



**PRODUCTION OF NURSE'S SUBJECTIVITY: RELATIONSHIP WITH THE
IMPLEMENTATION OF THE NURSING PROCESS**
**PRODUÇÃO DE SUBJETIVIDADE DO ENFERMEIRO: RELAÇÃO COM A IMPLEMENTAÇÃO DO
PROCESSO DE ENFERMAGEM**
**PRODUCCIÓN DE SUJETIVIDAD DEL ENFERMERO: RELACIÓN CON LA IMPLEMENTACIÓN DEL
PROCESO DE ENFERMERÍA**

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ABSTRACT

Objective: to relate the subjective production about the Nursing Process of nurses working in work contexts differentiated by the implementation and non-implementation of the Nursing Process. **Method:** this is an exploratory and descriptive study, with a qualitative approach, developed in two public University Hospitals, with the participation of 12 nurses. The data were produced by semi-structured interview and submitted to the Content Analysis Technique in the Thematic Analysis modality. **Results:** three categories emerged: << Meanings attributed by nurses to the Nursing Process >>; << Nurses' feelings regarding the nursing process >> and << Perceptions about nursing, the nurse and how both are perceived in the institution and the social context >>. **Conclusion:** the performance in contexts differentiated by the implementation and not implementation of the Nursing Process directly affects the subjective production of nurses and the desire related to the method. **Descriptors:** Nursing; Nursing Process; Nursing Care.

RESUMO

Objetivo: relacionar a produção subjetiva acerca do Processo de Enfermagem de enfermeiras atuantes em contextos de trabalho diferenciados pela implementação e a não implantação do Processo de Enfermagem. **Método:** estudo exploratório e descritivo, de abordagem qualitativa, desenvolvido em dois Hospitais Universitários públicos, com a participação de 12 enfermeiras. Os dados foram produzidos por entrevista semiestruturada e submetidos à Técnica de Análise de conteúdo na modalidade Análise temática. **Resultados:** três categorias emergiram: << Significados atribuídos pelas enfermeiras ao Processo de Enfermagem >>; << Sentimentos das enfermeiras com relação ao processo de enfermagem >>; << Percepções sobre a enfermagem, o enfermeiro e de como ambos são percebidos na instituição e no contexto social >>. **Conclusão:** a atuação em contextos diferenciados pela implementação e não implantação do Processo de Enfermagem incide diretamente sobre a produção subjetiva de enfermeiras e o desejo relacionado ao método. **Descritores:** Enfermagem; Processos de Enfermagem; Assistência de Enfermagem.

RESUMEN

Objetivo: relacionar la producción subjetiva acerca del Proceso de Enfermería de enfermeras actuantes en contextos de trabajo diferenciados por la implementación y la no implantación del Proceso de Enfermería. **Método:** estudio exploratorio y descriptivo, de enfoque cualitativo, desarrollado en dos Hospitales Universitarios públicos, con la participación de 12 enfermeras. Los datos fueron producidos por entrevista semi-estructurada y sometidos a la Técnica de Análisis de contenido en la modalidad Análisis temático. **Resultados:** tres categorías surgieron: << Significados atribuidos por las enfermeras al Proceso de Enfermería >>; << Sentimientos de las enfermeras con relación al proceso de enfermería >> y << Percepciones sobre la enfermería, el enfermero y de como ambos son percibidos en la institución y en el contexto social >>. **Conclusión:** la actuación en contextos diferenciados por la implementación y no implantación del Proceso de Enfermería incide directamente sobre la producción subjetiva de enfermeras y el deseo relacionado al método. **Descritores:** Enfermería; Procesos de Enfermería; Atención de Enfermería.

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INTRODUCTION

As a method for planning, organizing, executing and evaluating the results of nursing care, the Nursing Process (NP) allows the valuation of actions, delimitation of competencies and achievement of professional spaces. The use of this method requires and demonstrates clinical reasoning and technical-scientific knowledge of professionals¹, as well as being a requirement of health service evaluation systems.²

The adoption of NP in Brazilian healthcare contexts still poses a challenge to the profession, since although studies on the subject demonstrate that nurses consider it important^{1,3} such perception is often not linked and it is permeated by a veiled unpretentious implementation. A similar situation is presented by Bolivian study when affirming that in the country the nurses do not adopt NP⁴. However, a distinct report is described in a Spanish study, which indicates the implantation of the method as a majority in the health services surveyed.⁵

Impediments to the implementation of the method include human resources deficit; work overload. However, the lack of adequate working conditions and institutional support,^{1,6} deficient knowledge about the thematic and the edges between theory and practice,^{4,7} advance in knowledge involves the exploration of subjective issues related to the conceptions and expectations of nursing professionals regarding the NP. Therefore, the recognition of such a vision allows the structuring of strategies that consider the individual expectations and different factors involved in them.

Individual subjectivity is expressed in behaviors, in attitudes, in desire, in world perceptions. Its production results from varied connections between different competing instances, and includes individual, collective, and institutional spheres, which attribute to subjectivity the characteristic of being plural. The dominant systems are aimed at homogenizing subjectivities, framing individuals in pre-established systems, modeling their desire, and thus sustaining the instituted. It is up to individuals to generate new meanings and produce changes in contexts.⁸

The components of the subjectivity of professionals seem to be linked to a culturally acceptable and desirable denial system, in which nursing reproduces a work dynamics shaped by its history and the organizational culture of health institutions: prioritizing institutional demands and directing their work

towards tasks and routines externally established as nursing attribution,⁹ so professionals describe their work as routine, bureaucratic and directed by institutional norms, but, despite criticizing such work organization, they continue to replicate it, suggesting conformism and adaptation to what is established.⁷

This practice, mechanically developed, affects professional motivation⁶ and it has contributed to maintaining nursing between external determinations and the possibility of creation and transformation in the way of thinking and producing nursing. Nursing has the potential to break with the institution. Thus, it can be seen the relevance and necessity of the emergence of singular subjectivities, endowed with a political, critical and innovative stance, indispensable for breaking with the bondage to norms and routines and for the valorization and delimitation of professional assignments, being for the latter, strategic the implementation of the NP, since it allows the targeting of the assistance from an instrument of the profession.

The processes of singularization: reflection, resistance or questioning of reality and transformation of situations are considered escape lines for the expression of desire: all forms of will to create. Thus, the production of singular subjectivities frustrates the internalization of established principles and seems not to be desirable in institutional and social organizations, which exalt normalized individuals, according to so-called collective value systems.⁸

The approach to barriers to recognition and adoption of the Nursing Process needs to consider the multiplicities and heterogeneity of factors that establish different connections and influence professional behaviors and perceptions. Thus, the survey of meanings that surround the theme of the EP and its relation with the subjectivity of nurses has its clear justification in the possibility of proposing alternatives of subjectivity singularization, with the viabilization of transformations that can result in strategies for overcoming the cadres Instituted and produce expressions of desire, aiming at the valorization and implementation of the NP, as an instrument of organization of nursing work.

Thus, based on the theoretical reference of the production of the subjectivity of Felix Guattari and his followers, a thesis clipping entitled "Nursing Process in the Perspective of the Subjectivity of the Nurse", this study aims to relate the subjective production about the PE of nurses working in working contexts differentiated by the implementation and

non-implementation of the NP. Thus, it seeks to answer the question: how does the acting in work contexts differentiated by the implementation and non-implementation of PE affect the subjective production of nurses?

METHOD

This is an exploratory and descriptive study, with qualitative approach, developed in two Public University Hospitals of the State of Rio Grande do Sul, Brazil selected for their differentiation regarding the implementation and non-implementation of the NP; by one of the researchers acting as nurse assistants in both institutions, allowing a closer approximation to the scenarios, because it is no longer inserted in them, avoiding a possible introjected interference of the institutional environments. The institution, despite the efforts already made, the NP is not implemented, was identified in the study by "Context 1" and; The scenario in which such a method has been adopted since its founding in the 1970s, being computerized in most units, entitled "Context 2."

The subjects were 12 nurses, six of each institution and acting in different units: Inpatient, Intensive Care, Emergency, Surgical Center, Ambulatory, and Education. The criterion of inclusion was to work in the institution for at least 5 years and, by exclusion, not to be acting in the unit, by leave, during the period of data collection. For the selection of the participants, a simple draw was carried out, from lists, requested in the institutions, of the nurses working and their respective work units, with subsequent visit to the Raffles to confirm the consent to participate in the study and scheduling, according to the participants' availability, for the data collection, performed through semi-structured interviews.

The script of the interviews contemplated the characterization of the subjects and questions formulated from the research objective: What is the meaning of NP for you? What feeling comes to mind when you reflect on NP? What do you like and dislike about the practical development of the NP? How do you perceive nursing and how do you think the profession is perceived in your work context?

The interviews were carried out from June to August of 2014, with an average duration of 40 minutes, recorded in audio and transcribed in full, by the researchers. For the identification of the participants' statements, the code "Enf." was used, followed by the number "1" or the number "2", according to the context of action, and followed by the ordering number of the participants. The

inclusion of new participants was not necessary since the saturation of the data was obtained with the initial sample.

The content of the interviews was submitted to the Content Analysis Technique in the Thematic Analysis modality.¹⁰ The ethical prerogatives of Resolution 466/12 of the National Health Council were respected.¹¹ The study project obtained a favorable opinion from the Research Ethics Committees of the two institutions under CAAE 30710614.0.0000.5324 May 22, 2014, and 30710614.0.3001.5327 June 18, 2014.

RESULT AND DISCUSSION

Regarding the characterization of the research sample, the 12 participants are female; with a mean age of 44 years old; year of vocational training between 1977 and 2005. The six nurses in context 1 have specialization, four of them are masters, and two of them are doctorates, five of the participants in context 2 have specialization, and one of them has master degree. The average time of performance in the institutions was 11.6 years in context 1 and 20 years in context 2 and the current unit of work, the average was 10 years.

The impacts of the performance in contexts differentiated by the implementation and non-implementation of the NP in the production of subjectivity related to the nurses' method are presented in the themes set out below.

♦ Meanings attributed by nurses to the Nursing Process

Among the printed meanings of the Nursing Process is that of an instrument that contributes to the quality, completeness and scientific of professional assistance:

I think that is the way you have to provide complete patient care. Because when you do the individual survey of each patient, you can meet the real needs (Enf. 1.1).

I think it is important because if not, you are very dangerous. The implementation of the NP promotes personal growth. You have to be up to date; you have to understand why this is being done, to know the scientific part of it (Enf. 2.2).

These meanings are in line with the literature in the area, where the NP is presented as an instrument for the organization of work, which enables a theoretically based, individualized and better quality assistance, giving greater professional visibility and recognition.^{3,6,12}

Moreover, it is presented as a useful tool to enumerate, name and give visibility to

nursing actions and to organize professional work:

Its implementation means the evolution of the profession and organization. It refers to a nurse who performs and evaluates, and most importantly, a nurse who plans her care. It is a matter of continuity of work, which has to be recorded and planned (Enf. 1.6). The application of the NP not only helps to provide the nursing care but also helps to develop your work as a nurse. Otherwise you end up acting as administrator, warehouse; giving visibility to our work (Enf. 2.4).

Thus, it gives greater visibility to professional activities, by naming and guiding nursing actions. By not developing their work, based on this specific method for this or incorporating it in a mechanized, ritualized and non-reflexive way, the nurse can compromise the valuation of the profession, not configuring her role as responsible for nursing care appropriate to the needs of the Patients, and sometimes engaging in activities that are not specific to the profession, to meet institutional demands.^{3,12}

Other nurses consider it an important instrument for the valorization and delimitation of professional work, by recording nursing care and actions:

It is important for the appreciation of the nurse because nursing has the habit of doing and not writing down. So, it is a way of recording (Enf. 1.3).

Such a conception is replicated in other studies, which are considered as benefits of the NP: gaining space and delimiting professional skills; the valuation of the profession; visibility to work; and the possibility of recording activities.^{3,6-7,9,13} Nursing care registration plays a fundamental role in the care process, besides proving, demonstrating and delimiting the professional assignments, it enables communication between the professionals and the continuity of care, providing legal assistance to professionals and serving as an indicator of the quality of care provided.³ The lack of written records sustains a lack of definition of the field of professional action, leaving perceptions that nurses work is unsystematic, routine, technical, immediate or even empirical.

Also, the perception of the NP persists as yet another bureaucratic task to be carried out, impractical, consisting of many records, some of them unnecessary, and that demand much time:

I think it is the bureaucracy. It is not so practical; It is complex (Enf. 1.4). It is a thing that takes time. To make a quality

record, you have to demand a few minutes of your assistance (Enf. 2.3).

The bureaucratic characteristic attributed to NP¹ and the time to be spent for its development, a recurrent concern of the nurses, are presented as factors that hamper the implementation of the method, in the contexts of professional performance.³⁻⁴ This lack of time commune by the professional contexts can be better understood if analyzed from the standpoint of capitalistic subjectivity, which focuses on the modes of temporalization, imposing a time of equivalence that depends on social organization: time, according to the same rhythms; and aiming to meet the dominant productive demands.⁸

To overcome this small amount of time, we can say chronic nursing, it is necessary, to invest in the reappropriation of the system of professional temporalization. This means that the determination of what should be produced and in which time should be established by the professionals.⁸ However, it should be added that the prioritization of time is facilitated by the existence of an adequate number of nursing personnel, which subsidizes a quality care, reducing the overload and accumulation of nurses' activities and providing adequate conditions for the professional exercise, constituting a factor of relevance for the EP to be implemented.¹⁴

The meanings attributed to the NP were consonant among the participants, regardless of their context of action. This finding reinforces that described in other studies: nurses consider the NP important for professional visibility and higher quality of care, although they do not implement it in their practice;^{1-3,12,15} which supports the assertion that adherence or denial to its adoption can be perceived as a subjective issue, in which the nurse, even appearing to be aware and attributing appraisal to the method, reproduces a dynamic of work historically and culturally shaped in nursing.

This observation refers to the multiplicity and heterogeneity of factors that measure the implementation of the NP in institutional settings, and which interfere with the expression of the desire of these professionals. Moreover, it is not enough to consider it favorable to the assessment and delimitation of professional competencies, if this recognition does not impel a desire to realize such possibilities.

Because it permeates ambitious projects in the social field, as well as any other form of singularization of subjectivity Desire is the object of repression of the dominant system,

which assigns it a utopian and anarchic conception.⁸ This process of castration of desire established by the mode of production of Capitalist subjectivity seems to be the reason why some professionals do not invest in their conceptions and continue to reproduce what was thought and established by others as being their will and, more specifically, their professional competence.

♦ Nurses' feelings about the nursing process

Regarding the feelings triggered by the NP in the nurses, it was possible to identify significant differences between the participants, according to their context of action. Among the nurses who experience the implementation of the method, the feelings are personal and professional, and consider the NP an essential instrument for professional practice: *Adopting the NP brings me a sense of personal appreciation (Enf. 2.3). It is part of my daily care. I think it is good. I cannot imagine doing without it. It is so natural for me to do the process. As I am accustomed to doing, it is impossible not to do. (Enf. 2.5)*

Studies describe NP-related feelings similar to those identified: professional satisfaction, recognition, and autonomy.^{9,13} The expression of feelings of satisfaction by the adoption of the NP denotes that these professionals delimited, at least internally, the nurse's competencies and, therefore, value them. Although allocated in a context in which the NP is in place, there are subject to an organizational and professional culture historically incorporated to the health services and their professionals: the nurse as responsible for the whole and to meet the institutional demands, but resist the modeling of the instituted and wish to apply the process.

Thus, the feelings are not uniform, some of the interviewees, from context 2, share feelings of apparent ambivalence because they consider the implementation of the important NP, but, on the other hand, believe that their development spends time and away from direct patient care:

On the one hand, you feel important, valued, apply what you have learned in college, you can do your job, in the way you think it is right. On the other hand, when you think of the accumulation of things that you have to do, of roles to fill and that you are little to do, it gives an affliction. (Enf. 2.4)

I think it was a good thing for us; it exposes our knowledge. I like to do it, but when I have more time. Sometimes it is

complicated. I think our presence with the patient is very important, and sometimes we get very far apart because of that. (Enf. 2.2)

It seems opportune to question how the NP takes care of the patient from the care of the patient, is it intended for this purpose? Perhaps the explanation may be in a professional culture of doing and the difficulty in identifying the planning and recording of actions as part of the welfare activities. Still, the lack of time, sometimes, is associated with the mechanics of routine tasks, instituted and incorporated as being of nursing competence.

In the context in which the NE is not implanted, nurses' feelings seem to reflect the difficulties experienced over the years, during which the issue probably represented a problem, although its importance is recognized. The repeated attempts, without the effective implantation of the method in the institution, apparently, resulted in disbelief in the possibilities of success of its implementation:

Today, a problem, a bummer. However, inwardly, if we stop to think, we give value. They let it become a monster, that it became a problem. (Enf. 1.1)

This feeling of demotivation for its execution and the questioning of the possibility of achieving professional autonomy with the implementation of the EP are also presented in other studies, also developed with nurses working in scenarios in which the EP is not completely adopted.^{1,9}

Each brings with him his cartography, a referential scheme built from his multiple experiences and the experiences unleashed by the relationships, which implies the existence of a creative power and configures his singularity.^{8,16} These feelings of apparent disbelief in the possibilities of an Implementation of the NP in the institution, constitute a cartography built from the processes experienced in the professional exercise, which focus on the processes of subjectivation of these professionals, compromising the emersion of the desire to implant the process. Thus, a priori, in most cases, the choice is to invest in this closed circuit of senses, already internalized, that neutralize the possible manifestations of will to create.

Subjectivation processes can be made up of three types of lines: hard, malleable and flexible segmentation, or escape line.¹⁶ Subjectivation processes that replicate existing territories/realities in which there is a belief in the impossibility of implementing

the NP represent a Line of hard, tough and hard-to-modify segmentation. The implantation of the NP in contexts in which it is not yet a reality and that have already established social work structures, requires the establishment of lines of escape, aiming at the constitution of new relations and in other ways perception of the situation.¹⁶

Escape lines represent a rupture with already structured territories and allow to break with the modeling of desire, which socially determines what should be desired, freeing the desire of the prison of the strata and making possible processes of creation.¹⁶ Nursing, when establishing lines of fugue, constructs new paths for the development of his work, different from those traced by the line of hard segmentary: fixed by the dominant system and reproduced in the institutions; Which allows the creation of alternatives for greater professional protagonism, with prioritization of the specific competencies of the profession.

♦ Perceptions about nursing, the nurse and how both are perceived in the institution and the social context

It was verified that the way nursing work is organized and the resources that are offered a focus on the perception of personal, professional and professional valorization. When working conditions are offered, and professional skills are clear and respected institutionally, professionals feel respected and valued:

have worked in other hospitals, but here, we are professionals; Having a structure that enables you to show yourself as a professional, even because the tasks are clear between nurses and technicians; Or administrative works. Here, I feel valued. I feel different from other places I have worked. (Enf. 2.1)

The sense of appreciation of their work among the nurses who implement the NP can be related to the possibility of providing quality, scientifically based care that provides the delimitation of activities, valorization, and professional recognition. On the other hand, the feeling of **professional and personal devaluation** was related to the overload of activities and institutional collections, together with the lack of incentive for the development of quality work:

I think that nursing is little valued and professionals do not contribute to value the profession, do not feel valued, and also have work overload. I do not think that even the institution itself, at times, values the

work of the nurse, who feels devalued, unmotivated. (Enf. 1.2)

The great demand for activities, under the responsibility of nurses, is also presented as a source of professional dissatisfaction, due to the difficulty in reconciling activities that are not their professional but institutional competence, and the care of the patient, which is hampered by this lack of autonomy and for the development of work activities is another dissatisfaction pointed out:

I think one thing that makes our job very difficult is that the nurse has very little autonomy. I see the nursing very restricted, needing to be seen. (Enf. 1.4)

The perception of a non-autonomous professional exercise seems more salient if considering the activities of an administrative nature,¹⁷ which respond to the organization imposed on working, to the detriment of patient care with the implementation of NP, a propelling factor of professional autonomy.^{1,9}

Nursing faces professional difficulties such as low pay, lack of autonomy and recognition of its duties and, as an aggravating factor, its professionals seem deprived of initiative and expropriated of the meaning and political strength of the profession.¹⁸ The following report expresses this Condition, referencing the little participation of nursing in political activities and the culture for not claiming their interests:

Valorization and self-esteem, I think it is not enough. People do not participate when we are going to file a lawsuit with the union. The fact that they do not participate leads me to believe that they do not value this profession: I will not participate because it does so much. So, I think, who fights for us? (Enf. 2.6)

As nurses, we constitute a professional class and form a collective, which does not condition the construction of political subjects. Such constitution permeates the singularization of subjectivity, processed by individuals endowed with a desire for creation and political will to change the arrangements organized in the work contexts. In other words, individuals who question the inevitability of the permanence of the instituted, who simulate possibilities for its modification and who, mainly, feel in the right to desire this change.

CONCLUSION

The performance in contexts differentiated by the implementation and not implantation of the NP directly affects the subjective production of nurses and the desire related to the method, since the activities they develop in their work environment and the adopted

behaviors, allied to the feelings and perceptions built in relation to the NP, mediated by such differentiation of the contexts of action.

Although the meanings attributed by the interviewed nurses to the NP were in harmony, regardless of their context of action, the feelings triggered by the NP presented significant differences according to the context: among the nurses who experience the implementation of NP, feelings are mostly for personal and professional fulfillment, the participants in the context in which it is not implanted manifest feelings of disbelief in the possibilities of success of its implementation. As well as the perception about the nurse and the profession in the institution, which goes from appreciation to personal, professional and personal devaluation of the profession.

The findings of this study corroborate that the implementation of the NP gives the nurses greater satisfaction, besides directing the organization of their work, according to their specific attributions, enabling a multiple unveiling of nurses' subjective constructions regarding the subject, and converging to the need for studies that expand knowledge related to social desire and its relation to NP-related perceptions.

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