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RESEARCH

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## The Operation of the Nursing care Process in the Intensive care Unit Maternal

A Operacionalização do Processo de Cuidar em Enfermagem em uma Unidade de Terapia Intensiva Materna

El Funcionamiento del Proceso de Atención de Enfermería en una Unidad de Cuidados Intensivos (UCI) de la Madre

Magda Rogéria P. Viana<sup>1\*</sup>, Indyara Maria Barros Silva<sup>2</sup>, Thamires Raquel Silva Ferreira<sup>3</sup>, Fernanda Cláudia Miranda Amorim<sup>4</sup>, Érida de Oliveira Soares<sup>5</sup>

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### ABSTRACT

**Objective:** Describing the operation of the Nursing Care Process in a Maternal Intensive Care Unit (ICU) and analyze the barriers faced by nurses to implement the Nursing Process (PE). **Methods:** descriptive, exploratory, qualitative approach. The scenario was a maternal ICU in *Teresina, Piauí*. Study participants were 10 nurses called gods with names. **Results:** from the interviews, two categories were developed: knowledge of the nursing process; Barriers encountered in the practice of nursing process. **Conclusion:** it was observed that nurses need to have in addition to their knowledge continuing education, along with continued because of their importance in the EP and that nurses are major barriers to the implementation of the EP.

**Descriptors:** Nursing, Nursing process, Intensive care unit.

<sup>1</sup> Master in Nursing. University Center UNINOVAFAPI. Teresina, Piauí, Brazil.

<sup>2</sup> Course of Graduation in Bachelor of Nursing. University Center UNINOVAFAPI. Teresina, Piauí, Brazil.

<sup>3</sup> Course of Graduation in Bachelor of Nursing. University Center UNINOVAFAPI. Teresina, Piauí, Brazil.

<sup>4</sup> Master in Nursing. University Center UNINOVAFAPI. Teresina, Piauí, Brazil.

<sup>5</sup> Master in Nursing. University Center UNINOVAFAPI. Teresina, Piauí, Brazil.

## RESUMO

**Objetivo:** Descrever a operacionalização do Processo de Cuidar em Enfermagem em uma Unidade de Terapia Intensiva (UTI) materna e analisar as barreiras encontradas pelos enfermeiros para pôr em prática o Processo de Enfermagem (PE). **Métodos:** pesquisa descritiva, exploratória, de abordagem qualitativa. O cenário foi uma UTI materna em Teresina, Piauí. Participaram do estudo 10 Enfermeiros denominados com nomes de deuses. **Resultados:** a partir das entrevistas, foram elaboradas duas categorias: Conhecimentos sobre o Processo de Enfermagem; Barreiras encontradas na prática do Processo de Enfermagem. **Conclusão:** percebeu-se que Enfermeiros necessitam ter como complemento para seus conhecimentos a educação permanente, juntamente com a continuada devido à sua importância no PE e que os enfermeiros encontram barreiras importantes para a execução do PE..

**Descritores:** Enfermagem, Processos de enfermagem, Unidade de terapia intensiva.

## RESUMEN

**Objetivo:** Describir el funcionamiento del Proceso de Atención de Enfermería en una Unidad de Cuidados Intensivos (UCI) de la madre y analizar las barreras que enfrentan las enfermeras para implementar el proceso de enfermería (PE). **Métodos:** aproximación descriptiva, exploratoria, cualitativa. El escenario era una UCI materna en Teresina, Piauí. Los participantes del estudio fueron 10 enfermeras llamados dioses con nombres. **Resultados:** de las entrevistas, se desarrollaron dos categorías: el conocimiento del proceso de enfermería; Barreras encontradas en la práctica del proceso de enfermería. **Conclusión:** se observó que las enfermeras deben tener, además de su formación continua de conocimientos, junto con un continuo debido a su importancia en el PE y que las enfermeras son las principales barreras para la implementación de la EP.

**Descriptor:** Enfermería, Proceso de enfermería, Unidad de cuidados intensivos.

## INTRODUCTION

The Intensive Care Unit (ICU) is one of the most complex care units in a hospital. In this sector, clients with more complex clinical and surgical frames that need high-precision equipment for the detection of abnormalities as soon as possible, aiming at an immediate diagnosis and an organized and more complete care are hospitalized.

In this unit are many professionals, many with specific training in high complexity, so that they can achieve the objectives of the assistance. The actions of this sector need to be planned and worked with therapeutic goals, that is, with achievable goals, because the patients are unstable and need time for the body to respond to the therapy instituted.<sup>1</sup>

The most common causes of ICU admission in the perioperative cycle are hemodynamic instability and respiratory failure. These include: severe pre-eclampsia, disseminated intravascular coagulation (DIC), amniotic fluid embolism, acute respiratory distress syndrome (ARDS) and trauma, with this it can be seen that the assistance to be provided must be increased, Obstetricians and other

members of the health team should be familiar with the basic principles of intensive care.

Assistance planning can be carried out using the Nursing Process (PE) as a technological instrument that has the purpose of keeping the whole process of patient care in order, as well as documenting the professional practice during the whole time The patient is hospitalized, the identification, understanding, description and explanation being developed. This should always meet the human needs of the individual as a whole, and determine what aspects of these needs provide a professional nursing intervention.<sup>3</sup>

The EP is characterized by three stages, in which the first stage is characterized by the identification of problems from a clinical reasoning that should be solved according to the theoretical references. The second is associated with the use of Diagnostic Classifications, in which diagnostic hypotheses are created that are based on a clinical reasoning and will be approved or denied if the stated purposes achieve or not, success. In the third step, the three classifications should be used: Diagnostics, Results and Interventions.<sup>4</sup>

For many centuries Nursing was practiced empirically by mothers and religious ministers. Despite this, only in the twentieth century did nursing reach concepts that underwent relevant modifications under Nightingale's intervention.<sup>5</sup>

According to the same authors, until the end of the 1950s, there were no major changes on the science of Nursing. After this period, there seems to have been an agreement among Nurses in order to acquire specific knowledge of Nursing in an organized, systematized way and structure models, with the purpose of describing, clarifying and predicting phenomena related to the profession. Subsequently, the EP was initiated.

The EP is a working instrument that can contribute significantly to the quality of Nursing care and the health of the population, increasing professional appreciation, as well as being an ethical and legal requirement, according to the Resolution of the Federal Nursing Council.<sup>6</sup>

The EP's operationalization is a programmed and orderly way of providing excellent customer service. In this process, the nurse is the legal responsible for systematization, but to achieve success, all nursing staff must be involved in the process.<sup>1</sup>

Studies on the EP came to the fore only in the late 1980s, after the determination of Decree-Law No. 94406/87, which regulates the professional practice of Nursing in the country that established the private activity of Nursing, among others, the elaboration of the prescription of Nursing.

In addition, it was determined by Resolution 272 of COFEN of 2002 revoked by Resolution COFEN 358/2009, the obligation to implement the systematization of nursing care in every public and private health institution and

to formally record in the client's records all the steps of this Systematization.<sup>1</sup>

In Nursing, Florence Nightingale had great participation, until the present day on the knowledge and process of caring, considered the essence of the know and do of its agents. The term Nursing Process was not yet used in the second half of the nineteenth century, although, at the time, Florence had already emphasized the need to teach nurses to observe and make judgments about the observations made.<sup>3</sup>

The accomplishment of the EP aims to determine the problems that need professional care, those for which the Nurses are responsible. However, the health professionals responsible for doing so do not recognize the importance of this process, which, in turn, there has been a significant change to its use, and its use in Nursing is not unanimous.<sup>8</sup>

The EP is essential so that there is a quality care where professional nursing care takes place. In an Intensive Care Unit, where the most critical patients are, this systematized care is essential for effective and excellent care. Its implementation contributes positively to the care, as it intensifies the organization and structuring of the sector.

Faced with this, the interest arose in studying the theme, due to its relevance and importance for nurses, as it will ensure an improvement in the quality of care provided and promote a shorter hospitalization time, thus helping to reduce hospital costs, greater Safety in the development of activities and may facilitate the exchange of information, as well as allow the valuation of daily work tools and streamline the nursing team service.

Thus, the object of study was: Operationalization of the Nursing Care Process in a Maternal Intensive Care Unit. To guide the study, the following question was elaborated: How is the Nursing Process being operationalized in a Maternal Intensive Care Unit?

To answer this question, the objectives were described: Describe the operationalization of the Process of Nursing Care in a Maternal Intensive Care Unit and analyze the barriers encountered by nurses to implement the EP.

## METHODS

This was a descriptive, exploratory, qualitative approach, which was carried out in a maternity unit of state and municipal reference of high complexity in the sector of Maternal Intensive Care Unit, which offers assistance to high-risk pregnant women located in the region South of the municipality of *Teresina-PI*. At the same time, services such as outpatient care, complementary examinations, emergency and emergency care and hospitalization are developed, and its main mission is to provide assistance to women of childbearing age from pre-conception regardless of their degree of risk and also to the child up to the age of Five years and offer a quality neonatal service as well as remain as a field of

training for undergraduate and postgraduate courses of the main universities and colleges of the capital.

The study participants were 10 nurses who met the inclusion criteria. However, considering the nature of the research, we obtained saturation of the speech with the 10 participants involved in the study. In this study, as inclusion criteria, effective nurses, who were on the regular monthly scale of duty, who for more than a year worked in the ICU and those who accepted the interview and signed the Free and Informed Consent Term. Those who did not meet the inclusion criteria were excluded from this study. Participants were identified by names of Greek gods, so that anonymity could be guaranteed in the research.

To achieve the objectives presented in the study, a semi-structured interview script was chosen for the production of data, because it allows for agility for possible interventions and to provide a clearer investigation about the interviewees.

The interviews were recorded in full, to ensure the trustworthiness of the interviewees' speeches, this happened after the consent of each one. The collection was performed daily during the month of August 2016, according to the availability of participants and happened in a reserved place without being inside the ICU, thus contributing to a clear and confidential interview.

The data were analyzed according to the content analysis of Minayo (2009), which describes that the works that deal with content analysis usually present the following steps: Pre-analysis; Material exploration and treatment of results / inference / interpretation. From the experience in social research, it proposes a path of analysis.<sup>9</sup>

The analysis was performed after the recordings of the interviewees' speeches, in which they were recorded in a literal sense and then rigorously read and compared to the script, in order to guarantee the quality of the content. After this step, the content analysis of Minayo originated, for the standard analysis of the speeches.

Initially a search was made to make a comprehensive reading of the whole of the selected material, in a complete way. It was a foreground reading to reach deeper levels. From this reading it was requested the search for an overview. The particularities of the whole of the analyzed material were understood and initial assumptions were elaborated that served as beacon for the analysis and the interpretation of the material, soon after, were chosen forms of initial classification, as well as were determined the theoretical concepts that guided the analysis.<sup>9</sup>

In the second stage, a material exploration was carried out showing the analysis itself, where the distribution of the excerpts was done, after which a dialogue with the parts of the texts of the analysis ordering each subject was made, the different nuclei of meaning present in the various Classes of the classification scheme to obtain broader themes or axes around which the different parts of the texts analyzed could be discussed.

With this, the parts of the texts were regrouped by themes found, so an essay was elaborated by theme, so that it gave an account of the meanings of the texts and their articulation with theoretical concepts that guided the analysis. In the end, an interpretative synthesis was implemented through a writing that could be spoken of themes with objectives, questions and research presuppositions.<sup>9</sup>

In order to meet the ethical criteria, the recommendations of Resolution 466/2012 of the National Health Council were followed in order to validate the proposal of this research and later disseminate the information and results obtained. The ICF of the study was applied directly to the nurses of the intensive care unit.<sup>10</sup>

The data were collected from Aug / 2016 to Sep / 2016 after approval by the Ethics and Research Committee of the University Center UNINOVAFAPÍ for the number CAAE: 54703716.8.00005210 and authorization of the person in charge of the research site respecting Resolution 466/12 of the National Council Ministry of Health (CNS / MS) .<sup>10</sup>

## RESULTS AND DISCUSSION

After data collection and following the similarity of the speeches of the participants, the study allowed to formulate two categories, as described below:

### Nursing Process Knowledge

The nursing process is a planned way of providing care to clients. According to the resolution COREN 358/2009 that provides for the Systematization of Nursing Assistance and the implementation of the Nursing Process in public or private environments, where Nursing professional care takes place, and other measures, it is the nurse's responsibility. However, in order to obtain the results, all staff should be involved in the process and the decree of Law No. 94406/87, which regulates the professional practice of nursing in the country, defined as the private activity of nurses, among others, the elaboration of the Nursing prescription. According to the speeches of the participants it was observed that they have a weakened knowledge as described below:

"[...] The nursing process as well as nursing theory are the most complex parts of the theory that governs our profession, which amounts to several historical stages evaluation and at that time I remember little thing however it is important essential for planning Of nursing care [...] "(Iris).

"[...] The nursing process is a working tool for the Nursing team to provide care in an organized and continuous way for the patients [...]" (Atena).

"[...] The nursing process is a systematized way of ensuring quality and organized care ..." (Hestia).

"[...] The nursing process is for you to organize the care that will be provided to the patient, so from the moment that you will follow these stages of the process you are operating and organizing your care [...]" (Artemis).

From the testimonies cited, it was noticed that the participants recognize the EP as a methodology that organizes the practice of Nursing. They understand the EP as a systematization that favors the work of the nursing team, and allows a qualified and organized assistance, promoting more attention to the patients in the maternal intensive care unit.

The EP is the practice of systematized and interrelated actions aimed at assisting the human. It is characterized by the practice and interaction of its phases: Nursing History, Nursing diagnosis, care plan, nursing care plan or prescription, Nursing Evolution and Prognosis.<sup>11</sup>

The EP is defined by the authors as a technological tool that we use to benefit the care, to organize the necessary conditions to carry out the care and to base the professional practice; Or a methodological model that enables us to identify, understand, describe, interpret, and predict the human needs of individuals, families, and communities in the face of life cycle events or actual or potential health problems and determine what aspects of those needs require A professional nursing intervention.<sup>3</sup>

According to the authors, the Nursing process can be portrayed as a tool used for care actions. It is through him that the Nurse perceives the health problems, plans, implements the actions and evaluates the results. The EP represents an alternative for the rapprochement of nurses with their clients, knowing them as a methodological work tool that provides critical research on the client's health situation and the effective performance of Nursing professionals.<sup>12</sup>

Corroborating the affirmations of the authors mentioned above, they emphasize that PE is essential in an ICU, since, in addition to completing and organizing the work of the Nursing team, reducing the fragmentation of care, it guarantees the segment of the same, allowing both to analyze its Effectiveness or change them, according to the results in the client's recovery, but also serves as a permanent justification for education, research and management in Nursing.<sup>13</sup>

According to the research carried out, it was observed that the reality faced by nurses in relation to the operationalization of this process is not desirable in some stages towards the fulfillment of the stages of the same due to the weak knowledge of Nurses, as described below:

“[...] The nursing process here in the maternal ICU, it is operationalized in some stages [...]” (Artemis).

“... I believe ... I still find it incomplete, so it's a mechanical way to comply with the table ... You're going to follow that little recipe of cake that has to be fulfilled because Is obliged [...]” (Ares).

“[...] We have printed, with some stages of the process [...] we do not use history ...” (Hestia).

“[...] Approach, interview, questioning, diagnosis and nursing prescription [...]” (Éris).

The EP is composed of steps that must be previously established, such as: collection of data, diagnosis, planning of nursing care and evaluation of the results obtained. Therefore, there is no way to have PE if all stages are not present.<sup>1</sup>

The EP is capable of providing means for the execution of methods of caring for individuals. Its operation provides an interactive, complementary and multiprofessional care, in addition to promoting interaction between the nurse and the user, and between the nurse and the multiprofessional team.<sup>14</sup>

However, it was noticed that the nurse's actions are often performed, unrelated to the SAE, which hinders the individual's singularity to attend to their particularities. On the other hand, when analyzing this reality, we analyzed the nurse's need to modify this linear order and to undertake the operationalization of SAE. It is not enough to only operationalize, it is necessary to create processes of permanent education with the nursing team, planning a humanized, circular and integrative care.<sup>15</sup>

The authors certify that although the EP promotes to the Nurse an ability to organize their work based on a method that prioritizes the individuality of care, professionals face difficulties for their operationalization. The lack of time, theoretical knowledge, practical exercise and resources are also among the reasons for its non-achievement, as well as the organization of spaces for discussion of the subject since graduation.<sup>16</sup>

The EP is highlighted by many as an opportunity for nursing to value its profession and be recognized through the application of scientific knowledge, however, is often inserted into practice routinely and mechanized. It should not be practiced mechanically without a critical reflection on the individuality of each client, since the process is part of the Nursing practice and requires the understanding of each professional that the process is part of the routine is of paramount importance for qualified care .<sup>12</sup>

Barriers encountered in the practice of the Nursing Process

With regard to the study in question, it was noticed that the Nurses in their majority develop only some stages of the EP, but with difficulties, which in many cases is related to the lack of specific training and practical knowledge of the professionals, as well as the lack of Time for the accomplishment of the EP, besides the resistance and the demotivation of the nursing professionals. The lack of specific training is expressed in the following statements:

“[...] there was no specific training within the standardization [...]” (Iris).

“[...] continuing education, the nursing council itself and other entities also update little [...]” (Atena).

“[...] COREN does not contribute to the updating of professionals ...” (Apolo).

Although EP offers nurses a possibility to organize their work based on a philosophy and a method that prioritizes the individuality of care, professionals face adversities for their implementation. Training is part of continuing education and is indispensable for professionals to maintain a higher quality of care.<sup>16</sup>

The authors legitimize the situation reported by the participants Iris, Athena and Apolo, when he says that for quality assistance, considering the relevance of the EP, it is necessary a qualification for the professionals to carry out the work with a specific instrument and with reality, of Way that offers a holistic and quality care to the customer. The absence of training constitutes a barrier to the operationalization of the EP.<sup>17</sup>

The need for the inclusion of all members of the nursing team in processes of permanent education, considering the reflex in relation to the performance of each one in all phases of the EP and its ethical and legal aspects. They also complement the undergraduate and postgraduate teaching *lato sensu*, which has not cooperated sufficiently for the development of the EP, it is also necessary to insert in teaching this methodology of work in the courses Nursing technician.<sup>8</sup>

Insufficient knowledge about the nursing process is the main reason for the incomplete execution of this assistance method in some health institutions, so the lack of knowledge generates disinterest and lead the professionals not to adhere to the assistance method for the operationalization of the EP. Another barrier mentioned is the fragility in theoretical knowledge and can be perceived in the lines below:

“[...] maybe you are having opportunities that we did not have so 10 years behind training did not have this in the academy, to work systematization [...]” (Ares).

“[...] I really did not work at university at all on systematization, I went to learn as a professional [...]” [Zeus].

“[...] a little theoretical basis in our training too ... I only saw something of the nursing process, I only experienced it during my undergraduate classes [...]” (Hestia).

The lack of full development of the EP due to the little deepening during the graduation contributes so that the nurses do not execute the EP as it should, thus devaluing it. Therefore, a theoretical basis is essential for the entire nursing team, through lifelong education associated with continuing education.<sup>8</sup>

The teaching of the nursing process should be initiated and supported by the most basic disciplines. Advanced disciplines should contribute to the learning of the PE started in the basics and to deepen in the theoretical and practical scope during the graduation. Already the insertion of this theme in the professional scope, can favor a theoretical-practical connection of the PE and thus, make it an expressive learning.<sup>18</sup>

In order for the EP to be implemented effectively, it is necessary that all the staff of the team know and know its importance, thus valuing it. Another factor that contributes as a barrier to practice is the lack of time due to the overwork revealed by Artemis and Hestia:

“[...] if the person who is with that patient who had much intercurrent then she will not be able to perform all those cares [...]” (Artemis).

“[...] the lack of time to operationalize right? When we have major intercurrents [...]” (Hestia)

Based on these statements, it was evidenced that there is work overload associated with deviations of function and also the low number of professionals in relation to the number of patients and the activities directed to them, which can be minimized with the recommendation of more employees for the Sector.<sup>16</sup>

According to what the authors describe, there is resistance among nursing professionals to recognize the relevance of the EP, since it contains care actions qualified as “routine”, in addition to the insufficient number of professionals in the nursing team.<sup>19</sup> The activities of nursing technicians can be considered routine, perhaps because they are considered simpler, but their accomplishment is as important as the more complex ones, and this does not mean that they are of less importance to patient care. The lack of motivation of nursing professionals prevails among the participants' statements:

“[...] I find it a bit flawed even by the nursing technicians themselves, and we nurses who should follow that process within that time frame often do not do it, nor do we value it enough to improve our daily practice of care.” Iris).

“[...] the difficulty we have is with the nursing staff. They check, but they do not develop, they do not practice [...]” (Aphrodite).

“[...] he still needs a little more recognition by the nursing itself, the nursing as a whole, besides the nurses, the nursing technicians ...” (Dionisio)

“[...] the mid-level professionals who sometimes do, but do not check, and nurses who do not value the nursing process ...” (Éris).

Researchers state that the number of nursing professionals prevails in all sectors of service to users, and is insufficient for the development of PE. This situation justifies the lack of time available for this assistance method. It also points out that there is an ignorance of the EP by nursing technicians and assistants.<sup>8,16,19.</sup>

Thus, there is no effective participation of the same in their operationalization, rendering it inefficient, therefore, invalidates the previous stage performed by the nurse.

This reveals an individualized work process with no necessary interaction between staff in the work process. The failure of teamwork results in fragmented work, where each professional does his part, implying barriers to innovations, new challenges and an attempt to improve care. This requires a nursing with common purposes and objectives, which must be achieved by all members of the team.<sup>12</sup>

## CONCLUSIONS

According to the results obtained in this research, it was possible to verify that nurses use the EP as a north for the application of the technical-scientific knowledge, but their knowledge does not lead them to develop the EP in the sense of executing it in its Totality. Despite this, nurses are aware of the relevance of the EP and that their evolution will be a satisfactory day.

It was also highlighted that nursing professionals need to have as a complement to their knowledge lifelong education, along with continuing because of its importance in the EP. The nurse as responsible for the nursing team has responsibility in the operationalization of the care process, as it should be the great incentive of the team so that the EP is executed in its entirety. For this to be possible, the team leader must know what the EP is, how it should be operationalized and its importance to the assistance associated with the willingness to change the current reality.

The dynamics of the EP in the ICU is relevant, but it becomes insufficient in the face of the barriers encountered by nurses for their execution, as highlighted: overwork; Absence of specific training; Insufficient teaching and practice of the assistance method; Devaluation of the own nurses and consequently the nursing technicians do not give the real importance to what the PE represents in the assistance.

In view of the results, the need for greater support and involvement of the management, the institution and the agencies responsible for nursing professionals was evidenced, aiming to encourage, supervise and evaluate the practice of the EP to ensure a better quality of care offered.

The study responded to expectations so that the proposed objectives were met, and from the collected data it was possible to reflect on many of the aspects that involve this process, however, it is still necessary discussions and studies on the subject in question, by the nurses, as they encounter difficulties in the operationalization of the EP as a whole.

The study contributed to the scientific growth of the researchers and will serve to broaden the knowledge of the readers of this study, also provide background for new studies on the subject to help clarify facts about the subject.

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**\*Corresponding Author:**

Magda Rogéria P. Viana

Rua Vitorino Orthiges Fernandes, 6123

Uruguay, Teresinas, Piauí,PI, Brasil

Zip code: 64057 100

E-mail address: magdarogeria@hotmail.com

Telephone number: +55 86 2106 0700