

## The effectiveness of nursing systematization in the perception of nurses A eficácia da sistematização de enfermagem na percepção de enfermeiros

### La efectividad de la sistematización de enfermería en la percepción de enfermeros

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The objective of this study was to identify the effectiveness of the systematization of nursing care in patient's health prevention, promotion, recovery and rehabilitation, in the perception of the nurses. The study is descriptive, exploratory and qualitative, based on the Theory of Social Representations, and following the guidelines for the Collective Subject Discourse. The sample was composed of 100 nurses from two hospitals in the state of São Paulo, Brazil, who answered to a survey elaborated by the researchers. The survey contained five questions for sociodemographic characterization of the participants, and one which addressed the main goal of the research. Nurses who considered the systematization to be effective have expressed central ideas in the categories: "Process"; "Document"; "Holistic"; "Yes, background"; and "Yes, lack of commitment". Those who do not consider systematization to be effective expressed their central ideas as "No, not enough staff"; "Not effective"; "No lack of knowledge"; "No, it's bureaucratic"; "No value"; "No, lack of commitment"; "No, background"; and "Cultural". Some variation was noted among the opinion of assistance nurses, from those who consider systematization as effective to those who do not. However, even those who consider the systematization effective highlight some aspects of it which need improvements, in such aspects as administrative and human resources.

**Descriptors:** Nursing team; Continuity of patient care; Nursing assessment.

O objetivo do estudo foi identificar a eficácia da sistematização da assistência de enfermagem na prevenção, promoção, recuperação e reabilitação da saúde do paciente, na percepção do enfermeiro. O estudo é qualitativo, descritivo e exploratório com base na Teoria das Representações Sociais, seguindo as diretrizes do Discurso do Sujeito Coletivo. A amostra foi composta por 100 enfermeiros de dois hospitais do estado de São Paulo, que responderam a um questionário elaborado pelos pesquisadores, com cinco questões para caracterização sociodemográfica dos participantes e uma referente ao objetivo principal, como questão norteadora. Os enfermeiros que consideraram a sistematização eficaz expressaram ideias centrais categorizadas em: "Processo"; "Documento"; "Holístico"; "Sim, segundo plano" e "Sim, falta comprometimento". Os que não consideraram a sistematização eficaz expressaram ideias centrais como "Não, falta colaborador"; "Não é eficaz"; "Não, falta conhecimento"; "Não, é burocrática"; "Não tem valor"; "Não, falta comprometimento"; "Não, segundo plano" e "Cultural". Observou-se variação na opinião dos enfermeiros assistenciais, desde aqueles que consideram a sistematização efetiva como os que a reconhecem como ineficaz. Mas mesmo os que a consideram eficaz destacam aspectos necessários para sua melhoria, como recursos administrativos e humanos.

**Descritores:** Equipe de enfermagem; Continuidade da assistência ao paciente; Avaliação em enfermagem.

El objetivo del estudio fue identificar la eficacia de la sistematización de la asistencia de enfermería en la prevención, promoción, recuperación y rehabilitación de la salud del paciente, en la percepción del enfermero. El estudio es cualitativo, descriptivo y exploratorio con base en la Teoría de las Representaciones Sociales, siguiendo las directrices del Discurso del Sujeto Colectivo. La muestra estuvo conformada por 100 enfermeros de dos hospitales del estado de São Paulo, Brasil, que respondieron a un cuestionario elaborado por los investigadores, con cinco preguntas para caracterización socio-demográfica de los participantes y una otra con referencia para el objetivo principal. Los enfermeros que consideraron la sistematización eficaz expresaron ideas centrales como "No, falta colaborador"; "No es eficaz"; "No, falta conocimiento"; "No, es burocrática"; "No tiene valor"; "No, falta compromiso"; "No, segundo plano" y "Cultural". Se observó variación en la opinión de los enfermeros asistenciales, desde aquellos que consideran la sistematización efectiva como los que la reconocen como ineficaz. Pero incluso los que la consideran eficaz destacan aspectos necesarios para su mejora, como recursos administrativos y humanos.

**Descriptorios:** Personal de enfermería; Continuidad de la atención al paciente; Evaluación en enfermería.

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## INTRODUCTION

The Nursing Assistance Systematization (SAE) came up with the objective of organizing hospital nursing services, by devising interdisciplinary and humanized care methods<sup>1</sup>.

In Brazil, the SAE began to be implemented with greater emphasis in some Nursing Services in the decades of 1970 and 1980, thanks to the growing concern about introducing scientific principles to Nursing practice. SAE started being the alternative used as a scientific method to organize care<sup>1,2</sup>.

Brazilian legislation, through the 11th article of the law regarding the Professional Exercise of Nursing — Law n<sup>o</sup>. 7498/86 — requires from the nurse the (...) participation in the elaboration, execution and evolution of assistance health plans (...)<sup>3</sup>. Systematizing, individualizing, managing, and assuming the role of nursing care provider together with their team are goals and desires that nurses have manifested in class meetings<sup>4</sup>.

However, that requires the nurse to have vast knowledge and perception, in order for them to be able to utilize all instruments available to them, while at the same time, masterfully putting into practice methods of action, aiming at a satisfactory and efficient result.

The Federal Nursing Council (COFEN)<sup>5</sup> has made the implantation of SAE mandatory, reinforcing the importance and necessity of planning nursing assistance. The COFEN resolution n<sup>o</sup>358/2009, art.2, states that the implementation of the SAE must happen in every health institution, public or private, which contributes for nursing coordination offices to invite professionals to rethink their process and adequate the institutions to established norms. However, there are still several difficulties for the execution of this project, which involve not only a lacking of resources, as well as the way in which the professional takes hold of their knowledge<sup>6</sup>.

Given this, the SAE presents itself as a necessity to the organization of nurses' jobs, and as an ample strategic planning method which depends on technical, scientific, and

humanized knowledge. Not only that, as it also offers to the individual a holistic treatment, and to the professionals the ability to identify signs and symptoms, treat and accompany the evolution of the patient.

Therefore, the nurse is apt to elaborate actions which contribute to the promotion, prevention, recovery, and rehabilitation of the health of individuals and their communities<sup>6,7</sup>. This represents the desired efficacy of the implementation of the SAE.

Nursing systematization is tied to a series of concepts which, put together, generate discordant ideas. There are currently three trends that diverge in the use of these terms in published works: the first treats the terms SAE<sup>8</sup>, Nursing Assistance Methodology (NAM)<sup>9</sup> and Nursing Process (PE)<sup>10</sup> as different. The second treats NAM and PE as equivalent. And the third argues that all three terms are synonyms<sup>11</sup>.

Despite clear orientations from the class council for the adoption of SAE, the conflicting assistance methodology scenario contributes for the nurse to have problems understanding systematization, from the moment they are learning of it to its implementation; that can, by its turn, harm the patient<sup>12</sup>.

With the objective of contributing to the reflections on the subject, the question which guided this research was: do the nurses who apply and implement SAE in their assistance notice differences in the care offered to their patients? Therefore, in order to answer this question, the work aimed at identifying, in the perception of the nurses, the efficacy of SAE execution in patient's health prevention, promotion, recovery and rehabilitation.

## METHOD

Qualitative, descriptive and exploratory study, based on the theory of Social Representations, following the technique of Collective Subject Discourse (CSD) to analyze the data.

The sample (n=100) was composed of 20 nurses from the hospital in the city of Itatiba and 80 from Unicamp, which were in

their working shift in the day of the interview and were available to answer the questions upon arrival or departure from the hospital. Participants answered the questions from two questionnaires, one regarding sociodemographic characteristics, composed of five questions, and another with one guiding question: do you consider the execution of SAE as effective in the prevention, promotion, recovery, and rehabilitation of a patient's health? Justify your answer.

Nurses who work in assistance, independently of sector or specialty, were included in the research.

The interviews were conducted outside work hours (before or after their shift) in a place near the entrance of the work sector of each participant, as agreed with the nursing supervision staff of each institution. The average amount of time each nurse took to answer the questions in writing was 25 minutes.

The research was conducted in 2015, it was authorized by the institutions and followed all recommendations of Resolution MS/CNS 466/12. Data collection happened after an approval was received from the Ethics Committee at the University Center of Padre Anchieta in the city of Jundiaí, Brazil, under protocol number 1.184.256.

Analysis of data followed the CSD technique, which consists in the mixing, in one synthesis discourse, of various individual discourses emitted as an answer to the same research question, by a social subject institutionally equivalent, or who is part of the same organizational structure.

Three methodological images were adopted: Key-Expressions (KE), Central Ideas (CI) and Collective Subject Discourse (CSD). To treat and analyze data, the following order was strictly respected.

In the first stage, before the beginning of data copy, answers were read in order, several times, for a panoramic idea to be obtained, together with a better understanding of the texts. Afterwards, the literal copy of the texts was conducted, that is, the answers from the participants was

copied to the Discourse Analysis Instrument 1 (DA1);

In the second stage, an exhaustive reading of all transcript material was conducted;

In third stage, all answers were analyzed in order to identify the KE, which were then highlighted in italic. KE in hand, all of them were read, and the CI of each study subject was identified. Care was taken so the CI represented the description of the KEs, and not their interpretation. The same procedure was conducted with the other responses;

In the fourth stage, the Discourse Analysis Instrument 2 (DAI2) was elaborated, containing, separately, each central idea and their respective KEs, whether they were similar or complementary;

In the fifth stage, the theme of each question from the interview was extracted, and put together with their respective CI, as well as the participants. The relative and absolute frequencies of each idea was established, and organized in a table;

In the last stage, the CSDs were built, separately, from each CI and with their respective KE.

## RESULTS

Table 1 presents the central ideas in frequency order. It was noted that 40% of participants believe in changes with the use of SAE, 16% believe that SAE is a document, and 13% believe that it has a holistic perspective. However, 29% of participants did not believe in the SAE. The Collective Subject Discourses have the same titles as those presented in the table and explained after it.

### "Process"

*Yes, it's with an effective and well directed SAE that the recovery of a client is optimized and made more likely, the "waste" of time being avoided, because since the instrument helps us identifying the problem by intervening with solutions and giving us feedback, through the SAE we can conduct an individual consult, carried on by the nurse. It is a process.*

**Table 1.** Identification and frequency of the Central Ideas of nurses regarding the effectiveness of SAE in the prevention, promotion, recovery and rehabilitation of health. São Paulo, Brazil, 2015.

Central Ideas	Participants	Fr (%)
"Yes. Process "	1,2,3,5,6,7,9,13,15,16,18,19,20,21,22,24,25,30,35,39,41,43,48,49,50,51,54,56,58,59,64,68,69,70,74,75,76,78,79,81,83	40
"Yes. Document "	8, 23, 26, 27, 28, 29, 32, 44,46, 52, 57, 61, 67, 72, 93, 96	16
"Yes. Holistic "	3, 4, 31, 36, 40, 45, 47, 55, 62, 63, 65,88, 94	13
"No. Not enough staff"	17,71,77,81,87,90,91,97,99	9
"Not effective"	12,85,86,95,97,100	6
"No. Lack of knowledge "	66,80,85,91	4
"No. Bureaucratic"	38,86,95,97	4
"No value"	89,98	2
"No. Lack of commitment "	37,60	2
"Yes. Lack of commitment "	42,75	2
"Yes. Background"	10,11	2
"No. Background"	12,86	2
"Cultural"	33	1

**"Document"**

*Yes, it's a tool that helps and guides nurses on how to behave in front of a patient. The SAE is a form of documentation where all the care taken and the evolution of a patient can be found. In some services it is done only to comply with the law. It is a document to which all multidisciplinary teams have access, and it helps in the treatment of the patient. The SAE makes it so the register and notes become a legal support for all assistance that is offered, so it is a legal document of huge juridical importance...*

**"Holistic"**

*Yes. Through SAE, we can answer to the needs of the patients holistically, and supply their physical, mental and social needs. SAE is effective; it makes it so the nursing staff sees the patient as a whole and the guiding... to patient care, reaching a broad point of view when it comes to care...*

**"Not effective"**

*I don't think it's effective, because it depends as long as it is coherent, correct, and responsible. Until today after over 25 years in nursing I don't see effectiveness at SAE, it's nothing but another managerial function legally imposed upon us nurses that we must comply so we're not punished. SAE only*

*generates waste of time, excessive workloads and diminishes the quality of assistance. My contact with SAE was only during college. Until today I have a hard time doing it and I can't see any efficiency in its application, until today many nurses have problems complying with the SAE and can't adapt to new professional practices, usually the nurse has to perform many simultaneous tasks, and the SAE stays in the background. I don't think the SAE is effective.*

**"No. Not enough staff"**

*No. We can't always do it due to the excessive workload SAE is effective, but we don't have staff enough neither to implement nor to execute, we don't have professionals enough to answer to the basic demand for care so imagine an integral one as the whole process advocates... I don't think it's effective, the nurse already has a lot of work to do and there are not enough employers to execute the SAE, we have a great shortage of workers, it's only one nurse in an inpatient ward. And we don't have time, practice or agility to carry on a thorough evaluation and the demand of extra activities to the nurse stands out.*

**"Yes. Background"**

*Yes, lots of times, it isn't possible to fulfill our duties. It's the excessive workload; we don't*

*have the correct amount of people to execute the nurses' prescriptions. Today they do only the most essential, nursing spends too much time focusing on bureaucratic matters; the physical exam and nursing consultations stay in the background.*

### **"No. Background"**

*No, it is effective because nursing spends too much time focused on bureaucratic issues, shift organization, prescription, solving problems in the ward and the evaluation, physical exams and nursing consultations, we can never care for all needs of the patient and all the demands which they ask of us, be they bureaucratic, administrative, so it is always in the background.*

### **"No value"**

*No, because SAE does not have any value for some nurses, it's just an obligation to be done, they couldn't understand the value SAE has to the recovery of a patient. The professional nurses lack knowledge, so nothing we do will have any value, though everything nursing does does not have its rightful value.*

### **"No. Bureaucratic"**

*Systematization is important, but I still think it's too bureaucratic, and in practice regarding nursing diagnoses nursing spends too much time focusing of bureaucratic issue... The nurse is the whole time focused on the bureaucratic, it's another bureaucracy to execute it. That's it, it's just another legally imposed function we need to do so we don't get punished.*

### **"No. Lack of commitment"**

*Not, it's necessary for the team to be compromised for it to be completely executed, I think it depends how much each one is willing to do, is interested in doing the SAE right. SAE is an effective tool as long as it's used correctly, and the nursing professionals use it along their work process and are committed to execute it.*

### **"Yes. Lack of commitment"**

*Yes. SAE is important to the professional and to the patient, but it's necessary the*

*commitment of the staff to execute it in the whole and for the result to be positive.*

### **"No. Lack of knowledge"**

*My contact with the SAE was in college, it was very short by the way, and left me with many doubts, and today I still have a hard time to do it and I can't see the efficiency in its application, there's a lack of preparation in colleges and excessive work loads at work. I know many nurses that don't even know what SAE means, much less what it's for. There's a lack of knowledge on the part of the professional nurses...*

### **"Cultural"**

*There's a cultural question in the professionals themselves about not valuing this service. And they are expressive...*

## **DISCUSSION**

SAE is applicable in a huge variety of environments (hospital services and admission provider institutions, ambulatory health services institutions, schools, community associations, factories, houses, and others)<sup>13,14</sup> as a way to subsidize the nurse to organize, plan and structure the SAE, and use it as a guide to the care they are offering. It also offers support to the professional regarding the decision-making process and the necessary **execution**, in order for them to predict, evaluate and determine new assistance interventions<sup>13</sup>. Therefore, as described by some participants, it is a document which represents the mandatory nursing process in the institutions and that should be implemented.

The systematization of care must not be seen as a simple bureaucratic norm. It is necessary for one to appreciate its real importance and the assistance and managerial implications that result from the omission of its execution. That is because it represents a legal document which contains information regarding the interventions conducted by the nursing team<sup>15</sup>. Therefore it guarantees autonomy, legal support and makes the profession feasible<sup>14,16</sup>.

The organization of the assistance offers to the patient an improvement in the

quality of the received assistance and a greater capacity to solve the problems from a holistic point of view<sup>15</sup>, leading to an integral care, with a better evaluation of identified diagnoses<sup>14</sup>.

Systematization is still not well implanted in some contexts, which leads to some resistance from professionals<sup>15</sup>. This is clear in the responses which consider SAE to be in the "background" or to have "no value", and another aspect is the fact that assistance still focuses in the disease and not in the human being, as an active and participant subject in the caring process<sup>17</sup>.

In a work environment where there is no planing of the activities nor determination of priorities, there is a significant loss of time, and some activities conducted without success. Assistance lacks reference, and each one carries on their own work as they think fit<sup>18</sup>, without any compromise, as can be seen in some responses. Just knowing the process is not enough for the nurse. They also need, beyond theoretical knowledge, to have critical-reflexive abilities<sup>13</sup>.

The daily activities of the nurse are diversified and complaints of excessive workload, which require the prioritization of some activities, are not uncommon. Thus, the nurse tends to back away from activities which do not seem relevant to them, and systematization, in this context, stays in the background, as some participants described<sup>14,19</sup>.

The lack of execution of systematized assistance by nurses can generate professional devaluation, as it prevents them from standing out with the resolute care they provide<sup>19</sup>. The lack of knowledge and appreciation for systematization and nursing assistance by the multi-professional teams is also considered as one of the obstacles to the completion of the SAE<sup>20</sup>. However, the recognizing of the real role of the nurse in the institution is paramount for the profession to be respected and able to guarantee both the implementation and the support to the continuity of the SAE<sup>12</sup>. Therefore, most of the participant nurses understand the systematization as efficient because they are committed to implementing it.

The current practice of nursing in different institutions is centered in bureaucratic activities, which are delegated do physicians in other support areas, and take a lot of the time of the nurse, consequently generating an incomplete and ineffective assistance<sup>17</sup>.

Another relevant aspect is that there is a certain lack of nursing professionals prepared to, in fact, bring about systematization, due to lack of commitment, awareness, and, still, involvement and responsibility in the exercise of the profession<sup>13,20,21</sup>.

The SAE is still an incipient practice, pervaded by many difficulties in its implantation process<sup>13</sup>.

The lack of knowledge of the various aspects which make SAE a privative instrument of the nurse (which is essential to the care giving process), makes the interaction between nursing and multi-professional teams much more difficult<sup>17</sup>.

Training is the crucial element. Lack of knowledge in the elaboration of the SAE leads some nurses to transcribe the medical transcription in the nurse transcription<sup>14</sup>.

The disbelief and the rejection leads nurses to utilize unethical and inflexible strategies not to participate in the SAE<sup>17</sup>. The nurse is the main responsible to make the operationalization of the SAE a reality, aiming at provoking radical changes in the nursing assistance<sup>14</sup>.

## CONCLUSION

The opinion of assistance nurses vary, from those who consider systematization to be effective, to those who see it as noneffective. But even among those who consider it effective, some aspects were highlighted which deserve more attention and investments, such as the administrative and human resources necessary for the implementation of the SAE to be more effective.

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#### CONTRIBUTION

**Elialda Cavalcante da Silva Souza** e **Michelle Christiane Canuto** took part in the conception of the research, its data collection, discussion, and in the writing of the article. **Bruno Vilas Boas Dias** was responsible for the conception of the research, the discussion of the results, and the critical review of the manuscript.

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