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ORIGINAL ARTICLE

FEELING OF THE NURSES OF A UNIVERSITY HOSPITAL ON THE DAILY PRACTICE OF THE NURSING PROCESS

SENTIMENTO DOS ENFERMEIROS DE UM HOSPITAL UNIVERSITÁRIO QUANTO À PRÁTICA DIÁRIA DO PROCESSO DE ENFERMAGEM

SENTIMIENTO DE LOS ENFERMEROS DE UN HOSPITAL UNIVERSITARIO ACERCA DE LA PRÁCTICA DIARIA DEL PROCESO DE ENFERMERÍA

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ABSTRACT

Objective: to understand the perceptions of the Nursing technical supervisor of the Internment Unit regarding the daily accomplishment of the Nursing Assistance Systematization in the professional routine. **Method:** it was adopted to the strand of the phenomenology and qualitative approach. The subjects were defined in the course of the study, making nine statements. **Conclusion:** after careful analysis of the testimonies, the contradictory feelings of the professional daily life were revealed, that is, anguish and frustration felt by the difficulties faced for the daily fulfillment of the Nursing Process and the satisfaction of recognizing the trust received by the Nursing and medical team, happiness Profession and the importance of professional practice. The study reveals that nurses feel motivated for their scientific improvement and satisfied by the safety and autonomy in the care process. **Descriptors:** Nursing Process; Qualitative Research; Empathy; Nursing.

RESUMO

Objetivo: compreender as percepções do enfermeiro supervisor técnico de Unidade de Internação quanto à realização diária da Sistematização da Assistência de Enfermagem na rotina profissional. **Método:** foi adotada a vertente da fenomenologia e abordagem qualitativa. Os sujeitos foram definidos no decorrer do estudo, perfazendo nove depoimentos. **Conclusão:** após análise criteriosa dos depoimentos, foram desvelados sentimentos contraditórios do cotidiano profissional, ou seja, angústia e frustração sentidas pelas dificuldades enfrentadas para a realização diária do Processo de Enfermagem e a satisfação por reconhecer a confiança recebida pela equipe de Enfermagem e médica, a felicidade pela profissão escolhida e a importância do exercício profissional. O estudo revela ainda que o enfermeiro se sente motivado para o seu aprimoramento científico e satisfeito pela segurança e autonomia no processo assistencial. **Descritores:** Processos de Enfermagem; Pesquisa Qualitativa; Empatia; Enfermagem.

RESUMEN

Objetivo: comprender las percepciones del enfermero supervisor técnico de Unidad de Internación acerca de la realización diaria de la Sistematización de la Asistencia de Enfermería en la rutina profesional. **Método:** fue adoptada la idea de la fenomenología y el enfoque cualitativo. Los participantes fueron definidos en el curso del estudio, que abarca nueve testimonios. **Conclusión:** después de examinar cuidadosamente la evidencia, dio a conocer sentimientos de profesional todos los días, es decir, angustia y frustración por las dificultades que enfrentan diariamente para el Proceso de Enfermería y la satisfacción por el reconocimiento de la confianza recibida por Enfermería y médicos del personal, la felicidad de la profesión y la importancia de la práctica profesional. El estudio revela que el enfermero se siente motivado al mejoramiento científico y satisfecho de su seguridad y autonomía en el proceso de atención. **Descriptores:** Procesos de Enfermería; Investigación Cualitativa; Empatía; Enfermería.

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INTRODUCTION

In the literature, nurses are concerned with issues related to the development of Nursing knowledge for more than ten decades, having as a landmark in history the nurse Florence Nightingale (1820-1910), who can be considered as the first theorist. Since she was responsible for differentiating the nurse's actions from the physician's actions, developing a theoretical-philosophical conception based on systematized observations, joining theoretical and practical teaching from her statistical records and the daily care provided to patients.

The Lady of the Lamp, as it became known worldwide, revolutionized the implantation of sanitary and care standards, acting with its wide domain, promoting the healing process and conferring technical character to the Nursing, originating, from its initiatives, the "Nursing care". Without defining its assistance method, whose methodology was empirical. However, it was based on the interaction between human being, environment, health and Nursing, considered the four fundamental elements of the Nursing meta-paradigm.¹⁻⁴

From this, this profession differs in terms of knowledge of the care process and the evolution of science, making it possible to carry out research for the improvement of knowledge, awakening to the understanding of the meaning of actions and organized knowledge, both by moral commitment to the Which should be performed, as with what nurses want to achieve with and for the patient.¹⁻⁴

In this way, it is verified that with the case studies and, later, with the care plans, data collection, clinical analysis and judgments and the identification of the medical, and Nursing intervention were started. So the care plans were at the first expressions of what is called the Nursing Process.¹⁻⁴

Therefore, understanding the Nursing Process as a dynamic work tool is fundamental. Many authors define and describe stages with different approaches and scope, however, it is important to consider that it is a tool that qualifies Nursing care and requires the support of a theoretical framework, team involved, stimulated and encouraged, adequate resources, that is, actions that characterize the managerial work process. Therefore, theories hold nurses accountable for the care provided, because they are not performed empirically.⁴

In addition, it is considered that, the conceptual models are the foundation of Nursing for directing the decisions of the

nurse for care, making them act in a reflective way, providing satisfaction for both professionals and the patient, receiving individualized, systematized and humanized care. Thus, nurses must be aware that the Nursing Process must be supported by conceptual models to achieve the objective of care and recovery of the individual's health.

In addition, the Nursing Process is a tool used by the nurse to implant, the Nursing theory, in practice, that is, "the method of solving the patient's problems".

On the other hand, it is conjectured that the NAS is the organization of care provided, using all phases of the scientific method and, thus, defined by the majority of Brazilian nurses, while the Nursing Process is considered as an instrument for the implementation of the caution. However, it is also pointed out that NAS's operationalization certifies to nurses the autonomy and empowerment of scientific, ethical and legal knowledge for Nursing practice.²

Even so, for carrying out NAS, the nurses must have the conscious will to not perform it mechanically and document it, based on the patient's needs, to keep control of their results, to reflect on their actions, to update themselves and to carry out scientifically based interventions.^{1-2,4} In addition, NAS can be considered as a driving force for the nurse, empowered to scientific knowledge, transform the process of empirical care in care guided in the improvement and development of their skills, critical capacity and decision-making.⁵

The operationalization of Nursing Assistance Systematization (NAS), as an assistance methodology based on a Nursing Theory, using the Nursing Process as a scientific method, is learned and practiced during Nursing undergraduate course and is present in the Nursing Nursing Act. Nursing (Law No. 7,498 / 1986), in its Regulatory Decree No. 94,406 / 1987 and in the Code of Ethics of Nursing Professionals (CEPE).⁶⁻⁸ Therefore, from 1991 to the present date, it is emphasized that, for the operationalization of the NAS, it is essential the dynamics of the rationale and clinical and diagnostic judgment together with the results of the interventions, making it necessary for nurses, to be responsible for the care provided, to evaluate their effectiveness in the application of the Nursing Process, counting on standardized, structured and organized The Taxonomy and, thus adding, quality to the assistance performed.^{2,4-5, 9-10}

Although the Nursing Process is recognized, studied and sustained by the scientific nature of the profession, nurses face difficulties in

their adoption. In Brazil, the Federal Nursing Council (COFEN), established through COFEN Resolution 358/2009, that the Nursing Process is composed of five phases, contributing with audit, quality of care and avoiding hospital glosses for Nursing records.^{2, 5,11}

It is believed that, when performing the NAS, there is a record and prescription of Nursing interventions, allowing the valorization and visibility of the work, direction and foundation of the actions, being a space for presentation of the nurse's performance and autonomy.

Through the operationalization of the NAS, the nurse becomes involved, becomes responsible and committed to the assistance, for demonstrating and improving their scientific technical knowledge; Has a holistic view of the patient and creates a bond of mutual respect and trust, becoming his point of support and safety.

It can be inferred that it is because of this individualized and humanized Nursing care, that provides the creation of a bond of trust by which the patient reports his problems and clarifies his doubts more easily for the nurse than for the physician and considers him a mediator between He and other members of the multiprofessional team.

Briefly, the Nursing Process is a scientific, dynamic, open, systematic and continuous method that makes it possible to plan Nursing behaviors scientifically and collaborates for teaching and research; Organizes, points out and justifies the survey of problems; directs and facilitates the recording of the action of the Nursing team. It conducts the continuity of care in the twenty-four hours, giving judicial and administrative support; demonstrates professional autonomy; needs constant improvement of scientific technical knowledge; facilitates and attests the control of the quality of care in its applicability; assures assistance free of damages and ensures compliance with current legislation and CEPE.

However, in the literature, just as for the subjects of the research, the terms Nursing Process and NAS are treated as synonyms. However, it is essential to understand the magnitude of this scientific method that consolidates and guarantees the profession's subsidy, directs the planning and development of Nursing actions to avoid the dissociation between the learned theory and the practice of care, as well as the terminology used depends on the theoretical approach To sustain it.^{2,5,12-3}

Although its concepts are considered to be

distinct, in this study it was maintained as similar and adopted the NAS terminology, since, this was approached by the subjects of this research.

Considering the relevance of this topic to the nurse and from the perspective of knowing, from the subject that experiences this practice, the meaning of NAS, this research was carried out.

OBJECTIVE

- To understand the perceptions of the nursing technical supervisor of the Internment Unit regarding the daily accomplishment of the Systematization of the Nursing Assistance in the professional routine.

MÉTHOD

Original article extracted from the thesis << The understanding of the Nursing Process from the perspective of the nurses of a university hospital in the interior of São Paulo >>, presented in the Postgraduate Program of Botucatu Medical School-UNESP- Botucatu / SP / Brazil, 2013.

The methodological trajectory adopted was the phenomenological aspect that sought to unveil the phenomenon, to seek the essence, the meaning of the reality experienced by the subjects of the study, aiming at their understanding. The research approach was qualitative, which allowed the study of subjective aspects. The region of inquiry or perplexity of this research was constituted by the situation experienced by the technical supervisors nurses of hospitalization unit and their perception about the operationalization of NAS in their daily routine of work.

The subjects of the research were defined during the study, when saturation of the data was obtained, making nine statements sufficient to reveal the essence of the phenomenon researched. These professionals were in charge of Hospitalization Units of the Clinical Hospital of the Medical School - UNESP - Botucatu. All of them were responsible for the same function, both in the administrative and care, in the hospital context, were linked to the same Technical Service Department, with more than three years in the position and experienced the phase before and after the implementation of the systematization. Thus characterizing the sample as intentional and the participants answered the same guiding question: As you can see, being head of the section (ward), perform the NAS in Your day to day work?

Three discourses were excluded. One because the nurse did not have a probationary

period (three years), then, did not correspond to the characteristics of the other interviewees, and the other two nurses did not participate because they were receiving leave in the interview.

In order to carry out this research, we opted for a focused interview technique, considering that the informants are face-to-face witnesses of facts of interest and that they are a single issue.¹⁴ The researcher asked the question about her problem, remaining with the subject researched.

The interviewee spoke spontaneously, without intervention and influence of the researcher, only being led in the moments in which he deviated from the original theme, exploring his experiences under specific conditions.¹⁴

It was necessary, for the researcher to eliminate her reflections, experiences and prejudices, especially when aspects related to affectivity and experiences arose, since she had good interaction with the respondents and it was important to look at all the reports because they would achieve the proposed objectives, of the phenomena under study.

The interviews were previously scheduled and performed at the date, place and time proposed by the subjects and according to their availability, without external interference, being recorded for later transcription and lasted approximately 45 minutes in the year 2009. From the explanation of the intended subjects, unveil the phenomenon, seeking its understanding.

In order to analyze the collected statements, the transcription and readings of the testimonies were searched for the meaning of the essence of the significant units, expression of the meanings, thematically interpreting and speaking, seeking convergences, divergences and idiosyncrasies of the units of meaning and the synthesis of the units Of meaning to arrive at the structure of the phenomenon, aiming at its understanding. A testimony presented contradictory ideas, and the subject was asked to re-read for revalidation, obtaining his consent to maintain the originality and naivete of his speech.

In summary, the procedure adopted for each testimony was:

1. Ideographic analysis that consists of enumerating, transcribing, reading attentively and judiciously, to apprehend the global meaning, and with further readings, to search for the essentiality of the phenomenon researched.

2. Nomothetic Analysis, that includes

seeking the generality to apprehend the essentiality and unveil the phenomenon.

3. The last step was a synthesis integrating this essentiality.

In this way, one can perceive the subjective world of the nurses researched and the scope of the phenomenon and its different perspectives, thus, offering, other approaches, from nurses' point of view, regarding the operationalization of NAS in their professional daily life.

The project was approved by the Research Ethics Committee of the Institution (letter n ° 526/2007).

RESULTS AND DISCUSSION

The nurses surveyed were between 30 and 55 years of age, in the position of technical Nursing supervisor, who ranged from three years to two months to eighteen years, with graduation from three years to six months to twenty five years.

After a careful analysis of the testimonies, the following themes were revealed: NAS instrumentation with the sub-themes - NAS stages, NAS Strengths and NAS Challenges; Professional feelings in NAS development and Management process and NAS.

In this article, the theme will be presented: Feelings of professionals in the development of NAS.

In this theme, was revealed the feeling of the nurses, participants of this study regarding the practice of systematization in their daily life, bringing the different feelings of daily professional life:

[...] bad feelings ... frustrated ... I felt motivated ... my feeling is of defeat [...]. (II-8)

[...] frustrated ... they fully trust me ... I really like what I do ... heart, body and soul, I am happy [...] with all the difficulties [...] I feel happy with all these challenges [...] I talk about it and even get excited [...]. (III-6)

The aforementioned speeches explain the reality of Nursing, which involves the human essence between the caregiver and the one who receives the care. In most situations the question is asked about who else won in this interaction, since it is considered that "the interventions of Nursing are always based on interpersonal relationships."^{15:551}

It is emphasized that, the frustration experienced by the difficulties faced to operationalize the daily systematization, the satisfaction of acknowledging the trust received from both the medical staff, and members of their staff and the happiness felt

by the profession exercised; Were evidenced by the emotive and contagious speech of the research subject.

In a study carried out, the authors observed that nurses experience happiness, satisfaction and gratification when the result of the interventions performed provides recovery of the patient, judging that the assistance is based on scientific technical knowledge, which allows the decision making with competence and recognition of the Team.¹⁵

Thus, nurses experience, in their routine, the conflicts of feelings, between the support of Nursing Legislation and the lack of conditions for their execution. This dissonance directs the divergence, transforming the applicability of the methodology in a distorted way and generating concern for the quality of care.¹⁶ It is also highlighted that, nurses coexist with intense anxieties between the need to know and handle equipment, to manage fragility relationships with patients and Family, acting with autonomy and self-reflection¹⁵:

[...] I feel badly [...] annoyed [...] relapsa [...] sad ... I do not blame myself [...]. (V-5)

[...] frustration[...] something was missing [...]. (IX-3)

It is noted that moving away from the care activity and the act of promoting this care causes feelings of discomfort for the subjects.

It is revealed that the members of the Nursing team enjoy a situation of duality for the satisfaction of working, but they manifest their sense of frustration, suffering and concern between assuming what can be done and what should be implemented and the charge for lack of effective , A fact also reported by other studies, reinforcing mismatched perceptions^{15,17-8}:

[...] I feel very distressed [...] I get nervous [...]. (VI-5)

[...] frustrated ... collection [...] on top of us [...]. (VIII-4)

Job satisfaction contributes to a low rate of absenteeism, high productivity, and the quality of services provided, and, for this, it is necessary for professionals to enjoy their chosen career, so, they will feel joy and pleasure in their work life.¹⁹

On the other hand, the authors¹⁵ emphasize that the work in intensive care units shows high turnover due to dismissal in search of quality of life and, consequently, overload of activities to fill the human resources deficit.

In this way, the feelings experienced in the professional daily life can vary according to extrinsic factors such as remuneration, organizational climate, institutional policies,

work overload, lack of incentive and material resources, inadequate physical structures, arduous attribution scales, difficulties to participate in Courses, events, among others.^{15,20-1}

The nurse recognizes the systematization as a primary factor to feel motivated for its scientific improvement, accomplished by the safety and quality in the care process, autonomy, definition and valorization of its role.

Nurses, when feeling satisfied and motivated, will provide quality care, meeting the needs of the patient. The importance of workers' health is highlighted, with negative interferences due to the organizational political conditions of the institution. Thus, they point out that Nursing managers can adopt strategies to reduce the stress load, develop and respect the potential of each team member and consider personal needs in the preparation of the scales^{15,19}:

[...] I feel that something is lacking [...] useless ... I am calmer [...]. (IV-4)

Corroborating this study, the authors^{17,21} highlight the innumerable pressures experienced by nurses for the satisfactory performance of the work, ranging from assertive bedside decisions to more complex situations, including situations of interpersonal relationship conflict, professional demotivation, lack of Commitment to patients.

It is agreed that, by adopting in its daily life the management of its hospitalization unit and the organization of the team's work, it shows frustration and indignation at feeling estranged from Nursing care and recognizing itself as the articulator and manager of human relations.²²

CONCLUSION

The theme unveiled, Feeling of professionals in the operationalization of NAS, expressed contradictory feelings of professional daily life, that is, anguish and frustration felt by the difficulties faced for the accomplishment of daily systematization and the satisfaction of recognizing the trust received from the Nursing and medical team, the happiness for the chosen career and the importance of the professional exercise. The study also reveals, the human essence of the caregiver and the person receiving the care, demonstrating that the nurse, although experiencing in their daily life, different feelings, is motivated for their scientific improvement and satisfied with their autonomy and for providing a safe care

process.

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Feeling of the nurses of a university hospital...

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