventions”, elucidates concepts on Clinical reasoning, which may be termed, clinical judgment or critical reasoning, this reasoning is used by the professional when diagnoses and interventions are established, i.e., in clinical decision-makings, culminating in the clinical judgment. Until the 1980s, the clinical judgment was based on the theory of decision and on the theory of information processing. Later to that decade, it started to adopt the intuition’s role in the clinical judgment. It reports the existence of four types of strategies for the clinical reasoning. In this chapter, relevant subjects to the topic are still treated by following the topics below: The Diagnostic Reasoning in Nursing and Use of Standardized Terminology; Errors in Diagnostic Reasoning; Disagreements in the Diagnosis Process, Establishing Interventions and Estimating Results; The Role of Data Collection in Stating Diagnoses, Choosing Interventions and Estimating Nursing Outcomes; The Therapeutic Reasoning or Nursing Intervention.

The Part III, “Nursing Terminologies”, covers the chapters ten and eleven.

The chapter ten is entitled “Terminologies and Nursing Practices” and addresses issues that are subdivided into: Terminology and its meanings, Methods for the construction of terminologies, Terminology and Nursing. The use of the terminologies has been considered, according to the authors, as necessary and essential in the modern world, both in the transmission of information and in the scientific communications. In Nursing, the expression terminology has been defined as the universe of the clinical terms and their definitions, used in several ways, being an integrating part of the theoretical and practical context of the profession at stake.

The Chapter eleven deals with matters very current and of utmost importance for the nursing professional. It presents the several classification systems available in the

literature and that are applied in the nursing practice. It has as title: ICPN, NANDA, NIC and NOC Structures. It makes mention to the nursing process as a technological tool that fosters care and its organization, making possible to identify, understand, describe, explain or predict how the clientele answer to the health problems. This chapter describes the ICNP (International Classification for Nursing Practice), NANDA-I (North American Nursing Diagnosis Association - International), NIC (Nursing Interventions Classification), NOC (Nursing Outcomes Classification) structures and the linkage among NANDA-NIC-NOC, when there is the possibility of using them together or not. It presents the Reference Terminology Model for the Nursing. The standardized language glimpses its potential to improve the care and the assurance of the care quality.

The Part IV “Brazilian Contribution for an International Nursing Terminology” covers the chapters twelve and thirteen, and shows the Conclusion.

The chapter twelve presents the CIPESC Project (International Classification of Nursing Practices in Collective Health or ICN-/ABEn Project). In 1991, the International Council of Nursing (ICN) launched an International Classification System, for its practice, developed by an international body which could represent the Worldwide Nursing; as a unifying framework for all existing classification systems in the Nursing field, which was called International Classification for Nursing Practice - ICNP - Alpha Version, and it is constituted by Classification of Phenomena and Nursing Interventions. This chapter presents the *Brazilian Project* and its objectives, the used *Theoretical Framework*, the development of the *National Research* and the *Outcomes* as a *Striking Feature*. In this chapter there is a presentation of the CIPESC as a Brazilian architecture for classifying the nursing practices in construction.

The chapter thirteen is entitled “Presentation of the Vocabulary Inventory Resulting CIPESC/CIE-ABEn Project”.

In conclusion: the focus was given to the Integrity of the Health Actions and Application of the Terminology for the Nursing Practice Systematization, by bringing for reflection the need of the Nursing to make the difference in the health scenario and in the care context and defining, among the other workers of the multiprofessional team, what is its role as a profession and field of specific knowledge, by making its actions visible through a proper and well defined language, systematizing its care actions, cooperating with health promotion in defense of life, in

accordance with the SUS, and seeking quality and autonomy in the professional practices. The ABen invites the entire category of nursing for the challenge of doing it all together.

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