ABSTRACT

Objectives: to describe a method of training in Nursing Care Systematization by considering the context of nurses and scenario; to analyze the perception of the nursing staff on the training process; to discuss the health care models that are best suited to the implementation of the Nursing Care Systematization. Method: it is a descriptive and observational study, with quantitative and qualitative approaches, founded on the prerogatives of the research-action. The research scenario is a General Hospital in the region of the Baixada Fluminense, with stratified sample by convenience, with 65 nurses, corresponding to 44.82% of the total of subjects. The project was submitted to the Ethics Research Committee, with CAAE 008.0.316.000-11.

Expected Results: we hope to perform the description of the challenges and possibilities for the implementation of the Nursing Care Systematization; by detailing one of the first steps - the professional training -, it is expected to design a training model, focusing on not only the technical and scientific aspects, but above all, the role of the category to domain its own field of action. Descriptors: Nursing; Nursing Education; Continuing Nursing Education; Nursing Diagnosis, Nursing Processes.

RESUMO

Objetivos: descrever um método de capacitação em Sistematização da Assistência em Enfermagem considerando o contexto dos enfermeiros e cenário; analisar a percepção da equipe de enfermagem sobre o processo de capacitação; discutir os modelos assistenciais que melhor se adequam à implantação da Sistematização da Assistência em Enfermagem. Método: estudo descritivo, observacional, de abordagem quanti-qualitativa, fundada nas prerrogativas da pesquisa-ação. O cenário de pesquisa trata de um Hospital Geral da Baixada Fluminense, com amostra estratificada por conveniência, com 65 enfermeiros, correspondendo a 44,82% do total de sujeitos. O Projeto foi submetido ao Comitê de Ética em Pesquisa, com CAAE 008.0.316.000-11. Resultados esperados: descrição dos desafios e possibilidades à implantação da Sistematização da Assistência em Enfermagem; detalhando um dos primeiros passos - a capacitação profissional -, espera-se o desenho de um modelo de formação, focando não só os aspectos técnicos e científicos, mas, sobretudo, o papel da categoria no domínio do seu próprio campo de atuação. Descriptores: Enfermagem; Educação em Enfermagem; Educação Continuada em Enfermagem; Diagnóstico de Enfermagem; Processos de Enfermagem.

RESUMEN

Objetivos: describir un método de capacitación en Sistematización de la Asistencia en Enfermería considerando el contexto de los enfermeros y escenario; analizar la percepción del equipo de enfermería sobre el proceso de capacitación; discutir los modelos asistenciales que mejor se adecúan a la implantación de la Sistematización de la Asistencia en Enfermería. Método: estudio descriptivo, observacional, de abordaje cuantitativo, fundado en las perspectivas de la investigación-acción. El escenario de la investigación se sitúa en un Hospital General de la Baixada Fluminense (Río de Janeiro, Brasil), con un muestreo estratificado por conveniencia, con 65 enfermeros, correspondiendo al 44,82% del total de sujetos. Se sometió el Proyecto al Comité de Ética en Investigación con CAAE 008.0.316.000-11. Resultados esperados: descripción de los retos y posibilidades para la implantación de la Sistematización de la Asistencia en Enfermería; detallando uno de los primeros pasos - la capacitación profesional -, se espera el diseño de un modelo de formación, enfocando no sólo los aspectos técnicos y científicos, sino, sobre todo, el papel de la categoría en el dominio de su propio campo de actuación. Descriptores: Enfermería; Educación en Enfermería; Educación Continua en Enfermería; Diagnóstico de Enfermería; Procesos de Enfermería.
INTRODUCTION

Opened to the public in the early 80s, the General Hospital of Nova Iguaçu is a federal health center under the administration of the Municipal Secretariat of Health (SEMUS) from the Nova Iguaçu city that serves a regional population (Nova Iguaçu and the surrounding municipalities in the region of the Baixada Fluminense) over three million inhabitants.

Reference in intermediate and high complexity urgency and emergency services, the center at stake has medical and surgical specialties, besides providing maternal and childish care, including risk childbirths, neonatal intensive care unit and sexually transmitted diseases treatment.

The daily demand on emergency and outpatient care exceeds 450 attendances, and the occupancy rate of its 350 beds would rarely be less than 100%, being that it does not include the patients under observation in the emergency, which is an index that might reach more than 100 in the most critical periods. Among the official programs developed in the center, we can cite the QualiSUS, the Teaching Certification and, ultimately, the Baby Friendly Hospital Project. Regarding the research scope, it should be highlighted the works developed in the field of STD/AIDS.

To deal with this reality, the hospital has a staff of 145 nurses and 659 nursing technicians, who alternate in shifts of 12 working hours for 60 hours of rest.

The issue of implementing the Nursing Care Systematization (NCS) is inserted in this scope that, although it is pretty desired, ends up becoming recurring and afraid. The organized implementation of the nursing work in Brazilian hospitals has required enabling strategies capable of improving the adherence of professionals and managers, as well as leading to teach how to cope with several aspects ranging from the supply of inputs until the quantitative of available human resources. 1,2

Among the most relevant problems, there are the lack of time and means for holding the implementation, seeing the deployment as a task towards the its already arduous daily working routine; 1 as well as the little quantity of information/training on the NCS and lack of professional autonomy; 2,3 low organizational support, flaws in nursing records and computerization, disconnection among the NCS phases and between theory and practice. 4,7 Nevertheless, successful experiences point to the continuing and participatory education as an effective reason of the involvement of nurses and other members of the nursing staff in consolidating and building strategies that allow the implementation of NCS, in addition to expressing themselves in technological products like care protocols for each unit. 1

In juridical and ethical support of such strategies, Brazil has legal apparatus that regulates the nursing practice and emphasizes the exclusive activities of the nursing professional. Among the resolutions of the Brazilian Federal Nursing Council (known as COFEN), it should be cited the Resolution n° 358, of 2009, which specifically addresses the NCS, considering it as ‘‘organizes the professional work in the method, staff and tools, making possible the operationalization of the Nursing process’’. 8

Conceived as a scientific and ethical conduct to hold the customer care, the Nursing Care Systematization as advocated by the COFEN Resolution, acquires larger dimension before the challenges imposed on the nursing staff and when considering the public health context. 5,6,9

Given the above mentioned issue, it raises up the guiding question: What is the training model for implementing NCS that might be developed to achieve the materialization thereof in a Public General Hospital?

GENERAL OBJECTIVE

- To test a method of training for implementing NCS in a context of collective construction and agreement.

SPECIFIC OBJECTIVES

- To describe a method of training in NCS by considering the context of nurses and scenario;
- To analyze perceptions of the nursing staff on the training process; to discuss the health care models that are best suited to the implementation of NCS.

METHOD

We propose a descriptive and observational study, with quantitative and qualitative approaches, founded on the prerogatives of the research-action as a method of intervention and investigation. 10

The research-action is a methodology of work that might be described as a tool to investigate groups, institutions and communities, in which the sociopolitical issues and aspects are considered and privileged, raising emphasis on the form of action. In this methodology, interpretations of reality, as well as transforming actions are objects of deliberation, and, therefore, its suitability for
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the study to the extent that it helps to analyze the possibilities of implementing NCS on the established reality.

By adopting a methodology of intervention, analysis of measurement and assessment are expected; hence, the method shares both characteristics and properties consistent with the qualitative and quantitative aspects, since it proposes to predict the impact of an intervention.10

To that end, we have elaborated a schedule of four workshops/interventions, four tools for data collection, three self-applied questionnaires; and one questionnaire for documentary survey and systematic observation: 1) Pre-test Questionnaire - used the first time that a group was formed, 2) Post-test Questionnaire - applied at the end of the third workshop; 3) Final Evaluation Questionnaire - used at the end of the training model; 4) Roadmap to observe the medical charts.

The hospital that shall be the study scenario is the primary care unit of a municipality in the region of the Baixada Fluminense, being that it is characterized as a Teaching and General Hospital, belonging to the direct administration, attending intermediate and high complexity cases, whether they are related to outpatient care, emergency services or hospital admission. Its staff has 2.174 registered employees.11

The study subjects are nurses. Their entirety includes 145 individuals; all of them were invited to participate in the study, making a sample of 65 participants, thus representing 44,82%. Therefore, it is a sample of convenience, random and stratified by participant sectors, because the invitations shall follow the logic of group formation through affinities related to the customer service: group of high complexity and specialty (ICUs, Emergency and Surgical Center), group of clinical units (Medical and Surgical Clinics, Outpatient Unit); and maternal and childish (Pediatrics and Maternity).

We have adopted the following criteria for selecting subjects: nurses assigned to the clinical units belonging to the Hospital under study; participant in discussion groups with a frequency equal to or greater than 75%; and who accept to formally participate by signing the Free and Informed Consent Form (FICF). As exclusion criterion, we shall have: nurses without formal involvement with the institution at stake and lack of agreement to participate in the survey.

Regarding the care and ethical principles established in the Resolution nº 196, of 1996, of the National Health Council, it has followed with the presentation of the proposal to the local Ethics Research Committee (CEP), with approval under the CAAE Opinion nº 008.0.316.000-11.

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REFERENCES


