SYSTEMATIZATION OF NURSING ASSISTANCE: ORDER, DISORDER OR (RE) ORGANIZATION?
SISTEMATIZAÇÃO DA ASSISTÊNCIA DE ENFERMAGEM: ORDEM, DESORDEN OU (RE)ORGANIZAÇÃO?

ABSTRACT
Objective: to know the perception of nurses in relation to the Systematization of Nursing Care (SNC), from the perspective of complex thinking. Method: qualitative, descriptive and exploratory study. The data were produced through interviews, with 20 care nurses from two medium-sized hospitals, one of them contracted by the Unified Health System / UHS and the other, philanthropic. The data were analyzed from the Content Analysis technique, in the Thematic Analysis modality. Results: three categories have emerged: << SNC in the perspective of order >>, << SNC understood as disorder >> and << (Re) organization of being and doing in Nursing >>. Conclusion: it is concluded that the Systematization of Nursing Care is reduced, in part, to questions of order, that is, to norms and routines and sometimes establishes a certain disorder, which gradually allows, new (re) organization through engagement effectiveness of the Nursing professionals themselves. Descriptors: Nursing Process; Nursing Care; Nursing.

RESUMO
Objetivo: conhecer a percepção de enfermeiros em relação à Sistematização da Assistência de Enfermagem (SAE), na perspectiva do pensamento complexo. Método: estudo qualitativo, descritivo e exploratório. Os dados foram produzidos por meio de entrevistas com 20 enfermeiros assistenciais de dois hospitais de médio porte, um deles conveniado pelo Sistema Único de Saúde/SUS e o outro, filantrópico. Os dados foram analisados a partir da técnica de Análise de Conteúdo, na modalidade Análise Temática. Resultados: resultaram três categorias: << SAE na perspectiva de ordem >>, << SAE entendida como desordem >> e << (Re)organização do ser e fazer em Enfermagem >>. Conclusão: Conclui-se que a Sistematização da Assistência de Enfermagem se reduz, em parte, às questões de ordem, isto é, às normas e rotinas e, por vezes, instaura certa desordem que possibilita, gradativamente, nova (re)organização pelo engajamento efetivo dos próprios profissionais de Enfermagem. Descriptores: Processos de Enfermagem; Cuidados de Enfermagem; Enfermagem.

RESULTADOS
Resultados: fueron analizados a partir de la técnica de Análisis de Contenido, en la modalidad de Análisis Temático. Resultados: resultaron tres categorías: << SNC en la perspectiva de orden >>, << SNC entendida como desorden >> y << (Re)organización del ser y hacer en Enfermería >>. Conclusión: se ha concluido que la Sistematización de la Asistencia de Enfermería se reduce, en parte, a las cuestiones de orden, es decir, a las normas y rutinas, y por veces instaura cierto desorden, que posibilita gradativamente, nueva (re)organización por el encajamiento efectivo de los propios profesionales de Enfermería. Descritores: Procesos de Enfermería; Atención de Enfermería; Enfermería.
INTRODUCTION

From 1929, the organization of Nursing care was initially described in the form of case studies and, after 1945, they gave way to care plans, considered the first expressions of the Nursing Process (NP). The NP was described worldwide in 1967 by Helen Yura and Mary B. Walsh, with four phases: data collection, planning, intervention and evaluation. Since 1950, the term “diagnosis” was already present, but this stage began to be part of the NP only in 1973.1

In Brazil, the NP was introduced by Wanda de Aguiar Horta, in the 70’s, in São Paulo. In 1979, Wanda de Aguiar Horta formulated Basic Human Needs Theory to develop NP based on Maslow’s Theory of Human Motivation, however, was used, to classify it, as the name given by João Mohana: psychobiological, psychosocial and psycho-spiritual.2 3

In 2002, the Federal Nursing Council (FNC), as of Resolution 272/2002, instituted the Systematization of Nursing Care, but this resolution was revoked by the currently in force, Resolution 358/2009. The current resolution provides for the SNC and the implementation of the NP, in public and private environments, where Nursing professional care takes place, and other measures.4

The Nursing Process is a methodological instrument that guides Nursing care and documentation of the work process. In contrast, the Systematization of Nursing Assistance, organizes the professional work regarding the method, personnel and instruments, making possible the operationalization of the Nursing process.4

The SNC provides visibility to the contribution of Nursing in the sphere of health care, in any environment where professional practice occurs, either in institutions that provide hospital services, or in outpatient services, schools, homes, among others.5

Considered as a method that assures scientificity to the nurses’ performance, SNC guarantees the quality of care in Nursing, the nurse’s autonomy, in prescribing Nursing care, based on Nursing diagnoses established for each patient, based on a classification, establishing a same language among nurses about Nursing care.6

The SNC implementation therefore requires theoretical knowledge, practical competence and interactive skills. The development and improvement of the competence to perform health care dynamically make it possible to identify, understand and describe the needs of the patient, family or human community.7 5

The Systematization of Nursing Care (SNC) is part of the reorganization and systematization of the Nursing work process and has shown potentialities, but also difficulties.8 Studies show that these difficulties may be directed toward institutional policies, service objectives be focused on the specific scope of goals and not on Nursing care - deficiency in the training of nurses and difficulties of interconnecting theory to practice, or, focused only on the documentation of the stages of the NP, and not on its actual effectiveness in practice.9

However, it can be seen that SNC still has a simplifying character. This way of thinking and acting may be a reflection of vocational training, focused on reproductive methodologies and fragmented knowledge. Thus, this study has as a research question: What is the nurse’s perception regarding SNC? Based on this question, this study aimed to know the nurses’ perception regarding SNC, from a complexity perspective.

METHOD

Qualitative, descriptive, exploratory study. The study sites were two medium-sized hospital institutions, located in the central region of Rio Grande do Sul, identified by “Hospital A” and “Hospital B”. Hospital A allocates all of its beds to the UHS, and Hospital B is a philanthropic institution that treats patients and private individuals. Both have 130 beds and 72 beds, respectively.

Twenty assisting nurses participated, of which ten from each hospital were selected based on the following inclusion criteria: to be a nurse assistant and to have availability of time to participate in both the interviews and the meetings to discuss strategies in a second moment. Nurses who were on holiday or away from work for some other reason, or, nurses who held senior positions or any other administrative position, were excluded.

The data collection was carried out in September 2014, through individual interviews, with five guiding questions and two complementary questions. These are: What is your perception about SNC? Does your institution develop SNC? If so, how is this process developed? In what units was the SNC implemented? What strategies would you suggest for SNC qualification? Is Nursing theory used to support these processes? If so, what theory?

Firstly, prior contact was established with the Nursing managements, of the two hospitals, in order to explain the subject and the purpose of the study, with the purpose of authorizing them to perform it. Authorized
the research, and approved by RECHA / FURG, and with the acceptance by the subjects, the data collection was started, and individual interviews were recorded for subsequent transcription of the data.

To analyze the data, the Content Analysis (CA) was used, defined as a conjugate of techniques of analysis of the communications that uses ordered methods and objectives of description of the content of the messages. Thus, according to the author, it is an operation or a set of operations that tends to interpret the content of a message, that is, "seeks to know what lies behind the words on which it lies." 10,50 Content Analysis comprises three steps: pre-analysis, the exploitation of the material and the treatment of results - inference and interpretation. 16

In the pre-analysis phase, the structuring of the registration units takes place, and especially includes the set of documents selected for analysis, which is called corpus. The second phase deals with the exploitation of the material, and aims to encode, decompose or enumerate the data collected. At this stage, the implementation of the decisions taken in the previous phase takes place, and, therefore, it is necessary to carry out the analysis itself, which may be by manual or computer operations. 10

The third stage corresponds to the treatment of results, which refers to the transformation of the raw data in order to make them expressive and appropriate. This is done by coding, which is "the process by which raw data is systematically transformed and aggregated into units, which allow an accurate description of the relevant characteristics of the content." 10,13

Data collection was initiated only after approval by the Research Ethics Committee in the Health Area (RECHA) of the Federal University of Rio Grande (FURG) (number 115/2014), in compliance with all the requirements of Resolution 466/12 (CONEP / MS). 11 Thus, to ensure the participants' anonymity, they were identified by the letter 'N' (nurse) followed by an Arabic number, in ascending order, corresponding to the order of the participants' speeches. For example: ‘N. 1’ ‘N. 2 ’ ‘N. 3” and so on, until you reach the total number of participants.

**RESULTS AND DISCUSSION**

From the expanded and complex analysis of the data after the collection, three categories emerged, from the study: SNC from the perspective of order; SNC as disorder; and Reorganization of being and doing in Nursing.

**SNC from the perspective of order**

To speak of order in the perspective of Complexity, one must know that it is governed not only by determinism, but also by determination and coercion, which are as radical as the idea of law. The idea of order is also composed of ideas of stability, constancy, regularity, repetition and structure, so, order goes far beyond the old concept of law.

This idea is shaped by the fact that the interviewees express, in their statements, the idea of SNC as a systematic and bureaucratic organization, as an obligation, as a need on the part of the institution or, as a norm and routine, as it is expressed in the following speech:

"... you have a segment there, a little ‘rotininha’ that you are going to follow, the order of some things that needs to be done. (N. 1)

This idea of obligation makes us think to what extent the realization of SNC happens because of its importance. Or is it that SNC is part of legislation that requires its implementation? It is believed from the perspective of complexity that care, when carried out in a linear fashion, i.e. by obligation and in a constant and repetitive way, ends up becoming mechanical and happens in a way not to obtain the expected results, but, rather to comply with a standardization.

SNC still today could be framed in the traditional processes of production of knowledge and health, based on punctual and linear processes. 13 Thus, questions arise: How to ensure the quality of care if the instrument of care is used on a regular basis and by obligation?

It is known that the implementation of a predetermined model or formula of care does not guarantee higher quality in health care. For this, it is also necessary to establish increasingly complex relationships and professional interactions to perceive the human being in a comprehensive and integral way. 14

Throughout the interviews it was possible to perceive that they attributed SNC as "standard" and that, through it is possible to have a "care directed to what the patient needs". It is still focused on normative-legal issues, and has a very strong idea constancy and regularity. This idea refers to the simplification paradigm. For this paradigm, complexity, multiplicity, disorder, mixed with order, and confusion are only appearance. Behind this apparent complexity there is a simple order that solves everything. 12

In this way, it is affirmed that it is necessary to strengthen the idea of a
contextualized care and possibilities of becoming, always considering the whole and the parts, the parts and the whole. Care should be comprehensive, with an enlarged look, because, often, what the patient needs is beyond what he refers to, and the nurse must be attentive, have an understanding of the whole, and, for this it is necessary to undress themselves from their (pre)concepts and their patterns. The SNC is important in this process, because it allows the nurse to be closer to the patient, and, also, to provide more information, as they elaborate and develop the patient's history.

It is known that there are many obstacles when it comes to the implementation of SNC. Thus, many reasons were presented, during the interviews, as a justification for their non-fulfillment or for non-fulfillment, such as "covenants" and medical prescription still hegemonic, since health plans do not accept SNC or prescription part of the nurses. It has also been reported that the diagnoses are the clinical, not the Nursing.

[...] is not accepted by covenants, so in fact it only does [SNC] because it has to do even because it is not valid for us here yet. (N. 2)

SNC there is a role that you come to see every day, it does in the patient and Czech, but in fact the focus is still on the prescription. The SNC, I think, should be validated by our COREN for health plans. (N. 3)

Based on the reasons presented for the non-performance of SNC, it is questioned: would not these obstacles be a way of escape to avoid SNC? The SNC is an instrument of care that offers benefits both to the patient, and to the professional himself. Does it lose its validity just because health plans do not know it?

These questions suggest how Nursing care can be reduced and/or expanded, and how much of the obstacles that are imposed for its non-fulfillment. If non-acceptance, by health plans is a serious problem, that is a major obstacle to achieving SNC, it is up to the nurse to devise strategies to transcend these deviations throughout the process, outlining ways to establish SNC recognition.

If health plans do not recognize the SNC and are not aware of its importance, the professional himself should mediate this recognition, that is, he himself should value his instrument of work, and expose the benefits, which go beyond directing the organization of the Nursing care system, but also greater autonomy for Nursing professionals, as well as the reduction of costs for both the institution, and the health plans themselves, with safer and more quality care. 15

The SNC was also cited as "complements teamwork," "complements medical prescription," and "complements patient treatment." When one thinks of complementing teamwork, one soon thinks of interactions. In fact, order is linked to the idea of interactions. The great laws of nature have become laws of interaction, that is, they can not act if there are no bodies that interact. 12

In this way, this complementation of the teamwork with the multidisciplinarity is related, in which the action of the most diverse health professionals are articulated and are added aiming at the recovery of the patient. An interdisciplinary health action establishes a different relationship between the different health professionals, because their knowledge merges and integrates, so, they can be divided equally, as a means of strengthening and qualifying their actions on those who put themselves in their care during hospital time. 13

The statements "complement the medical prescription" and "complement the treatment of the patient" are ambiguous, have a positive side and, a negative side, since they refer to the idea of interaction, but also to the idea of SNC only serves as a complement and not as an instrument of care itself, that is, of being and doing Nursing.

However, the idea of order demands another, that is the idea of organization, and, for this, a dialogue with disorder is necessary. The idea of order that uses ideas of interaction and organization, which can not exclude disorder, is much richer than the idea of determinism. The order has become more complex, there is no absolute, unconditional and eternal order. 12

◆ SNC understood as disorder

The modern conception of disorder is richer than the conception of order, because it involves an objective pole and, a subjective pole. Disorder is translated by uncertainty and denotes randomness. It has not completely replaced order, but there is no longer any sector in which disorder is not present. Disorder not only opposes order, but collaborates with it to create organization. But what is disorder? It is the agitations, dispersions, collisions, are also the irregularities and instabilities, the deviations that appear in a process, that disturb and transform, the shocks, the random encounters, the events, the accidents and the
disorganizations, the disintegrations, in terms informational language, noise, and error.12

There is no space where the disorder is not present. It is embedded in any and all processes, ready to move the main axis and remove any individual from its stability and constancy. This is corroborated by the SNC, and this is evident in that the interviewees express, in their speeches, the idea of SNC as a new experience that came to disorganize the order imposed by norms and routines. So, it is a whole new experience that we are going through [...] (N. 4)

[...] I have been 10 years since I was educated, so SNC was something very far from my academic life [...] (N. 5)

[...] but at the beginning, it was very complicated, because it is not part of the routine of people [...] (N. 6)

The new always frightens, because it is permeated with uncertainties, and disorder is translated through uncertainty. The new is not part of the routine, and this disturbs because it belongs to the uncontrollable. The fact that it is not part of the routine is referred to as something negative, but routine is synonymous with stability, regularity, linearity. The inflexible and linear traditional methods, disintegrate the complexity of the real, mutilate and treat, in a one-dimensional way, the human being and social phenomena.15

Routine, regularity, structure, that is, all aspects of order alone are incapable of reorganizing something, of progressing and evolving. The idea of disorder, is not only ineliminable the universe, as necessary to conceive it in nature and evolution. The new should not be daunting but challenging because it disintegrates, shakes and turns, and, transformations provide a world of possibilities for growth, evolution and dynamism. Many obstacles serve to justify the non-implementation of SNC, but, in the face of this, questions emerge about the SNC’s understanding of the interviewees: do they perceive the real meaning of SNC? Or is this understanding still superficial, to the point of seeking escape as a solution, listing several problems that make implementation difficult? Many reasons are reported, daily, as a justification for not performing the SNC and these may contain both sides, where only one side becomes explicit. It is essential to broaden and deepen the look on the multidimensionality of phenomena. In order to perceive the complexity of the world in which one lives and of everything one wants to know, it is necessary to shift the focus to the look and the way of understanding the world, that is, in the panorama of new and different paradigms. To do so, it is necessary to (de)construct cultural, subjective and ideological patterns of reference.13

The difficulty of understanding, by the Nursing technicians, lack of time and little manpower are some of the problems mentioned in the interviews. It is known of the exacerbated routine in the hospital institutions and also, often, of the insufficient amount of nurses to meet the demand of patients, but, nevertheless, it is necessary that one has a mental binolarity so that one can see beyond and to understand the real meaning of things.

Another reason that can shake the structure so consolidated, from the reductionist and linear models in the care provided to the patient, may be this need allied to the SNC to provide assistance to the patient as a whole, as was mentioned throughout the interview. Nursing care, even today, is very directed to the curative aspect and biomedical therefore extend care to the human being, in its multidimensionality, is something that disturbs and disrupts considering that the focus is, often, one-way, because the theory and practice must be allied. Traditional and ordered methodologies need to be replaced by innovative methodologies, all of which result in getting out of self-indulgence.

The need for study and guidance is also a very conspicuous aspect in the interviewees’ speeches, and this in itself can be considered a great disorder, since it shows a deviation throughout the process, causing a disturbance, since there are many doubts in SNC, what it is and how to do it.

Studies, I think doing more study groups with nurses, I’m doing myself, but I have a million doubts, and just as I have all have [...] (N. 7)

[...] we have a qualification, because reading on paper is different from doing it in real, day-to-day difficulties always arise [...] (N. 8)

This phenomenon of fragmentation between knowledge and doing can be seen as a reflection of what characterizes uncertainty, the permanence of heterogeneity, the perception of conflict, disorder, and possibilities of new organization, in a constant quest for balance, characteristics of the sometimes, little perceived by the social actors that make up the Nursing and Health System.13

A universe that was just order would be an untransformed universe, without innovation,
without creation. A universe that is only disorder, however, could not constitute organization, and is therefore incapable of preserving novelty, and therefore evolution and development. An absolutely determined world, as well as a completely random world, is poor and mutilated. The first, unable to evolve, and the second, incapable of being born.12

♦ (Re)organization of being and doing in Nursing

The universe of phenomena is inseparably woven from order, disorder, and organization. If for the defenders of disorder it is surprising that there is order, it is more surprising yet that organization occurs, which is due to phenomena of disorder and order. Order, disorder, and organization develop together, in conflict and cooperatively, and always inseparably.12

Order and disorder are two necessary and complementary phenomena, for order maintains everything in its structure and stability, while disorder disrupts, disturbs and disorganises, necessitating a transformation and the formation of a new organization, a new way of acting and being, bringing about a new way of thinking that results in creation, innovation and evolution.

Through the interviews, the process of deconstruction and reconstruction in which the SNC is involved is evident, insofar as the interviewees reported that it allows the evaluation of the patient as a whole, provides more attention to the care and the patient, therefore, qualifies care and profession.

[...], our work is more qualified, we are being much more attentive in the care [...].

(N. 9)

It is happening very positively here in the hospital [the SNC], we are managing to encompass the patient as a whole [...].

(N. 10)

Although the disorder is present throughout the process involving the SNC and that the disturbance it causes leads to estrangement and, at first, a repulsion, the interviewees, especially the nurses of the institution where it is already being performed, have recognized that, it offers a qualification of patient care, and that, it somehow, transforms the care provided.

The nurse, from the SNC, has the possibility to organize her work based on a philosophy and a method that prioritizes the singularity of the care.16 It is important to prioritize the various dimensions that involve both being careful, and being careful about being, considering and respecting it in its multidimensionality.12

The organization tolerates disorder, produces disorder, fights disorder, and regenerates itself in the process itself that tolerates, produces and fights clutter. However, it is very difficult to devise a process that "tolerates, produces and combats" the disorder at the same time. This goes beyond the strictly logical understanding. However, this process is proper to self-organization. Thus, understanding must try to adapt to the existing complexity.12

The evolution that (re) organization makes possible, after the disorder, can be identified at the moment when the interviewees express that the SNC offers more freedom to the nurse, which serves as documentation of the practice and consequent appreciation of the profession.

[...], SNC I believe she serves to help us, to help us and record everything, [...], if we check everything we do in our daily routine, we would realize that we do many things and, so, our profession would be more valued [...].

(N. 5)

[...], I believe that the SNC provides nurses with autonomy, it allows them freedom to prescribe what the patient really needs, because whoever stays with the patient at all times is the nurse [...].

(N. 11)

SNC presents itself as a method that offers benefits to the profession, since it offers means to assure the autonomy of the nurse through patient care, insofar as it establishes Nursing diagnoses and prescribes actions for each diagnosis. It also makes it possible to register the practice, documenting the entire assistance, thus, ensuring greater security and credibility, ensuring greater appreciation of doing in Nursing, as it is a way of demonstrating everything that the profession does.

In addition to ensuring the valorization of the profession, the SNC also guarantees subsidies for the claims such as increase of personnel and qualification of the work process. Studies show that the use of SNC allows, the professional, the opportunity to evolve and become a critical and reflexive being, able to question their actions, participating, in a more active way, in the treatment of the patient. It also contributes to the organization of nurses’ work and to increasing the quality of the services provided, allowing the assistance to be planned and executed through a scientific basis.17-18

In order to establish an understanding of the multidimensionality of phenomena, it is necessary to institute multiple forms and styles of looking at the world, in science,
research, professional practice, social and political perception of the world, daily living, on subjectivity and inner process.13

It is necessary to establish a dialogue with order and disorder, and, for this, we need something more than these two notions, we must associate them with other notions, therefore, we present the order / disorder / interactions / organization.12

Each calls the other, needs the other to be constituted, are inseparable and complementary, but antagonistic. It is possible to associate this tetragram with the SNC, since both are formed by the same phenomena and allow to conceive that everything is interconnected, that the order of the universe is self-produced, through the physical interactions that produce organization, but, also, disorder.12

CONCLUSION

Nurses’ understanding of SNC is still very much concerned with normative-legal issues and is centered on the idea of order, with a negative view of the disorder and the transformations it provides. Throughout the study, it was possible to show that SNC is reduced to questions of stability and constancy, but, it is still perceived, that the disorder, which is part of the process, gradually allows a new organization to be instituted.

It is necessary to increase, the conception of patient care, more and more. SNC, as an organizational methodology of care, is able to offer this integral care, which is still very deficient in practice. Through the look of complexity, SNC enables more interactive and resolving processes, for the ability to integrate different elements that make up the whole.

Throughout, the study, it was realized that the SNC results in challenges to the one who develops it, since it stimulates a process of deconstruction and reconstruction that causes discomfort and, insecurity, and, with it, several obstacles, that impede its implementation, are imposed. The stability and regularity of the Nursing experience suffer great destabilization and agitation with SNC, leaving the comfort zone to undergo major transformations and thus forming a new organization for being and doing in Nursing.

The SNC is still reduced, in part, to questions of order, to norms and routines, and that sometimes establishes a certain disorder, which gradually makes possible a new organization. With this. It is necessary to think of strategies to modify this simplifying and excessively regulating thinking of the nurses’ work process.

FUNDING

Coordination of Improvement of Higher Level Personnel (CAPES)

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