KNOWLEDGE OF NURSES WORKING IN THE FAMILY HEALTH STRATEGY ABOUT NURSING PROCESS

ABSTRACT

Objective: examining the knowledge of nurses on the Nursing Process. Method: an exploratory and descriptive study with a qualitative approach, performed with 12 nurses in the Family Health Strategy/FHS in Crato/Ceará, Brazil, using as an instrument for data production the semi-structured interview, whose statements were recorded, compiled and processed to generate analytical reading about the core meaning. Thus, the findings were coded, processed and analyzed critically, being employed thematic content analysis as a technique for the treatment and data organization, which were discussed in the literature. The research project was approved by the Research Ethics Committee, COMEPE No. 2009_0540_96 FR 260504. Results: the meanings attributed to the Nursing Process referred to a means to systematize and to streamline care related actions. Conclusion: there was a diversity of knowledge and feelings about the nursing process and its phases.

Descriptors: Nursing Care; Nursing Diagnosis; Nursing Process; Family Health.

RESUMO


RESUMEN

Objetivo: analizar los conocimientos de las enfermeras sobre el Proceso de Enfermería. Método: estudio exploratorio y descriptivo con enfoque cualitativo, conducido con 12 enfermeros de la Estrategia de Salud de la Familia/ESF en Crato/Ceará, Brasil, utilizando como instrumento para la obtención de datos las entrevistas semi-estructuradas cuyas declaraciones fueron grabadas, procesadas y copiladas a generar lectura analítica sobre el significado central. Por lo tanto, los resultados fueron codificados, procesados y analizados criticamente empleando el análisis de contenido temático como una técnica para el tratamiento y organización de los datos, que fueron discutidos en la literatura. El proyecto de investigación fue aprobado por el Comité de Ética de Investigación, COMEPE n°. 2009_0540_96 FR 260504. Resultados: los significados atribuidos al proceso de enfermería se refieren a un medio para sistematizar y racionalizar las acciones de atención relacionadas. Conclusión: había una diversidad de conocimientos y sentimientos sobre el proceso de enfermería y sus fases. Descriptores: Cuidados de Enfermería; Diagnóstico de Enfermería; Proceso de Enfermería; Salud de la Familia.

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INTRODUCTION

The human caring is the essence and core of the nursing practice in different scenarios and levels of complexity in health care. To perform activities related to care, nurses need conceptual and technical tools to addressing the reality of practice and promoting the rational organization and systematization of their actions. Thus the Nursing Process (PE - in Portuguese) is presented as a technological tool that provides order and direction to nursing care, being the core of the process tool and the methodology of healthcare practice as it assists the nurse in decision making and the act of planning actions intended to customer/user.1,2

The PE consists of five interrelated steps: research, diagnosis, planning, implementation and evaluation. These phases presented in the manner of the scientific method are proposed to promote the systematization of the dynamics of providing human care by nurses as having intrinsic characteristics humanized care directed to effective results and with low financial cost in your application.1,2 For effective and concise that instrumental use are necessary acquisition and application of knowledge and set of theoretical concepts derived from the social sciences, humanities accurate, and health, enabling nurses to incorporate them and operationalize them during professional experience, having order to obtain the results and products of such use.4

One of the levels of Health Care in the nursing care on a larger scale in the current public health policy of the country occurs, is the Primary, whose current Brazilian model of implementation is the Family Health Strategy (FHS); level that approximately 80% of the health needs of a community enrolled should be addressed in solving way.5

The FHS was structured from the need to reorganize the traditional model of health into force earlier, based on the curative and individualistic, focused merely for identification and correction of human dysfunctions practice. The contemporary model assumes anchored in the new dynamic reordering of basic health services, which results in the deepening of relations and the formation of continuous links with the community, as well as timely access to higher levels of complexity of the healthcare system.6

The FHS is elected as an organizational strategy of the Unified Health System (SUS), proposing to serve the individual and the family fully and continuously, based on the performance of multi-professional teams, inter-disciplinary which snooty to develop actions to promote, protection and recovery of health, with the intent of reorganizing care practice focused on family focus on physical and social environment.7

It is eminent real need for internalization of the PE to set nursing care scenario in forum FHS and the Brazilian public health, given that nurses act so impactful on the dynamics of the actions of caring, work philosophy and nature of the multidisciplinary team of health care offered to enrolled community.8

Based on these prerogatives, it was asked: Which senses attach FHS nurses working on the PE? Which knowledge these professionals have about each phase of PE?

The relevance of this study is to produce scientific data those contribute to knowledge and improvement of knowledge on the PE, for application in a wide and substantially in primary health care/public health, which characterizes the scientific nature of nursing actions, grant to development of the profession as a science and art of human caring. Thus, the objective is:

- Analyzing the knowledge of nurses on the Nursing Process.

METHOD

This is an exploratory and descriptive study with a qualitative approach. Scientific investigations of the qualitative nature does not hold the quantification of facts, but substantially focus on understanding, describing and explaining the phenomena and the dynamics of social relations that, in turn, are depositories of deeds, beliefs, values, attitudes and human habits.9

The study took place in the municipality of Crato, located in Cariri south-central state of Ceará, Brazilian region, precisely in the Basic Health Units in the family village. Took place over the course of 11 months beginning in March 2009 and end in January 2010.

The study subjects were nurses who developed actions of care in these health units. The production data were not performed through semistructured interview that during the process of capturing the speeches saturation was observed between the speeches, the criterion adopted by the end of the field phase of the research. Thus , from the universe of 20 professionals working in urban areas, 27 in the year in the city, was attended by 12 nurses who fulfilled the inclusion criteria pre-defined urban area,
while the area covered by the FHS, and health care, the nurse’s area of operation.

After closing the sample during the field phase of the study, discussions were tape recorded, compiled and processed to generate analytical reading about the core meaning contained in each speech. Thus, the findings were coded, processed and analyzed critically, being employed thematic content analysis as a technique for the treatment and organization of data, discussed in the literature.

A trip to the field was achieved after consideration and approval, accordingly to the assent paragraph 2009_ _0540_ _96 FR 260 504, of the Research Ethics Committee from the Faculty of Medicine of Juazeiro do Norte (FMJ). The interview was applied after reading and signing the consent form by the subjects as regulates Resolution 196/96 of the National Health Council, Ministry of Health on research involving humans in Brazil.

RESULTS

The data allowed the characterization of knowledge of nurses about the PE and its phases through the construction of subject categories, thus constituted: directions on the nursing process, knowledge about the history of nursing knowledge as to the diagnosis, perception about prescription nursing, knowledge about the implementation of nursing care, directions on the evolution of enfermagem. From these, subcategories discussed in the light of relevant theoretical framework were identified.

It was observed that the subjects in total, were female, historically ratified social phenomenon, since the human resources of that professional category are, in majority, consisting of women since the dawn of Nursing.

● Meaning on the Nursing Process

♦ PE as a means of systematizing care actions

The PE consists of technological tool specificity of human care, focused on the adoption of a particular style and therapeutic clinical trial by nurses at different levels of complexity of professional operations. Giving care planned and focused on the real needs/customer’s disease allows constant improvement of professional skills.

So, the speeches presented illustrate the PE as a tool that provides nurses the opportunity to develop dynamic service, ordered and provided with systematic actions.

Knowledge of nurses working in the family...

It consists in the systematization of nursing care with the aim of improving patient care. (S2)

It consists of systematizing and ordering data and information that serve to guide the work of the Nursing professional process. (S4)

Systemized care to best plan of actions and results. (S5)

It is a systematization of nursing care, which serves for the organization of the work process. (S7)

It is a systematic, individual and humanized way of caring. (S7)

It means the systematization of nursing care. You watch according to pre-established steps of the nursing process. (S8)

♦ PE as an instrument that meets the needs of health care

Since health reform, it is discussed the meaning of the term and its full implications to the services offered by the Brazilian Unified Health System (SUS), given that the expression is configured, currently as one of the doctrinal principles of the NHS and the desirable characteristics health care developed at different levels of complexity of the system. Introducing context for nursing practice, assumes full exercise of care, focused on the conception of man as being private and subjective, endowed with desires, moral and ethical values, desires, fears and potential.10

By following this paradigm, the nurse must act through inter-subjective and holistic assistance in recognizing and meeting the care needs of human beings and their communities in their physical environment and social.10 The reports illustrated that the PE has set of care activities that make the performance of comprehensive and resolute nurse on global user demands care in the Primary Care/Public Health.

Complete and systematic assistance process of the client as a whole care. Be a sequence of events organized and directed the globalized and assistance services. (S10)

It is an approach in order to identify and solve problems regarding health care, according to the needs of each patient. (S11)

Organizing and implementing the service according to the needs of patients or unit. Evaluate the effectiveness of the assistance. (S12)

♦ Knowledge about the History of Nursing

English/Portuguese

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1967
History of nursing as a means of collecting data on the early life of the user

The History of Nursing (HE) is presented as the first phase of PE. It consists of collecting data information concerning the state of health of the client, family and community. Thus aims to identify the needs, problems, concerns and human relations of that customer. It is imperative that the information is collected accurately and possess authenticity, so that the profile of the client’s health or disease is established. Thus, the HE is presented as tool collecting data on the health history of the client.

The subjects perceived the HE as related to the collection of essential knowledge about the history of the client’s life, and also as the first phase of clinical data PE method. HE enables critical analysis of the habits and behaviors of individual’s health, with a view to prevention, and adherence to healthy lifestyle.

In history, we can meet all customer data, inconvenience, personal data, workplace, religion, history of present illness. (S1)

Story about the patient’s life, life habits, food, housing etc... Everything that can lead to the nursing diagnosis. (S5)

It is the collection of data on the client, which includes aspects of health, environment, family, work, culture, psychology, religious. (S6)

It’s where we do a research on the patient; we do a survey of the most relevant data on the state of the client. (S9)

It would be a survey of the history of the customer since family background, pathological customer’s living conditions. Finally, a more complete fast research of personal data and the conditions involving the same living. (S10)

History of nursing as pickup method of information about the condition of the client

To discuss the nursing practice in clinical practice presupposes that man as a fragmented body tissues and systems in which health care is limited to the identification and correction of human disorders injures the essence of the profession and the principle of integrity elected by SUS.11

Speeches treated the nursing historical as a method aimed at collecting information about the descriptors underlying pathology and current illness of the client, assuming nursing practice focused on curative logic and the biomedical model.

It is the step in the process where it collects the whole history of the patient, since previous illness, but also the history of present illness. (S2)

Data collection concerning the early life of present illness. (S3)

Knowledge about the Nursing Diagnosis

The second step of the PE, regarding the diagnosis, descriptor of a health problem whose resolution is of exclusive competence of nurses. The property occurs from the analysis of data regarding the human health and disease of the individual, family and community process responses. Refers to clinical judgment about the demands of professional care.12

Based on the narratives, participants showed no clear and objective definition of health problems treated by the nursing diagnoses that characterize the nurse as diagnosticista of human responses. Show knowledge of nursing diagnoses deficit disfavors insertion to exercise care and satisfactory job of taxonomies relevant to the clinical practice.

Determine diagnoses that determine the health problems of the patient, identifying causes and complications that may occur. (S1)

It consists of the step of the nursing process that must be raised major problems afflicting the client. (S2)

Are norms that support the complaints of each patient in the nursing care will be traced. (S3)

It is a clinical trial in response to proposals situations is individual and serves as basis for systematization of nursing care. (S6)

It is the identification of potential issues for resolution through nursing actions. (S11)

Perception regarding Nursing Prescription

Prescriptions of Nursing is the third step of the PE and feature the following operating steps: setting priorities for the plotted diagnoses; setting results with the client, if possible, to correct, minimize or avoid problems; written record of the pre-defined nursing diagnoses, expected outcomes and nursing prescriptions on an organized.11

In view of nurses, the term prescribing, procedural logic inserted in the PE, is related to the development of care plan comprising a set of actions and goals of care directed to the customer watched. However, there was no mention of correlation between prescription of nursing care and taxonomies that support the describer practice.

The requirements differ from nursing prescriptions, seeking to improve the health conditions of the patient through the collaboration of a care plan. (S1)
Knowledge of nurses working in the family...

It is the solution for every possible diagnosis if care prescribing. (S3)

After the diagnosed problems, a plan of care is established, goals and objectives to be achieved through the nursing prescriptions. (S6)

It is the care plan. These are the actions and interventions applicable to nursing diagnoses. (S7)

- Knowledge about the implementation of nursing care

The implementation of nursing practice encompasses the set of actions defined during the planning stage of care that favors the production of a dynamic and decisive to take care, in the health care needs of the target audience of such assistance. 13

According to the directions of the nurses interviewed implement is directly related to the implementation of interventions to pre-established and contained in the nursing care plan. Realizing this direct client care enables the achievement of care goals and assumes positive impact on the health parameters of being watched.

It is the stage in which will be put into practice everything that was previously planned. (S2)

Put into practice all the nursing process. It is time to perform patient care. (S3)

It is putting into practice the planned interventions according to identified needs. (S7)

The step where it will be put into practice nursing care to the client. (S8)

It is the implementation of the care plan. It is planned to put into practice interventions. (S9)

Implementation of care plans. (S11)

- Senses on the evolution of nursing

The evolution of nursing is the act of monitoring and evaluating customer responses to prescribed and implemented care. This evaluation occurs through direct observation of the client’s response to the proposed therapy, as well as the narration itself on the impact of the assistance offered. 1

To operationalize the PE and its stages during medical practice, nurses must recognize the possible distortions and inconsistencies presented by the care actions generated from the use of this method. Thus, the evolution of nursing as an evaluative tool configures the PE itself and phases performed during the course of the care provided. The speeches of the study subjects emanated this perspective.

This is where evaluation of all the nursing process should be done in order to identify the flaws for it to be rescheduled tour. (S2)

DISCUSSION

The meanings attributed to the PE mentioned systematization of related care under the logic of system actions. 14 Thus, the participating nurses considered that the phases of data collection, diagnosis, planning, implementation and evaluation were related and depend on one another, being inseparable in operational context. While method that relates to the Systematization of Nursing Care, the PE promotes the organization, management and rational systematic assistance activities of the nurse inserted into innovative and reflective practice. 2

The effectiveness of the PE under the FHS goes through the full and continuous operation of each of its phases are intrinsically interrelated and interdependent, given that these isolated job generates fragmented nursing care, unable to meet the real needs of care be assisted. 15 nurses interviewed demonstrated theoretical foundation about the steps that healthcare method and that the focus of care should be adopted as these phases were developed during nursing care. However, there was no consensus among the subjects as to the conceptualization of nursing diagnoses and health phenomena it is for the nurse, how to produce clinical trial, according to ethical and legal principles of the profession. The diagnostic act in nursing is the instrument which enables rational planning of actions, in which the nurse directs care to the care demands of the individual, family and community activities in specific clinical situations. 16

Nurses to deliver clinical judgment rests on the responses of the human face to pathology, therapeutic and life processes, in which the professional meets the statement on a single set of signs and symptoms emanating assisted by the client. The diagnosis requires the practice of care, common language between nurses and development of intellectual and cognitive ability; public and professional
recognition of nursing as a science focused on the identification and resolution of abnormal patterns in the human individual, family and community.  

The proper construction of diagnostic formulation allows the therapeutic judgment prepared by nurses (care prescription) correct and/or minimize the health problems identified in the client/user and is consistent assisted - care to the assumptions of the FHS peculiar nursing and public health, because, according to the guidelines of care FHS, the nurse must develop a set of care actions, peculiar to the promotion, protection and recovery of users/families belonging to the community that has defined geographical boundaries.

It is eminent that a diagnosis outlined effectively favors the development of concise and decisive, able to produce sophisticated and care free of inaccuracies intellectual and operational considerations assistance plan. Thus, the implementation of nursing interventions now holds the ability to resolve and/or mitigate the problems identified pre-nursing. A harmonious relationship between diagnosis/prescription/implementation becomes essential to the achievement of care goals and making positive evaluation of nursing.

The last phase of PE with respect to the evolution of nursing in which the nurse recognizes the weaknesses of assistance and identifies which step of the method was executed wrongly and inaccurately. Reflect on own care practice allows the professional development of essentials to high quality levels needed to implement the care offered. Thus skills, consider the stage of evolution as an evaluative tool of the remaining phases of the PE was a construct, largely, expressed by nurses studied.

CONCLUSION

Central assistance in the conduct of nursing, the PE aims to promote the development of resolute care, focused on meeting the health care needs and achieving welfare goals, based on the view that when rationally plan the care to be provided, should consider the professional values of nurses, interests and desires of the user FHS.

Delineate the PE context of nursing care within the public health and the FHS itself, as a means to innovate the practice of care offered in Primary Care, adds status of dynamism, autonomy and professional scientific figure of the nurse. The range of this setting of nursing intellectual basis and requires a set of skills amongst the performers.

The meanings attributed by nurses acting in the FHS to PE and each of the operating steps of this, there was a diversity of knowledge and meanings related to the focus of the method on the health and illness of users FHS process and the barriers of nursing generated from the accomplishment. Although qualitative studies do not allow generalizations, it was relevant the discrimination of such knowledge about human care, given that configures as an important parameter the development of Nursing in Cariri, Ceará region.

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