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ORIGINAL ARTICLE

SYSTEMATIZATION OF NURSING CARE IMPLEMENTATION IN ICU OF A PUBLIC HOSPITAL

IMPLANTAÇÃO E IMPLEMENTAÇÃO DA SISTEMATIZAÇÃO DA ASSISTÊNCIA DE ENFERMAGEM EM UTI DE HOSPITAL PÚBLICO

IMPLANTACIÓN Y IMPLEMENTACIÓN DE LA SISTEMATIZACIÓN DE LA ASISTENCIA DE ENFERMERÍA EN ITI DE UN HOSPITAL PÚBLICO

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ABSTRACT

Objective: to describe the process of the Systematization of Nursing Care implementation in the Intensive Care Unit of a public hospital. **Method:** a descriptive study of qualitative approach, performed with four nurses and five nursing technicians. Data were collected by semi-structured interviews, direct observation and document analysis. The interviews were submitted to categorical analysis. The observation and document analysis were used to corroborate data obtained in the interviews. The research was approved the project by the Ethics Committee in Research, Protocol 214/2009. **Results:** seven categories emerged from the analysis of interviews containing subcategories: Knowledge about SAE; Implementation strategies; Professional training and the satisfaction with the training; Changes in work routine; Facilities with SAE; Difficulties; Benefits of SAE. **Conclusion:** it was possible to analyze partially the implementation of SAE, considering the time in which they occur, identifying the methodologies adopted and the main consequences of these procedures. **Descriptors:** Evaluation in Nursing; Patient Care Planning; Nursing Process; Hospital Nursing Service.

RESUMO

Objetivo: descrever o processo de implantação e implementação da Sistematização da Assistência de Enfermagem em Unidade de Terapia Intensiva de um hospital público. **Método:** estudo descritivo, de abordagem qualitativa, realizado com quatro enfermeiros e cinco técnicos de enfermagem. Os dados foram coletados por meio de entrevista semiestruturada, observação direta e análise documental. As entrevistas foram submetidas à análise de conteúdo categorial. A observação e a análise documental serviram para corroborar os dados obtidos nas entrevistas. A pesquisa teve aprovado o projeto pelo Comitê de Ética em Pesquisa, Protocolo 214/2009. **Resultados:** da análise das entrevistas, emergiram sete categorias, contendo as seguintes subcategorias: Conhecimentos sobre a SAE; Estratégias de implantação; Treinamento dos profissionais e satisfação com o treinamento; Mudanças na rotina de trabalho; Facilidades com a SAE; Dificuldades; Benefícios da SAE. **Conclusão:** foi possível analisar a implantação e implementação da SAE parcialmente, considerando-se a amplitude temporal na qual ocorrem, identificando-se as metodologias adotadas e as principais consequências desses procedimentos. **Descritores:** Avaliação em Enfermagem; Planejamento de Assistência ao Paciente; Processos de Enfermagem; Serviço Hospitalar de Enfermagem.

RESUMEN

Objetivo: describir el proceso de implantación e implementación de la Sistematización de la Asistencia de Enfermería en Unidad de Terapia Intensiva de un hospital público. **Método:** estudio descriptivo de enfoque cualitativo, realizado con cuatro enfermeros y cinco técnicos de enfermería. Los datos fueron recogidos por entrevista semiestructurada, observación directa y análisis documental. Las entrevistas fueron sometidas al análisis de contenido categorial. La observación y el análisis documental sirvieron para corroborar los datos obtenidos en las entrevistas. El proyecto de la investigación fue aprobado por el Comité de Ética en Investigación, Protocolo 214/2009. **Resultados:** del análisis de las entrevistas surgieron siete categorías, conteniendo subcategorías: Conocimientos sobre SAE; Estrategias de implantación; Entrenamiento de los profesionales y satisfacción con el entrenamiento; Cambios en la rutina de trabajo; Facilidades con SAE; Dificultades; Beneficios de la SAE. **Conclusión:** fue posible analizar la implantación e implementación de la SAE parcialmente, considerándose la amplitud temporal en la cual ocurren, identificándose las metodologías adoptadas y las principales consecuencias de esos procedimientos. **Descriptores:** Evaluación en Enfermería; Planeamiento de Asistencia al Paciente; Procesos de Enfermería; Servicio Hospitalario de Enfermería.

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INTRODUCTION

Florence Nightingale knew nurses’ tasks and highlighted the importance and responsibility of their work stating that if the patient is cold, with fever, weak, feeling bad after eating something, if he/she has pressure ulcer, the disease is not guilty but nursing is.¹ However, the role of this professional is still unclear to the society, nursing graduates and some professionals working on health service.

On 27 August 2002, the Federal Nursing Council (COFEN), through Resolution Number 272, has resolved that the Systematization of Nursing Care (SAE) should be implemented in all public and private health institutions and this implementation, planning, organization, and evaluation nursing process are nurses’ activities.² SAE is shown to most nurses during the first professional graduation subject, as a tool to characterize and organize work and improve the quality of nursing care.

Article 1 of the Code of Ethics of Nursing Professionals (CECE) is also highlighted, being a right of nurses to exercise Nursing freely and with autonomy.³ Being professional nurses very present in patient care, they become quite responsible for the performance of the health sector.

Modern Nursing was developed from the scientific basis proposed by Florence Nightingale (1820-1910), based on his experience in working environments where nursing care performing was laic.⁴ Despite the influence of Florence, it has turned towards the immediacy, based on intuitively and not systematized practical actions making it dependent on backgrounds dictating what to do and how to do, not reflecting, in most cases, about why and when to do it.⁵ In this way, it was essential to bring their won knowledge to nursing.

From 1950, the scientific principles of nursing began to emerge, precursors of nursing theories that focus on the role of nurses in relation to the needs of patients, relating facts and establishing bases for nursing science.⁵ Following the theories, it was developed in order to decentralize the biomedical model, focusing not on the disease but the care of the person, considering that in all the theories the person is the main focus.⁶

In the literature on the Systematization of Nursing Care, various ways to conceptualize it are found. Without discussions about the different definitions of SAE, it will be here conceptualized as a standardization of actions characterized by a registered care planning, ranging from the creation of standards

manuals and routines to a health care facility, the description technical procedures and methodological tools to be used until the adoption of the nursing process.⁷

SAE contributions are highlighted in the literature for ensuring continuity care and providing individualized care by improving the quality of nursing care, since the adoption of the Nursing Process (PE) is not mechanized and repetitive.⁸ However, there are not studies published in the national literature showing that the implementation of SAE, in the context of Brazilian hospitals, ensure the quality of nursing care.⁹

The term nursing process (PE) was first used in the 1950s and Wanda de Aguiar Horta was one of the great incentive of its use in Brasil.¹⁰⁻¹¹ The nursing process can be defined as a systematic and dynamic way to provide nursing care, promoting humanized care, oriented to have results and low charge.⁶

O PE constitui-se numa atividade privativa do enfermeiro e compreende as seguintes etapas, distintas e inter-relacionadas: histórico (entrevista), exame físico, diagnóstico, prescrição e evolução de enfermagem.^{2,6,11} Analisando a legislação e a literatura referentes ao tema, pode-se analisar o PE sob duas perspectivas: como um sinônimo de SAE ou como uma ferramenta para que se implemente a SAE.^{2,9} Adota-se, no âmbito deste trabalho, a segunda proposta.

The PE is a private activity of the nurse and comprises the distinct and interrelated following steps,: nursing history (interview), physical examination, diagnosis, prescription and evolution.^{2,6,11} Analyzing legislation and literature about the topic, it can be analyzed the PE from two perspectives: as a synonym for SAE or as a tool for implementation of SAE.^{2,9} In this work, the second proposal is adopted.

OBJECTIVE

- To describe the process of Systematization of Nursing Care implementation in the Intensive Care Unit of a public hospital.

METHOD

Article drelaborated from the monograph << **Systematization of Nursing Care Implementation in a public hospital in the interior of Bahia** >> presented to the undergraduate course in Nursing at the State University of Southwest Bahia / UESB. Jequié-BA, Brazil.

A qualitative study conducted in the Intensive Care Unit (ICU) of a public hospital

in the interior of Bahia, which assisted about 20 cities of small and medium-sized population. It is a unit fully funded by the Unified Health System (SUS). The ICU of the institution was created in 2007 and has 10 beds and it was started the installation and implementation of the Systematization of Nursing Care (SAE) as a pilot project for the hospital.

The research subjects were nine professional, with 04 nurses and 05 nursing technicians. Data collection took place between March 30 and April 27 of 2010. For data collection, a semi-structured interviews, non-participant observation and document analysis were used. The interview was recorded and performed in the ICU nursing center. Together with the observation, a diary of observations was used. The documentary analysis was by reading and study of the patients' records hospitalized in ICU. The interview data were subjected to categorical content analysis.¹² The results were corroborated with the data of observation and records analysis.

Obeying the ethical aspects of Resolution 196 of 1996 from the National Health Council (CNS), participation in the study occurred by signing the Informed Consent Term - TCLE.¹³ This research was approved by the Ethics Committee in Research (CEP), from the State University of Southwest Bahia (UESB) under protocol number 214/2009. Data collection started after the project was approved in CEP - UESB and the permission of the hospital director.

RESULTS AND DISCUSSION

The profile of the participants in this study were three females and one male nurses; from 28 to 44 years old (although one of them has not informed); with three to 22 years of

training and two to 27 years of work in the institution studied. Nursing technicians were three women and two men; from 31 to 51 years old; with three to 20 years of training and two to 24 years of work in the hospital under study, and some began working in other functions before technical training.

Table 1, shows the categories and subcategories commented of this point and Table 2 shows examples of units of analysis that characterized each subcategory. According to the analysis units of category Knowledge of the SAE (C), some of the informants approached the definition adopted in this work (Cms subcategory). Results indicated the relationship between SAE and patient care (Cca subcategory) and the planning of care (Cpp). This type of connection reflects the concept of dispersion joining the SAE and PE among nursing professionals.

Other showed ignorance about the SAE, classifying it as form (Cim), which is not something new, as there are references to the PE/SAE as being only documentation.¹⁴ SAE became also referred as a resolution of the Regional Nursing Council (Cle).

Regarding the adopted implementation strategies, informants cited meetings (Erc) and determination of superiors (Ess). There have been meetings where the proposal had been presented to them. These meetings were disclosed to the team members via oral and written, the written information was in the wall of the unit.

Categories	Subcategories	Nº of analysis units
01- Knowledge about SAE (C)	Programed Method/Service (Cms)	04
	Care/ Assisntace (Cca)	03
	Planning activities / Plan of care / care project (Cpp)	03
	Printed (Cim)	01
	Legislation (Cle)	01
02- Implementation Strategies (E)	Meeting/course/lecture/workshop (Erc)	10
	Request to superiors (Ess)	03
	They did not know about the implementation (Ens)	01
03- Trainig of professionals and satisfaction of the trainign (T)	There was training, it was satisfactory (Tss)	01
	There was training, it was not satisfactory (Tsn)	01
	There was no training, but the meetings were satisfactory (Tns)	03
	There was no training and meetings were not satisfactory (Tnn)	10
04- Change in work routine (M)	Changed the routine for the better (Mmm)	11
	Changed the routine for the worse (Mmp)	04
	Changed little or did not change the routine (Mnm)	05
05- Facilities with SAE (F)	There were facilities / Facilities found (Fhf)	13
	There was no facilities (Fnh)	02
06- Dificulties (D)	Assimilation of the idea (Dai)	05
	To attend meetings (Dpr)	03
	With the printed (Ddi)	09
	With the new activities (Dna)	10
	With human resources (Drh)	05
	There are notdificulties (Dnd)	02
07- Benefits of SAE (B)	Benefited patients / Improved assistance (Bpa)	13
	Benefited the professional / organized the service (Bps)	11
	The benefits are not yet noted (Bnv)	03

Figure 1. Distribution of units’ analysis by category and subcategory.

Subcategory	Analysis unit
Cms	<i>It is a method of organization nursing care [...].</i>
Cca	<i>There are the care [...] nursing care.</i>
Cpp	<i>[...]a plan, a structure of its activities [...].</i>
Cim	<i>It is a form that was implemented [...].</i>
Cle	<i>It is a resolution of the COREN.</i>
Erc	<i>[...]through meeting the same, right? a training.</i>
Ess	<i>[...] it came from the Nursing Board.</i>
Ens	<i>I did not know.</i>
Tss	<i>Yes. It was satisfactory.</i>
Tsn	<i>[...]had few days of training.</i>
Tns	<i>At that meeting itself was passed, right? As I told you, it would be like working.</i>
Tnn	<i>No specific training. We had lectures, meetings. I think yes we had. In an incipient way.</i>
Mmm	<i>Improved. [...] We're organizing, planning how the assistance will be [...]</i>
Mmp	<i>[...] Changed the routine, sometimes even changed for the worse [...]. What is more a printed for nursing ... (laughs) filling up.</i>
Mnm	<i>Many things we had been doing, right? Then only was [...]. Many things has only been documented [...] I do not think my routine has not changed.</i>
Fhf	<i>[...] we find it easier to be able to work with patients in other actions. [...] We give more targeted care to patient.</i>
Fnh	<i>At the moment I still do not see many facilities.</i>
Dai	<i>It was presented like this... It was not very clear, right?</i>
Dpr	<i>[...]I could not attend the meetings.</i>
Ddi	<i>[...]with respect to the form, I still have difficulty [...].</i>
Dna	<i>The staff has no habit of following the nursing prescription.</i>
Drh	<i>We are working all the time. Lack of staff [...]</i>
Dnd	<i>There are not such difficulties [...]</i>
Bpa	<i>[...]gain for the patient [...]. [...] The nursing care here at Prado greatly improved [...]</i>
Bps	<i>It was beneficial, especially for nursing staff [...]. [...] it help us to organize [...]</i>
Bnv	<i>[...] how can I evaluate a process that's being deploying and say it is okay? No, it is good to improve. We will fight to improve it, which is very good.</i>

Figure 2. Speech units sampling the content of each subcategory.

Probably the subcategory Request to superiors emerged due to oral and written information, which reported the meetings to present the implementation of SAE and not to discuss its implementation. This seemingly authoritative character of the SAE

implementation process shows hospital leaders’ efforts to comply with current legislation. A single registration unit indicated the possible ineffectiveness of the methods employed in the dissemination of meetings (Ens), or even the lack of habit of some

professionals to observe one of the main vehicles of information in the unit in which they work: the information wall.

While there have been records indicating the existence and satisfaction with training (Tss and Tsn), most of the speeches showed that there was not a training covering the concepts and details of actions to implement the SAE (Tris). Others show that there was no training and that the meetings were not sufficient to meet the need for knowledge of the ICU nurses (TNN).

Studies on the SAE implementation in other institutions mention the partial knowledge of nurses about the PE and how its steps are inter-related.¹⁵ Among the reasons for this lack of knowledge, there are differences between the application of PE during graduation usually working with only one patient in specific situations and the application to the daily services, which must be applied to many patients, that is, the academic training helps nurses not to seek nor apply a systematic assistance.¹⁶⁻⁷

With SAE implementation, there were changes in the work routine. The development of the service organization and care planning (Mmm) were highlighted. They are aspects that prove the fulfillment of one of the objectives by adopting a model for implementing the SAE, that is, raising the professional performance by improving the quality of care and enrichment of nursing practice.¹⁵

There was better delimitation of the nurses' work, to evaluate and plan patient care, because it is possible to consider planning assistance as the most important function of nurses.¹⁵ The same occurred with the work of the nursing technician, being the one performing the care actions and observing the patient during the entire period. Thus, it is reiterated that the nursing work, even with the SAE, is being returned to the administration of nursing care, centered on the patient.¹⁸

Negative changes were identified in the work routine (Mmp). This idea was supported by the argument that with SAE, the amount of work increased in the ICU due to the existence of another form that needs to be filled and updated while on duty. The excessive number of activities attributed to the nurse may interfere with the effective application of the nursing process and SAE.¹⁹

This information is different from those found in the third subcategory (Mnm), in which the participants addressed the nursing

technicians and referenced only to the need for checking compliance tasks.

In the category Facilities with SAE (F), the ICU professionals reported that one of SAE's goals is to facilitate work routine and according to them, it occurred (FHF). They noted that being a separate room from the other hospital units, ICU favored the implementation of systematization.

Collaboration and knowledge of the staff were also important for this, as for SAE implementation is necessary that the entire team is involved and know what steps will be implemented in their daily practice.⁶ However, record units were also identified indicating that it was not possible to observe any facilities with SAE (Fnh).

The category Difficulties with SAE (D) six subcategories emerged, being able to assess aspects related to various stages of implementation of SAE. Due to behavioral changes and the acquisition or expansion of scientific knowledge by each professional, it should not be expected that the implementation of SAE was something simple in a nursing service, because there are great difficulties overcome only with a steady and hard job.¹⁵

The professionals stated that SAE implementation was not well regarded at the beginning (Dai). The lack of knowledge on the subject, combined with the lack of theoretical and practical training and abstention in meetings, contributed to the non-assimilation of what would be done.

The main reasons given for abstention in the meetings was the lack of time (Dpr). The panorama identified reveals that there is a lack of awareness and commitment to the work, resistance to change, and also the lack of interest of nurses.¹⁸

With SAE implementation in the ICU, a new printed was added to patients' medical records, titled Physical Examination and Nursing Assessment, consisting of: patient identification and location in the unit (bed); physical examination and nursing evaluation; nursing evolution separated by work period, according to the types of duty in the unit; nursing diagnosis; nursing prescription and its scheduling. This is a mixed form, to be completely filled and replaced every 24 hours.

The use of this new form has been characterized as one of the difficulties encountered with SAE (Ddi), since the document was more work for the nurse, it was not suitable to completely assess all patients and still have enough space to do additional notes. Besides the difficulties in relation to

filling in, there was the problem of where to position the printed among others existing ones in the records of patients and when it should be replaced.

Other studies have identified deficiencies in data collection in medical records, as well as in the standard form used in other institutions for such purposes, especially with regard to family history and physical examination.¹⁹ In this field study, the proposed form does not contain fields for recording the family and the individual history, as well as a space for the registration of physical examination findings that are not included among the options of the form.

Some of them had difficulty with the scheduling of care and verification of compliance (Dna). Frequent references were resistance both from nurses as nursing technicians. The main references were the increase in the number of nursing activities and the lack of technical habit to observe, follow and check the nursing prescriptions.

Qualitative studies have shown that the team is accustomed to routines and compliance with medical prescriptions, and the nursing prescription is devalued.^{8,20} This may be related to the lack of concern of nurses with the quality of the records relating to the prescription care, which tend to make it routine.^{15-6,18}

Despite the registration units for the deficit of human resources (Drh) were not so numerous, they were expected because the small number of professionals is one of the aspects reported in the literature with regard to difficulties in SAE implementation in Brazilian hospital units.^{8,18,20} However, it is emphasized that in addition to the reduced number of professionals, their limited action prevents from having more effective position as responsible for promoting staff and nursing assistance.^{11,18}

A reduced quantitative pointed out that there was no difficulty with SAE (Dnd). It is an issue in that may reflect the false understanding with consequent inadequate implementation of these actions. It should be noted that other researchers say that in practice, the nurses do not apply the nursing process, not making decisions with clinical reasoning.¹⁵

It is necessary an evaluation process of SAE implementation in the institutions, in assessing the commitment of the quality of the care process in health.⁸ The patient care constitutes a parameter for the evaluation of nursing staff. The good results observed by professionals after SAE implementation

permeate for assessing the quality of that care, improving according to some informants, benefiting patients (Bpa).

Other recording units indicate that SAE brought benefits to nursing professionals, allowing to improve the use of time, improving the organization of human resources, summarizing record the observations and complaints by improving the monitoring of the patient and organizing the work process nursing (Bps).

There were also records of those for whom SAE not yet provided visible benefits (BNV). However, these professionals demonstrate willingness to continue working with the systematization, as they believe improvements are needed in the process, so to show the benefits that is probably capable of providing.

Thus, SAE shows an instrument of the nurses' working process and a nursing technology that favors consolidation, promotes the visibility and the characterization of the nurse's role in health care of subjects.²¹

CONCLUSION

The results of this research achieved relevant information supported by the literature to the implementation of the Systematization of Nursing Care. It was possible to describe the process of implementation of SAE in a public hospital in Bahia only partly, because of time in which these processes occur. However, our objective is considered achieved, since it has been identified as started and what are the main features of the methodologies adopted in the implementation of the SAE in a hospital.

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