

Processo de enfermagem: instrumento da sistematização da assistência de enfermagem na percepção dos enfermeiros

Nursing process: systematization of the nursing care instrument in the perception of nurses

Proceso de enfermería: instrumento de sistematización de la asistencia de enfermería bajo la percepción de los enfermeros

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ABSTRACT

Objective: this study aimed to identify the perception of nurses about the contribution of the nursing process for the systematization of nursing care performed in a Teaching Hospital in the South of Brazil. **Methods:** descriptive and exploratory qualitative study. The study participants were 38 nurses. The qualitative analysis was of the content and with the resources of the Atlas Ti[®] software. **Results:** after the analysis the following

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thematic categories were found: operational aspects of the nursing process; the nursing process and its practical application; facilities and difficulties in implementing the Nursing Process. **Conclusion:** the use of a care model to guide nursing practice for more than three decades has reflected positively on the quality of the assistance provided, as well as the satisfaction of nurses to perceive their work as recognized. The nursing process improves the systematization of nursing care, with the philosophy of the institution and of the Nursing Service aligned to a permanent education policy.

Descriptors: nursing processes; nursing care; nursing.

RESUMO

Objetivo: com objetivo de identificar a percepção dos enfermeiros acerca da contribuição do Processo de Enfermagem para a Sistematização da Assistência de Enfermagem realizado em Hospital de Ensino do Sul do Brasil. **Métodos:** estudo qualitativo com caráter descritivo e exploratório. Os participantes da pesquisa foram 38 enfermeiros. A análise qualitativa foi de conteúdo e com os recursos do software Atlas Ti®. **Resultados:** após a análise foram encontradas as seguintes categorias temáticas: aspectos operacionais do Processo de Enfermagem; o Processo de Enfermagem e sua aplicação prática; facilidades e dificuldades na implementação do Processo de Enfermagem. **Conclusão:** a utilização de um modelo assistencial para guiar a prática de enfermagem há mais de três décadas, tem repercutido de maneira positiva na qualidade da assistência prestada, bem como na satisfação dos enfermeiros ao perceberem seu trabalho reconhecido. O Processo de Enfermagem melhora a sistematização da assistência de enfermagem, com a filosofia da instituição e do Serviço de Enfermagem alinhadas a uma política de educação permanente. **Descritores:** processos de enfermagem; assistência de enfermagem; enfermagem.

RESUMEN

Objetivo: identificar la percepción de los enfermeros acerca de la contribución del Proceso de Enfermería para la Sistematización de la Asistencia de Enfermería realizado en un Hospital de Enseñanza del Sur de Brasil. **Métodos:** estudio cualitativo exploratorio y descriptivo con el Los participantes de la investigación fueron 38 enfermeros. El análisis cualitativo trató del contenido y utilizó los recursos del software Atlas Ti®. **Resultados:** resultando en tres categorías temáticas: aspectos operacionales del Proceso de Enfermería, el Proceso de Enfermería y su aplicación práctica; facilidades y dificultades en la implantación del Proceso de Enfermería. **Conclusión:** la utilización de un modelo asistencial para orientar la práctica de enfermería por más de tres décadas ha repercutido de modo positivo en la cualidad de la asistencia prestada y en la satisfacción de los enfermeros cuando perciben el reconocimiento de su trabajo. El Proceso de Enfermería mejora la sistematización de la asistencia de enfermería, con la filosofía de la Institución y del Servicio de Enfermería armonizada a una política de educación permanente. **Descritores:** procesos de enfermería; asistencia de enfermería; enfermería.

INTRODUCTION

Nursing along its historic trajectory has sought to base its care practice in scientific knowledge, the beginning of which occurred with Florence Nightingale and continues until this day. With scientific development, many were produced by nursing knowledge, including the Nursing Process (NP), which can be described as a tool used to guide the care actions and through it the nurse realizes the health problems of individuals, plans, implements and evaluates the results.¹

In Brazil, one of the first nurses to study deeply the NP was Wanda de Aguiar, whose thoughts have led to basic human Needs theory, published in 1979.² One of the contributions of theoretical model of Horta was the NP proposal, which to this day is the most known and followed in Brazil.³ The NP model proposed by Horta is developed in six phases or stages, which are: nursing report, nursing diagnosis, nursing care plan, prescription drugs, nursing development and prognosis.²

In this perspective, the Nursing Department of the teaching hospital where this research was developed, since its inception in 1980, based its care practice in a theoretical model. The Basic Human Needs theory of Wanda Horta was adopted as the basis of her philosophy and outreach, especially her NP, but in simplified form, containing three of the six phases proposed by Wanda, namely: nursing report, nursing prescription and nursing evolution.

There is no doubt the visibility and appreciation that the NP has acquired for the development of the profession. Both can be highlighted through the laws created by the representative bodies of the profession. The Resolution 272/2002 is highlighted and its updated version, 358/2009, the Federal Council of Nursing (COFEN). In accordance with these resolutions, the NP is defined as a methodological tool that guides the professional care and documentation of professional practice.⁴ Therefore, the NP is part of Nursing Care Systematization (NCS) that, according to Resolution 358/2009, organizes professional work on the methodology, personnel and instruments, making possible the implementation of the Nursing Process.⁴

The NCS is a dynamic method, flexible, organized and used in clinical practice of nursing to guide the work of nurses in research of patient data, identifying the care needs, proposing interventions and evaluating the performed care results.⁵

It is understood that the NP is one of the instruments for the NCS. Currently, the NCS is in concern object of nurses in different areas of activity, whether they are in teaching, research or care. There is a growing interest and involvement of professionals to implement the NCS in the various health institutions, however, the constant modifications required for its execution show progress and setbacks, with results that vary according to the site structure.⁶

Despite the NCS being implemented in the studied hospital since 1980, it can be seen within statements of

nurses indicating the need for urgent updating. Thus a study was carried out with all the nursing staff in order to diagnose the current demands of care and health care priorities.⁷ In this sense this study brings as research question: what is the perception of nurses on the contribution of Systematization of nursing care for nursing care in respect of the use of the nursing process as an instrument?

While the primary purpose is the nursing care in the institution, there is also the intention to contribute to the improvement of nursing care in Brazil, when considering the organizational model of nursing services and the typical characteristics of the teaching hospitals are instrumental pieces in training health professionals for the understanding of multidimensionality of care to patients in meeting their needs. Furthermore, this research contributes to the production of knowledge in the area of management of assistance, especially in face of the current studies that propose new forms of classification for nursing procedures.

This study aims to identify the perceptions of nurses on the contribution of Systematization of Nursing Care for nursing care regarding the use of the nursing process as a tool.

METHODS

This is a descriptive and exploratory qualitative study, performed in a teaching Hospital in the South of Brazil. Currently this Hospital has 274 active beds. It is structured in four basic areas: Internal medicine, Surgery, Pediatrics and Tocogynecology. It also has Emergency care for adults and children, in separate areas, with an average of 400 service calls per day. The hospital is a state reference in high complexity internal medicine and surgery, with a significant demand in the area of cancer and major surgeries in different specialties. Is a totally free public hospital providing care exclusively by the Unified Health System (SUS). The nursing professional staff consists of 164 nurses, 312 nursing technicians, 131 nursing assistants and 18 healthcare aids.

The participants in this study were nurses crowded in inpatient, outpatient and emergency units using the NP. The choice of participants was accessibility, and invited the chief and one nurse for each unit, totaling 38 professionals, who signed the Informed Consent Form. The questionnaires were delivered to 41 nurses, but three didn't return them.

The data was collected in the months of March to June 2009. A semi-structured questionnaire was applied on the aspects of work organization of nurses for the use of NCS, operational aspects on the use of the stages and the facilities and difficulties encountered in the implementation of NP during the daily work of nurses. Before its application, this questionnaire has been validated with students of the 8th phase of the nursing graduate course which allowed the implementation of a reliable instrument.

For the analysis and interpretation of data we opted for the content analysis⁸ and Atlas Ti[®] version 7.1.8 software

resources, developed for the analysis of qualitative data. The data were entered into Microsoft Word in a single document, and inserted into Atlas Ti[®], called primary documents, constituting a Hermeneutic Unit which was called NCS Nurse Study. After a reading was done in order to examine, investigate and analyze the primary document. There was the codification of primary document, transforming raw data from questionnaires into information subject to analysis. For this purpose, codes were created for the interpretation that allowed select the content that was relevant to the study.

Encoding comprises three stages. The first is the choice of meaning and context units. In the Atlas Ti[®] software, the meaning unit is called *quotes*, context units are comprehension units to encode the meaning unit. The second stage of encoding, that seeks to grant a name, code or concept to the selected direction, is the theoretical framework essential for the encoding. When a concept admits different forms of expression, creation of various codes to contemplate its diversity, for categorization. Categorization is a sorting operation of components by differentiating which are then reassembled with the predefined criteria. The Atlas Ti[®] categories are called *families*. This study resulted in three thematic categories: Operational aspects of the nursing process; the Nursing Process and its practical application and facilities and difficulties in implementing the Nursing Process.

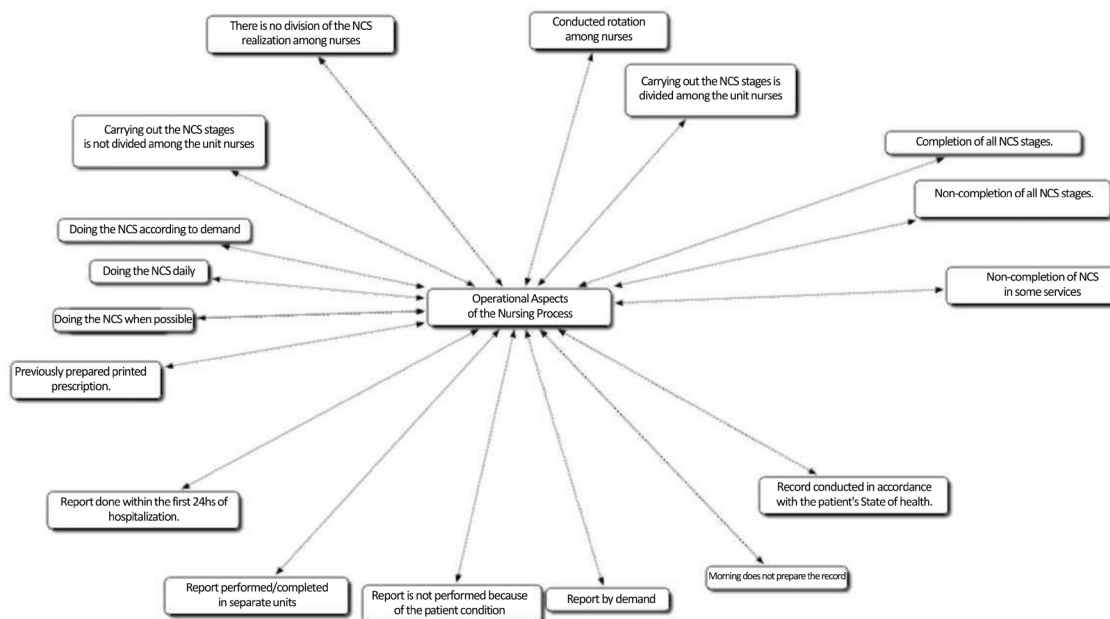
As for the ethical aspects were obeying the terms of the resolutions 416/2012 of the National Health Council. The project was approved by the Ethics Committee on Human Research of the Federal University of Santa Catarina, under number 026/08 and FR - 181200.

RESULTS

Operational Aspects of the Nursing Process

Regarding the operational aspects of NP a variety of ways to implement among nurses in different care units of the hospital research was highlighted as shown in Figure 1, although there is an internal policy related to aspects such as frequency and steps to take.

Figure 1: operational Aspects of the Nursing Process, Florianopolis, Brazil 2014.



This study noted that it is common practice division of NP steps among nurses and between shifts, aiming to optimize the time spent for the execution of each stage: nursing record, nursing prescription and nursing evolution. The completion of the stages, do not always follow those recommended by Horta, i.e. first the assessment of the health status of the patient (nursing evolution), to subsequently execute the nursing prescription. There is usually a division of labor among the nurses, who do not always follow the predetermined order.

Most of the units nursing record is done only in the afternoon and night shifts, because it requires more time for its realization because it is from the initial collection of patient data, making it difficult its operation in the morning shift because of the many health care demands inherent in this shift. Despite the consolidated routine it is necessary to rethink the process of nursing work, mainly in the reality of hospital care, since in many situations the nursing routines are established when necessary to adapt to schedules and routines of medical professionals, completely disregarding the needs of patients.

In this sense, even the most structured work processes, there is always the possibility of questioning care production logic, allowing the nurse to expand their operations and autonomy for the sake of meeting the needs of the care subject.⁹

The prescription and nursing evolution are held in the morning and night shifts, and some units in the evening. Although in the responses of nurses there is justification for this division of the execution stage of the NP, this practice can

lead to inconsistencies between the assessment of the health situation of the subject of care and nursing prescriptions as they are planned at times and for different nurses.

The NP is characterized as a dynamic organized nursing actions, through the sequence of phases that are interrelated and interdependent.² Thus, the separation of the implementation of the steps identified in the study, clashes with the definition of the theory adopted by the hospital nursing of the study because the NP must be based on scientific knowledge of nurses, which identifies the needs of the individual as a whole and, through an intervention, provides the results expected of them, and this breaks the sequence and makes it difficult to achieve a logical reasoning at the risk of making it a mere execution of care routines, de-characterizing it as a scientific process.

Implementation of the NP as routine care actions by nurses is represented to be a care driven by prescriptive nature of actions that, in most cases, have immediate resolution, prioritized in relation to the outstanding conditions, needs and risk conditions, being there little time for attentive listening or close relationship with the care subjects.¹⁰ Thus, dominated by routine actions in the complex hospital every day, trying to answer for their ritual doing what is incorporated into the institutional culture as a normal, learned and adapted practice.

Another aspect of the operationalization of the NP observed in this research relates to the frequency of its execution. According to the standardization of the study hospital, the nursing record is done during the first 24 hours of hospitalization, followed by the development of the nursing

prescription. From the first prescription of nursing, nursing developments should be performed on a daily basis, at least once a day, which is observed by the majority of the nurses. However, in some units, the NP is performed according to the demand and the gravity of the healthcare situation and this practice is justified by the excessive activities performed by the nurse, missing time for its realization.

Despite NCS and NP of the hospital in question have been implemented for more than 30 years, over time, the demands of nursing care suffered changes that relate to technological advances in health and changes in the epidemiological profile of the population. In this sense, the form of implementation of the NP also suffered changes, adapting to new demands. However, the responses to these changes have taken place without a broader discussion among nursing professionals, and more than that, without a reflection on these aspects, which may compromise the quality of the nursing care provided. It must be noted also

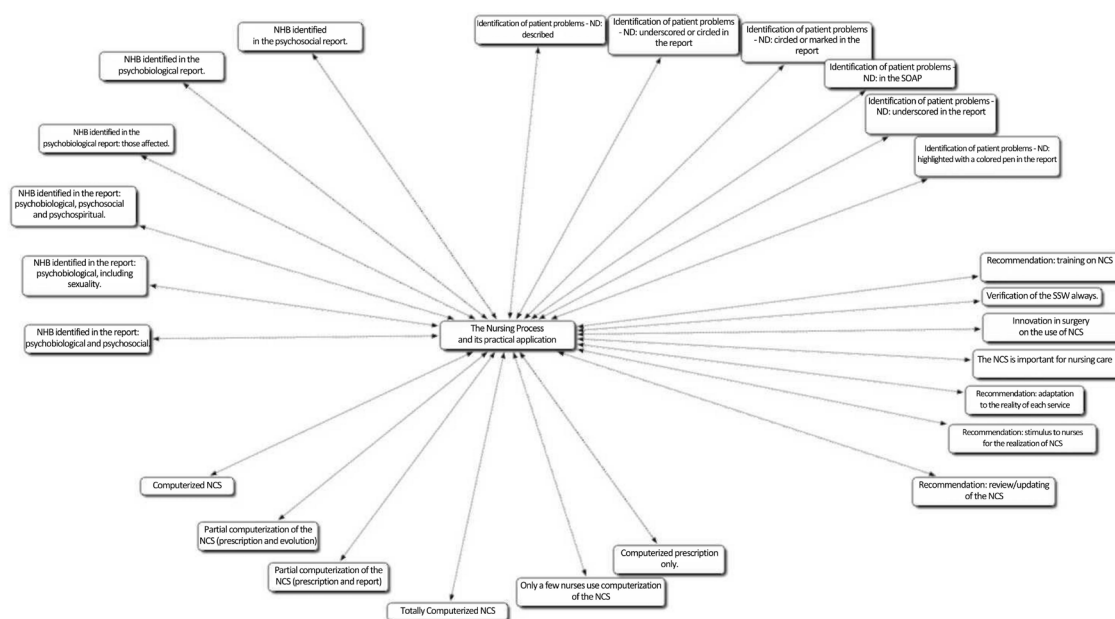
that the nursing work cannot be understood just as fulfilling routines and performing tasks as it is part of a collective work where professionals interrelate with their peers and with care to subject the service in health, including the reflection on their work process.¹⁰

The application of the NP

In relation to the NP and its practical application, it should be noted that the NP interface with the philosophy of Nursing Service and the theory itself is based. Yet, discussing the NP practice in the hospital study, another aspect that has been identified its computerization.

Figure 2 shows that although there is the computerization of some steps, usually prescription of nursing and nursing developments, in reality the computerized NP is used by only a few nurses. This is justified by *software* failures, causing difficulties in everyday use, which discourages its use by nurses.

Figure 2: application of the NP. Florianopolis, Brazil 2014.



In this research the NP application relates to conceptual and philosophical aspects involving their practice. In this sense, in relation to basic Human Needs, it was shown that nurses, mostly, identify more often psychobiological needs, i.e. the needs linked to the biological dimension of caution when performing data collection for the nursing record. However, it highlights that nurses working in the women's and child health and at the outpatient clinic, more often identify, psychosocial and psycho-spiritual needs.

In this context, the actions of care and use of everyday hospital NP have been compromised, because they reflect an evaluation focused on signs, symptoms, and not the

needs of the patient, with a focus on physical aspects and critical situations the care subject, mediated by knowledge, internalized values and meanings assigned to the act of caring.¹¹ Furthermore, the epistemological object of nursing is directed to care through the use of knowledge, built with scientific basis and application of theories.

However, despite the increasing use of nursing theories, practices still remain fragmented, based on signs and symptoms of disease and in solving problems, the logic of the services do not always meet the needs of considering who gets care.¹ This is one of the difficulties in carrying out the NP, permeated by a practice-oriented care tasks, prioritizing

the services and not the needs of the subject of care, resulting in an automated and bureaucratic work. In this sense, the NP, especially through the prescription of nursing care can represent a paradigm change of culture within the institution and break with the biomedical model, presenting itself as a challenge to its consolidation in the institutions.¹ another point to highlight in this study is the uncertainty as to the identification and registration of nursing problems, since in that hospital, the chart follows the Weed method, clinical history, model developed by Lawrence Weed in the 1960s. This method allows the recording and communication between multidisciplinary team events linked to health status of patients who are not medical diagnoses, called Problem Oriented Medical Record (POMR).¹²

According to the standard established in 1980, since when the hospital started its research activities, the care problems identified by nurses should be underlined when they are identified in the nursing record. However, this study showed that the problems are logged in a variety of ways such as: underlined in the record (such as the established norm), circulated and/or highlighted with colored pen in the nursing record, written in the evolution of nursing.

Once again we see the adaptation of a NP registration form, motivated perhaps by the need to make it more current. To the extent that the hospital searched is not carried out the nursing diagnosis as a NP stage adopted, with the curricular changes and with the advancement of the use

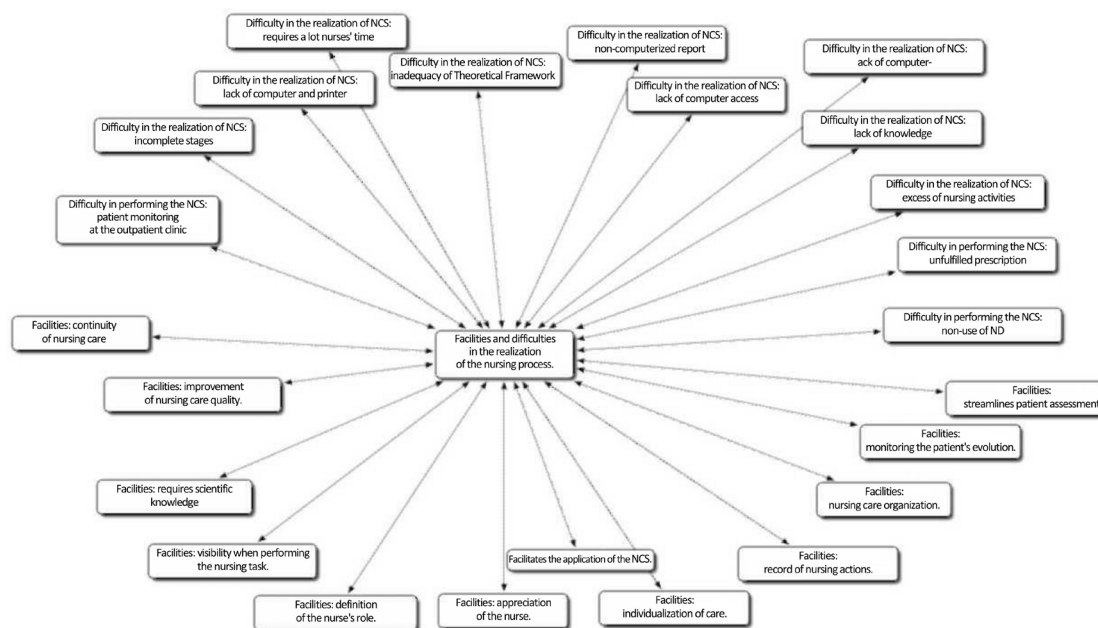
of the classifications of nursing practice in Brazil, among these the taxonomy of *North American Nursing Diagnosis Association* (NANDA), nurses were feeling the need for, to some extent, incorporate these new nomenclatures. Thus, a few isolated attempts were being implemented in order to relate the problems of nursing with the diagnostic NANDA Taxonomy which were being incorporated by the nurses in the various care units.

The use of nursing practice classification, such as nursing diagnoses, has been an innovative experience that has spurred some nurses to face this challenge in the care, teaching and research. The use of nursing diagnosis becomes essential in nursing work routine as it serves to guide and justify the nursing interventions, with its own uniform and language, making them viable. Also directing nursing care to the needs of each individual care, facilitates the choice of the most appropriate interventions, objectively records their reactions and allows the subsequent evaluation of the implemented nursing care.¹³

Facilities and difficulties in the realization of the NP

In this category, as in shown in Figure 3, we will discuss the features and difficulties reported by the nurses at the hospital of the study, in relation to the implementation of the NP. We intend to highlight the difficulties and facilities, substantiate its review and consider the proposed changes.

Figure 3: facilities and difficulties in the realization of the nursing process. Florianopolis, Brazil 2014.



We will start showing the difficulties reported: overworked nurses, lack of time, lack of knowledge, inadequacy of the theoretical framework used, no computerization of nursing history, lack of computers, non-compliance with the nursing requirements, not using diagnostic taxonomy, incomplete steps.

Analyzing the responses of study nurses are evident some of the obstacles characterized as institutional, managerial, human and material resources.¹ However, it was not identified in this study lack of interest and motivation of nurses to perform the NP. This may be related to the fact that the NP being performed continuously in these thirty-four years of existence of the hospital where this study was conducted and therefore already be built into the nursing work and philosophy of the nursing service.

One aspect pointed out by nurses of this research concerns the computerization of NP, as only the steps of evolution and nursing prescription are computerized in a manageable form. Although they indicate that even though they are computerized, these steps are difficult to perform for many nurses, they end up doing them handwritten abandoning computerization. This situation indicates the need to implement improvements in the operating system of the hospital, as well as in the training of nurses on their operation and development.

About the facilities reported the implementation of NP, this study found: agility in the evaluation of the patient, organization of nursing care, registration of nursing actions, model adopted for easy carrying, the individualization of care promotion, nurse appreciation, defining the role nurses, promoting the "work" the nurse visibility, requires scientific knowledge, improving quality of care and promote continuity of care.

About the difficulties the results are similar to other studies^{3,14}: insufficient nursing human resources; workload of nurses; NCS production that makes the professional practice illusory of nurses; the lack of knowledge; the non-involvement of the professionals in this process.

The shortfall of human resources is pointed to as a component which makes operationalization of full care, such as the NCS, as well as the National Policy of Humanization and the principles of the Unified Healthcare System (SUS). Although currently the Brazilian health organizations are burdened by the increased demand for services, which reflects the increasing workload, representing for the Brazilian Government facing a great challenge, which is the formulation of coherent policies of human resources for healthcare.¹⁴

Among the various difficulties for the implementation of NP, inadequate conditions of work are translated as understaffed and lack of stimulus. The nurses want to practice all stages, planning, investigating, diagnosing and evaluating interventions, however, can't they find along the way, a series of factors that are distanced from the theory of practice, such as the deletion of one or another of its phases.³

In this respect the effective participation of professionals in the field of nursing in the construction of information systems, at all stages of its development, and makes them more adherents to these professionals, ensuring greater usability of the tools. For professionals who develop the system, this participation increases the chance of having a quality product, with consequent system user satisfaction.¹⁵

The realization of NP in health institutions providing higher quality care, provides also greater efficiency, autonomy and scientific to the profession, which can guarantee thus greater appreciation and recognition as a new conquests space and a cultural change in the nurse's role.³

In this context, the implementation of NP causes changes related to the care organization with error reduction opportunities and minimize the risks to the subject of care, a situation that contributes to the quality of nursing care provided in the hospital this research, reflecting on the grip and motivation of nurses to conduct the NCS.¹

CONCLUSION

The knowledge produced in this research allowed us to describe the perceptions of nurses about the reality of Nursing Service in respect of the use of NP, as well as its contribution to the quality of nursing care in a teaching hospital. The use of a care model to guide nursing practice for more than three decades, has reflected positively on the quality of the assistance provided, as well as the satisfaction of nurses to realize his work recognized. Using the NCS and the NP as a methodological tool can indeed improve care; but the philosophy of the institution and the Nursing Service must align to a permanent education policy related to NCS as well as reflection on their actual concept and its correlation with the care process.

Identifying the perception of nurses on the steps of NP and their use in daily life and the difficulties and facilities found to implement is critical to propose solutions in order to improve the methodology in work, as the model used to conduct the NCS shows the intention to increase the quality of care provided to hospitalized patients and enhance the practice of nurses, increasing the professional performance in this process.

We emphasize that the NCS contributes to the definition of health care policy, to improve assistance to meet the needs of the population, makes a distinctive look for each subject, since care is individualized, as well as assist the nursing managers in decision-making, based on qualified information. There is, however, that enhance the use of NCS effectively in care management, as some instruments that should be grounded to NCS for decision-making are not yet present, as tools to rate the degree of care, enabling sizing personal guided by scientific data, materials management, among others. In most institutions, the NCS is related only to the implementation of the NP, which was observed in the institution searched, although attempts are already being

studied and implemented to effectively exploit the nursing managers in decision making.

In addition, it is necessary to improve the documentation of nursing care, which will enable the rescue of data to support research studies, extension projects and management control.

REFERENCES

1. Souza MFG, Santos ADB, Monteiro AI. O processo de enfermagem na concepção de profissionais de Enfermagem de um hospital de ensino. *Rev Bras Enferm.* 2013; 22(2):167-73.
2. Horta WA. *Processo de Enfermagem.* São Paulo: EPU; 1979.
3. Silva EGC, Oliveira VC, Neves GBC, Gruimarães TMR. O conhecimento do enfermeiro sobre a Sistematização da Assistência de Enfermagem: da teoria à prática. *Rev Esc Enferm USP.* 2011; 45(6):1380-6.
4. COFEN. Conselho Federal de Enfermagem. Resolução 358/2009. Dispõe sobre a Sistematização da Assistência de Enfermagem e a implementação do Processo de Enfermagem em ambientes públicos ou privados, em que ocorre o cuidado profissional de Enfermagem, e dá outras providências [Internet]. Brasília; 2009 [access on 2014 jun 18]. Available at http://www.cofen.gov.br/resolucao-3582009_4384.html.
5. Duran ECM, Toledo VP. Análise da produção do conhecimento em processo de enfermagem: estudo exploratório-descritivo. *Rev Gaúcha Enferm.* 2011; 32(2):234-40.
6. Neves RS, Shimizu HE. Análise da implementação da sistematização da assistência de enfermagem em uma unidade de reabilitação. *Rev bras Enferm.* 2010; 63(2):222-9.
7. Gelbcke F, Bub MB, Meireles B. *Sistematização da Assistência de Enfermagem: uma proposta participativa de reorganização.* [Projeto de Pesquisa: Departamento de Enfermagem], Universidade Federal de Santa Catarina. 2008.
8. Bardin L. *Análise de conteúdo.* Lisboa: Edições 70; 2010.
9. Marques GQ, Lima MAD. Organização tecnológica do trabalho em um pronto atendimento e a autonomia do trabalhador de enfermagem. *Rev Esc Enferm USP.* 2008; 42(1):41-7.
10. Ledesma-Delgado ME, Mendes MMR. O processo de enfermagem como ações de cuidado rotineiro: construindo seu significado na perspectiva das enfermeiras assistenciais. *Rev Latino-am Enfermagem.* 2009; 17 (3):1-8.
11. Cantale CR. *Historia clinica orientada a problemas.* University of Southern California [Internet]. 2003. [access on 2014 jun 13]. Disponível em: <http://med.unne.edu.ar/sanitaria/sitios/cbmf200220Clase204_1.pdf>.
12. Benedet AS, Brasil N. A sistematização da assistência de enfermagem e as necessidades de cuidados de pacientes internados em terapia intensiva. *Revista Eletrônica Gestão & Saúde.* 2012; 3(2):800-15.
13. Carvalho ACTR, Oliveira KT, Almeida RS, Souza FS, Meneses, HF. Refletindo sobre a prática da Sistematização da Assistência de Enfermagem na unidade de terapia intensiva. *R pesq: cuid fundam* [Internet]. 2013. abr/jun 5(2):3723-29.
14. Casafus KCU, Dell'acqua MCQ, Bocchi SCM. Entre o êxito e a frustração com a Sistematização da Assistência de Enfermagem. *Esc Anna Nery.* 2013; 17(2):313-21.
15. Malucelli A, Otemaier KL, Bonnet M, Cubas MR, Garcia, TR. Sistema de informação para apoio à Sistematização da Assistência de Enfermagem. *Rev Bras Enferm.* 2010; 63 (4):629-36.

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