**ABSTRACT**

**Objective:** to analyze changes in the care practices of an oncology and hematology service, through the construction and implementation of nursing care systematization (NCS) by the nursing team. **Method:** this is a study with a qualitative approach which will be developed using the research-action method, consisting of four stages. The population will be the nursing team of the Center for Oncology and Hematology of Mossoro, Rio Grande do Norte, Brazil (COHM) and the sample will consist of 18 professionals (100%). For data collection, one will use as techniques focus group, seminar, semi-structured interview script, and questionnaire; the data will be analyzed through the content analysis technique. The study was approved by the Research Ethics Committee of Universidade Potiguar (UNP), under the CAAE 0076.0.052.000-11. **Expected results:** by implementing the methodology, one expects that several improvements occur in the nursing care of COHM.

**Descriptors:** oncology; nursing care; nursing.

**RESUMEN**

**Objetivo:** analizar los cambios en las prácticas de atención en un servicio de oncología y hematología desde la construcción e implementación de la sistematización de la atención de enfermería (SAE) por parte del equipo de enfermería. **Método:** esto es un estudio con abordaje cualitativo que se desarrollará con el método de investigación-acción, compuesta por cuatro etapas. La población será el equipo de enfermería del Centro de Oncología y Hematología de Mossoró-RN (COHM) y la muestra será composta por 18 profesionales (100%). Serán utilizadas como técnicas para coleta de datos grupo focal, seminario, roteiro de entrevista semiestructurada y questionario; los datos serán analizados por medio de la técnica de análisis de contenido. El estudio fue aprobado por el Comité de Ética en Investigación de la Universidad Potiguar (UnP), bajo el CAAE 0076.0.052.000-11. **Resultados esperados:** con la aplicación de la metodología, espera que ocurran varios aprimoramientos en la atención de enfermería del COHM. **Descritores:** oncología; asistencia de enfermería; enfermería.
INTRODUCTION

Contemporaneity influences the evolution of the world as a whole, from the physical to the behavioral and, especially, the technological aspects. This entire developmental apparatus is observed in everyday life, from the evolution of machines to changes in the professions. As it couldn’t be different, in nursing numerous discussions surround the years of progress in the profession, which aims at maturing as a science.

Initially, one identified nursing as a charity profession, which empirically provided service, but searches for scientificity helped institutionalizing the profession in a critical and scientific way, having as its study object the care models. One of these results of scientific production was the creation of nursing process, which, grounded on the various theories developed, was a conceptual model to explain the nature and work of nursing.¹

Nursing theories provide the profession with its own knowledge and, thus, they describe and organize practice, strengthening the construction of science in nursing. Due to the endless quest for developing the profession’s scientific nature, nursing care systematization (NCS) is one of the most discussed topics nowadays, since it’s regarded as one of the factors which mostly strengthen the profession’s scientific aspect.¹

The nursing process is the profession’s focus point, it’s the regulator of nursing practice, denoting a series of actions that must be undertaken with the patient. When applied, the process results in a qualified approach and integral care.²

In turn, the term systematization refers to the actual role of NCS, which is systematizing/organizing the nursing process into four stages: Investigation, Diagnosis, Implementation, and Evaluation. History is the data collection process, when the nurse will identify the biopsychosocial aspects involving a certain patient. After this data collection, there’s a need for a nursing diagnosis which will be developed according to the problem found in the history, and it may have thirteen domains covering pathology, social environment, well-being, and spiritual environment.³

These domains cover health promotion, nutrition, elimination, activity/rest, perception/cognition, self-perception, role relationship, sexuality, coping/stress tolerance, life principles, safety/protection, comfort, and growth/development. This diagnosis will be the basis for NCS planning; in this, one establishes the priorities of basic needs and determines the goals to be pursued. After being planned, the action should be applied, and this part of the process is named implementation. When identifying the problem, developing the diagnosis, undertaking the planning, and performing the action, there’s a need for having an assessment about what has been done.³

According to the Resolution COFEN 272/2002, NCS is an exclusive task of the nurse, who uses strategies for identifying and intervening with the health/illness process, grounding the nursing actions, to provide health promotion and prevention with a contribution, taking into account the recovery of the subject, the family, and the environment where they live.⁴

However, with the improvement and evolution of the nursing process, the Resolution COFEN 358/2009 was created, which mentions all the important aspects of the previous resolution, including in this the fact that not only the nurse shall perform NCS, but the nursing team as a whole shall actively participate in this humanized care process.⁵

There’re some obstacles which hinder the implementation of NCS in most institutions, among them one may highlight the need for a specific physical structure, so that there’s information exchange in the team, because multidisciplinarity and communication between members are crucial for turning the methodology effective. One may also highlight the number of professionals included in the sector, the lack of printed material, and team’s training to perform the systematization in accordance with the adopted protocols.

However, studies claim that their experience has proved the method’s effectiveness, due to several positive results reported by clients, with regard to improvement and change in the quality of care, as well as the valuation of nursing.⁶

This effectiveness is crucial for all health services, especially for the specialty addressed in this study. As it involves a center specialized in oncology and hematology, patients need an integral, multidisciplinary, and good quality care. This integrality is necessary so that the period within which they’re undergoing hospitalization is as comfortable as possible.

The oncology/hematology patient has many longings, such as disease’s development, treatment’s consequences, social prejudice, family isolation and a number of other...
particularities. As the nurse is an active professional in the care setting, she/he has responsibility and authority to provide patients with such assistance.

The NCS implementation and the changes it may bring are the triggers for this project to consolidate and give good results. With the methodology implementation, it’s expected that several enhancements occur in the nursing care of the Center for Oncology and Hematology of Mossoro, Rio Grande do Norte, Brazil (COHM).

Relating the theoretical discussions to the COHM’s reality, one believes that the practice of NCS and the involvement of the entire nursing team will enable the systematization to consolidate in that center.

Starting from there, it was possible to develop the research question: What improvements will emerge for nursing practice through the NCS implementation?

Despite the known difficulties for the NCS implementation and consolidation, one believes it allows several recognition opportunities, such as active participation in care, emergence of formal record of stages in the process, recognition of the subject’s individuality, effectuation of integrity in care and in the preparation of nursing prescriptions.

There’re also, as probable additional benefits, client’s satisfaction, since one expects that the length of hospital stay is reduced due to improvements in care and resolution of problems secondary to the pathology, as well as a stronger bond between nurse and patient, something which will also provide an improvement in the embrace of the companion, who is affected by the patient’s status, too.

Thus, the importance of this study is characterized by the search for improving nursing practices developed nowadays, starting from the idea that the NCS will be an improvement instrument in a professional and clinical nature. Seeing how comprehensive are the domains used, it’s regarded as essential for developing better prognoses in the oncology and hematology areas, having in mind that a comprehensive care generates a more effective support with regard to the psychosocial factor, which triggers several disorder episodes secondary to disease.

Given the above, the general aim of this research is analyzing care practices in an oncology and hematology service through the construction and implementation of NCS by the nursing team. In turn, the specific aims of this study are: characterize the nursing work process in the service without NCS implementation; describe the stages applied during the NCS implementation process; and describe the changes and future prospects, from the point of view of that nursing team after the systematization implementation.

**METHODOLOGY**

♦ Type of study

This is a study with qualitative approach to be developed using the research-action method. Authors advocate the qualitative approach because they don’t accept ready-made concepts or usual explanations, but study social phenomena, besides studying people in their natural environment instead of artificial ones.⁷

The choice for research-action is suggested when the proposal implies a direct intervention in practice, taking into account the actors involved, the obstacles, and the direct or indirect consequences for the group and society. This research type aims at changing a reality, it may be named social research, and this method can be more effective when the researcher doesn’t wish to limit her/himself to academic aspects, but rather adopt an enhancing reality perspective.⁸

One opts for research-action having in mind the need for constantly improving the professional practice and understanding that this improvement doesn’t happen in a vertical way, but through interaction, discussion of problems, and suggestion for changes coming from the actors involved.

♦ Location and study population

This study will have as its setting a hospital unit specialized in the oncology and hematology areas, COHM, in Mossoro, Rio Grande do Norte, Brazil, and its main target will be the nursing team of this institution. The sample will consist of 18 nursing professionals, being 7 nurses and 11 nursing technicians.

Inclusion criteria will be: working in the hospital unit, accepting to participate in the research, and signing the free and informed consent term. The exclusion criteria had the study social phenomena, besides studying people in their natural environment instead of artificial ones.⁷

♦ Developmental stages of research-action

♦ First moment

At the first moment, a questionnaire for characterizing the participants will be applied. Immediately after, a focus group meeting will take place, with the aim of identifying the prior knowledge of the nursing team with regard to NCS. The technique will
enable a discussion on the theme, which will provide a parameter presenting the greatest difficulties faced by the team with regard to the theme addressed; in addition, it will constitute a setting for information exchange and, through this exchange, it will allow the establishment of awareness based on one’s own opinion about NCS.

♦ Second moment

The second moment will consist in a training seminar of the nursing team, based on what was identified at the first moment with regard to the knowledge related to NCS, where the contents that cause doubts to the team will be addressed. At this stage, the main themes involved will be reviewed, such as: NCS, nursing protocols in COHM, nursing diagnoses in oncology and, to finish, a discussion on the operationalization of NCS and use of printed material that will be created by researchers along with the participating team, to be used in the service concerned.

♦ Third moment

The third moment will be developed along with the second one, but more focused on the practice, at this moment one will conduct a test of printed material, where one will make changes so that they become suited to the service reality.

♦ Fourth moment

The fourth and final moment will be focused on describing the changes in the practice of nursing care after implementation of NCS and which are the prospects with regard to these changes by conducting a semi-structured interview.

♦ Instruments for data collection

Through the description of stages one mentions various data collection techniques, such as focus groups, seminar, semi-structured interview script, and questionnaire, then, one justifies the use of each. The focus group is defined as an informal meeting of people to discuss a specific topic. A characteristic of the focus group, essential to the work done, it consists in the possibility of identifying elements of the group social dynamics, its opinions and motivations. In this activity, the discussions raise important information.9

The choice for the focus group procedure as the technical instrument of this study is justified by the possibility of a better interaction between researcher and participants, as well as by being a method which presents effective results when working with views and opinions related to the society’s perspective.10

The seminar as a study technique includes research, discussion, and debate, where the whole group participates in discussions. One chose the seminar as a synthesis moment for the previous discussions of the focus groups and presentation of the material produced.11

The semi-structured interviews are used when the researcher has a list of topics that should be covered. One uses a guide, written topics to ensure that all areas are covered in the questions. The interviewer takes the function of encouraging the participant to freely talk of all topics contained in the guide.12

♦ Data analysis

Data will be analyzed using the content analysis technique, which is “a set of communication analysis techniques aiming to obtain, through systematic and objective procedures for describing the content of messages, indicators (quantitative or not) that allow an inference on knowledge related to the production/reception conditions of these messages".13,303

♦ Ethical and legal considerations of the research

In order to safeguard the legal rights of the subjects involved in researches with human beings, currently is in force the Resolution 196/96, approved by the National Council of Health of the Ministry of Health, on 10 October 1996.14 As this is a research involving human beings, this study was submitted to the Research Ethics Committee of Universidade Potiguar (UnP) and approved under the Protocol 077/2011 and the CAAE 0076.0.052.000-11.

The signing of the free and informed consent form by the subjects will precede the instrument application for data collection, and all of them will be informed with regard to the research objectives and procedures, emphasizing the voluntariness of their participation and the anonymity guarantee.

EXPECTED RESULTS

Since it’s a center specialized in oncology and hematology, its patients need an integral, multidisciplinary, and good quality care. This is an integrality needed so that the period within which they’re hospitalized is as comfortable as possible. The oncology/hematology patient has many longings, such as the disease’s development, the consequences of treatment, social prejudice, family isolation, and a series of other peculiarities. As the nurse is an active
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Several improvements are identified, and the expected results are grounded in a concrete way, something which will demonstrate an evolution and improvement in nursing and a clear improvement in care and the patient’s clinical status. This will make the service dynamics easier and more effective.

REFERENCES


