

TEAM NURSING FRONT OF THE IMPLEMENTATION PROCESS OF NURSING CARE SYSTEMATIZATION

A EQUIPE DE ENFERMAGEM FRENTE AO PROCESSO DE IMPLANTAÇÃO DA SISTEMATIZAÇÃO DA ASSISTÊNCIA DE ENFERMAGEM

EQUIPO DE ENFERMERÍA FRENTE A LA APLICACIÓN PROCESO DE SISTEMATIZACIÓN ENFERMERÍA

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ABSTRACT

Objective: This study has the objective of understanding the perception of the nursing team at the Systematization of Nursing Assistance implementation process in a medical clinic sector. **Method:** The research is descriptive and exploratory qualitative approach carried out with the nursing staff of a Clinical Unit of a hospital Midsize the interior of Rio Grande do Sul. **Results:** It revealed a few positive aspects resulting such as improving work processes and qualifying care from the systematization process of implementing the Nursing Care and some difficulties lack of time and work overload linked to this process. **Conclusion:** The implementation of the systematization of nursing care still has some difficulties to be faced, however, it is considered that its benefits permeate these situations sensitizing professionals to their adherence through continuing education actions.

Descriptors: Nursing Care; Nursing, Team; Clinical Medicine; Hospital Care

RESUMO

Objetivo: Este estudo possui o objetivo de compreender a percepção da equipe de enfermagem frente ao processo de implantação da Sistematização da Assistência de Enfermagem em um setor de clínica médica. **Metodologia:** A pesquisa é de caráter descritivo e exploratório com abordagem qualitativa, realizada com a equipe de enfermagem de uma unidade clínica de um hospital de médio porte do interior do Rio Grande do Sul. **Resultados:** Evidenciaram-se alguns aspectos positivos decorrentes do processo de implantação da Sistematização da Assistência de Enfermagem como melhoria nos processos de trabalho e qualificação da assistência e também algumas dificuldades como falta de tempo e sobrecarga de trabalho atrelado a este processo. **Conclusão:** A implantação da Sistematização da Assistência de Enfermagem ainda possui algumas dificuldades a serem enfrentadas, no entanto, considera-se que seus benefícios perpassem estas situações sensibilizando os profissionais a sua adesão através de ações de educação continuada.

Descritores: Cuidados de Enfermagem; Equipe de Enfermagem; Clínica Médica; Assistência Hospitalar.

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RESUMEN

Objetivo: Este estudio tiene como objetivo comprender la percepción del equipo de enfermería en el proceso de implantación del sistematización de la asistencia de enfermería en un sector clínica médica. **Métodos:** La investigación es cualitativo descriptivo y exploratorio, realizado con el personal de enfermería de una Unidad Clínica de un hospital de tamaño mediano del interior de Rio Grande do Sul. **Resultados:** Los resultados mostrarán algunos aspectos positivos como la mejora en los procesos de trabajo y la calificación de la atención resultantes del proceso de sistematización de la aplicación de los cuidados de enfermería y también algunas dificultades acerca de la falta de tiempo y la carga de trabajo relacionadas con este proceso. **Conclusión:** La implementación de la sistematización de la asistencia de enfermería todavía tiene algunas dificultades que hay que afrontar, sin embargo, se considera que sus beneficios afectan a estas situaciones sensibilizar a los profesionales a sus miembros a través de actividades de educación continua.

Descriptor: Atención de Enfermería; Grupo de Enfermería; Medicina Clínica; Atención Hospitalaria

INTRODUCTION

With the changes brought about by information and communication technologies nowadays, it has become necessary for individuals to qualify for the job market. The health area stands out among the others due to the requirement from the increase in the quality of the assistance provided.¹ In turn, nursing is worthy of perfecting its daily practice as a means of improving the care provided by the team, which may contribute to the systematization of the work processes.²

However, for nurses to make decisions, their practices must be founded on scientific knowledge, developing critical skills and logical reasoning in their

actions for clients.³ Nursing autonomy is assured by the use of scientific methodology in the Systematization of Nursing Assistance (SNA) being effectively implemented at the several levels of health concerns, with the Nursing Process (NP) being applied with its interconnected stages.⁴

The NP guides the SNA by organizing and developing the work of the team that is managed by the nurse, which allows to define each patient's needs and directs the care to be provided by foreseeing the evolution of such care.³ The NP applied in conjunction with the SNA ensures greater patient safety, improves care quality and confers autonomy nursing professionals from the increase in communication among the team and the

availability to be with the patient for longer periods.⁵

The implementation of the NP must be carried out in all environments where nursing professionals provide care, in either public or private services.⁶ Law nr. 7.498 from June 25, 1986, regulated by Decree nr. 94.406 from June 8, 1987, establishes the accountability for the execution and assessment of the NP to the nurse with the assistance of the team of professionals to pursue the best nursing results, such as diagnostic, prescription and nursing interventions.⁷

The nursing process systematization came to be after the modernization of its practices, based on experimental theories modeled from the principles of human rights wholeness and universality that are followed from their professional experiences.⁸ In a clinical hospitalization unit, the SNA limits the nursing team activity, which provides greater visibility of the work performed by identifying the actual needs of patients, their next of kin and the community in which it is inserted.⁹

Thus, this research has the objective of understanding the perception of the nursing team about the Systematization of Nursing Assistance implementation process in a medical clinic sector at a medium sized hospital in the interior of Rio Grande do Sul.

METHOD

The research is descriptive and exploratory from a qualitative approach directed towards nurses and nursing technicians. The study involved 16 active professionals from all work shifts from a Medical Clinic sector at a medium sized hospital in the interior of Rio Grande do Sul. The sector currently offers 25 beds and has had the SNA implemented for to years.

The interviewees were selected according to the inclusion criterion of having performed their activities for one year or more in the sector being studied. Firstly the professionals were contacted in person during working hours and the study objectives and ethical criteria that rule the research were explained to them. After that, an individual interview was scheduled with the professionals who accepted taking part in the study according to their availability.

The researcher collected the data between September and November of 2015 by means of a semistructured interview with guiding questions related to the SNA implementation process. All participants were aware of the ethical criteria and signed the Consent Forms.

The interviews were recorded in audio and later transcribed and categorized according to compatible focal scores, as

advocated by Bardin's Content Analysis.¹⁰ The participants identities were preserved with the use of flower pseudonyms as a means of identification.

The research obtained authorization from the institution being studied by the Comitê de Ética em Pesquisa - Research Ethics Committee (COEP) of the UNIVATES University Center under number CAAE 45077615.5.0000.5310. All ethical aspects were complied with according to Resolution nr. 466 from December 12, 2012, by the Conselho Nacional de Saúde - National Health Council (CNS) that determines the guidelines and regulatory standards for studies that involve human beings.

RESULTS AND DISCUSSION

Characterization of research participants

From a total of 16 interviewees, 4 are nurses and 12 are nursing technicians. All of them are female. Regarding how long they have performed their functions, 9 have worked between 1 and 2 years at the institution, the other 7 have done so for over 2 years. As to the age of the professionals, 8 are between 30 and 39 years old, 4 are between 20 and 29, 3 between 40 and 49, and one professional between 50 and 59.

The categories below arose from the data categorization analysis. (1) Positive aspects after the implementation of the Systematization of Nursing Assistance; and (2) Difficulties faced by the team during the implementation of the Systematization of Nursing Assistance.

Positive aspects after the implementation of the Systematization of Nursing Assistance

The professionals reported improvements to the work processes after the implementation of the SNA in the sector, especially with regards to the quality of client assistance. The interviewees highlighted the importance of team involvement in adhering to the methodology and the improvement in relations among the professionals who comprise the health team, according to their statements:

The SNA improves patient care quality because the patients arrive and you stand with them developing an effective diagnostic and identify several things, for example: an ulcer that they brought from home, anything they did not bring you are able to identify through the diagnostic itself, clinical background, there are also several things that certainly are improved, soon a colleague does not see something that I noticed for the shift change and even for patient care, it is greatly improved (Lily).

So, the way I see it is that they (nursing technicians) are more concerned with complying

with what they really have to do, and feel more confident because they know what has to be done, before it was not known, this way they do. It was sort of lawless, a lawless land (Jasmin).

Positive for patients because they receive more care, more restrictions, more attention than we need to have (Bromelia).

The participants perceived that the SNA implementation process can improve the service provided to clients, since it contributes to the identification of more effective diagnostics, as well as in the diffusion of relevant information about the patient among the team members. The team reported such improvement among the active professionals and how easy the service organization processes were.

With this, these prescriptions, this evolution, it is an aid for use, a kind of reminder for us, I think that is why it is good, like, you do not concentrate on one or another detail.. It is a far broader way, you see everything the patient really needs, it is a benefit for the patient (Calla Lily).

It is positive because patients will have better care, one more warming for the technicians who often, they do not have that insight and with this, they receive a greater warning, you end up seeing the patient superficially, in automatic mode (Hydrangea).

Furthermore, the participants mentioned that the SNA contributes with improvements regarding the commitment and safety of the professionals in their care practices. The participants deem the SNA to be a driving guide by allowing for a broad assessment of the clients' care needs.

The implementation of the SNA in hospital institutions provide conditions for improvements to the service organization models, especially in the adjustments to the work processes with the reality of the service aimed at improving the assistance offered to clients.¹¹ The organization models of current health organizations that adhere to the SNA benefit both clients and professionals due to the safety and fidelity of all the information, and also as a result of the effectiveness of interpersonal communication processes.¹²

The SNA process may be considered holistic, as it allows for an complete assessment of the individual as a whole, not only a sickness. From there, the diagnostics and planning of the care and interventions are elaborated, benefiting both clients and the nursing team who are able of planning their work shift and, in this way, making the attributions swifter.

Difficulties faced by the team during the implementation of the Systematization of Nursing Assistance

The participants reported some difficulties they encountered in the SNA applicability in the institutional daily routine. The lack of time and work overload that occur due as a result of the high number of hospitalized individuals, besides the lack of more professionals and

the excessive bureaucratic demands are factors that may hamper its effectuation.

Maybe we will be providing more time, we might not have time for all the patients, then... more work for us (Hydrangea).

I think we may at times fail by doing the SNA superficially, we end up lacking that time to be there talking to patients, their relatives, they also want that, a nurse is not just a nurse who will just be prescribing, evolving. Nurses should also be at least humane with the family, providing comfort during difficult times and, at times, we end up not having the time to do that, which we should also be doing (Jasmin).

There are a lot of little things we must check, that we already do routinely, without having that prescription sheet. It is already routine, we already carry out the routines with the bedded patients, it is one more thing we (verify, check, look...) (Bromelia).

The professionals acknowledged that many times they fail in not applying the SNA completely, as should be done, because they do not have enough time. They reflect that more time is needed to talk to individuals and their relatives aiming to provide more qualified, humane care. However, some professionals perceive SNA as representing a bureaucratic portion to be filled in, signaling little understanding of how important this process is. This goes to show how important it is to qualify professionals on applying the SNA.

Nursing as a profession is linked to the whole care of individuals; however, the organization of assistance generates a

build-up of work due to the growing demand of resoluteness in the health and sickness processes and because of the nurses' administrative activities when managing the health team.¹³ Within this context, institutional routine, in most cases with a low number of professionals, seeks to free itself from extra activities or activities that modify their work processes and stubbornly mystify the implementation of the SNA as an unnecessary bureaucratic requirement, unaware of its real benefits.¹⁴

In hospital institutions, the main hindrances to adhere to the SNA pass through internal team issues, with the lack of professional qualification hampering the realization of an effective SNA that influences the non-resoluteness of the care offered.¹⁵ The resulting stress from organizational changes in opposition to the SNA is frequent, with the demand for scientific knowledge increasing, as well as the requirement for skills in technology and other management programs and client follow-up.⁹

In the face of the difficulties reported by the participants, it is important to reflect that the implementation of the SNA requires changes to the current assistance model, thus assistance management skills should be implemented gradually as they imply in the organization of physical, human, administrative, material, assessment and budget resources.³ As is

the case with other scientific methodologies, it is necessary that nurses have the knowledge and skills to execute them, among which are communication, nursing procedures, team work and exercising leadership.¹⁶

CONCLUSION

This study allowed for an understanding of the perception of the nursing team about the Systematization of Nursing Assistance implementation process in a medical clinic sector at a medium sized hospital in the interior of Rio Grande do Sul.

Several positive aspects that result from the implementation of this work methodology came to evidence, among which, the identification of a more effective diagnostic, better relationship and greater diffusion of information about the patient among team members, greater commitment from and safety for the professionals in their care practices and broadened assessment of the client's care needs. Such aspects have a positive influence on the quality of the assistance provided to the community.

The results also brought to evidence some difficulties they encountered in the SNA applicability throughout the institutional daily routine. The lack of time and work overload that occur due as a

result of the high number of patients, besides the lack of more professionals and the excessive bureaucratic demands are factors that may hamper the effectiveness of the SNA. It was ascertained that the implementation of the SNA might represent another bureaucratic portion that needs to be filled in, bringing to evidence the need for qualifying the professionals on the understanding and importance of applying the SNA.

It should be pointed out that this study is limited by the fact that it was developed in only one clinical unit at a hospital, which does not allow for a generalization of the data found. That is due to the SNA not having been effectively implemented in the other sectors of the hospital being studied. The low adherence to the SNA by health institutions may result in difficulties to measure its impacts on different work processes of nursing teams.

Additionally, it suggests that the existing tools for the implementation of the SNA be reassessed. It is recommended that all its stages be computerized in order to make them shorter and to reduce the application time, which may improve the quality of the records. The team should undergo constant qualification and awareness building on the importance of the SNA applicability with aims to improve the quality of the assistance provided.

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