Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

INTEGRATIVE REVIEW ARTICLE

DIFFICULTIES, CONDITIONS AND POTENTIALITIES FOR THE IMPLEMENTATION OF THE NURSING PROCESS IN BRAZILIAN HOSPITAL PRACTICE: INTEGRATIVE REVIEW

IMPASSES, CONDIÇÕES E POTENCIALIDADES À IMPLEMENTAÇÃO DO PROCESSO DE ENFERMAGEM NA PRÁTICA HOSPITALAR BRASILEIRA: REVISÃO INTEGRATIVA

DIFICULTADES, CONDICIONES Y POTENCIALIDADES PARA IMPLEMENTAR EL PROCESO DE ENFERMERÍA EN LA PRÁCTICA HOSPITALARIA: REVISIÓN INTEGRATIVA

Deusdete Inacio de Souza Junior[1], João Henrique de Morais Ribeiro[2], Raul de Paiva Santos[3], Karolina Vitorelli Diniz Lima Fagundes[4], Paula Faria Dias[5], Maria Angélica Mendes[6]

ABSTRACT

Objective: to integrate the knowledge produced in the literature on the implementation of the Nursing Process in Brazilian health hospitals. ***Method:*** Integrative review based on the question << How is the Nursing Process being implemented in the clinical practice? The theoretical exploration was carried out in the Databases CINAHL, LILACS and BDENF. The critical analysis of the selected studies was guided by the reference of the clinical role of the nurse. ***Results:*** three analytical categories were defined: impasses to the implementation of the NP; favorable conditions for the implementation of the NP and potentialities of the implementation of the NP, which explore and broaden the conception of this implementation in hospital practice, contributing to a better understanding of this process. ***Conclusion:*** This study allows the reflection about the variables, impasses, conditions and potentialities involved in the implementation of the Nursing Process, as well as possibilities for transferring strategies or positive results of this implementation to other institutions, hospitals or otherwises. ***Descriptors*:** Nursing Process; Nursing Care; Hospital Care.

RESUMO

Objetivo: integrar o conhecimento produzido na literatura sobre a implementação do Processo de Enfermagem em instituições hospitalares de saúde brasileiras. ***Método:*** revisão Integrativa realizada a partir da questão <<Como está sendo implantado o Processo de Enfermagem na prática clínica?>>. A exploração teórica foi realizada nas Bases de Dados CINAHL, LILACS e BDENF. A análise crítica dos estudos selecionados foi guiada pelo referencial do papel clínico do enfermeiro. ***Resultados*:** foram definidas três categorias analíticas: Impasses à implementação do PE; Condições favoráveis para implementação do PE e Potencialidades da implementação do PE, que exploram e ampliam a concepção dessa implementação na prática hospitalar, contribuindo para o maior entendimento desse processo. ***Conclusão:*** este estudo permite a reflexão acerca das variáveis, impasses, condições e potencialidades envolvidos na implementação do Processo de Enfermagem, assim como oferece possibilidades de transferência de estratégias ou de resultados positivos dessa implementação para outras instituições, hospitalares ou não. ***Descritores*:** Processos de Enfermagem; Cuidados de Enfermagem; Assistência Hospitalar.

RESUMEN

Objetivo: integrar el conocimiento producido en la literatura sobre la aplicación del Proceso de Enfermería en instituciones de salud hospitalarias brasileñas. ***Método:*** revisión integrativa celebrada a partir de la cuestión << Como está siendo aplicado el Proceso de Enfermería en la práctica clínica? >> La exploración teórica se llevó a cabo en las bases de datos CINAHL, LILACS y BDENF. El análisis crítico de los estudios seleccionados fue guiado por referencia del papel clínico del enfermero. ***Resultados:*** se definieron tres categorías analíticas: Dificultades a la aplicación del PE; Condiciones favorables a la aplicación del PE y Potencialidades de aplicación del PE, explotan y amplían la concepción de esta aplicación en la práctica hospitalaria, contribuyendo a una mayor comprensión de este proceso. ***Conclusión:*** este estudio permite la reflexión acerca de las variables dificultades, condiciones y potencialidades involucradas en la implementación del proceso de enfermería y ofrece posibilidades de transferencias de estrategias o de los resultados positivos de esta aplicación a otras instituciones, hospitalares, o no. ***Descriptores*:** Procesos del Enfermería; Cuidados del Enfermería; Atención Hospitalaria.

[1,5]Nurses, Masters Students, Nursing Post-Graduate Program, Federal University of Alfenas/PPGENF/UNIFAL. Alfenas (MG), Brazil. E-mails: unijunior6@yahoo.com.br; paulinha_fdias@hotmail.com; [2,4]Nurses, Masters (graduates), Post-Graduation Program in Nursing, Federal University of Alfenas/PPGENF/UNIFAL. Alfenas (MG), Brazil. E-mail: enf.joaoh@gmail.com; karolvitorelli@yahoo.com.br; [3]Nurse, Fellow of Education and Research Foundation of the State Minas of Gerais/FAPEMIG, Brazil. Alfenas (MG), Brasil. E-mail: raulpaivasantos@hotmail.com; [6]Nurse, PhD, Professor on Nursing School, Post-Graduation Program in Nursing, Federal University of Alfenas/PPGENF/UNIFAL. Alfenas (MG), Brazil. E-mail: mawtws@gmail.com

INTRODUCTION

The interest of this study is in the practice of the Nursing Process (NP) in hospital health institutions, through research and critical interpretation of the scientific literature.

The Nursing Process, revealed as a systematic model of Nursing care, integrates the responses of the human being to the health-disease process and the stages of the life cycle, be it childhood, adolescence, gestation, senescence or otherwise. Thus, the Nursing care nucleus comprehends the achievement of care results that are based on the responses of the individual, the family or a group. In this sense, implanting and/or implementing NP in health institutions can favor a holistic care to the patient, thus guaranteeing that the Nursing interventions are elaborated to the individual and not to the disease. Incorporating NP as a methodology of the profession is to make Nursing more scientific and to improve communication between teams. In addition, it contributes to the continuity of assistance among institutional units[1], in avoiding misunderstandings or even mismatches in assistance, in view of systematizing the practice registry.

However, the struggle, triggered by Brazilian nurses who believe in the NP as a path to the improvement of the profession, is supported by the idea that the methodology is adopted in non-care practice. Only by the imposition of Resolutions and Laws, but also by the professional desire to offer individualized, safe and quality Nursing care.[2]

The relevance of this study lies in the pertinence of the problems presented in it, as well as in the possibility of transferring strategies or positive results of the implementation of the NP to other institutions, hospital or otherwise. Therefore, retrieving and systematizing the experience of implementation of the NP can contribute to the praxis of nursing professionals, bringing reflections on the clinical role of the nurse[3] and its invisible aspects, such as judgment and clinical autonomy.

Considering that the experience of the NP requires actions of different natures, from professional training to changes in health and Nursing practices, questions emerged that led to the elaboration of this study, such as: How is NP being implanted in clinical practice? What strategies and activities are being developed to make this implementation feasible? What are the facilities, obstacles and difficulties that permeate the implementation of NP in Nursing care? Thus, this study aims to:

- Integrate the knowledge produced in the literature about the implementation of the Nursing Process in Brazilian hospital health institutions.

METHOD

Integrative Review[4], consisting of five stages:

Step 1 - Identification of the research problem

The research problem is outlined in the introduction to this study, which allowed us to move to the next step of the Review Method.

Step 2 - Literature search

The theoretical exploration process was carried out between January and March 2015. Considering that the purpose of this study was restricted to the implementation of NP in Brazilian Hospital Institutions, the survey of the references was carried out in the Databases Cummulative Index to Nursing and Allied Health Literature (CINAHL), Latin American Literature in Health Sciences (LILACS) and Nursing Database (BDENF). Terms available in the Descriptors in Health Sciences (DeCS) and the Boolean operators AND and OR were used. At CINAHL, the MJ Nursing Process search strategy was used, resulting in 16 studies. Already in the LILACS and BDENF Bases, the strategy "Nursing Processes" [Subject Descriptor] and "Nursing Care" [Subject Descriptor] was used, proceeding 141 and 136 citations respectively, making a total of 293 potential references to the study.

For this review, the inclusion criteria established were empirical studies that dealt with the theme of the NP as a methodological instrument and its implementation in Hospital Institutions. In addition, the studies should be published in Portuguese, Spanish or English; from the year 2000; result from quantitative and/or qualitative primary research; in addition to online availability of the full publications.

Then, the titles and abstracts of the selected references were read, with the intention of selecting those that presented content referring to NP and its application in clinical practice. In this process of selective reading, in case of doubts or if only the summary did not allow this definition, the publication was maintained for the next phase of reading in the entire text. The search and selection of the references, which constituted this review, were performed by the authors (DISJ, JHMR, KVDL and PFD) and validated by the researchers (MAM, RPS).

Step 3 - Data evaluation

In this stage, the whole of the texts were analyzed in an analytical way, with the purpose of ordering and summarizing information contained in the selected references, in order to answer the research questions. Thus, 241 publications were eliminated, as they were not specific to the NP theme and its application in clinical practice. In this step, spreadsheets were developed in Microsoft Excel 2010 to define, organize and synthesize key information of each selected reference, forming an accessible and easy-to-use database that comprised subjects, objectives, applied methodologies, results and key conclusions.

Step 4 - Data analysis

At this stage of the review, key information from the studies was ordered, analyzed and grouped in an attempt to answer the research questions regarding the application of NP in clinical practice. For this analysis, the clinical role of the nurse was used as a reference, which is articulated as a form of empowerment mediated by the clinical autonomy that gives nurses the power to think, imagine and plan practices based on quality, favoring the dynamics of work in Nursing.[3] Thus, NP is a practice that covers several elements of the clinical role of nurses, who have their knowledge and skills, from the clinical evaluation of the patient, to the identification of the Nursing diagnosis and to the establishment and evaluation of the therapeutic plan. In the context of the NP, to propose accurate Nursing interventions, to feel free to implement them intentionally, by engaging innovatively in the processes of change, to achieve patients' health potentials[3], transcends the operational components of the NP as an adopted care model.

The analysis of the references was based on the extraction of significant data from the spreadsheet, which made it possible to compare the information constantly. Through analysis and synthesis, such information and/or extracted data were classified into categories and subcategories, which identified impasses, potentialities and favorable conditions for the implementation of NP in clinical practice.

Step 5 - Presentation of the data

The empirical categories and their subcategories are presented in a descriptive way and are illustrated in figures.

RESULTS

With the critical analysis, initially, 60 potential references to the elaboration of the Integrative Review were selected. However, in this study, those of greater relevance and importance were used, that is, those that brought fundamental information to the NP implementation process. Thus, this review consisted of 24 empirical studies, which are based on figure 01.

Quote	Focus of the Research
Oliveira et al., 2012	NP in Intensive Care Unit (ICU).
Takahashi et al., 2008	NP in a Teaching Hospital.
Barra et al., 2009	Application of computerized NP in ICU.
Carvalho et al., 2013	Nurses' experience with NP in ICU.
Andrade; Vieira, 2005	Nurses' perception of the need for NP in practice.
Casafus et al., 2013	NP planning and implementation process.
Luiz et al., 2010	Perceptions of the Nursing team about the implementation of the NP.
Moura; Cosson, 2013	Knowledge of the Nursing team about NP.
Azeredo et al., 2009	Implantation of the NP in a Teaching Hospital.
Silva, Moreira, 2010	Implantation of NP in Specialized Hospital.
Truppel et al., 2008	Influences of the Horta's Conceptual Model in the practice of ICU.
Fuly et al., 2013	NP in Specialized Hospital and software engineering.
Pereira et al., 2013	Applicability of NP to Hospital Institution.
Pimpão et al., 2010	Perception of the Nursing team about the NP records.
Ramos et al., 2009	Perception of the Nursing team about the NP.
Alves et al., 2008	Meaning of NP practice for ICU nurses.
Amante et al., 2009	Implementation of NP in ICU.
Medeiros et al., 2012	Nurses' experience about NP in obstetrics.
Krauzer; Gelbcke, 2011	Profile of the nurses of a Public Hospital and contents about NP that these received in the Graduation.
Silva et al., 2010	Academic experience on the implementation of the NP
Azeredo et al., 2010	Nurses' perception of the implementation of the NP.
Dalri e Carvalho, 2002	Applicability of software in the implementation of the NP.
Nascimento et al., 2008	Meaning of the NP for professionals of the multiprofessional team.
Santana et al., 2011	Theory of Basic Human Needs and Nursing Diagnoses and Interventions.

Figure 1. List of publications studied. Alfenas (MG), Brazil, 2015.

Based on the Theoretical Reference of the Clinical Role of the Nurse[3], the analytical reading of the studies made it possible to construct three empirical categories with subcategories that explore and broaden the conception of the implementation of NP in Brazilian hospital practice, contributing to a better understanding of this process. The categories: 1. Impasses to the Implementation of the NP; 2. Favorable Conditions for the Implementation of the NP and 3. Potentialities of the Implementation of the NP, which are described below.

♦ Impasses to the implementation of the Nursing Process

In the context of the implementation of the NP in hospital practice, nurses are faced with adversities that hinder or even impede their consolidation. Thus, there are some impasses to its implementation that are described in the format of two subcategories of thought: The non-ambience for the NP and insufficient informed experience. These are illustrated in figure 02.

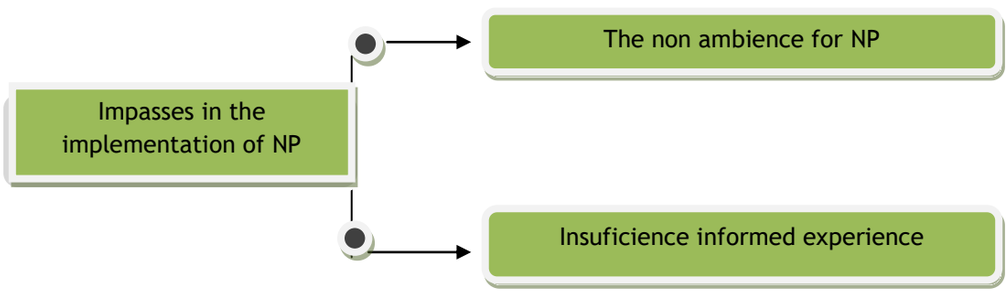

Figure 2. Categories. Alfenas (MG), Brazil, 2015.

♦ The ambience for the Nursing Process

Health environment refers to the treatment given to the physical space; this is also understood as social, professional and of relationships, which should provide welcoming, resolutive and human care. This space should allow reflection on the production of the subject and the work process, where comfort is focused on the privacy and individuality of the subjects involved, guaranteeing well-being to patients, their social network and workers. In this way, it acts as a facilitator of the work process, favoring the optimization of resources.[5]

In the context of the NP, the concept of environment has importance to the configuration of the Nursing Services, both in its concrete structural aspect, as well as in the face of interaction and interpersonal ties. Therefore, valuing aspects of the environment in the conformation of the NP favors reflections on difficulties and impasses that involve its implementation in health institutions, transcending the formal, physical and technical structure of the environments.

Regarding the institutional, physical and social aspects, regarding the non-ambience for the implementation of the NP, the results of the action research[6] showed little commitment of the heads and hospital management. Besides that, by historical force, the Nursing team had no expectation of carrying out other care, besides the one established by the doctor. Another descriptive and exploratory study[7] shows aspects that meet the institutional environment, related to the lack of infrastructure of the physical plant, material resources and administrative support.

Faced with the implementation of the NP, it is essential for professionals to be able to bring together healthy human and social manifestations, resulting in an environment conducive to work processes and to the implementation of NP in clinical practice. In this context, a study[8] shows some difficulties in the implementation process of the NP, such as insufficient time to work on the steps of the NP. In another exploratory descriptive study[9], nurses report, as a hindrance, the arduous bureaucratic process that exists in the daily life of an ICU. Likewise, nurses at a University Hospital[10] identified the unsatisfactory performance of the team as impasses, causing discredit of their potential as a leader and manager, generating sensations of impotence, frustration, physical exhaustion and losses in productivity.

♦Insufficient informed experience

In the nurses' interaction space with practice, there are experiences related to clinical governance and care, based on assessment, diagnosis, planning and Nursing interventions. For such, experiences are expressed through the clinical approach of the nurse, based on knowledge and professional practice, that is, informed experience.

Given this premise, the lack of knowledge and / or experience in the different stages of NP [11-2], failures in the training mechanisms and preparation of professionals for their implementation[13], as well as lack of educational training in the construction of this learning[14] indicate barriers to adherence and

execution of the healthcare method in the Health Institutions. In addition, in a descriptive study[14] that aimed to identify factors that facilitate and make the implantation of NP difficult in the units of a University Hospital, its results showed that the insufficiency of knowledge about NP inhibits its practice. Insufficiency resulting from theoretical and/or practical support weakened in the Graduation[14], mainly, as a result of the practical academic activities in fields of stages that do not have systematized assistance according to the NP.

Although there is an increasing focus on the Nursing academic environment, within the scope of care, there are still elements that impede their adherence in the Health Institutions. Their implementation characterizes a deadlock if the Nursing team is not properly prepared, under the point of scientific knowledge and practice.[12]

♦Favorable conditions for the implementation of the Nursing Process

In the context of the Hospital Health Institutions with the NP, the analyzed literature allowed to identify interdependencies of conditions that favor the implantation and implementation of the latter, which are outlined in two empirical subcategories. The first one is based on the foundation of practice in theoretical framework, elaborating instruments and assistance protocols with the use of computer technology and the second, dimensioning, enabling, sensitizing and involving the Nursing team, which are described below and drawn In Figure 3.

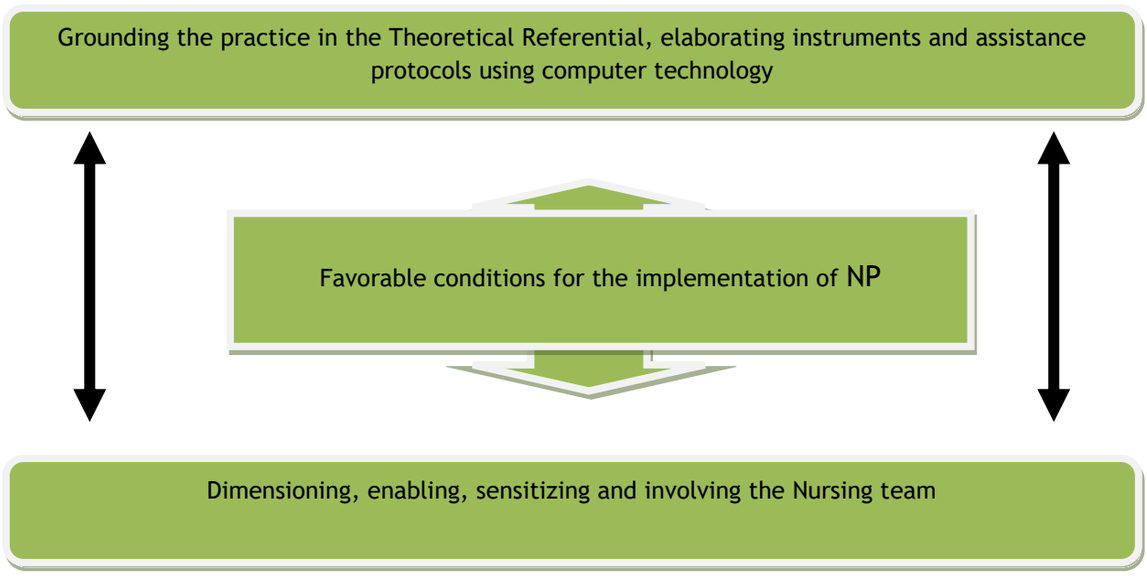

Figure 3. Categories. Alfenas (MG), Brazil, 2015.

♦ Grounding the practice in the Theoretical Referential, elaborating instruments and assistance protocols with use of computer technology

Recognizing Nursing Theories, in the professional context and in clinical practice, may allow nurses to reflect and master the work process, thus raising better conditions in proposing effective actions aimed at improving the care provided.

A qualitative study[15], which aimed to analyze intervening factors in NP referred by nurses from a Hospitalization Unit of a Hospital specialized in palliative care, showed that the NP should be structured from theoretical frameworks, capable of integrating disciplinary knowledge, in the recognition of the complexity of the human being. Another empirical research[16], whose objective was to identify influences of the Conceptual Model of Horta in Nursing care practice, had, as a conclusion, that incorporating this model may subsidize the development of nurses' activities, allowing the organization of work processes and planning a more scientific assistance. Also, in this research[16], it was verified that the adoption of a Conceptual Model favors the guarantee of clinical autonomy in decision making, moving the nurse to be a protagonist in the care process, since it is not limited to the simple execution of activities of other professionals.

In this perspective, another important aspect of NP practice is the construction of instruments and registers, also based on Nursing Theories, as well as the use of tools such as computer technology, that favor the viability of the implementation of the NP. Qualitative research[17], along with the case study[18], shows, in a more specific way, the NP developed through information technology, referencing it as a contributor to the organization and documentation of the phases of the NP. More specifically, the case study[18] demonstrates that computerized NP,

associated with theoretical Nursing references, can contribute to professional practice, such as avoiding mistakes related to the stages of the NP, better efficiency and fidelity to information access and critical thought development of the nurse.

Thus, the use of computerized tools and theoretical framework in the clinical routine can provide a more scientific, agile and safe practice, being able to positively influence the quality indicators of care.

♦Dimensioning, enabling, sensitizing and involving the Nursing team

Considering the difficulties that some Brazilian Health Institutions face in introducing NP in the nurse's care reality, it is essential that health service managers prioritize sufficient, competent and motivated human resources.

The dimensioning of Nursing professionals, as a requirement for the implementation of NP, is observed in the qualitative study[19]. In this, the conclusive results showed the restructuring and reorganization of human resources, since, usually, the institutions count on a reduced number of employees and consequent overload of work of the Nursing professionals, in particular. This study[19] corroborates the descriptive research, [20] which points out the human resources dimension as one of the main conditions for the feasibility of implementing the NP.

In addition to the dimensioning of professionals, the implementation of NP can be triggered from the training[9] of the entire Nursing team, with awareness of the importance of NP[6] in clinical practice. In this premise, a research[15] evidenced the need to stimulate nurses' participation in study groups on the subject, as well as to develop continuous training that may contribute to the clarification of doubts about the care methodology. Therefore, another study reflects on the need to include this methodology in the curriculum of the Nursing courses, clarifying the responsibilities and attributions of each member of the team in NP.[21]

Considering the strength of awareness, it stands out as a strategy in the articulation and proactive involvement of the team. This strategy supports the demystification of myths and taboos attributed to the NP and the construction of new concepts and beliefs,[13,22] as well as the promotion of discussions and dynamics centered on resistance, the de-motivation of the team and, finally, the involvement with the implantation and implementation of NP.[12]

♦Potentials of implementation of the Nursing Process

Likewise, in this last category, the potentialities of implementation of the NP in Hospital Health Institutions are outlined in three subcategories. These expose the assistance methodology as a multifaceted and multidimensional reality that organizes, humanizes and qualifies the professional practice, thus favoring the scientificity, the visibility, the recognition and the valorization of the nursing professional and the appropriation of autonomy, in the development of reasoning and decision making in the performance of their clinical role. These analytical subcategories are explained in Figure 4 and outlined below.

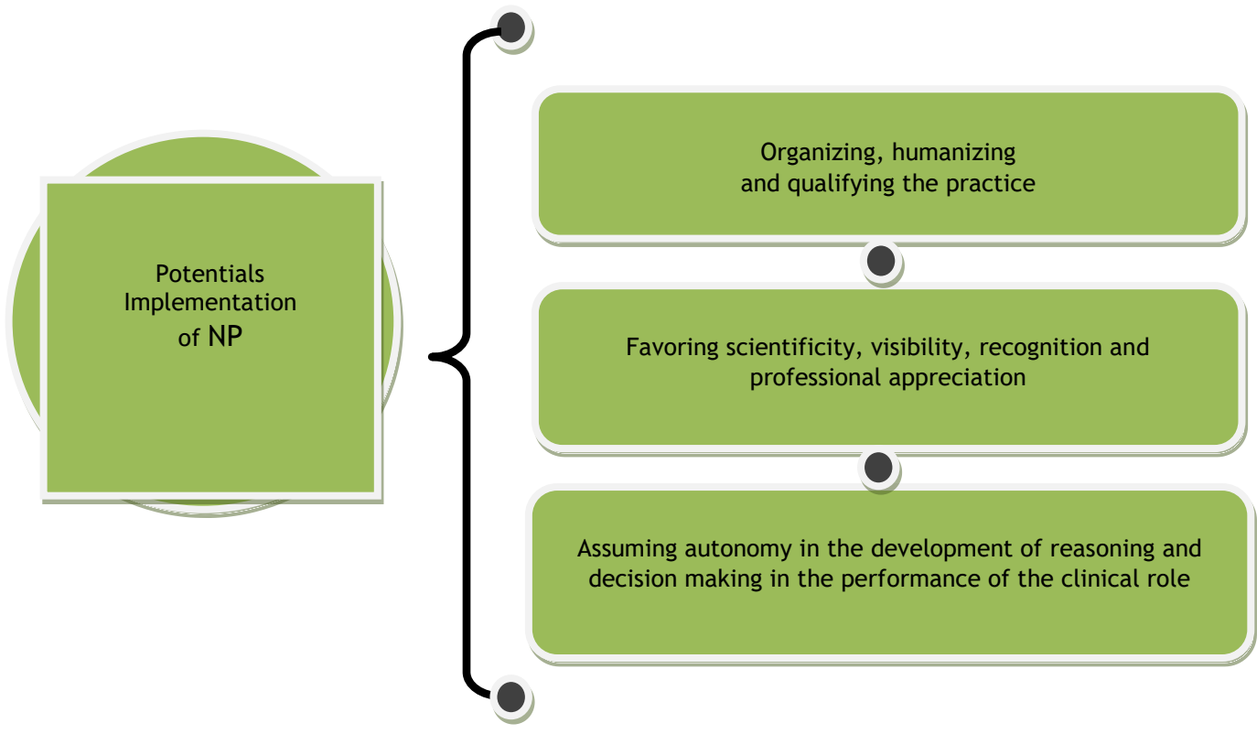

Figure 4. Categories. Alfenas (MG), Brazil, 2015.

♦Organizing, humanizing and qualifying the practice

The NP, as an organizational tool, also presents the potential for the development of interdisciplinarity and humanization, since its primary purpose is to organize the practice, benefiting nurses in the redefinition of their competence space, be it in clinical assistance or governance. In this sense, the qualitative study of Amante et al.[23], in view of the objective of implementing NP in an Intensive Care Unit, based on the Horta Referential, shows in its conclusions that the implementation of the NP has the potential to organize the assistance, as well as make it individualized and humanized. Likewise, in another study[24], obstetrician nurses observed that the methodology organizes, systematizes and directs care phases. Also, studies[19,25] that make up this empirical subcategory contain observations about the tendency of the profession for the search of methods of qualification of the Nursing service, in order to be more scientific and systematized. Thus, the qualitative study[25], which identified the profile of nurses at a Public Hospital and aspects contributing to the implementation of the NP, presented a category of analysis that expresses potentialities of the methodology, such as the improvement of the quality of care. According to these nurses, the NP authorized the elaboration of individualized assistance plans, with the rescue of holism and integral assistance. Therefore, the NP contributed to the development, in the nurse, of skills and abilities inherent to the profession. Finally, nurses attribute to the methodological tools the potential of making Nursing assistance more organized, systematic, dynamic and interactive.[19]

♦ Favoring scientificity, visibility, recognition and professional

The Potentialities category of the implementation of the NP, characterized in the studies analyzed predominantly, is based on the theoretical and practical knowledge of the team.

Specifically, this subcategory points to the importance of critical reasoning and decision making, that is, of scientificity in Nursing, which, in turn, also sponsors professional appreciation. With regard to safety in clinical decision-making in the implementation of the NP, whether related to the patient, family members, peers or clinical governance activities, the nurse, as a member of the health team, articulates the updating, appropriation and the production of knowledge. Applied scientificity, through the NP, provokes the search for knowledge, with a view towards improving care, [26] and, therefore, promotes nurses' valorization, their greater visibility and professional recognition[27], evidencing the singular participation of Nursing in the health care of the population.

♦ Assuming autonomy in the development of reasoning and decision-making in the clinical role's performance

The implementation of NP in the care practice authorizes nurses to perform the clinical role, considered the essence of the Nursing profession. This is why the clinical role of the nurse is distinguished as a complex

psychosocial process resulting from the interaction of the professional with the patient, the family or the group, in view of decision-making processes in areas of Nursing that lead to care experiences and governance of its interactive space.[3]

In this direction, a qualitative study[28] shows the NP as a medium that supports the appropriation of clinical autonomy by the nurse. On the other hand, a quantitative survey[29] points out the indispensability of the implementation of the NP, so that nurses can develop greater professional autonomy, with more assertive decision making in face of their work dynamics. Also, the same study[29] promotes the need of nurses to use clinical reasoning in care planning. Thus, nurses' clinical autonomy is expressed as freedom of decision-making, based on technical and scientific knowledge, established interpersonal/institutional relations and professional accountability.[30]

Finally, the interrelation of the three empirical categories that illustrate the implementation of the NP, in Brazilian Hospital clinical practice, is clarified in Figure 5. This implementation is based on intervening conditions favorable to the practice of the NP, dribbling and overcoming each impasse, achieving results and demonstrating the potential of the NP. Thus, in the implementation process, impasses alternate with potentialities.

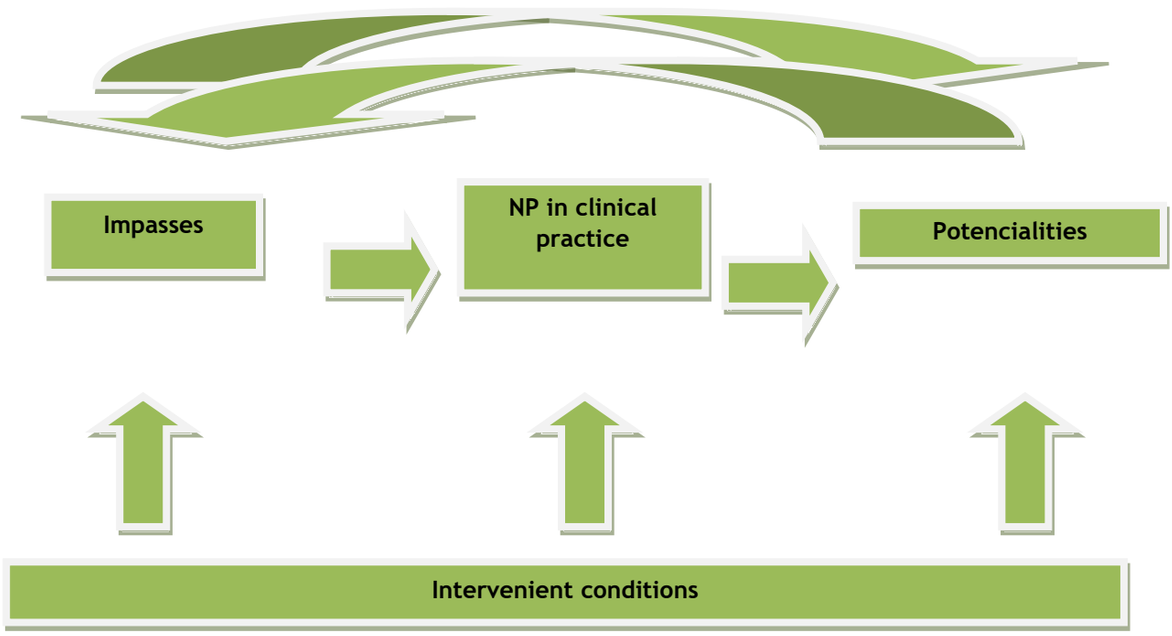

Figure 5. Implementation of PE in clinical practice. Alfenas (MG), Brazil, 2015.

DISCUSSION

From this millennium, there has been an increase in the production of knowledge related to the difficulties and facilities of the implantation/implementation of the NP, demonstrating a greater reflection on the part of nurses on the insertion of the NP in the Health Institutions. Different aspects about the NP in daily life of Nursing are highlighted in the publications and, among these, the studies focusing on the Nursing Diagnostics are evident, being one of the authors' interests, the validation of it.

This theoretical study favors reflection on the variables involved in the implementation of the NP, identified as empirical categories, such as impasses, favorable conditions and the potentialities for the implementation of the NP. In theoretical exploration, the search for new strategies by nurses prevails with regard to the implementation of NP and conditions that favor its applicability in clinical practice. This shows the importance and value of the NP, not only by the Nursing team, as well as by the managers. Despite the initiatives regarding the implementation of assistance methodologies, there is still a need for greater articulation of the technical-scientific knowledge so that these positively influence the quality of care and also act as a strengthening element of the profession's identity.

Regarding the challenges of implementation and operationalization of the NP, compared to professional practice, the

literature shows some impasses concerning Nursing teaching. The academic experience may present gaps regarding the methodological assistance tools that, naturally, will have repercussions on the adherence and effectiveness of these tools in the professional clinical routine. An important aspect to consider is still teaching in Nursing Graduation according to the Biomedical Model, with emphasis on the biological structure affected, that is, on the disease[7] and not on the responses of the individual, family or group to the health-disease process and the stages of the cycle vital. However, recognizing these impasses, faced with a reflexive and committed attitude of Nursing professionals, may favor the appropriation of clinical autonomy by them, in the development of an advanced practice, with the achievement of expected results.

The third and last category discusses the Potentialities of Implementation of the Nursing Process, which is different from the others, because it is the largest empirical category of this study, comprising three subcategories. The development of the NP, in addition to promoting the quality of care, provided a permanent basis for education and research, since Nursing care is the essence of the profession, and the application of a methodological tool that favors this assistance, associated to the organizational environment, it will naturally contribute to the clinical leadership of the nurse in the context of the health team.

CONCLUSION

For the full implementation of the NP in Brazilian Hospital Health Institutions, actions of different natures are needed, from professional training to care practice. These actions imply in the change of the training processes of Nursing professionals, with the adoption of new teaching methodologies, as well as the pedagogical training of the health professors, the integration of different aspects that involve the learning related to the NP and the effective integration of the teaching -assistance in health, since it is an ongoing process of professional development and why not personal and not limited to the scope of training. There should also be actions in the care practice that aim at the critical and reflexive development of this. Thus, an awareness is necessary to associate scientific knowledge and technical/practical ability with the interest, dedication and sensitivity required for Nursing care focused on the patient's, family's or group's responses.

FUNDING

FAPEMIG - Foundation for Research Support of the State of Minas Gerais.

REFERENCES

1. Brandalize DL, Kallinowski CE. Processo de Enfermagem: vivência na implantação da fase de diagnóstico. Rev Cogitare Enferm [Internet]. 2005 Sept/Dec [cited 2015 Mar 20];3(10):53-7. Available from: http://ojs.c3sl.ufpr.br/ojs/index.php/cogitare/article/viewFile/5374/3959

2. Nóbrega MML, Silva KL. Fundamentos do cuidar em enfermagem. 2nd ed. Belo Horizonte: ABEN; 2009.

3. Mendes MA. Papel Clínico do Enfermeiro: desenvolvimento do conceito [thesis]. São Paulo (SP): Universidade de São Paulo; 2010. Available from: http://www.teses.usp.br/teses/disponiveis/7/7139/tde-30032010-111338/pt-br.php

4. Whittemore R, Knafl K. The integrative review: updated methodology. J Advan Nurs [Internet]. 2005 [cited 2015 Mar 20];52(5):546-53. Available from: http://www.ncbi.nlm.nih.gov/pubmed/16268861

5. Ministério da Saúde (BR). Ambiência [Internet]. 2010 [cited 2015 Mar 20];1:32. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/ambiencia_2ed.pdf

6. Oliveira APC, Coelho MEAA, Almeida VCF, Lisboa KWSC, Macêdo ALS. Sistematização da assistência de enfermagem: implementação em uma unidade de terapia intensiva. Rev Rene [Internet]. 2012 [cited 2015 Mar 20];13(3):601-12. Available from: http://www.revistarene.ufc.br/revista/index.php/revista/article/viewFile/727/pdf

7. Takahashi AA, Barros ALBL, Michel JLM, Souza MF. Dificuldades e facilidades mostradas por enfermeiras de um Hospital de Ensino na execução do Processo de Enfermagem. Acta Paul Enferm [Internet]. 2008 [cited 2015 Mar 20];21(1):32-8. Available from: http://www.scielo.br/pdf/ape/v21n1/pt_04

8. Barra DCC, Dal Sasso GT, Monticelli M. Processo de enfermagem informatizado em unidade de terapia intensiva: uma prática educativa com enfermeiros. Rev eletrônica Enferm [Internet]. 2009 [cited 2015 Mar 20];11(3):579-89. Available from: http://www.fen.ufg.br/fen_revista/v11/n3/pdf/v11n3a15.pdf

9. Carvalho ACTR, Oliveira KT, Almeida RS, Souza FS, Menezes HF. Reflecting on the

practice of nursing care Systematization in the intensive care unit. Rev pesqui cuid Fundam (Online) [Internet]. 2013 Apr/June [cited 2015 Mar 20];5(2):3723-9. Available from: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/2080/pdf_766

10. Andrade JS, Vieira MJ. Prática Assistencial de Enfermagem: problemas, perspectivas e necessidade de sistematização. Rev Bras Enferm [Internet]. 2005 May/June [cited 2015 Mar 20]; 58(3): 261-5. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672005000300002

11. Casafus KCU, Dell'Acqua MCQ, Bocchi SCM. Entre o êxito e a frustração com a sistematização da assistência de enfermagem. Rev Esc Anna Nery [Internet]. 2013 Apr/June [cited 2015 Mar 20];17(2):313-21. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452013000200016

12. Luiz FF, Padoin MMS, Neves TE, Ribeiro CA, Tronco CS. Sistematização da assistência de enfermagem na perspectiva da equipe de um hospital de ensino. Rev eletrônica Enferm [Internet]. 2010 Oct/Dec [cited 2015 Mar 20];12(4):655-9. Available from: http://www.fen.ufg.br/fen_revista/v12/n4/v12n4a09.htm

13. Moura RCA, Cosson ICO. Implantação da sistematização da assistência de enfermagem em uma .Kunidade neonatal na Amazônia Ocidental. CuidArte Enferm [Internet]. 2013 Jan/June [cited 2015 Mar 20];7(1):33-7. Available from: http://fundacaopadrealbino.org.br/facfipa/ner/pdf/cuidarte_enfermagem_v7_n1_jan_jun_2013.pdf

14. Azeredo LG, Silva RM, Giustina AVD, Lima AAA. Aspectos relacionados à implantação da sistematização da assistência de enfermagem: estudo descritivo. Online braz J nurs [Internet]. 2009 [cited 2015 Mar 20];8(2):1-7. Available from: http://www.objnursing.uff.br/index.php/nursing/article/view/j.1676-4285.2009.2392/514

15. Silva MM, Moreira MC. Desafios à sistematização da assistência de enfermagem em cuidados paliativos oncológicos: uma perspectiva da complexidade. Rev Eletr Enf [Internet]. 2010 [cited 2015 Mar 20]; 12(3): 483-90. Available from: http://www.fen.ufg.br/revista/v12/n3/v12n3a10.htm

16. Truppel TC, Maftum MA, Labronici LM, Meier MJ. Prática assistencial de enfermagem em Unidade de Terapia Intensiva sustentada no Referencial Teórico de Horta. Rev Rene [Internet]. 2008 July/Sept [cited 2015 Mar 20];9(3):116-24. Available from: http://www.revistarene.ufc.br/vol9n3_pdf/a15v09n3.pdf

17. Fuly PSC, Leite JL, Stipp MAC, Erdmann AL, Souza CQS. Interconnections between the systamatization of nusrsing care and software engineering: Theory based on data. Online braz J Nurs [Internet]. 2013 Apr [cited 2015 Mar 20];12(1):49-61. Available from: http://www.objnursing.uff.br/index.php/nursing/article/view/4099/pdf

18. Dalri MCB, Carvalho EC. Planejamento da assistência de enfermagem a pacientes portadores de queimadura utilizando um software: aplicação em quatro pacientes. Rev Latino-Am Enfermagem [Internet]. 2002 Nov/Dec [cited 2015 Mar 20];10(6):787-93. Available from: http://www.scielo.br/pdf/rlae/v10n6/v10n6a6.pdf

19. Pereira JS, Costa MS, Eloi AC, Araújo BPL, Lima YSM. Introjeção do processo de enfermagem como tecnologia do cuidar em uma instituição hospitalar. Rev pesq cuid fundam (Online) [Internet]. 2013 Jan/Mar [cited 2015 Mar 20];5(1):3343-51. Available from: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/1974/pdf_692

20. Pimpão FD, Lunardi Filho WD, Vaghetti HH, Lunardi VL. Percepção da Equipe de Enfermagem sobre seus registros: buscando a sistematização da assistência de enfermagem. Rev enferm UERJ [Internet]. 2010 July/Sept [cited 2015 Mar 20];18(3):405-10. Available from: http://www.facenf.uerj.br/v18n3/v18n3a12.pdf

21. Ramos, LAR, Carvalho EC, Canini SRMS. Opinião de auxiliares e técnicos de enfermagem sobre a sistematização da assistência de enfermagem. Rev Eletr Enf [Internet]. 2009 [cited 2015 Mar 20];11(1): 39-44. Available from: http://www.fen.ufg.br/fen_revista/v11/n1/pdf/v11n1a05.pdf

22. Alves AR, Lopes CHAF, Jorge MSB. Significado do processo de enfermagem para enfermeiros de uma Unidade de Terapia Intensiva: uma abordagem interacionista. Rev Esc Enferm USP [Internet]. 2008 [cited 2015 Mar 20];42(4):649-55. Available from: http://www.scielo.br/pdf/reeusp/v42n4/v42n4a05.pdf

23. Amante LN, Rossetto AP, Schneider DG. Sistematização da assistência de enfermagem em Unidade de Terapia Intensiva sustentada pela Teoria de Wanda Horta. Rev Esc Enferm USP [Internet]. 2009 [cited 2015 Mar

20];43(1):54-64. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-23420090000100007

24. Medeiros AL, Santos SR, Cabral RWL. Sistematização da assistência de enfermagem na perspectiva dos enfermeiros: uma abordagem metodológica na Teoria Fundamentada. Rev Gaúcha Enferm [Internet]. 2012 [cited 2015 Mar 20];33(3):174-81. Available from: http://www.scielo.br/pdf/rgenf/v33n3/23.pdf

25. Krauzer IM, Gelbcke FL. Sistematização da assistência de enfermagem: potencialidades reconhecidas pelos enfermeiros de um hospital público. Rev Enferm UFSM [Internet]. 2011 [cited 2015 Mar 20];1(3):308-17. Available from: http://cascavel.ufsm.br/revistas/ojs-2.2.2/index .php /reufsm /article/view /3592

26. Silva MB da, Meneghete MC, Fontana RT. Implementation of the nursing process in clinical practice: learning experience. J Nurs UFPE on line [Internet]. 2010 Apr/June [cited 2015 Mar 20];4(2):539-47. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/issue/view/29

27. Azeredo LD, Silva RM, Lima AAA. Enfermeiros e a implementação do Processo de Enfermagem: estudo descritivo. Online braz J Nurs [Internet]. 2010 [cited 2015 Mar 20];9(1):1-7. Available from: http://www.objnursing.uff.br/index.php/nursing/article/view/j.1676-4285.2010.2933/659

28. Nascimento KC, Backes DS, Koerich MS, Erdmann AL. Sistematização da assistência de enfermagem: vislumbrando um cuidado interativo, complementar e multiprofissional. Rev Esc Enferm USP [Internet]. 2008 [cited 2015 Mar 20];42(4):643-8. Available from: http://www.scielo.br/pdf/reeusp/v42n4/v42n4a04.pdf

29. Santana LL, Mazza VA, Taube SAM, Sarquis LMM. Diagnósticos e intervenções de enfermagem em unidade de pronto atendimento à luz das necessidades humanas básicas. Cogitare Enferm [Internet]. 2011 Oct/Dec [cited 2015 Mar 20];16(4):675-81. Available from: http://ojs.c3sl.ufpr.br/ojs/index.php/cogitare/article/viewFile/25436/17057

30. Menezes SRT, Priel MR, Pereira LL. Autonomia e vulnerabilidade do enfermeiro na prática da sistematização da assistência de enfermagem. Rev Esc Enferm USP [Internet]. 2011 [cited 2015 Mar 20];45(4):953-8. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342011000400023

Submission: 2015/07/02
Accepted: 2016/01/05
Publishing: 2017/02/01

Corresponding Address

Deusdete Inácio de Souza Junior
Rua Alcino Sales, 515
Bairro Jardim Esperança
CEP: 37700-000 – Poços de Caldas (MG), Brazil