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RESEARCH
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Nursing care systematization: the nurses' perception

Sistematização da Assistência de Enfermagem: percepção dos enfermeiros

Sistematización de la asistencia de enfermería: percepción de los enfermeros

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ABSTRACT

Objective: The study's goal has been to identify how the nurses working at an Intensive Care Unit (ICU) perceive the Nursing Care Systematization (NCS) as a method of care. **Methods:**It is a qualitative study with the participation of four nurses. Data collection was carried out through a semi-structured interview, a documentary research and also non-participant observation. From data analysis the following three analytical categories emerged: "Conceptual aspects of NCS: identifying models"; "The method fragmentation: from concept to practice" and "The NCSin nurses'training: theory x practice". **Results:** It has been shownthat there were weaknesses in nurses' perceptions about NCSand Nursing Process(NP) as well as their feasibility. **Conclusion:** The study verified the needfordemanding responsibility and commitment from the nursing teams and their managers,with regards the care systematization, then strengthening the scientific character of nursing, and also boostingthe specific knowledge.
Descriptors: ICU, nursing, nursing caresystematization.

RESUMO

Objetivo: Identificar como enfermeiros de Terapia Intensiva de um hospital do Norte do Espírito Santo percebem a Sistematização da Assistência de Enfermagem (SAE) como método de cuidado. **Método:** Trata-se de um estudo qualitativo com participação de quatro enfermeiros. A coleta de dados foi realizada por meio de entrevista semiestruturada, pesquisa documental e observação não participante. Emergiram três categorias analíticas: "Aspectos conceituais da SAE: identificando modelos", "A fragmentação do método: do conceito à prática aplicada" e "A SAE na formação do enfermeiro: teoria x prática". **Resultados**: Evidenciou fragilidades em relação

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à percepção dos enfermeiros sobre a SAE e o processo de Enfermagem (PE) e sua exequibilidade. **Conclusão:** O estudo evidenciou ser emergente responsabilizar e comprometer as equipes de Enfermagem e seus gestores perante a sistematização da assistência, fortalecendo o caráter científico da Enfermagem e o empoderamento de saberes específicos.
Descritores: UTI, Enfermagem, Sistematização da Assistência de Enfermagem.

RESUMEN

Objetivo: Identificar como enfermeras de cuidados intensivos de un hospital del norte del Espíritu Santo perciben la Sistematización de la Asistencia de Enfermería / SAE como método del cuidado. **Método:** Se trata de un estudio cualitativo con la participación de cuatro enfermeras. La recolección de datos se realizó a través de entrevistas semiestructuradas, investigación de escritorio y de observación no participante. Surgido tres categorías analíticas: "Aspectos Conceptuales SAE: la identificación de modelos", "La fragmentación del método: del concepto a la práctica aplicada" y "SAE en la educación de Enfermería: Teoría x la práctica". **Resultados:** Debilidades evidentes en relación con la percepción de los enfermeros sobre el NCS y el Parlamento Europeo y su viabilidad. **Conclusión:** Este estudio mostró una compromoter equipos de Enfermería que son responsables y emergentes y sus directivos, frente a la sistematización de la asistencia, fortaleciendo el carácter científico de la Enfermería, y la potenciación de conocimientos específicos.
Descriptores: UCI, Enfermería, Sistematización de la Atención de Enfermería.

INTRODUCTION

The nursing professionis responsible for providing care at the various levels of health care, supported by different theories that subsidize individual care in an integral and individualized way. In Brazil, the theory of basic human needs was created by Wanda de Aguiar Horta based on Abraham Maslow's theory of Human Motivation, whose approach brought the nurse professional closer to the individual under his care in order to identify the physiological, security, love, relationship, esteem and personal fulfillment.[1]

In this sense, the theoretical model adopted by nursing permeates and leads the actions of professionals involved in the care process.

The systematized process of nursing care in Brazil was developed with roots in Wanda Horta's theory, through a theoretical model of its own, with organized and interrelated actions practiced in a dynamic way that aim at integral assistance to the human being.[2]

Through the Nursing Process (NP), the nurse identifies the needs of those in her care and establishes a flow of communication between the patient and the nurse, as well as among the people who work in the unit. In addition, its use improves the quality of care and promotes the scientific development of the nursingprofession.[3]

It favors clinical judgment and observation in a systematized way, with a view to the elaboration of nursing diagnoses, focusing on the needs of the patient and on integral care and on determining the interventions necessary for effective and efficient assistance.[4]

The promotion, prevention, recovery and rehabilitation of the health of the individual, family and community, subsidized by NP and the Nursing Care Systematization (NCS), are the focus of the nursing profession.[5]

The current legislation legally supports the implementation of NCS at the national level, but there are enormous difficulties in this process.[6] The nursing professional practice law establishes the responsibility of the nurse in order to participate, elaborate, execute and evaluate health care plans, systematizing, individualizing, administering and assuming an important role in front of the nursing team.[7]

Since 2002 many nurses propose to develop and apply the NCS in their daily work, however the related difficulties, such as lack of personnel, computerized system among others impose important limits for its applicability.

The nurse, responsible for the implementation of the NCS and its methodological resources such as the NP, requires, in addition to overcoming the limitations described above, willingness, scientific knowledge and ability for the clinical judgment necessary for the development of the method.[8,9]

Among the various care units in the hospital environment, the Intensive Care Unit (ICU) offers specialized infrastructure for the allocation and care of critical patients, with a great technological contribution for continuous monitoring and interventions to the individual in a state acute and severe health problems, with human resources with a more effective professional/patient relationship.[10]

It requires specialized care, with nurses capable of recognizing needs and intervening, based on scientific knowledge, facing the daily situations of this unit, committed and zealous for promoting the quality and well-being of the patients.[4]

Based on the principle of integrality, which implies a refusal to reductionism and objectification of subjects; propose the opening for dialogue and for actions resulting from the interaction of the actors involved in the care of NCS and its organizational methods, provide for the approach of the nurse with the patient in a serious condition in order to favor the exchange of knowledge from the identification of needs, desires and interests of the patient and his family.[3]

In this context, the study aims to identify how the nurses working atanICUperceive NCS as a method of care.

METHODS

It is a descriptive-exploratory research with a qualitative approach, which was performed in an ICU from a Public Hospital localizedin the North region of Espírito SantoState.

Preceding the data collection, the project was submitted to the ethical appreciation of the Ethics and Research Committee, in compliance with the Resolution No. 466/2012 from the National Health Council, in which it approved an ethical opinion favorable to the study.

The participants of the research were the four nurses, who work in the ICU from the referred hospital. For the data collection, the triangulation of methods was adopted.

Initially the semi-structured interview was conducted, in the second moment the documentary research and finalizing the collection, the non-participant observation.

The semi-structured interview was recorded and transcribed immediately after the interview. In the second moment the documents were analyzed. In the documentary analysis of this research, searches were made for documents made available in the ICU among them, systematization tools, routines manuals, and their own forms that demonstrated or translated the application of nursing care systematization. The collection was completed with the non-participant observation.

The data were analyzed and presented, from the categorization, which was applied after the grouping of the collected material and from the triangulation procedure. In order to maintain the reliability of the data collected, logging methods, similar to logbooks, were adopted after the end of each interview, in an attempt to ensure important perceptions and impressions that are often implicit in the interviewees' speeches, but they are not perceptible at the moment of the data transcription.

The nurses collected: N01, N02, N03 and N04. The collected data were selected, structured and analyzed from the pre-analysis and analysis activities.[11-12]From data analysis the following three analytical categories emerged: "Conceptual aspects of NCS: identifying models"; "The method fragmentation: from concept to practice" and "The NCS in nurses' training: theory x practice".

RESULTS AND DISCUSSION

The nurses interviewed werewithin agegroup from 27 to 34 years old, being all female, corroborating with the female hegemony in nursing profession. The training time of the professionals coincides with a period between two and eight years, where the nurse that has been working in the ICU for the longest time was seven years, and the nurse with the shortest time in the ICU was three weeks.

None of the nurses has a specialization in ICU,where the specializations with more affinity are in the area of Urgency and Emergency. Faced with this situation, some aspects need to be considered, since the nurses of the unit do not present, in their majority, adequate qualification to work in an ICU. An important factor that should also be emphasized is the fact that nurses have a high turnover in the hospital under study, considering that there is a policy of adjusting and maintaining a rotating scale for them, which provides different working units within the institution.

In this context, the Basic Operational Norm of Human Resources for the Unified Health System defines as professional qualification the process in which the worker acquires qualified knowledge that enables him to perform a certain function aiming at his better use in the exercise of the work.

By being a critical unit, the ICU requires a qualified team that provides specific care to critically ill patients. In this context, the ICU nurse is responsible for promoting the quality of life and well-being of the patient.[13,4]

Linked to this need, the Law No. 7498/86, Article 11, makes the training of nurses an essential factor in order to work in an ICU, since, as the exclusive competence of nurses "to provide direct nursing care to critically ill patients at risk of life".[14]

Nurses working at an ICU need a solid knowledge base, skill in the technological and emotional aspects of care, due to the complexity of the patient. Bearing that in mind, the technical skills, when based on theoretical references, are developed in the course of professional experiences and gradually. Nonetheless, contact with the theoretical frameworks that provide the basis of knowledge is more effectively acquired through specific training and qualification in order to ensure adequate and accurate assistance.[15]

Conceptual aspects of NCS: identifying models

The nurses' professional practice has the scientific knowledge as one of the structuring pillars of their performance, which confers consistency in decision making and mastery over the behaviors and attitudes adopted, also giving support to their skills and scientific baseto their actions.[16]

The approach between nursing and scientific knowledge was made possible by Florence Nightingale, who, through her observation and recording of statistics, began to exorcise the empirical aspect, making nursing an institutionalized and specific social practice. Supported in other sciences, nursing knowledge begin to develop and expand. However, for a long time, nursing is qualified as an analytical practice, affirming itself as science when it links its practice to a theory and to scientific knowledge.[16]

The nursing profession can be defined as "a human activity developing a growing set, from the historical point of view, of techniques, knowledge and theories related to each other and referring to the natural universe", and also partially "a presentation of reality by intelligence, by a systematization of concepts, assumptions...".

In this way, the knowledge of nursing as a profession enables the understanding of reality, reflection and criticism, avoiding the naturalization and trivialization of facts, and including scientificity in the appreciation of facts.[17]

Nevertheless, many nurses question as to the operationalization of the applicability of the theories, considering the restricted subject academies, not articulating the theory with the way of thinking and doing in the day to day of the nursing, that is, the link between the theory and the NCS originates the basis for professional nursing.[18-19]

The necessity of the theory linked to the practice of NP and other elements that make up the NCS, mark the way of being of nursing in a given environment, with respect to previously well-founded precepts.[4]

In this context, the testimonies reveal difficulties in the understanding of the interviewees about theories and methods of care in nursing. In a few occasions, the statements show that they are effectively unaware of theories, such as when it was approached about the methodological basis of nursing care:

> The basis? ...Knowing how the patient's evolution is, how his day-to-day progress is succeeding. (N01)

> We do it there, here we have a protocol that we follow that is based on the NCS book that we do the examination, the diagnosis and make the prescription according to the needs of the patient. (N02)

> Basically,the patient interview, [...] So, I do not understand what do you want to talk about... I think basically in the North American Nursing Diagnosis Association (NANDA) is the interview and the physical examination. (N03)

> Oh, do you want a specific methodology? ...What I do here was just what I got in undergrad and what we were perfecting with the years of contact even with the patient. But I do not remember who was the author, who... The only author I remember is the diagnosis of NANDA. But it's just the diagnostic part too, right?! It does not enter the prescription part and evolution. (N04)

Nurses affirm that the stages of NP, such as nursing prescription, nursing diagnosis and nursing evolution, are methodological bases of care. These are steps, which when applied in a random way unrelated to a theory, become only part of the routine activities of the nurse, subtracting the scientific character of their performance.

Reaffirming the aforementioned thought, the empiricist character in the activities developed by some nurses, who act by solving conditions and/or situations related to the work routine, is marked by using inexpressive methods in their professional practice.

In this sense, this abstention from the use of theoretical and methodological references during the delivery of care compromises the organization of the service and valuation of the nursing professional.[20]

Using theories and methods of nursing to the field of professional practice refers to the visibility of the profession and recognition of peers and other health professionals. Furthermore, it deprives the technicality (label used several times to the nursing) and the repetition of routine actions, unleashing a practice equivalent and safe to the professional.[20]

Another relevant aspect that requires a more detailed look is with regard to NCS, since it was noticed in the reports that although at times they show incoherence in understanding and relating theory and method, besides confusing NCS and NP, all affirm having heard about the NCS at least once, and that they understand it as follows:

> It is the instrument of nursing care. The principal. (N04)

> It's you to give a patient care, take the exam, and follow the evolution. In short, this is patient care. To make the evolution, to do the physical examination, auscultation, palpation. (N01)

> I think systematization is imperative, especially here in ICU, because it encompasses the patient as a whole. You give the diagnosis and automatically related to that. Acute myocardial infarction related to what? So I think it complements the patient's diagnosis. (N03)

> Wow, it is very complex... I think it guides us to the protocols of the work routines you have. (N02)

It is possible to observe that the majority of the interviewed ones ponder on the importance of the systematization, however, it is noticed a deficit of understanding on the NCS, "...is to make the examination, to follow the evolution...," or even when it is expressed as another activity, even understood as continuity of medical treatment "[...] is a complement to the patient's diagnosis."

According to the Conselho Federal de Enfermagem (COFEN) [Federal Nursing Council], the NCS is a private activity of the nurse, which uses scientific method and strategy of health-disease situations that supports nursing care actions so that they can contribute to the promotion, prevention, rehabilitation and rehabilitation of individual, family and community health.[14]

The existence of an organized and quality service requires the proper functioning of the NCS, which consists of the applicability of NP, organization of standard operating procedures, routines, among others. In order for the care process to be carried out with quality and efficiency, it is imperative to apply a methodology that assists nurses in the systematization, organization and provision of assistance in an individualized way, triggering benefits for the professional, the client and the institution.[21]

As previously noted, the interviewees still present difficulties regarding the methodological bases of the profession:

> Same here, here I do the physical examination of the patient, every day I do. Physical examination, palpation, auscultation, all. Even though the patient is repeated. The systematization that I make is the one that I know. (N01)

> In the same evaluation of nursing. We do it here, we have a protocol that we follow that is based on the NCS book that we do the examination, the diagnosis and make the prescription according to the needs of the patient. Because it gets such a fan, you either specify the NCS in theICU? (N02)

> The NANDA. What I have been looking at is only NANDA, sometimes even site search... In the "brunner" is not specific to the NCS, but it has a lot to do with that, most chapters, some do not, I think at all in the endthey have a different systematization for each diagnosis. (N03)

Here we do the care, we do the physical examination, through the physical examination makes the evolution, through evolution makes the prescription of care for the technicians. (N04)

We have noted that during the speech, there is no description of a nursing care methodology. They overlap in the lines, only the intention to answer that satisfies the questioning and the quest to satisfy the interviewer.

These conceptual misunderstandings and distortions of terminologies apparently stem from the lack of information about the concept of methodology, explicitly demonstrated in the following reports:

What? Methodology? (N01)

Wow, that's a difficult question. (N02)

The ones I know? Is it in relation to the literature? (N03)

From the NCS you speak? (N04)

Understanding their professional practice, as well as the assumptions that direct their actions, arouses in nurses the interest in adopting care methods that use systematization to deal with existing problems.[19]

In this sense, the nursing process is a systematic and dynamic method of providing humanized care and oriented towards the maintenance of the best results.[18]

It is worth mentioning that the logic used in the search for solutions to problems, evidenced in the scientific method, provides credibility and autonomy to the nursing professional, as it strengthens the scientific character of nursing. Therefore, it is of fundamental importance that the nurse must have clear knowledge about the care process and that it must be implemented based on the NCS.

The method fragmentation: from concept to practice

Actions based on protocols and routines are inherent in professional activities, however, are not sufficient to meet individual and collective needs. The relationship between the professional and the object of care is fluctuating, with each new contact emerging, requiring new looks. Guiding assistance on a rigid axis is abandoning equity and completeness, as well as distancing the quality of care provided.

The planning of nursing care and the use of a work method in order to meet the needs of the individuals involved, theyboth still constitute a challenge for professionals who desire for care qualification. However, there is still a limitation on the methods necessary for the systematization of nursing reasoning and practices, reflected in a professional practice that is often restricted to routine care, medical order execution, and hospital administration requirements and determinations, which is far beyond themanagement of nursing care.[22]

In the Decree No. 94,406, dated June 1987, regulator of the Law No. 7498/86, which deals with the professional practice of nursing, expresses the nurses' activities as "planning, organization, coordination, execution, and evaluation of nursing care services".

Although the process was implemented in Brazil almost four decades ago, in 2002 alone it was legally established by COFEN, through the Resolution No. 272, where it is called NCS, to be implemented in all health institutions of the federation.[23]

Nonetheless, as described above, the NCS legal recommendation does not guarantee its effective implementation, since there is a discrepancy between nurses' thinking and acting. Some nurses perceive the need to implement NP, while others still do not envisage ways to operationalize a new practice.[21]

In this sense, it is important to emphasize that it takes much more than creating an instrument, it is necessary an integrated work with the nursing team to succeed in the implementation of a care methodology.[23]

In this circumstance, it was possible to observe in some reports the perception of nurses' need for systematization implementation. However, attention is drawn to the diversity of responses when asked about the advantages of applying NCS:

The advantages are that as we are doing physical examination and evolution, we know how the patient is going through the day. (N01)

I think the advantage is because it standardizes... this is what you have to do in the assistance, is to standardize, I think this is an advantage. (N02)

[...] the advantage is what I have already told you, is to know the patient, the diagnosis as a whole. (N03)

The advantage is that you get to know the patient better and see his evolution process. (N04)

The expression "knowing the patient as a whole" is emphasized in the speeches, as well as some stages of the process are mentioned, which characterizes that the professionals somehow perceive the advantages in organizing the nursing care, but the speeches reveal weaknesses Related to the integrality of the nursing process among other advantages related to its use.

According to the Resolution No. 272/2002 from COFEN, the following steps of the NCS are proposed: historical/interview physical examination, diagnosis,

prescription and evolution. The phases of history/ interview and physical examination were grouped with the nomenclature of nursing history.

Some difficulties are encountered by nurses when applying NP, such as theoretical knowledge, activity overload and time scarcity, as well as a great demand for patients and the precariousness of human capital. All these factors favor the triggering of a fragmented and routine care, where the records are not realized, compromising the professional recognition and the evaluation of the practice as a health professional.[20]

Effective nursing documentation is extremely important, since it reflects the quality of care and provides evidence of the responsibility of each health care team to provide care, constituting a vital aspect of nursing practice. It must be comprehensive and flexible enough to retrieve critical data, track customer results, and reflect current standards.[19]

In the unit researched there is a nursing record instrument, however, it is not specific to NP, as reported by one of the nurses interviewed when asked about the use of instruments for nursing care:

> What instrument? There is only one sheet where we perform the evolution and prescription, it is not specific to the NCS, and we brought it from another hospital. I know there is specific instrument for the NCS because I saw during the graduation course. (N04)

The instrument available to nurses and cited by N04, has graphical spaces for recording vital signs, capillary blood glucose, probes, central venous catheter, change of decubitus, water balance, these being arranged as a checklist, with the times in which they were performed. There is also a space to describe the accomplishment of dressings, including the place and time of accomplishment, but with restricted space for the notes regarding the observations of the procedure, such as materials used, characteristics and intercurrences, among others.

During the observation time of the activities of the ICU nurses fromthe research institution, it could be observed that nurses, in relation to the nursing records, make the evolution of nursing once a day, occurring in the subsequent hours only records of intercurrences.

> Daily. At 12o'clock indaytime. At night they do not do, only do complementation or some other intercurrence. At night they do not do nursing evolution. (N04)

This fact is not in line with the Resolution No. 272/2002 from COFEN, which determines in its Article 3rd that the NCS should be formally recorded in the patient/client/patient medical record, which is a private act to the nurse, but, it is extremely important to observe the content and the manner in which these professionals perform the registration, which is by evaluating if the data and information explain the clinical state of the patient and their relationship with the nursing and care diagnoses.

In this context, it clarifies that documentation failures can result in incomplete information; therefore, the records should be complete, concise and accurate. During the observation carried out in the research scenario, it was verified that a computerized system has been implemented in the referred hospital, which provides software for the accomplishment of some stages of the NCS, such as prescription and evolution, but it is not known to the nurses.[18]

Even though there is no specific instrument for NP, nurses verbalize to perform it in the ICU, as can be observed when asked about the methodologies they use:

> Here, as I told you physical examination and evolution. We do it every day. (N01)

> Nursing care, physical examination, prescription, consultation, routines of dressing techniques, all this we use based on NCS.(N02)

> It is what I told you, the physical examination, that the majority of the patients that we have here is in mechanical ventilation, it has no historical record, except for medical records or through escort and prescription.(N04)

It is perceptible the fragmentation of the process in these reports, through the subtraction of some stages of NP, as well as, the disagreement among the nurses. All this fragmentation becomes even more evident when asked about the NP stages:

> I do not remember any. No. (N01)

> Wow, I do not remember. (N02)

> Basically, interview, anamnesis, physical examination. I will not know how to exact the sequence exactly. [...] Look, let's leave anamnesis, physical examination, let me see what I'll put to complete. I'm not getting. [...] I cannot remember. (N03)

> The anamnesis?! That you collect the history of the person, history of nursing... Here comes the physical examination, that you do all that cephalous-caudal process, opens the evolution, through evolution, you make the diagnosis and the prescription of nursing. (N04)

We have noted weaknesses and controversies regarding NP and its stages, since the same nurses previously reported knew the NP, in addition to applying it, citing even some of its stages as assistance methodologies.

It is also observed that N04 has knowledge about the steps, however, only performs the history and the prescription, as previously reported.

Systematization, if configured as a linear process, its phases are totally interdependent and mobile. However, in order for the process to be effective, all of them must be carried out.

There is predominance of physical examination, evolution and nursing prescription steps in nurses' speeches:

> Here, as I told you physical examination and evolution. We do it every day. (N01)

> Here, we do the care, do the physical examination, through the physical examination makes the evolution, through evolution makes the prescription of care for the technicians. (N04)

Taking the N04 speech as a reference, we will separate it into three points and discuss how it happens to perform the NCS steps learned by the nurses interviewed. The nurse in question narrates three stages, respectively, physical examination, evolution and prescription.

According to the Resolution No. 272/2002 from COFEN, which determines in its Article 1stthe private duties of the nurse, the physical examination must carry out a survey of the patient's health status, in order to validate the information obtained in the history, and for this, should be carried out contemplating the techniques of inspection, auscultation, palpation and percussion.

Thenursing evolution practice is "the daily or periodic account of the successive changes that occur in a human being while under professional care." Through evolution, new needs are observed, the viability of solutions for them, as well as the perception of the family and the client as to their clinical situation. It also provides subsidies for the elaboration of a new plan of care based on its basic needs.[24,1]

However, it was observed that the evolution of nursing occurs only once a day, except in cases in which there are intercurrences, and these are recorded in the medical record. Failure to carry out the evolution more frequently is justified by the lack of professionals and excessive workload.

According to the Resolution No. 272/2002 from COFEN, in its Article 1st, the evolution of nursing is the registry performed by the nurse after the assessment of the general condition of the patient, addressing the problems identified, a brief summary of the results of prescribed care and the problems to be the next 24 hours.

The nursing evolution practice is characterized as one of the most critical stages of the nursing process, since it supports the basis of the usefulness and effectiveness of nursing practice, deciding whether the previous stages of the process were effective, examining the client's responses and comparing with the behaviors declared in the expected results.[19]

The last step performed, according to the nurse, is the nursing prescription. However, when analyzing the nursing records in the medical records, it was observed that the prescription mentioned is shown in a standard format, being repeated in several medical records, characterizing routine procedures, without considering the integral and individualized care and not taking into account that the prescription Takes place from the elaboration of the previous stages of NP, which culminates in the directed prescription and directed the individual needs of each patient.

This standardization is confirmed in the reports of the nurse when questioned as to what contains these prescriptions and whether they are based on nursing diagnoses:

> The nursing prescription care [...] All the care the technician has to do [...] Basically isthis. This is the general one and there you will do according to the degree, with the pathology of the patient, then you will specify one or another care that is specific for that type of pathology. (N04)

> Yes. Some specific, some specific care. As if it were that cake recipe, which is for all patients. When you arrive at an acute myocardial infarction, when you arrive at a chronic obstructive pulmonary disease, a congestive heart failure, then you specify the care of that patient. (N04)

It should be noted that when nurses cite nursing prescription, we can infer that they speak of pre-established routines and performed in a repeated and synchronized way for all patients. Another aspect that draws attention, concerns the issue that standardized care is prescribed, with the aim of technicians perform, not taking into account the action and care to be performed by the nurse and focused on NP and its stages. Also, the point is highlighted that care is systematized and repeated according to the underlying disease presented by the patient and not directed to the nursing diagnoses.

Because it is an ICU, a greater level of patient dependence is expected, which is reflected in the prescriptions cited. However, we know that the ICU includes a specialized infrastructure in which the delivery of care to critical patients requires nurses to master several technologies in order to carry out specialized care. Nonetheless, the effective evaluation of the defined prescriptions was not observed during the research, and a departure from critical reasoning and nursing judgment by nurses was also highlighted.

The nursing prescription is characterized as the assistance to be performed before the established nursing diagnosis.[24] Nevertheless, no nursing diagnosis record was observed in the sector under analysis. In all the reports of the nurses when speaking about diagnosis, they were directed to the medical diagnoses, as can be observed in the following reports:

> You give the diagnosis and automatically related to that. Acute myocardial infarction related to what? (N03)

> When you arrive at an acute myocardial infarction, when you arrive at a chronic obstructive pulmonary disease, a congestive heart failure, then you specify the care of that patient. (N04)

Over again, weaknesses are evidenced, since, although all nurses consider the use of NP to be important and that they apply it in parts, they disregard a fundamental step in the process that is the nursing diagnosis, where the analysis of the collected data is concluded. In this case, two reasons seem to be inherent in the exclusion of this stage in the ICU, the first one is the lack of registration and anamnesis with a structured script, which entails the difficulty of listing diagnoses. The second is the lack of knowledge about this stage, their absence in the interviewees' reports.

The NCS in nurses' training: theory x practice

Thenursing profession, as well as several professions, has undergone modifications in its assistance due to the socio-political-economic scenario of its historical trajectory. However, this profession has been established over the years as a science, through the breaking of paradigms and labels associated with it. Yet, for this affirmation to be consolidated, it is necessary to establish scientific knowledge in all professional nursing practices.

The knowledge of the profession produced, disseminated, questioned, evaluated and revalued in the academies must be linked to the practice of assisting the scenarios of action, from the training process. This limitation can be seen in one of the nurses' reports when asked about the feeling experienced when having the opportunity to apply the NCS:

> It gives you an accomplishment for us, because there are not many things of the theory that we can put into practice. (N02)

This dichotomous relationship between theory and practice, emphasizing that this has always been linked to academia or teaching, while this is linked to practical care activities and/or practices.[25]

There are many discussions about the difficulties of NCS implementation, however, we believe that the main factor for this difficulty is the dissonance between the methodology of care delivered in undergraduate nursing courses and that supposedly adopted by the service. As a consequence, nurses fail to implement NCS in their practice, once again unlinking practice theory, compromising the quality of their care.

In this way, many doubts still arise in the students' training process, regarding the possibility of application of theories in real situations of care. According to the authors, there are several reports of students who, when confronted with the field of practice in health services, do not observe the application of the theories presented in the academy.[26] These questions can be seen in the following report:

> The contact (at university) was with NANDA, we had a few days of the week that some teachers put up problems situations, told patient stories, age, a clinical case for us to develop the NCS. This still without the internship, still in the classroom, there through the NANDA we developed. In practice with the patient were few opportunities, would be more interesting. (N03)

This lack of opportunity expressed in the report may come from several factors, both from the health institution, infrastructure and human resources, as well as from the educational institution, where there is no effective commitment to the application of theories and their relation to practical activities. Thiscan be noticed in one of the interviewee speech when asked about the NCS during his graduation time, as follows:

> Yes, but I heard very briefly, I did not study that very specific subject. (N01)

This affirmation of the nurse, translated by superficial teaching, reflects directly in the absence of systematization in her professional activity. The teaching provided in nursing schools has not favored the acquisition of skills necessary for the development of the process, being the same addressed in isolated disciplines, and also, there is a lack of standardization of teaching and its stages.[27]

It is also believed that the importance of continuing education in health services, given that several professionals entering the labor market, burdened by unreasonable workloads, are distancing themselves from the continuous process of professional training. Continuing education also becomes an opportune space for the taking/resumption of subjects inherent to professional practice, yet, without space for discussions by the professionals who use them as working tools.

In this context, it was observed in the N02reports some difficulties of the nurses to perform the NCS. It mainly emphasizes the interference of administrative hierarchies in the implementation of assistance processes, and reaffirms this when asked about why it cannot put theory into practice:

> I studied, but this is seven years old, so I do not remember [...] Wow, I do not remember, we have read the books, read, read, do the case study, but, I do not remember. (N02)

> Why do you think you cannot put much of the theory into practice? System, routine, director, among other things that influence. (N03)

Herein, we emphasize that when asked about the offer of some training program on NCS by the institution, all nurses responded negatively. It should also be pointed out that the nursing process happens under the direction of the nurse, however, all nursing staff must be involved in order for the result to be positive, so, it is necessary to train and stimulate the technicians and auxiliaries in the effectiveness of the whole process.

CONCLUSION

The NCS through the use of NP and other methods of care organization has been taking space in the discussion list of nursing thinkers and researchers, as an important instrument for the consolidation of nursing as a science. Faced with all the importance and trust placed in this process, the present research sought to answer: how the nurses working at an ICU perceive the NCS as a method of care? In answering this question, the results showed weaknesses in the perception of what constitute NCS and NP, the applicability of the scientific method in the nursing routine and the advantages of its use.

The research also presented the need that these nurses see in the NP implementation, when reporting that the process facilitates the understanding and attention to the client in its totality.

Therefore, it is necessary that the professionals are willing to acquire knowledge about the subject, so that their performance is effective in a concise, efficient and efficient manner. Moreover, the discourse addressed by the administrative hierarchies should go hand in hand with the assistance discourse, ensuring that the responsibility for the implementation of the NCS is extended to all professionals in the nursing team.

Bearing in mind the results showedhere, it is important to characterize the training time in the specific area, as one of the obstacles to NCS in ICU. The fact that the professionals working in this sector do not present specific training in this area, since the majority of nurses are specialized in other areas of knowledge, although they are part of the nurses' fields of activity, they are located opposite with severe/critical patients, may be a impairment of the clinical reasoning required for NP. It is worth mentioning that this search for new technologies and training in specific areas directly interferes with the assistance provided at ICU.

Another issue that requires attention refers to the objective of identifying the method of nursing care used in the ICU from the hospital under study. There was inconsistency in the use of nursing theories, placing nursing in a condition of risk against non-uniformity of thinking and conduct.

The effectiveness of the organized and quality nursing service requires systematized professional actions, with an impact on credibility and professional autonomy, then strengthening the scientific character of nursing, and also boosting the specific knowledge.

Conclusively, the nurses perceive the NCS as necessary, but show weaknesses in terms of concept, stages, applicability, revealing limitations on the differentiation of NCS and NP.

Regarding the aspects of the content obtained at the undergraduate level, the nurses interviewed point to a superficial formation, with regard to the systematized assistance, the NCS. They emphasize that they have already heard, but not in an effective way, what reinforces the need for the resumption of contents and the focus on training, by the nursing schools.

The research here developed, discussed and presented was able to reflect the emerging need for revision and evaluation of the nursing profession, especially the role of nurses within hospital institutions. The nursing profession needs to resume its functions and responsibilities with health, patients and family.As well as, the nurse need to restore their commitment to effective and quality care.

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