

Nursing Care Systematization: a Study with Nurses at a Teaching Hospital

ORIGINAL

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Abstract

Objective: Investigate how nurses from a teaching hospital understand the nursing process, the NCS and their applications; and verify the need for improve and/or implementation of the nursing process.

Method: Exploratory, descriptive study, with a qualitative approach. The sample consisted of 42 nurses who answered a questionnaire. The empirical material was analyzed and categorized based on the content analysis technique and discussed in the light of the literature.

Results: From the participants' discourses, two categories of analysis emerged: 1) understanding of NCS as a tool to organize the Nursing work process and improve the quality of care; and 2) applicability of the nursing process at the various hospitalization units of the institution.

Conclusion: The implementation and applicability of that method depend on not only the knowledge and motivation of the nursing professionals, but also on a strategic planning involving management and staff, from the recognition of their importance in order to obtain adherence and effective operationalization in practice.

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Introduction

The scientific and technological advances that permeate the health area have continuously instigated professionals to seek strategies and models of work processes that allow offering qualified and humane assistance to the individual and the community. In this context, Nursing, over the years, has adopted, in its practice, an organized and planned model of actions called Nursing Care Systematization (NCS).

NCS is considered a theoretical and methodological tool that aims to provide humanized care with the objective of contributing to the health promotion, prevention, recovery and rehabilitation of the individual, family and community. Since it is a systematized method, it facilitates the organization of the necessary conditions for the application of the Nursing Process (NP); it is organized into five interrelated, interdependent and recurrent stages: nursing data collection (or nursing history), nursing diagnosis, nursing care planning, nursing implementation and evaluation [1].

Regarding legislation, the development of systematized nursing care has been a legal requirement since 1986. In order to reinforce that determination, the Resolution of the Federal Nursing Council No. 358/2009 establishes the implementation of the NCS in every public and private health institution, where professional nursing care takes place [1].

A study performed in Northeastern Brazil revealed that the nurses recognize the nursing process as a theoretical-practical articulation method, which directs an assistance focused on the individual needs, helping to solve them. Moreover, it enables an assistance focused on the care, considering that the strengthening of the nurse's identity inside the health service favors the assistance quality, service organization, reduced role conflicts and appreciation of the category [2, 3].

Considering the importance of NCS for health services and its contribution to patient and family care, the interest to carry out this study arose, based

on experiences lived as nurses from the Multiprofessional Integrated Residency in Hospital Health, at a public institution. Although it is a teaching hospital and the relevance of the Systematization of nursing care to the user and the health service, as well as the requirement of its implantation and execution given the professional legislation, that technological tool of care has not been carried out yet at the different units of the institution.

Faced with that reality, seeking to understand the investigated phenomenon may subsidize a plan of action by the nurses/managers who coordinate the care units, with the purpose of stimulating their team to apply the stages of the nursing process in order to promote qualified and humanized care to the user in the hospital context.

In the meantime, the study aimed to investigate how nurses from a teaching-hospital understand the NP, the NCS and their applications; verify the need for improvement and/or implementation of the NP.

Method

This is an exploratory, descriptive study, with a qualitative approach, carried out in the medical, pediatric, surgical, obstetric, infectious and parasitic diseases and intensive care units of a teaching hospital, linked to the federal public university, located in the municipality of João Pessoa - PB, characterized as a medium-sized hospital.

The criteria established in the Consolidated Criteria for Reporting Qualitative Research [3] were considered for the development of the proposed study, which is a check-list that contains 32 items to be observed during the performance of studies of qualitative nature.

The study population consisted of 75 nurses who worked at the aforementioned institution. In order to select the participants, the inclusion criteria were being part of the effective staff of the institution and being involved in direct patient care at the

hospitalization units. In order to compose the sample, non-probabilistic sampling, obtained through accessibility [4], was adopted, characterized by the sample consisting of individuals that meet the inclusion criteria, which are accessible to the researcher, comprising 42 nurses.

In order to enable data collection, the questionnaire technique was adopted with the use of an instrument with semi-structured questions pertinent to the proposed objectives, applied in the second half of 2014. The researchers delivered the questionnaires personally to the nurses, at the working environment of those professionals, who then responded and returned.

The empirical material of the study was analyzed using the content analysis technique proposed by Bardin [5], from the following phases: pre-analysis, material exploration and treatment of results, with inference or interpretation and presentation of the data in categories and subcategories.

The research project was approved by the Ethics and Research Committee under CAAE No. 36469114300005183, in compliance with Resolution No. 466/2012 of the National Health Council [6]. Regarding the autonomy of the study participants, the Informed Consent Form was presented to the nurses to obtain their consent. In order to preserve the confidentiality of the professionals' identity, an alphanumeric code (E1, E2, ..., E42) was used to name each participant involved in the research.

Results

In this study, 42 care nurses participated. With regard to the professional training time of the study participants, most of them (16) had between 11 and 20 years of academic training and 20 had worked at the hospital for the same time. Regarding the NCS approach during their academic training, 25 nurses answered affirmatively, 24 assented that they had already received some training on the subject, being

the hospital where they acted the promoting institution, mentioned by 16 of the respondents.

Regarding the nurses' sector, the Medical Clinic Unit stood out, with nine respondents, followed by the General and Pediatric Intensive Care Unit, with eight out of five of the Neonatal Intensive Care Unit; four from the Pediatric Clinic; four from the Infectious and Parasitic Diseases Clinic; and two from the Surgical Clinic and the Obstetric Clinic, respectively.

The participants' statements allowed identifying categories and subcategories of analysis, namely: 1) understanding of the NCS as a tool to organize the Nursing work process and improve the quality of care; and 2) applicability of the nursing process at the various hospitalization units of the institution. The last one originated two subcategories: consolidation of instruments, working methods and incipient human resources; strategies for applying the most effective NP at the institution.

Category I. Understanding of the NCS as a tool to organize the Nursing work process and improve the quality of care

Regarding the understanding of the nurses participating in the study on NCS, most of them reported recognizing it as an important technological tool to use in the nursing practice, which represents a good factor for adherence to the nursing process. It is worth mentioning that none of the participants stated that they understood it very well.

Following the study, the participating nurses were asked about the benefits that the NCS could offer.

The nurses pointed out in their speeches that the nursing process *improves the quality of patient care* (E5, E14), thanks, in particular, *to the planning of an individualized care* (E3, E6, E17), *with possibilities for time optimization, minimization of errors and omissions* (E11, E29), *prescription of care and evaluation of results with theoretical basis* (E10, E37) and *with adequate records* (E15, E30).

The nurses' discourses also highlighted the benefits of the NCS in relation to the organization of the Nursing work process, since it is a *facilitating tool* (E1, E24) that allows an *organized, planned care* (E2, E28), which *directs nursing practices, qualifies the provided care and organizes the service* (E12, E31).

Still in this category, the participants of the study emphasized the *registrations and annotations of all actions performed by nursing in the patient's chart* (E4, E21), as a way to promote *effective communication of information pertinent to the individualized assistance among the multiprofessional team* (E23, E36), based on the *detected problem and actions carried out, promoting continuous evaluation, guaranteeing the documentation of the assistance* (E27, E34).

There were also questions regarding the nurses' knowledge on the use of existing taxonomies and classification systems that standardize language on the applicability of the NP in the professional practice. Most of them reported knowing about the taxonomies, especially the Nursing Diagnoses Classification (NANDA-I) and the International Classification of Nursing Practices. Only few of them revealed not knowing about the addressed subject.

Category II. Applicability of the nursing process at the various hospitalization units of the institution

The following data show the nurses' thoughts about the applicability of the NP and the collaboration of the team members for its effectiveness.

Regarding the application of the NP, half of the nurses answered that the care units where they work has been implementing the nursing process, and the other half has responded negatively. In this regard, the participants pointed out in their discourses questions related to the non-applicability of that tool at their work sectors, thus emerging two subcategories, presented below.

Subcategory 1. Consolidation of emerging instruments, working methods and human resources

In this subcategory, the nurses highlighted the lack of consolidation of instruments as one of the reasons for the non-applicability of the NP, arguing that *at the moment they did not have all forms for better organization of the process* (E13, E16), *except for the data collection instrument* (E35, E18, E32). They also pointed out the reasons related to the human resources, such as the *reduced number of nursing professionals at health care units* (E25, E39), *low qualification* to implement the NCS (E7, E40), and *fragility unrelated to training provided by the employer institution* (E20).

Regarding the involvement of the nursing team in the application of the NP, most of the respondents stated that there is a partial collaboration of the professionals. Regarding the ease/difficulty to implement the NP, less than half of the participating nurses declared to be easy; others stated that it was difficult, pointing out the nursing diagnosis as the most difficult step, followed by nursing prescription, evaluation of the results, nursing history and assistance implementation, in descending order of difficulty.

Regarding the nursing diagnosis stage, the nurses mentioned that the greatest difficulty related to the diagnostic process of the patient's needs.

With regard to the understanding of terms and language used in the instruments/forms, in order to operationalize the stages of the NP, the participants in the study understood it. In this regard, the majority stated that they understood partially, while less than half of the participating nurses stated that they fully understood it.

Subcategory 2. Strategies for more effective NP application in the institution

The nurses presented suggestions for improving the applicability of the NP at their respective working sectors, stating that *there was a need for work-*

shops, training and qualifications (E9, E22, E40) in order to finally apply the nursing process in the daily work of Nursing (E19, E41). They also mentioned the importance of permanent/continuing education in that spectrum that should involve *not only nurses, but also the entire Nursing team, with the participation of professors, students and Nursing residents* (E12, E25).

The nurses, when asked about suggestions for improving the NP applicability, once again mentioned issues related to the instruments/forms of their respective sectors. Among the raised issues, there were criticisms regarding the applicability of those instruments. The professionals believe that *there is a need for a reassessment, updating and standardization of the same* (E8, E31, E42) in a way that allows the viability of the NCS.

Considering that the insufficient dimensioning of nursing staff is a factor that impairs NCS operationalization, it was mentioned, in this subcategory, as a strategy to be discussed, along with the technical staff of the nursing service (E26, E33, E38), in order to enable a joint action to strengthen the application of the NCS in all nursing care spaces.

Discussion

The findings allow inferring that most of the institution's nurses, the study participants, revealed having had a theoretical approach to the NCS both during their academic training as in the training provided at their working setting. Those data corroborate the results of a study carried out at a medium-sized hospital in Southern Brazil, in which nurses affirmed that, at some point in their professional or academic trajectory, they participated in studies and discussions about the NCS [7].

The discussion on the theme in educational institutions and in the professional practical field is important for the professionals' update, discussion and reflection on ways to apply the care in an organized and efficient manner. Therefore, their philosophy

shall unite for the implementation of a permanent educational policy so that every professional learn the real concept of the NCS and its correlation with the care process [7-9].

A study performed in Southeastern Brazil showed that, among the 24 interviewed nursing professionals, 18 knew what NCS was [8]. Such result is similar to the results of the present study, in which most participants reported understanding the subject.

The understanding of NP by professionals, particularly by nurses, is imperative so that they can perform its steps at their work environment. However, they need to broaden their technical-scientific knowledge, which will favor critical thinking and reasoning, using them for the benefit of direct assistance to the individual [11] and guaranteeing a qualified care.

The recognition of benefits derived from the NP can be an important factor to motivate professionals to implement that method of care [12], considering it an organized process, which can promote improvement for patient, professional and institution assistance.

A study carried out at a public hospital in Northeastern Brazil pointed out that the participants recognize the importance of the NCS as an instrument for improving the quality of care, corroborating the discourses presented in the present study [10]. In this sense, nurses understand the importance of that tool for a qualified, organized, systematized care directed to the patient in the care process.

NCS optimizes the care provided to the individual, making the team's work process more scientific and less empirical, capable of improving institutional performance, effectively intervening on the more complex aspects that go through health services. That methodological technology also strengthens the role and autonomy of the nurse as a component of the multiprofessional team [13].

Still regarding the benefits of the NCS, a study carried out with nurses working at the Intensive

Care Unit of a medium-sized hospital, with the objective of investigating the understanding about the operationalization of the NCS, indicated that the participants recognized that it was an indispensable technology for the organization of the Nursing work, as well as for qualified patient care [14].

Considering that NCS is a method of assistance that directs nursing practices, organizing work and qualifying the provided care, NCS is conceived as an important tool for nurses, fostering critical thinking, thus enabling a dynamic and efficient action for a complete care to the patient [10].

In the operationalization of the NP, registration is considered one of the most important forms of communication of the nursing team with other professionals involved in care, which bases the assistance plan and allows monitoring the patient evolution. Besides being a legal document of the provided care, it is important to use nursing auditing, research and teaching [15].

In the legal nursing framework, Resolution No. 429/2012 provides for the registration of professional actions in the patient's medical records and other nursing documents. In this context, Article 1 of that Resolution establishes that Nursing professionals are responsible for registering, in the patient's file, the record inherent to the care and management of work processes, necessary to ensure continuity and quality of care [16].

A study developed at a university hospital in Brazilian northeast highlighted the predominant use of the taxonomies of NANDA-I and the Nursing Interventions Classification for the elaboration of diagnoses and interventions, probably due to the influence of professors who adopt those Classifications [17].

The International Classification for Nursing Practice was created in 1996, being considered a very recent taxonomy in the teaching and practice of nursing care, thus being little used in the application of the NP, whereas NANDA-I was introduced in nursing practice more than 20 years ago [18-19].

In Brazil, researches developed by the Nursing Graduate Programs have been using International Classification for Nursing Practice, motivating its use in teaching and care. At the university hospital, where the present study was developed, the use of that classification system has been diffused as a result of studies linked to the research project financed by CNPq, with construction of terms basis at several hospitalization units [20, 21].

Regarding the factors that hinder applying and implementing the NCS at care units, an integrative review of the literature on the subject highlighted, among those factors, the lack of involvement and responsibility, overwork, lack of professionals, and the fragility in the academic formation, which reflects in the professional practice [22]. Those results corroborate the opinion of the participants of this study because their statements highlight the need for more human resources and training on the NP, so that they can operate it.

All members of the nursing team shall collaborate to the implementation of the stages of the NP, especially when planning their implementation in the sector, which makes them adopt the practice of systematization and ensures greater usability of the tool [23].

The applicability of the NP needs forms that favor the practice of nurses, facilitating their completion and optimizing the work process, as identified in the study at a hospital in Mogi das Cruzes - SP. That study evidenced that the form contributes to directing and guiding the care, besides highlighting the registration of the stages of the NP [24].

Nurses should use records of their care as a way to ensure continuity of care and to provide a uniform practice of care by all professionals from their team. Accordingly, the Nursing Code of Ethics determines, as the professionals' duty, to "record in the patient's medical records the information that is inherent and indispensable to the care process" [25].

In this context, resolution 293/2004 of the Federal Council of Nursing establishes parameters for the

dimensioning of the nursing professional staff, and similar professionals, at the healthcare units of the health institutions [26].

The dimensioning of nursing personnel has the purpose of predicting the quantity and quality by category (nurse, nursing technician and assistant) necessary to meet, directly or indirectly, the needs of the users' care [27].

Studies carried out in Brazil have shown that institutions work with the nursing staff smaller than expected and necessary to meet the needs of users in their biopsychosocial dimension. Several studies have shown a correlation between that reduced number and worse care outcomes, such as infections, pneumonia and increased length of hospital stay. Furthermore, it is emphatic that the high work load is responsible for the wear and tear of the professionals, leading to more and more accidents, health problems and absenteeism [13, 28].

We emphasize limitation of the results of the proposed study due to the qualitative nature of the used method, as well as the opinions and knowledge of nurses from only one health institution, which includes the operationalization of the NCS in the context of a Northeastern State. Therefore, further investigations will be necessary, involving more than one institution for a possible comparison of their results. Nevertheless, in the studied scenario, there are evidences of important reflections on the definition of strategies for the consolidation of the NCS and improving the quality of patient care, which can be observed in other health care services. There is still a difficulty in understanding the meanings of the NCS and Nursing Process terms, not only at the national level but also at the local level. The legal document of the Federal Nursing Council distinguishes both terms, but, even so, many studies still use such expressions as synonyms, which was not different from the result of the present study.

Conclusion

The benefits provided by the NCS in the area of care are undeniable, with evidences declared in several studies published in the national context, such as the results found in this study with the nurses from a teaching hospital. The NP enables the nursing team to provide systematized care in order to provide individualized and qualified care to the client.

The results of this study allowed observing that the participating nurses have a reasonable understanding about NCS. Most revealed that this scientific methodology brings benefits, such as improving the quality of care and organization of the nursing work process. Nonetheless, they also pointed out some difficulties to implement and apply the NCS at the teaching hospital, related to the lack of consolidation of instruments and working methods and institutional issues such as human resources, and fragility in the permanent education for the entire nursing team.

With the concreteness of the study, the institution needs to know the strengths and weaknesses raised by the participants of the study sample, and consider them to help solidify that important methodology of care at all nursing units of the teaching hospital.

We conclude, therefore, that the implantation and applicability of the NCS depend on not only the knowledge and motivation of the nursing professionals, but also on a strategic planning involving management and staff, from the recognition of its importance in order to obtain effective operationalization.

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