IMPLANTATION OF THE REFERENCE NURSE MODEL IN A UNIVERSITY HOSPITAL

IMPLANTAÇÃO DO MODELO ENFERMEIRO DE REFERÊNCIA EM UM HOSPITAL UNIVERISTÁRIO

IMPLANTACIÓN DEL MODELO ENFERMERO DE REFERENCIA EN UN HOSPITAL UNIVERISTARIO

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ABSTRACT

Objective: to report the experience of the implantation of the Reference Nursing model in Nursing care in the Unit of Adult Surgical Care in a university hospital. **Method:** this is a qualitative, descriptive study, a type of experience report. The practical aspects experienced by nursing assistants and residents during the implementation of the Reference Nursing model in the referred hospitalization unit are discussed. Data was collected through direct observation and from discussions, lectures, courses and seminars held with the Nursing team, from March to December 2017, presenting them in the form of a report. **Results:** the ideal Reference Nursing model was shown to provide integral and individualized care to the patient, allowing continuity of care. **Conclusion:** it is hoped, from this report, to divulge the importance of the Reference Nurse as an assistance model of Nursing, aiming at an individualized and quality assistance to the patients, as well as to contribute so that the Nursing can conquer its space and autonomy. **Descriptors:** Primary Nursing; Nurse-Patient Relations; Nursing Process; Nursing; Comprehensive Health Care; Nursing Care.

RESUMO

Objetivo: relatar a experiência da implantação do modelo Enfermeiro de Referência na assistência de Enfermagem na Unidade de Cuidados Cirúrgicos do Adulto em um hospital universitário. **Método:** trata-se de estudo qualitativo, descritivo, tipo relato de experiência. Abordam-se os aspectos práticos vivenciados por enfermeiros assistenciais e residentes durante a implantação do modelo Enfermeiro de Referência na referida unidade de internação. Coletaram-se os dados por meio de observação direta e a partir de discussões, palestras, cursos e seminários realizados com a equipe de Enfermagem, nos meses de março a dezembro de 2017, apresentando-os em forma de relato. **Resultados:** mostrou-se o modelo Enfermeiro de Referência ideal para a prestação de cuidados integrais e individualizados, ao paciente, permitindo a continuidade da assistência. **Conclusão:** espera-se, a partir deste relato, divulgar a importância do Enfermeiro de Referência como modelo assistencial de Enfermagem, visando a uma assistência individualizada e de qualidade aos pacientes, assim como contribuir para que a Enfermagem possa conquistar seu espaço e autonomia. **Descritores:** Enfermagem Primária; Relação Enfermeiro-Paciente; Processo de Enfermagem; Enfermagem; Assistência Integral à Saúde; Cuidados de Enfermagem.

RESUMEN

Objetivo: relatar la experiencia de la implantación del modelo Enfermero de Referencia en la asistencia de Enfermería en la Unidad de Cuidados Quirúrgicos del Adulto en un hospital universitario. **Método:** se trata de un estudio cualitativo, descriptivo, tipo relato de experiencia. Se abordan los aspectos prácticos vivenciados por enfermeros asistenciales y residentes durante la implantación del modelo Enfermero de Referencia en la referida unidad de internación. Se recogen los datos por medio de observación directa y a partir de discusiones, conferencias, cursos y seminarios realizados con el equipo de Enfermería, en los meses de marzo a diciembre de 2017, presentándolos en forma de relato. **Resultados:** se mostró el modelo enfermero de referencia ideal para la prestación de cuidados integrales e individualizados, al paciente, permitiendo la continuidad de la asistencia. **Conclusión:** se espera, a partir de este relato, divulgar la importancia del Enfermero de Referencia como modelo asistencial de Enfermería, visando una asistencia individualizada y de calidad a los pacientes, así como contribuir para que la Enfermería pueda conquistar su espacio y autonomía. **Descriptores:** Enfermería Primaria; Relaciones Enfermero-Paciente; Proceso de Enfermería; Enfermería; Atención Integral de Salud; Atención de Enfermería.

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INTRODUCTION

The nurse-patient relationship is defined and the necessary infrastructure for the organization and care of the Nursing care models, respectively, is provided; in the same way, the conceptual and philosophical bases of patient care, as well as the predominant organizational culture, are a reflection of these models.¹⁻²

It is known that the challenge of using care models that stimulate professional autonomy, facilitate communication between professionals and between services, optimize patient outcomes, improve operational cost effectiveness and maintain staff satisfaction is something currently faced by health systems.³

It is perceived that health care worldwide is under increasing pressure to improve its efficiency, since patients are better informed and expect to receive effective and high quality care, and the Nursing team, in turn, hopes to have a high level of autonomy at work and be able to put their skills and competences to the best possible use.¹⁻²

It is inferred that several models of nursing care delivery exist and are practiced over time in health institutions. The functional, individual, team and reference nurse methods are the most frequently described in national and international literature.⁴⁻⁵ Links between models of patient-centered care delivery and positive outcomes, increased satisfaction, reduced length of hospital stay, and decreased adverse events in research are shown.⁶⁻⁸

The Nursing Reference model, originally called Primary Nursing (PN), is focused on the nurse-patient relationship and is based on the continuity of care as the basis of its operational process.¹ This model was developed in the United States in 1968, describing it for the first time by Manthey, Ciske, Robertson and Harris in 1970. It consists of a care model that emphasizes the delivery of complete Nursing care, individualized and continuous through a reference nurse who assumes the responsibility of managing the care aspects of specific patients during the entire hospitalization period.⁹⁻¹⁰

The Reference Nursing model is characterized by the decentralized decision making with responsibility, authority, accountability at the action level, use of the Nursing process as a basis for practice and direct person-to-person communication.⁸ It is a personalized model that involves scientific knowledge and that provides autonomy to the nurse, and it can be a contribution for Nursing to conquer its space and for the way to

intervene in the health-disease process has an impact.^{1,11}

This model is widely implemented since it has been considered an ideal means of organizing Nursing care. It is revealed that the differential is that nurses are oriented to attend to the needs of the patient in their work, instead of performing specific tasks in certain functional structures. The Reference Nurse is widely used in several countries, such as Canada, China, the United Kingdom, Finland, and in the United States he is the particularly preferred model in hospital institutions.²

In recent years, through the concepts of the Reference Nursing model introduced in Brazil, nurses have been motivated in the search for answers and new mechanisms that serve as a means of organizing care and systematizing their work. It was decided, in view of this, and considering the need for improvement in the care process within the university hospital, by the implantation of the care model Nursing Reference based on PN.

OBJECTIVE

- To report the experience of the implantation of the Reference Nursing model in Nursing care in the Adult Surgical Care Unit in a university hospital.

METHOD

This is a qualitative, descriptive study, a type of experience report, carried out between March and December 2017, about the implementation of the Reference Nursing model in nursing care at the Adult Surgical Care Unit of the University Hospital of the Federal University (UH-UFMA), Presidente Dutra Unit, in São Luís, Maranhão, Brazil, as well as the practical aspects experienced by nursing assistants and residents during the implementation of said model in the institution.

This report was developed as well as the implementation process of the Reference Nursing model, in partnership with members of the Division of Nursing (DIVIENF) and the Nursing leadership of the Adult Surgical Care Unit of UH-UFMA who worked directly in educational activities and training performed with nursing professionals during the implementation of the model.

The study site is managed by the Brazilian Company for Hospital Services (BCHS) since 2013. It is a tertiary-level hospital, a state reference for procedures of high complexity in various areas and specialties, also developing medium complexity procedures integrated

with network of the Unified Health System (UHS). It is described that care services in Clinical Medicine, Surgical Clinic, Specialized Ambulatories, High Complexity in Neurology/Neurosurgery, High Complexity in Attention in Cardiology, Traumatology, Orthopedics, Obesity, Transplants, General and Cardiac ICU, Lithotripsy, Renal Replacement Therapy (RRT) and others are offered by the Presidente Dutra Unit.

The UH-UFMA Adult Surgical Care Unit is composed of two hospitalization areas, named North Sector and Southern Sector, located on the second floor of the Presidente Dutra Unit, which include patients in the pre and post-operative period of several medical specialties, the namely: General Surgery, Bucomaxillofacial Surgery, Urology, Proctology, Gastroenterology, Orthopedics, Vascular Surgery, Cardiac Surgery, Otorhinolaryngology, Plastic Surgery, Thoracic Surgery, among others. A total of 68 hospitalization beds and a Nursing team composed of 18 nurses and 56 Nursing technicians are divided between the morning, afternoon and evening shifts according to a previously defined scale, as well as resident nurses that make up the cadre of professionals according to their in-service training rotation.

Data was collected through direct observation of the application of the model to clinical practice and from discussions, lectures and seminars held with the Nursing team. The model was implanted in the hospital in July 2017, in a pilot form, in the Unit of Adult Surgical Care, and, currently, it has been implanted in the Unit of the Neuromuscular and Traumatology-orthopedics System, aiming at the later extension to the Adult Clinical Care Unit.

RESULTS

The Reference Nursing model was implemented through the following steps: 1) awareness and training of the Nursing team; 2) division of professionals according to specialties; 3) division of nurses into Reference and Associate; 4) internal presentation of work by nurses; 5) application of the model in units.

The team's sensitization and training on the Reference Nursing model was carried out in stage 1, where courses, meetings and training workshops were held with nurses and nursing technicians between April and May 2017, in the morning shifts and evening, as a way to contemplate all the professionals of the team. Activities consisted of lectures, talk wheels, discussion groups, lectures, resolution of clinical cases and exercises of clinical

reasoning about the proposed model and about the Nursing process.

It is explained that steps 2 and 3 occurred concomitantly. It was necessary, in step 2, to ensure the continuity of care by the reference nurse to his patients, to change in the conventional form of the daily scale division of patients, previously performed by numerical distribution and bed rotation, for the distribution by specialty; Thus, each reference nurse assumed two or three specialties and their respective patients, seeking to maintain the proportionality of the number of patients among the nurses.

It was established, in step 3, that nurses of all shifts would be designated as reference nurses for groups of six to seven patients, according to the specialties, becoming, the same, associated of the reference nurses of different shifts. It was determined for the night shift due to the accomplishment of 12-hour service scales with 36 hours of rest, that the patient groups would be accompanied by two reference nurses and, on the days of the reference nurse's absence, the nurse of the call will evaluate all patients, following the guidelines indicated by the reference nurse, attending and recording intercurrents and performing the printing of the computerized prescription, giving continuity to the plan of care established by the referral nurse, characterizing their actions as an associate nurse. It is added that the Nursing technicians who participate in the execution of the care plan, gradually, were identifying and recognizing the referral nurse of each patient under their care.

Presentations were made, in the stage, in a discussion of a clinical case of Nursing, by the four nurses, for the team, demonstrating the use of the Reference Nursing model in clinical practice. During the presentations, they demonstrated a greater mastery and approach to the model by nurses, healing doubts and questions and improving knowledge.

Stage 5 was the actual application of the Reference Nursing model by the nurses in the hospitalization units and in the evaluation of the most important aspects related to the implantation process.

DISCUSSION

Before discussing the process of implanting the Reference Nursing model, it is important to emphasize aspects of the current institutional model of care delivery and the Nursing work process in hospitalization units.

At the present time, the Nursing Team is designed as a model of Nursing care in the

institution, designed according to a model of mass production of services, where the less complex tasks are carried out by less trained professionals and the most complex, by the most qualified. It is explained that, in this way, the nurse is responsible for performing the most complex tasks, supervising and coordinating those performed by professionals of auxiliary and technical levels, while they perform most tasks.¹²

It was perceived that, although this model is recognized as providing quality care, there is a need to move to a model that fosters the link between professionals and patients / family and contributes to the provision of safe care with the minimization of risks, besides allowing the continuity of care and the satisfaction of the patients and their relatives / companions.

It was verified that, within the model of Team Nurse previously used in the Unit of Surgical Care of the Adult, there were some activities developed by the nurse that provided a more direct and centered attention to certain groups of patients, becoming a reference for them in the situations in which they needed guidance and health care and approaching the model of care to the current Nurse Reference model.

It is emphasized that the development of the Nursing Process based on Wanda de Aguiar Horta's Theory of Basic Human Needs is part of the Nursing work philosophy of UH-UFMA, because it understands that the human being needs to be seen in its entirety according to the psychobiological, psychosocial and psycho-spiritual dimensions. Nursing care is systematized through the use of the Nursing process, according to the following steps: 1 - Nursing history, performed at the patient's admission, where the nurse performs anamnesis and the physical examination of Nursing; 2 - identification of the Nursing problems, with respective elaboration of Nursing diagnoses, that can be selected in the computerized system used in the hospital through the AGHU software; 3 - Nursing care prescription in the system; 4 - implementation of Nursing care and 5 - evolution of daily and manual Nursing in medical records.

It is complemented that, after the nursing diagnoses and the prescription of the care, they are printed and attached to the records of the respective patients, along with the prescriptions of the other professionals, which must be followed and checked by the nurses and nursing technicians during the on duty.

The Nurses 'evolutions were performed daily by the nurses, in a manual way in the patients' charts, however, these were based

on the biomedical model, focused on the medical diagnosis and the clinical conditions of the patient. It is understood that, with the implementation of the Reference Nursing model, there was the creation of a computerized Nursing evolution model based on Nursing diagnoses and care, adding scientific knowledge and approaching Nursing science to its practice. The following items are included in this evolution model: patient identification (name, medical chart, hospitalization unit, bed, date and time of hospitalization, reason for hospitalization, weight and height); nursing diagnoses; judgment / evolution (present, maintained, improved, worsened, resolved); clinical evidence supporting the diagnosis of nursing diagnosis and identification of the professional.

The Nursing diagnoses are elaborated based on the clinical judgment of the nurse after the identification of the Nursing problems, in an individualized way, for each patient, according to the NANDA-I Nursing diagnoses 2018-202013. Nursing care (care plan) and the impression of nursing care are prescribed after the definition of the diagnoses. The evolution and care plan for the records of each patient are appended and, every 24 hours or when necessary, the diagnoses are reassessed and evolved according to the judgment of the nurse as being maintained, improved, worsened or resolved, adding the clinical evidences observed, making Nursing's own evolution of the nurse and no longer based on the medical evolution, by stimulating the clinical reasoning and judgment, providing scientificity and autonomy to the work of the nurse.

As regards the implementation of the Reference Nursing model, this model of work organization had repercussions on all Nursing staff, because, at first, some resistance was observed by the team, but the nurses reported little time to perform all the their activities, including care and administration; since the Nursing technicians, because they were fixed to the patients, were overloaded in the care of patients of certain specialties that demanded more Nursing care.

Signs of resistance were observed by the team in the initial stages of change to the provision of care by reference nurses, and such a reaction is expected, since the implantation of this new model is not only done in the redistribution of activities, but , yes, in a cultural change, being necessary the sensitization and the incorporation of the new assumptions in the team, in a continuous and gradual movement.

It was found that, over time, patients were discharged and re-admitted to the unit, and patients in some specialties had a shorter hospital stay than others; and that some patients demanded more care than others, depending on the specialty, requiring some adjustments in the work process as a way to improve care. The group went on to discuss the need for the reference nurse to follow-up the treatment of those patients who had previously taken care of, dividing the new patients among the group.

It is noted that there are multiple interpretations of PN in several health institutions, although the common principle behind each version is the importance of the nurse-patient relationship and the continuity of care.^{1,11-12,14} The various slightly different ideas about how best to apply PN for this model is based on a conceptual model and how it is implemented and used in practice may differ between health institutions.¹ It should be borne in mind as to how this model is used, the management and care models of the institution, as well as the needs and specificities of the team and the work process, being valid adaptations aimed at its improvement.

It was observed, among the positive repercussions with the implementation of the Reference Nursing model, that there was a greater integration among the nurses, providing greater exchanges of information and experiences, since the effective communication and the interaction among the nurses of reference and the associated nurses, for the follow-up of the care, in the planning and implementation of the Nursing actions. It was recognized by the medical team, the referral nurse seeking information, discussing behaviors, etc., and the nurse became fully responsible for the patient and provide the following more direct care to him: dressing, assistance in mobilization, administration of medications, diets, among others.

It was identified by recent research conducted in the United States to evaluate PN perception in a Pediatric Oncology and Hematology unit, that the majority of nurses interviewed agreed to care for patients in consecutive shifts, increasing care delivery insurance. This is justified because working with the same patient in consecutive shifts offers nurses the opportunity to see subtle changes in the patient's clinical condition.¹

With the introduction of the Reference Nursing model in the practice of care, a significant decrease in the number of errors committed by nurses was observed, improving the results of Nursing-sensitive patients, as

evidenced in a recent before-and-after study carried out in Italy, which aimed to explore the effect of PN on outcomes related to patients, employees and organizations. The results of the study indicate that the presence of a nurse responsible for the patient throughout the hospitalization seems to avoid negative results (such as urinary tract infection and venous catheter infection), as well as increased responsibility, competence, diagnostic thinking and leadership by nurses.¹⁴

In addition to the increased quality of care, several studies have shown that the introduction of the Reference Nursing model in Nursing practice increases the satisfaction of professionals and patients.^{10,12,14} It is understood that, in fact, with the organization of work from the Reference Nursing model, there is an approximation and narrowing of bond in the relationship between nurse, patient and family.

The most satisfied referral nurse is felt due to the increase in her involvement in direct care and to her role in more clearly defined patient recovery, as well as recognition of individual effort, independence, personal development and relationship building and support. It is noted that patients are generally more satisfied because of the increased frequency of interactions with a single nurse, who has specific knowledge about them, and this allows the patient to clearly identify his/her referral nurse and to create a atmosphere of trust and open communication.^{1-2,14}

It was verified, in a systematic review that investigated the effects of the Reference Nursing model for patients, their relatives, Nursing team and care organization, a positive correlation between the Reference Nursing model and Nursing experiences of autonomy of work and taking of independent decision making, job satisfaction, professional growth, better professional cooperation in the workplace, and work-related stress reduction.²

Based on the positive results of this experience, it reinforces the proposal to expand this assistance model to other hospitalization units of the institution, evaluating and monitoring the project and measuring results and indicators of quality of care to consolidate and improve this experience. The dedication of the Nursing team, who took on this challenge, and the support of the leadership of this institution, in order to achieve positive results with the patients and their families, as well as for the health professionals, became fundamental. In reflecting on this experience, the reflexive

practice of doing is studied by studying and incorporating new forms of work organization with the objective of improving care and achieving greater job satisfaction.

This study is limited by reporting the experience from the perspective of only researchers and professionals, since the observation of new perspectives in the user's view was made impossible by the use of an instrument to evaluate users' satisfaction in relation to the new model of care implemented. It is therefore suggested that this perspective be addressed in future studies.

CONCLUSION

The Reference Nursing model is characterized by a Nursing care modality that aims to make patient care holistic, minimizing the fragmentation of care and giving autonomy to the nurse.

This model was shown to be ideal for the provision of individualized care to the patient and continuity of care in the UH-UFMA Adult Surgical Care Unit, with the reference nurse being responsible for the management of care, by making the Nursing teams and multiprofessional have a new vision of unity, strengthening the capacity for leadership based on scientific knowledge and adding quality to the assistance provided to the client.

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