

THE NURSING PROCESS IN THE PRIMARY ATTENTION OF A MUNICIPALITY OF ALAGOAS, BRAZIL

O PROCESSO DE ENFERMAGEM NA ATENÇÃO BÁSICA DE UM MUNICÍPIO DE ALAGOAS, BRASIL

EL PROCESO DE ENFERMERÍA EN LA ATENCIÓN PRIMARIA DE UN MUNICIPIO DE ALAGOAS, BRASIL

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ABSTRACT

Objective: To analyze the application of the Nursing Process by nurses who work in the basic care of a municipality in the rural area of Alagoas. **Methods:** This is a qualitative descriptive study, based on the Bardin Content Analysis. Fourteen nurses were interviewed and the qualitative data were grouped by the content trend. **Results:** The grouped and organized responses gave rise to two categories: (1) The use of SAE by the nurse in Primary Health Care: potentialities and limitations; (2) Application of the stages of the Nursing Process: bias and lack of knowledge. **Conclusions:** The results revealed the bias in the application of the Nursing Process in the daily routine of nurses and the need for nurses' empowerment regarding their professional identity and practice.

Keywords: Nursing Process; Primary Health, Nurse.

RESUMO

Objetivo: Analisar a aplicação do Processo de Enfermagem por enfermeiros que atuam na atenção básica de um município do agreste alagoano. **Método:** Trata-se de um estudo descritivo de abordagem qualitativa, com base na Análise de Conteúdo de Bardin. Foram entrevistados 14 enfermeiros e os dados qualitativos foram agrupados pela tendência de conteúdos. **Resultado:** As respostas agrupadas e organizadas originaram duas categorias: (1) O uso da SAE pelo enfermeiro na Atenção Básica em Saúde: potencialidades e limitações; (2) Aplicação das etapas do Processo de Enfermagem: parcialidade e desconhecimento. **Conclusão:** Os resultados revelaram a parcialidade na aplicação do Processo de Enfermagem no dia a dia do enfermeiro e a necessidade de empoderamento do enfermeiro quanto à sua identidade e prática profissional.

Descritores: Processo de Enfermagem; Atenção Primária a Saúde; Enfermeiro.

RESUMEN

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Objetivo: Analizar la aplicación del Proceso de Enfermería por enfermeros que actúan en la atención básica de un municipio del agreste alagoano. **Métodos:** Se trata de un estudio descriptivo de enfoque cualitativo, basado en el análisis de contenido de Bardin. Se entrevistaron a 14 enfermeros y los datos cualitativos fueron agrupados por la tendencia de contenidos. **Resultados:** La respuesta se originaron agruparon y ensamblaron dos categorías: (1) El uso de SAE por enfermeras en Primaria de la Salud: potencial y limitaciones; (2) Aplicación de las etapas del proceso de enfermería: parcialidad y desconocimiento. **Conclusiones:** Los resultados revelaron la parcialidad en la aplicación del Proceso de Enfermería en el día a día del enfermero y la necesidad de empoderamiento del enfermero en cuanto a su identidad y práctica profesional. **Descriptor:** Proceso de Enfermería; Atención Primaria de Salud; Enfermero.

INTRODUCTION

The Nursing Process (NP) aims to assist the human being, assuming the idea of adopting specific measures for the provision of care, in a systematic manner, based on scientific evidence, grounded on the set of technical and scientific knowledge in the area of enfermagem.¹ PE operationalization is possible through the implementation of the Systematization of Nursing Care (SAE), which corresponds to the organization of the nursing team work process.

PE has five different phases: data collection, nursing diagnosis, nursing planning, nursing Implementation and assessment. The steps are interrelated and directed to human and social needs of the clientele. To apply them it is necessary "a particular professional work that requires abilities and cognitive skills (thinking, reasoning), psychomotor (physical) and affective (emotions, feelings and values)".²

It is worth noting that the PE is regulated by the Law of Nursing

Profession Practice No. 7,498 / 1986 and through the Resolution of Federal Nursing Council (COFEN) No 358/2009 that features SAE. This resolution is about the obligation of SAE Implementation SAE at the institutions that offer nursing assistance, including Primary Health Care (PHC), besides highlighting that all the process should to be properly documented, that is, registered, so that it is also a source of scientific base.³

However, in general, this practice has been reproduced by nurses in a disjointed manner with reality, since this is a system in a consolidation process, in which political will, institutional involvement and improvement of work conditions are indispensable.^{1,2,4}

This being said, considering the significant participation of nurses in the PHC, the aim of this study was to analyze the application of PE by nurses working in primary care in a city of the agreste region of Alagoas.

METHOD

This is a descriptive study of qualitative approach, carried out in Family Health Units, in Arapiraca, Alagoas, Brazil.

The subjects of the research selected were nurses working in PHC units chosen randomly, with no replacement. The study included all nurses of both genders, with at least 6 months of work in primary care in the city of Arapiraca, who agreed to participate.

The composition of the sample was carried out in a convenient manner, based on the consent of the subject to participate in the study until the information needed to answer the research question were obtained, reaching the saturation of responses, what occurred in the 14th interview.

Data collection was conducted through semi-structured interviews with open questions about the nurse's knowledge about the PE and SAE in PHC, focused on the operation of the PE in the everyday of their work. The interviews took place from May to June 2013, in the work place of the nurses, the subjects of the research, who signed the Consent and Informed Term and had their identities preserved, being identified by ENF, followed by Arabic numbers, considering the interview order.

The interviews were recorded by portable recorder and fully transcribed, for data organization and analysis, through the Content Analysis proposed by Bardin⁵, carried out in three stages: the first was obtained from the selection process of the interviews or definition of the content of the analysis; the second stage was defined by the exploration of the material and in the third step the treatment of the results was used - inference, and interpretation. To perform the analysis of qualitative data, these were grouped by content trend, from the collection instrument, from which two categories were originated.

This research was submitted to the Ethics Committee for Research and Teaching belonging to CESMAC University Center and approved under Protocol number 1581/2012, as provided for in Resolution No. 466/2012, of the National Health Council.

RESULTS

Of the 14 nurses interviewed, an average of 5.1 years of experience in primary care was identified, with the time of service provision fluctuated ≥ 6 months to ≤ 13 years. From the speeches of the subjects, responses were grouped and organized into two categories: (1) The use of SAE by nurses in Primary Health Care: potential and limitations; (2) Application

of the steps of the nursing process: bias and ignorance.

The use of SAE by nurses in primary health care: possibilities and limitations

When the subjects of the research were motivated to talk about PE on the daily routine of their work, they have acknowledged, in their speeches, the importance of PE and the lack of making practice more scientific and thus, contribute to improving the nursing care to population, as described in their speeches:

When you use a method, you plan it, it gets easier to achieve your goals and evaluate your performance (ENF 1).

Use SAE would improve the quality of care because it would improve intervention (ENF 14).

The use of SAE would facilitate and organize the assistance, would improve the conduct, particularly through the development of diagnostic (ENF 13).

Although recognizing the importance of SAE in nursing work, they declared understand their responsibilities as embarrassing for the development of a care guided on a critical thinking and based on a methodology. Nurses claimed that they could not perform SAE due to the overload assignments, as it can be seen in the following lines:

We try to perform SAE, but it is not possible, because the Primary Care has a lot of demand, there is no time to perform SAE (ENF 3).

Great demand for care, goals to be achieved, many duties for the nurse, too many

forms to fill out., more families than that advocated by the Ministry of Health (ENF 8).

Another limitation cited by the subjects was the lack of professional initiative and assistance of the supervisory and regulatory bodies for implementation of SAE. The reasons were:

Lack of professional and municipal managers awareness ... if the management asks the nurse will do (ENF 3).

It would have to come from the Secretariat, from top to bottom (ENF 4).

It would have to be asked from the Secretariat or COREN (ENF 1).

Insecurity of the professional in the application of SAE was cited as another limitation to its use by the nurse at PHC. The subjects of the research made a criticism to the focus given to the theme during the process of academic training, highlighting the need for changes in the teaching and learning process and continuing education, as described in their reports:

There are professionals, if you speak of SAE, they do not know where to go. [...]We nurses need a better training of SAE and of these other issues that surround it, because it is not much seen in depth in the training (ENF 1).

I do not use SAE. It would be possible through adoption of specific instruments, professional training, improvement of content that is seen at university(5 ENF).

I only used SAE at university and do not remember in which period. In fact, one does not use SAE literally. When we study it we find it easy, but in practice it is difficult (ENF 7).

Implementation of the nursing process stage: bias and ignorance

In their statements, the subjects reported on the challenge of implementing all stages of PE, showing lack of knowledge about some aspects of the PE and SAE. It was identified that the research stage was the one that all respondents reported fulfilling it. In addition, they stated do not performing the PE registry properly, as evidenced by the lines:

I do not use the SAE or register it (ENF 12).

I used to do it in the hospital attention because I find it more suitable to the hospital itself. In the Family Health there are no resources (ENF 6).

We do part of it, but we do not record it properly (ENF 11).

SAE, we do it all the time, all the stages are carried out, even if it is not registered. Maybe, only the record that is not appropriate, but it also depends on the professional (ENF 1).

Still on the implementation of the PE, the majority of respondents claimed to carry out the nursing diagnosis. However, when asked about the diagnostic taxonomy used, most participants said not to use any diagnostic classification. They only cited the ICNP® and NANDA taxonomy, being the latter the classification that the majority reported having learned in graduation. Some professionals got confused with the systems of pathology classification and service programs. The result reveals the

ignorance of professionals on the diagnostic classification systems, as you can see in the reports:

I do not remember any classification system (ENF 10).

I would use the NANDA because I studied it at university (ENF 8).

If I would use it in primary care, I would use the CIPE because it is more simple (ENF 9).

I use the Manchester classification (ENF 2).

Regarding the use of nursing theories to substantiate the formation of diagnoses and interventions, only one nurse quoted using the Theory of Basic Human Needs, by Wanda Horta, the other participants denied the use of nursing theories and confused theories with the approached scientific content in the training process, as described below:

Sometimes I use Wanda Horta (ENF 9).

We always use the theory, makes the cerebrospinal flow examination, and gives the diagnosis (ENF 2).

Yes, I use the theory of nursing of the preventive part (ENF 3).

DISCUSSION

Given the results, it can be observed that nurses can recognize the SAE-use potential in labor activity, but they still find limitations to implement it. The work overload, ineffective municipal management, among other reasons, are factors that hinder the nurse's assistance in PHC.⁶

In addition, it was found that some subjects did not recognize the applicability of PE in the axis of the PHC, reported difficulty of developing PE for not having had the opportunity to acquire sufficient knowledge during graduation or after it. Even being a widely covered content in the category, it still has a gap between the combination of knowledge and its application in nurse's practice, leading the professional to carry on his/her work without reflecting on the work process.⁷ Unfortunately, it is common the PE approach in educational institutions as a fragmenting, geocentric method, disjointed from the practice, hindering, thus, the applicability skills of the stages of PE.⁸

This reality exposes the lack on investment of educational institutions, service institutions, professional bodies, among other institutions, in developing continuing education projects that aim to equip the SAE in nursing work spaces as a way to broaden the perspective of the professional to a care grounded in scientific methodology, as well as developing the PE on PHC to qualify comprehensive care to the individual, family and community.

It is also worth noting the need of the joint search for better working conditions, since the precarious work may interfere with the success of professional nursing practice. The nurse in its scope of

activity develops varied activities, living with internal and external mechanisms of power to his/her daily doing, generally originated from the mechanistic and biomedical model. For greater autonomy of their practice, nurses must decrease split between knowing and doing nursing.⁹

Assignments and actions inherent to the nurse's doing should have the prerogative of a planned work process, based on the scientific method, in evidence-based practice and comply with the Professional Practice Law No. 7,498 / 1986 and the COFEN Resolution No. 358/2009 on SAE. PE must be executable and evaluated, seeking care responsibly, demystifying the empirical doing, disorganized and often disqualified, promoting better care to the individual and society at different times of the health and disease process.¹⁰

The operationalization of PE presents some difficulties that are interposed, to highlight: lacking of understanding of the nurse on his/her role, together with the perception of PE as an institutional obligation and not as a tool for the qualification of health care, in addition to insufficient nurses quantitative in health institutions and excess of administrative activities.¹¹

The limitations for the application of PE in primary health care unit also permeated bias application phase of PE,

including incomplete nursing records¹² and insecurity about using the diagnostic classification system. When not properly run, PE generates invisibility and lack of professional recognition, besides making difficult the nurse assessment of his/her practice.² PE record is the nurse's responsibility, it is displayed in Resolution COFEN No. 429/2012 and should be performed at all levels of health care of the people, human families and communities, generating evidence on the effectiveness and efficiency of nursing actions/interventions.¹³

The lack of a further approximation to the subject may explain the little applicability of PE and the nursing theories. The critical use of nursing theories in PE would contribute to the qualification of care. Instead, the nurse practice is backed to tasks, meeting the demands of the service and not the needs of the patient.¹⁴ Thus, the assistance organized and provided based on nursing theories corroborates the autonomy of the work of the nurse.⁹

The nurse, despite having overcome barriers and conquered more room in his/her field, still need to empower him/herself of his/her identity, his/her scientific practice, become responsible for carrying out the PE, which is inherent to his/her profession. Understanding that PE is indispensable for professional practice,

whose respective steps are inseparable and indispensable. This understanding is necessary even if the PE is not fully consolidated in environments where there is the nursing care.

CONCLUSION

There are still many gaps between academic training and professional nursing practice, especially regarding the implementation of the scientific method in primary care. The speeches of the nurses interviewed showed lack of knowledge and little domain on this subject. Added to this, there was fragmentation in the application of PE.

The difficulties were many for not applying the PE, especially the burden of tasks by the nurse, the lack of material and human resources and the lack of support from management and supervisory bodies. In fact, these points are practical limitations to the successful development of nursing work. There is still a long way to go in this field of activity and in the search for a full, critical, reflective, competent and transforming reality to assist the population properly. Especially, there is still need for nurses' empowerment as to their identity and professional practice.

In this context, it is necessary to carry out more studies related to PE in primary care, since the records of the

professionals of the study were not evaluated, nor accompanied the routine of the nurse work, in order to better understand their speeches, the potentialities and weaknesses of the application of PE in PHC, so that nurses reach full professional practice, performed systematically, based on the principles of critical thinking, aimed at valuing nurses.

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