

CUIDADO É FUNDAMENTAL

UNIVERSIDADE FEDERAL DO ESTADO DO RIO DE JANEIRO • ESCOLA DE ENFERMAGEM ALFREDO PINTO

RESEARCH

DOI: 10.9789/2175-5361.2019.v11i1.181-185

Difficulties of the nursing academics regarding the nursing care systematization applicability

Dificuldades dos acadêmicos de enfermagem na aplicabilidade da sistematização da assistência de enfermagem

Dificultades de la académica de enfermería con respecto a la aplicabilidad de sistematización de atención de enfermería

Alexandra Ribeiro Coelho Meneses;¹Yara Nayá Lopes de Andrade Goiabeira;²Elielza Guerreiro Menezes;³Alice Bianca Santana Lima;⁴Mara Julyete Arraes Jardim;⁵Manoel Luiz Neto⁶

How to quote this article:

MenezesARC, GoiabeiraYNLA, MenezesEG, Lima ABS, Jardim MJA, Neto ML. Dificuldades dos acadêmicos de enfermagem na aplicabilidade da sistematização da assistência de enfermagem. Rev Fun Care Online. 2019 jan/mar; 11(1):181-185. DOI: <http://dx.doi.org/10.9789/2175-5361.2019.v11i1.181-185>

ABSTRACT

Objective: To identify the difficulties of nursing students in the applicability of Nursing Care Systematization.

Methods: Cross-sectional analytical study, carried out with undergraduate nursing students, from August to October 2014. For the analysis, the statistical frequencies and percentages were calculated. The study was approved by the CEP of the State University of Amazonas under No. CAAE 36848914.0.0000.5016. **Results:** Among the 66 participants, 52 (78.8%) stated that the SAE is used in the training fields and that they have difficulty in developing the stages of the Nursing Process, mainly Nursing Diagnosis 31 (47%) and prescription of nursing 21 (31.8%). In addition, students recognize the importance of SAE in setting goals and as a tool for caring.

Conclusion: Nursing scholars have found difficulty in applying the nursing process as a working tool.

Descriptors: Nursing process, Education nursing, Nursing care.

RESUMO

Objetivo: Identificar as dificuldades dos acadêmicos de enfermagem na aplicabilidade da Sistematização da Assistência de Enfermagem.

Método: Estudo do tipo analítico transversal, realizada com discentes do curso de graduação em Enfermagem, no período de agosto a outubro de 2014. Para análise, foi realizado cálculo das frequências e percentuais estatísticos. O estudo foi aprovado pelo CEP da Universidade do Estado do Amazonas sob n. CAAE 36848914.0.0000.5016. **Resultados:** Dentre os 66 participantes, 52 (78,8%) afirmam que a SAE é utilizada nos campos de estágio e que possuem dificuldade em desenvolver as etapas do Processo de Enfermagem, principalmente, o Diagnóstico de Enfermagem 31 (47%) e prescrição de enfermagem 21 (31,8%). Além disso, os discentes reconhecem a importância da SAE para o estabelecimento de metas e como ferramenta para o cuidar. **Conclusão:** Os acadêmicos de enfermagem têm

- 1 Enfermeira especialista em Unidade de Terapia Intensiva.
- 2 Mestre em enfermagem Universidade Federal do Maranhão.
- 3 Doutoranda em Enfermagem DINTER UFSC/UEA Universidade do Estado do Amazonas.
- 4 Mestre em enfermagem Universidade Federal do Maranhão.
- 5 Mestre em enfermagem Universidade Federal do Maranhão.
- 6 Doutorando em Enfermagem DINTER UFSC/UEA Universidade do Estado do Amazonas.

DOI: 10.9789/2175-5361.2019.v11i1.181-185 | MenesesARC; GoiabeiraYNLA; MenezesEG; et al. | Difficulties of the nursing academics regarding the...

encontrado dificuldade na aplicação no processo de enfermagem como instrumento de trabalho.

Descritores: Processo de enfermagem, Educação em enfermagem, Cuidados de enfermagem.

RESUMEN

Objetivo: Identificar las dificultades de los académicos de enfermería en la aplicabilidad de la Sistematización de la Asistencia de Enfermería. **Métodos:** Estudio del tipo analítico transversal, realizada con discentes del curso de graduación en Enfermería, en el periodo de agosto a octubre de 2014. Para análisis, se realizó cálculo de las frecuencias y porcentajes estadísticos. El estudio fue aprobado por el CEP de la Universidad del Estado de Amazonas bajo N° CAAE 36848914.0.000.00.5016. **Resultados:** Entre los 66 participantes, 52 (78,8%) afirman que la SAE es utilizada en los campos de práctica y que tienen dificultad en desarrollar las etapas del Proceso de Enfermería, principalmente, el Diagnóstico de Enfermería 31 (47%) y prescripción de enfermería 21 (31,8%). Además, los Estudiantes reconocen la importancia de la SAE para el establecimiento de metas y como herramienta para el cuidado. **Conclusión:** Los académicos de enfermería han encontrado dificultad en la aplicación en el proceso de enfermería como instrumento de trabajo.

Descritores: Proceso de enfermeira, Educación en enfermeira, Atención de enfermeira.

INTRODUCTION

Nursing has always structured principles and norms to guide its actions, building over the years theoretical reflection and critical thinking, guiding the roles played in care, teaching, administration and research. Within this evolution of science, nursing has been seeking new qualifications, thus giving rise to Nursing Care Systematization (NCS).^{1,2}

It is a theoretical framework that makes possible the operationalization of the Nursing Process (NP) and establishes a nursing theory, besides organizing the professional work regarding the method, personnel and instruments. The NP is the methodology that places the assistance steps in the care practice, being these interrelated, interdependent and recurrent, characterized by five stages, nursing history, nursing diagnosis, nursing planning, nursing implementation and clinical evolution.³

The NCS takes shape in the nursing profession with the approval of the Resolution No. 358 of 2009 from the *Conselho Federal de Enfermagem (COFEN)* [Federal Nursing Council], which officializes the mandatory implementation in public and private health services. The NCS appears in a context of transformation of nursing as a profession and science, being adopted as a methodology for promotion, prevention, care and rehabilitation of care.⁴

The implantation of this methodological apparatus is important in the recognition of the institution of the real role of nursing; the quality provided during the care; of the nurse's autonomy; safety in decision making; the constant use of diagnostic reasoning; characterization of the type of clientele; of the assistance in the involvement of the nursing team; that all information from the nurses' investigations is recorded.⁵

In order to standardize the diagnoses, care and results evaluated in the provision of care, classification systems

were created and are fundamental for the adoption of a single internationally standardized language, favoring the communication process, such as North American Nursing Diagnosis Association (NANDA, Inc.), Nursing Interventions Classification (NIC) and Nursing Outcomes Classification (NOC). The Brazilian contribution to this process of language standardization in nursing was conceived through the creation of the International Classification for the Practice of Nursing in Collective Health (CIPECS), currently the International Classification for Nursing Practice (CIPE) has unified the main classification systems into a single instrument.⁶

During graduation, students are taught to carry out each phase of the NP and to use the systems of nursing classifications and from the junction of knowledge with other disciplines of the course they put into practice the sequence used in the assistance. The first stage refers to the nursing history, where it assists the nurse to list the clinical references and obtain information about the individual, using the interview and physical examination; the grouping of this information and the interpretation of the collected data make it possible to identify the Nursing Diagnosis (ND).⁴

After the identification of the ND, the next step is the nursing planning, where the actions of the patient care plan will be organized; in the implementation stage, the nursing interventions determined in the planning will be carried out in order to monitor the health status, reduce risks, solve, prevent or control problems; the nursing evaluation aims at the planning of care provided and the continuous verification of changes in the individual's response to determine if the actions reached the expected result.^{4,7}

It is necessary that the knowledge and the application of the NCS start from the training stage and expand in the areas of intellectual improvement (postgraduate programs) so that in the insertion into the job market the professional is already able to attend and fulfill his/her competencies according to the Federal Resolution No. 358/2009, which emphasizes the need to use NCS in the different work scenarios.⁴ Bearing in mind the abovementioned, the present article aims to identify the difficulties of nursing undergraduate students regarding the Nursing Care Systematization applicability.

METHODS

It is a cross-sectional and analytical study that was carried out at a private university in the *Amazonas* State. The study population was comprised by the 9th and 10th semesters of the Nursing Undergraduate Course, because it is at this moment of completion of the course that the students put into practice the clinical reasoning based on anamnesis and physical examination to carry out the Systematization of the Nursing Assistance.

The final sample comprised 66 academics who met the following inclusion criteria: academics older than 18 years old, of both genders, approved in the subjects of Semiology and Semi-technical and Clinical Medicine, who accepted to participate in the study, signing the Informed Consent Term, according to the Resolution No. 466/12. Data collection took place at a pre-scheduled time, with the teachers' permission to

enter the classroom between August and October 2014, using a semi-structured instrument (form), composed of two stages: the first one related to the characterization of participating in the study, and the second, composed of questions related to the proposed theme.

In order to analyze the data, the information collected was described and organized according to the similarity, in a spreadsheet in the program Microsoft® Office Excel 2010, then the information was first worked through methods of descriptive analysis and, later, the calculation of the frequencies and statistical percentages. Statistical analyzes of the data were performed according to the absolute and relative distribution of the variables. The results were presented in a descriptive way and in tables, correlating theoretically with the solidity of the studies carried out by the authors that support the accomplishment of this research. The study complied with the formal requirements contained in national and international standards for research involving human beings.

RESULTS

The 66 participants in the study were nursing students from a private university in the *Manaus* city, among them, 54 (82%) were female and 12 (18%) were male. Considering the age group, it was observed that most (66.7%), followed by the age group 31-40 years old with 21 students (31.8%), and those aged from 41-50 years old with 1 student (1.5%). All survey participants had already completed the required theoretical subjects and were taking a compulsory training course, held in the last two semesters before graduation, 32 (48.5%) were in ninth and 34 (51.5%) in the tenth semester.

All participants stated that they were included in the job market during graduation, 43 (65.2%) have professions related to other areas other than health and 23 (34.8%) are auxiliary professionals or nursing technicians. For 33 participants (50.0%) the reason for choosing to become a nurse was personal fulfillment, 22 (33.3%) for professional achievement, 5 individuals (7.5%) for financial stability and 6 (9.1% %) for other reasons.

Regarding the use of NCS in the training units, 52 students (78.8%) indicated that all stages of the nursing process were used during the care provided to the patient in the training units, nonetheless, 14 of them (21.2 %) stated that not all training courses used the NP in its entirety. When questioned about the importance of the use of NCS in the nursing care spaces all sketched an awareness of the need to use, 32 (48.5%) affirmed the relevance for goal setting and 34 (51.5%) for data appropriation and recognition of patients' needs.

In the academic context, the students used several references for learning the NCS, the authors most used and the participants had greater understanding about the subject were the author Alba Bottura, where 46 (69.7%) used their texts to understand and improve the theme, followed by the author Tannure, where 14 (21.2%) of the students used their publications and six participants (9.1%) used the Resolution from the *COFEN*.

In the care provided to patients, several participants reported difficulties in implementing the Nursing Process,

among the phases of the NP, it was found that 31 participants (47%) had the greatest difficulty in implementing the nursing diagnosis stage, mainly in the which refers to the use of the NANDA taxonomy; followed by nursing prescription with 21 participants (31.8%); 8 participants (12.1%) listed the history of nursing as the most difficult stage and 6 participants (9.1%) pointed out the evolution of nursing as shown in **Table 1**.

Table 1 - Distribution of nursing students' answers about difficulties in accomplishing the NCS phases. *Manaus* city, 2014.

Phases showing the greatest accomplishment difficulties	n	%
Nursing history	8	8.6
Nursing diagnosis	31	33.3
Nursing prescription	21	31.8
Nursing clinical evolution	6	9.1
Total	66	100.0

The difficulties of implementing the NCS were related to some deficiencies in the theoretical-practical content addressed during the course, 48.1% indicated the deficiency in the knowledge of the stages of physical examination, 44.4% pointed out the absence of practical classes and approaches of the NCS and 7.5% the deficiency in human physiology.

As to the consequence of non-application of the NCS, 48 (72.7%) reported that this reflects on care, since the nurse fails to observe the patient as a whole, and it may lead to the adoption of divergent care those necessary for health problems encountered, the other 18 (28.3%) revealed that this practice may lead to delays in care and result in unsatisfactory care delivery.

For greater adherence and success in the implementation of NCS by nursing students, 18 participants (27.3%) suggested using a table with the main nursing diagnoses used in each sector, one of them (1.5%) proposed the use of a structured questionnaire for the collection of data by nursing professionals, 5 (7.6%) indicated continued education for the students, 11 (16.7%) recommended the teaching of the NCS from the first graduation semesters, 1 (1.5%) suggested a greater amount of available literature, 10 (15.1%) indicated greater commitment of nurses in the sector in NCS teaching, 1 of them (1.5%) indicated the practical class in NCS, 4 (6.1%) suggested a more extensive explanation of pathophysiology, 4 (6.1%) suggested the implantation of a nucleus of support to NCS in the university and 11 (16.7%) did not make suggestions, as seen in **Table 2**.

Table 2 - Distribution of proposals aiming to facilitate the NCS applicability by the nursing students. *Manaus* city, 2014.

Proposals to facilitate the applicability of the NCS	n	%
Table with the main nursing diagnoses	18	27.3
Questionnaire for data collection	1	1.5
Continuing education for nursing professionals	5	7.6
NCS education since the early semesters	11	16.7

Proposals to facilitate the applicability of the NCS	n	%
Available literatures	1	1.5
Nursing engagement practices	10	15.2
Practical classes on NCS	1	1.5
Knowing better the physiopathology	4	6.1
Core implementation	4	6.1
No comments	11	16.7
Total	66	100.0

DISCUSSION

The results show the predominance of females (n=54), which are in agreement with the study that emphasizes that, in the nursing profession, female predominance is due to historical factors. It is believed that the same occurs when choosing the profession for nursing practice.⁸

Concerning the age aspect, it is verified that the search for this profession still presents a significant data for the age group found here. The individual presents an age-specific situation for the choice of profession.⁹

It is worth emphasizing that the reasons that led the students to choose the course seem to be related to the search for a better condition or a new path in life, the search for personal growth and / or interpersonal competence, the fascination with the knowledge of the profession and the desire to understand and help the human being.

Regarding the NCS's understanding, the interviewees still have doubts about it, however, it is important to continue their learning so that the practice becomes efficient and effective, thus, nurses need more and more knowledge about of NCS use, in addition to the skills needed to effectively manage the units. The NCS is a systematized approach that aims to support the work of the nurse, with which she organizes nursing care, plans her work, performs care and evaluates the care provided.⁴

It is important to emphasize that the methodological standardization of nursing care in health care facilities is gradually being implemented, with adjustments being made in the implementation of its stages and in the use of taxonomies in the NP stage, which has been inserted for some years and gradually health services are in line with the proposals established worldwide.¹⁰

The NCS confers greater security to the patient, since to be implemented, it requires the nurse to make the clinical judgment. Therefore, this is a tool that favors the improvement of practice based on knowledge, thought and decision making.¹¹

The idea pointed out by the participants is based on the previous statement, where they demonstrated the importance and recognized the need to use NCS as a scientific instrument that supports professional practice.

Bearing this context in mind, the institution aiming to use this tool seeks to guide its practices so that the student is guided by the detailed study of the work processes regarding the use of the NCS.

Despite the efforts, there are still difficulties in implementing NCS related, for example, to the teaching-learning process, such as the lack of practical classes for the development of this tool, causing many nursing professionals to stop systematizing their assistance. Some researches point out that the deficiency in the knowledge and application of NCS during the academic life is a significant problem, since it is in the academy that prepares the professional future for the job market.¹²

With regards to the causes of difficulties in the implementation of the NCS, the labor market requirement, which has been following the technological advances in the medical field, the lack of interest of employers in relation to the direct care provided to nurses by the client, together with the difficulties caused due to the deficit of professionals with a significant number of patients to be cared for, cause difficulties in complying with the actions prescribed by the nurse.¹³

Other difficulties observed in the applicability of the NP reaffirm those already mentioned in the present study, among them we have the deficiency of the students and professionals in the physical examination, in the standardization of teaching by the teachers, besides the lack of knowledge about pathophysiology.¹⁴

Considering the NP stages, the greatest difficulty detected was on the nursing diagnosis, this is due to the fact that the practical classes were not enough to increase the knowledge about the phases of the NCS. With this, they begin to fragment the care and problems of the patient, failing to see him as a whole, and often adopting care that is unrelated to the problems encountered.

The interviewees understood that the absence of NCS compromised the care provided in the service and in the nursing prescription. In their view, there is a need to structure this service so that the difficulties are gradually eliminated and the service can be gradually and continuously adapted.

For the respondents the advantage of using the NCS is related to the service, since it promotes the patients the qualified care in less time, thus streamlining the patient care in a maximum time of efficiency. The NCS through the elaboration of standards, standardization of procedures, elaboration of care plans, protocols, and the nursing process, favors understanding and represents the best way to organize nursing actions.¹⁵

Therefore, the consequences of non-application of NCS refer to the care and problems of the client, failing to see it as a whole and often adopting care that is unrelated to the problems encountered. Besides the possible loss of autonomy of the nurse during care, since the systematization of care provides autonomy because it is a method of attendance accepted by the team, allowing a relationship between nurse and client in care and care, with quality and demonstration of knowledge with a commitment.⁹

It is believed that the way to join the NCS is primarily due to the recognition of the importance and acceptance of its implementation in the institutions. Awareness of the importance of such customer care would facilitate the applicability of NCS to institutions and enable the initiative to implement it in their sector, albeit slowly.¹³

Considering that systematization is a construction, and its parts cannot be performed in isolation, it is necessary for nurses to rethink the importance of care and to start to value this method that was specially designed to be implemented by them.¹⁴

Given this framework, it is important that there is also an interest on the part of students and teachers to apply this process in the institution, because the applicability of the NCS cannot be expected to come from the administrative area alone, after all, it is the future nurse who will attend and be more close to the patients, and should initiate this process demonstrating the advantages of the NCS applicability for both the institution and the patient.

The respondents also cited as a strategy for the applicability of NCS, the implementation of a nucleus of support to the NCS in the university, which would certainly facilitate in the learning of the student, since this would ally theory to practice, assuring to the students security in the making related to the patient. Through the nucleus of support, the practice would be carried out in a reflexive way, enabling nurses to review their concepts, their judgments, and their actions, leading to changes in clinical activities and providing autonomy for the care process development.¹³

CONCLUSIONS

Herein, it was verified the importance of the nurses' practice being based on NCS as an instrument to enable professional practice and the difficulties encountered in this instrumentalization.

Given the aforementioned results, it was observed that the difficulties of nursing students in the application of NCS as a work tool is due in part to the academic training of nursing professionals, which is not focused on the evaluation of the applicability of NCS and its respective stages.

Other aspects that make NCS instrumentalization difficult are related to the difficulties of handling diagnostic classification systems, the lack of knowledge about pathophysiology and the establishment of priorities during customer care. It is worth mentioning that it is through anamnesis and physical examination that it is possible to get to know the clients better and to plan a care not only curative, but also preventive.

Hence, it is considered urgent the need of educational institutions to emphasize this theme in the training of their students, elaborating and executing strategies that make it possible to clarify the concepts in a more methodological way, emphasizing the role and performance of all the nursing team in the execution of NCS. Continuing education is also considered through the exchange of experiences, the completion of courses of improvement and the exercise of available literature.

The difficulties presented by the academics concerning the NCS applicability also make us reflect on the permanent need for faculty training and on the use of teaching methodologies that articulate theory and practice, since the instrumentalization of NCS in professional practice makes possible, besides many other things, the recognition of the nursing professional.

REFERENCES

1. Santos MGPS, Medeiros MMR, Gomes FQC. et al. Percepção de enfermeiros sobre o processo de enfermagem: uma integração de estudos qualitativos. *Rev RENE*. 2012;13(03):712-23.
2. Melo DFF, Nunes TAS, Viana MRP. Percepção do enfermeiro sobre a implantação da sistematização da assistência de enfermagem no centro cirúrgico. *R Interd*. 2014 Abr/Mai/Jun; 7(2):36-44.
3. Tannure MC, Pinheiro AM. *Sistematização da Assistência de Enfermagem: guia prático*. 2º ed. Rio de Janeiro: Guanabara Koogan; 2011.
4. COFEN. Resolução nº358/2009. 2009. Available at: <http://www.cofen.gov.br/resoluco-cofen-3582009_4384.html>. Acesso em: 17 jul 2017.
5. Vieira GB. *Percepção dos enfermeiros sobre a sistematização da assistência de enfermagem na neonatologia e pediatria [monografia]*. Ceilândia: UNB; 2013.
6. Marin HF. Terminologia de referência em Enfermagem: a norma ISSO 18104. *Acta paul enferm*. 2009;22(4):445-8.
7. Alfaro – Lefevre RA. *Aplicação do processo de enfermagem: uma ferramenta para o pensamento crítico*. 7ª ed. Porto Alegre: Artmed; 2010.
8. Costa FM, Vieira MA, Sena RR. et al. Absenteísmo relacionado à doenças entre membros da equipe de enfermagem de um hospital escola. *Revbrasenferm*. 2009; 62(1):38-44.
9. Ferreira EB, Pereira MS, Souza ACS, Almeida CCOF, Taleb ACT. Sistematização da assistência de enfermagem na perspectiva para a autonomia profissional. *Rev RENE*. 2016 Jan/Fev;17(1):86-92.
10. Truppel MC, Meier MJ, Calixto RC, Peruzzo AS, Crozeta K. Sistematização da Assistência de Enfermagem em Unidade de Terapia Intensiva. *Rev bras enferm*. 2009; 62(2):221-7.
11. Carraro TE, Kletemberg DF, Gonçalves LM. O ensino da metodologia da Assistência de enfermagem no Paraná. *Rev bras enferm*. 2003 Set/Out; 56(5):499-501.
12. Remizoski J, Rocha MM, Vall J. Dificuldades na implantação da sistematização da assistência de enfermagem – NCS: uma revisão teórica. *Cad da Esc de Saúde*. 2010; 1(3):1-14.
13. Silva RS, Almeida ARLP, Oliveira FA, Oliveira AS, Sampaio MRFB, Paixão GPN. Sistematização da Assistência de Enfermagem na perspectiva da equipe. *Enferm foco*. 2016; 7(2):32-6.
14. Silva CC, Gelbcke FL, Meirelles BNS, Arruda C, Goulart S, Souza AIJ. O ensino da Sistematização da Assistência na perspectiva de professores e alunos. *Rev eletrônica enferm*. 2011 Abr/Jun;13(2):174-81.
15. Gutiérrez MGR, Moraes SCR. Sistematização da Assistência de Enfermagem e a formação da identidade profissional. *Rev bras enferm*. 2017 Mar/Abr;70(2):455-60.

Recebido em: 05/10/2017

Revisões requeridas: Não houve

Aprovado em: 17/01/2018

Publicado em: 01/01/2019

Autora responsável pela correspondência:

Yara Nayá Lopes de Andrade

Av: Babaculândia, Nº 679

Vila Lobão, Maranhão, Brasil

CEP: 65.910-000

E-mail: yara_naya@hotmail.com