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Challenges of nurses in front of the applicability of nursing care systematization: integrative review

Retos de las enfermeras frente a la aplicabilidad de la sistematización de la atención de enfermería: revisión integradora
Desafios dos enfermeiros frente à aplicabilidade da sistematização da assistência de enfermagem: revisão integrativa

ABSTRACT

Objective: to analyze the challenges that limit Nurses in the application of the Systematization of Nursing Assistance. Method: Integrative review carried out in the VHL by articles published in national journals, using the databases LILACS, BDNF and MEDLINE, with the keywords Nursing process; Nurses; Hospital; Nursing Knowledge and Assistance. Articles in Portuguese were analyzed and with a time frame from 2010 to 2020. Results: "work overload", "lack of knowledge", "need for improvement" and "lack of support from the management / institution" were mentioned more frequently, having a negative impact on the applicability of SAE. From these two categories emerged argued in the discussion. Conclusion: the lacking and superficial applicability of SAE, exercised in some health units, are characterized by the difficulties identified, from the training of nurses in the undergraduate course, to working conditions that hinder the successful execution of the method.

DESCRIPTORS: Nursing Process; Nurses; Hospital; Knowledge; Nursing Assistance.

RESUMEN

Objetivo: analizar los desafíos que limitan al Enfermero en la aplicación de la Sistematización de la Atención de Enfermería. Método: Revisión integrativa realizada en la BVS por artículos publicados en revistas nacionales, utilizando las bases de datos LILACS, BDNF y MEDLINE, con las palabras clave Proceso de enfermería; Enfermeras; Hospital; Conocimientos y asistencia en enfermería. Se analizaron artículos en portugués y con un marco temporal de 2010 a 2020. Resultados: se mencionaron con mayor frecuencia "sobrecarga de trabajo", "falta de conocimiento", "necesidad de mejora" y "falta de apoyo de la dirección / institución", habiendo un impacto negativo en la aplicabilidad de SAE. De estas dos categorías surgieron argumentadas en la discusión. Conclusión: la escasa y superficial aplicabilidad de los SAE, ejercidos en algunas unidades de salud, se caracterizan por las dificultades identificadas, desde la formación de enfermeros en la carrera de pregrado, hasta condiciones laborales que dificultan la ejecución exitosa del método.

DESCRIPTORES: Proceso de Enfermería; Enfermeras; Hospital; Conocimiento; Asistencia de enfermería.

RESUMO

Objetivo: analisar quais os desafios que limitam os Enfermeiros na aplicação da Sistematização da Assistência de Enfermagem. Método: Revisão integrativa realizada na BVS por artigos publicados em periódicos nacionais, utilizando-se as bases de dados LILACS, BDNF e MEDLINE, com os descritores Processo de enfermagem; Enfermeiros; Hospital; Conhecimento e Assistência de enfermagem. Foram analisados artigos em português e com recorte temporal de 2010 a 2020. Resultados: "sobrecarga de trabalho", "falta de conhecimento", "necessidade de aprimoramento" e "falta de apoio da chefia/instituição" foram mencionados com mais frequência possuindo um reflexo negativo na aplicabilidade da SAE. Destes emergiram dois categoriais argumentados na discussão. Conclusão: a aplicabilidade desfalcada e superficial da SAE, exercida em algumas unidades de saúde, são caracterizadas pelas dificuldades identificadas, desde a formação dos Enfermeiros no curso de graduação, até condições de trabalho que prejudicam o êxito da execução do método.

DESCRIPTORES: Processo de Enfermagem; Enfermeiros; Hospital; Conhecimento; Assistência de Enfermagem.

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INTRODUCTION

The Nursing Care Systematization (NCS) is regulated in Brazil as a method that organizes professional work, enabling the implementation of the Nursing Process (NP), a methodological instrument that guides professional nursing care, organized in five interrelated steps: data collection, nursing diagnosis (NANDA), outcomes (NOC), intervention (NIC) and nursing evaluation.⁽¹⁾ The Nursing Process appears as a work tool for nurses, in the organization, planning, execution and evaluation of this action.⁽²⁾

According to COFEN Resolution 358/2009:⁽³⁾ the NCS steps must be carried out, deliberately and systematically, in all environments, public or private, in which professional nursing care occurs through its five operational steps. In this way, the NCS allows nurses to plan and make joint decisions with the nursing team, identifying the needs of different orders, by the services, the team itself and the users, contributing to the effective improvement of the resolution of the problems of daily practice.

Nurses use evaluation and clinical judgment to formulate hypotheses or explanations about the problems, risks and/or opportunities for health promotion that present themselves. All of these steps require knowledge of concepts underlying nursing science before identifying patterns in clinical data or making accurate diagnoses.⁽⁴⁾ Thus, the application of NCS is the only possibility for nurses to achieve their professional autonomy and is the essence of their praxis, it is considered that the systematization of care is of fundamental importance for the strengthening and recognition of nursing teams.^(5,6)

It is well known that the method contributes to the improvement of work, organizes the records of nursing actions, values and directs the team's work and promotes more interaction between the team, the patient and family members. However, adherence to its use is not consolidated. Some challenges for this adherence were mentioned, as well as some inadequacies of the NCS instrument.⁽⁷⁾ It is noticed that professionals do not put into practice all stages of NCS in their work environment, as it implies improvement in the use of this methodology for its implementation, which requires constant updating, skills and experience.⁽⁸⁾

It is necessary to evaluate all aspects that may contribute to its implementation, and to know the points that hinder it, because, despite the several advantages provided by it, there are problems encountered in its execution, such as an insufficient number of professionals; lack of training; inadequate printouts; scarce resources; minimized time, above all, in the hospital unit where it means life or death; in addition to the lack of language standardization, a key factor for its functioning.⁽⁹⁾

Given the above, the objective of this study is to analyze what are the challenges that limit Nurses in the application of the Nursing Care Systematization. It is expected that the results of this study will be satisfactory in order to propose a reflection and critical thinking about the theme, as well as the encouragement of new methods and studies that facilitate the proper implementation and enable success in the professional development of Nursing.

METHOD

It is an integrative review, which

consists of a research method that broadly analyzes the studies, with the aim of synthesizing the ideas exposed, contributing to the discussion and results of the research, as well as to fill the gaps found with the formulation of new works.⁽¹⁰⁾ For the construction of this review, the following steps were taken: to identify the research objective; inclusion and exclusion criteria; literature search; critical analysis of the included studies; discussion of the theme and presentation of the integrative review.

The bibliographic survey was carried out from November to December 2020, at the Virtual Health Library aiming at articles published in national journals and using the three databases: BDENF (Nursing Database), LILACS (Latin American and Caribbean Literature in Health Sciences) and MEDLINE, in order to expand the field of research.

The inclusion criteria were: articles in Portuguese, full text available for free in the databases that were selected, with a time frame from 2010 to 2020, whose methodology contemplated the research objective, excluding duplicate studies and which did not contain content in order to contemplate the central objective.

The descriptors were used "Processos de enfermagem"; "Enfermeiros"; "Hospital"; "Conhecimento" and "Assistência de enfermagem", located in the DECS. In order to cross the descriptors, the Boolean operator "AND" was used, aiming at specific articles on the theme. A total of 12 articles were chosen that met the study criteria. From these results, two categories emerged: "Consequences of erroneous applicability" and "Restoring order through continuing edu-

cation”, which will be discussed in the discussion.

RESULTS

The results were presented in two stages, the first of which was through the description of the selected studies

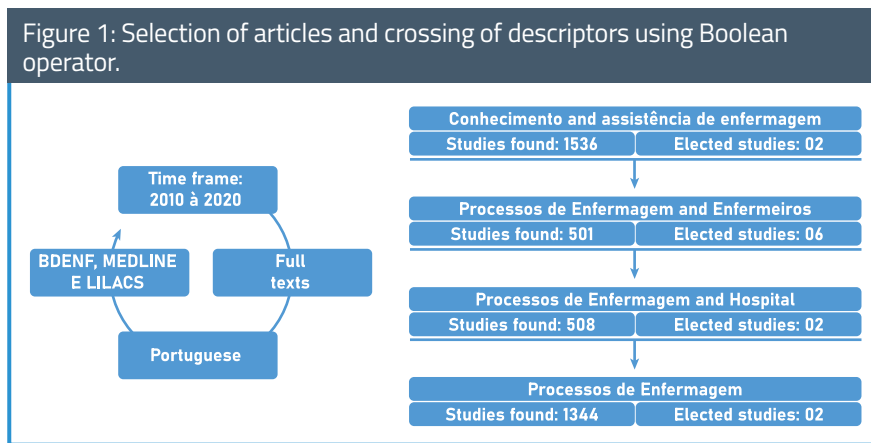
(chart 1) which included: characterization of the selected articles according to title, year of publication, place of study, design and level of scientific evidence. The second stage was presented in a descriptive manner, which reports the challenges and difficulties faced by nursing professionals mentioned most frequently

in the journals and which inhibit the proper implementation of NCS.

Of the 12 articles analyzed, according to the results, the most cited causes that could be considered objections were identified, limiting nurses professionals to not effectively implementing NCS. These are: “work overload” comprising 33,32% (n.4) of the analyzed articles; “Lack of knowledge” in 33,32% (n.4) articles; “Need for improvement” mentioned in 33,32% (n.4) articles and “lack of support from the head/institution” reported in 24,99% (n.3) articles.

DISCUSSION

From the analysis of the set of main results obtained from the 12 articles selected in this review, two categories emerged: "Consequences of erroneous applicability" and "Restoring order through continuing education".



Source: own authorship (2020).

CHART 01- Characterization of selected articles according to title, year of publication, place of study, design and level of scientific evidence (according to the Oxford Center for Evidence-Based Medicine Classification). Rio de Janeiro, Brazil, 2020.

Nº	TITLE OF THE ARTICLE	YEAR	STUDY LOCATION	OUTLINE	LEVEL OF EVIDENCE
1	Knowledge of nursing professionals on the systematization of nursing care.	2019	Large university hospital located in the city of Petrolina/ PE. Brazil.	Descriptive, analytical, exploratory study with a quantitative approach, consisting of 105 nursing professionals through a semi-structured questionnaire whose data were presented by descriptive and analytical statistics, adopting 5% significance and 95% confidence and using the Mann-Whitney tests, Fisher's exact and Person's chi-square for bivariate association.	4
2	Coordinated actions for the implementation and consolidation of the systematization of nursing care.	2019	Federal University of Health Sciences of Porto Alegre-UFCSPA. RS. Brazil.	Technical reports made by professors and students aligned to the teaching of undergraduate and multiprofessional residency and their relationship with the health service, which promoted proposals for intervention and research projects, generating NCS products by the master's students.	4
3	Perceptions of nursing teams in primary care regarding the systematization of nursing care.	2019	Primary Care Unit. Criciúma, Santa Catarina, Brazil.	Cross-sectional study, with a quantitative approach, carried out with 76 nursing professionals, using a questionnaire with 66 objective questions, linked to socio-demographic aspects and the 7 domains on the perceptions of nursing care and the nursing process.	4

4	Perception of nurses in clinical inpatient units on the Nursing Care Systematization.	2019	University Hospital of Porto Alegre, RS. Brazil.	Descriptive study, with a qualitative approach, conducted with 18 nurses through semi-structured interviews to which data about knowledge, understanding, use, difficulties, advantages and disadvantages of NCS were collected.	4
5	Systematization of nursing care: order, disorder or (re) organization?	2017	Two medium-sized hospital institutions in the central region of Rio Grande do Sul. Brazil.	Qualitative, descriptive, exploratory study with 20 nursing assistants, through individual interviews, with five guiding questions and two complementary questions about: Perception about NCS; Implementation of NCS in the unit; Implementation strategy; Use of some theory to support the process.	4
6	Perception of the nursing team regarding the systematization of nursing care in a psychiatric emergency service.	2016	Psychiatric emergency service in a city in the interior of São Paulo. Brazil.	Cross-sectional qualitative study of descriptive and exploratory character with 15 nursing professionals where interviews were used to identify the perception about the "Systematization of Nursing Care" in the unit.	4
7	Systematization of nursing care from the perspective of the nursing staff of a public hospital in northern Brazil.	2019	Maternity in the central region of Belém, Pará. Brazil.	Descriptive, qualitative research, carried out with 40 nurses and nursing technicians using semi-structured interviews about NCS whose result was interpreted under the analysis of Bardin's content.	4
8	Nurses' autonomy and vulnerability in the practice of Nursing Care Systematization.	2011	São Paulo, SP. Brazil.	Systematic and qualitative bibliographic research based on the analysis of the content of articles from 40 scientific journals aiming to recognize the autonomy and vulnerability of nurses in the process of implantation and implementation of NCS.	4
9	Knowledge of nurses in hemophilia clinics on the systematization of nursing care)	2016	Hemophilia outpatient clinics in the cities of Fortaleza, Crato, Sobral, Quixadá and Iguatu in the State of Ceará. Brazil.	Descriptive study with a qualitative approach with 9 nurses through questionnaires with the aim of assessing nurses' knowledge about NCS.	5
10	Systematization of Nursing Assistance in health institutions in Brazil: an integrative review.	2015	Rio Grande do Norte, Natal. Brazil.	Integrative review with 11 articles, these being classified according to their level of evidence, whose objective was to analyze the implementation of the Systematization of Nursing Assistance in Brazilian Health Institutions.	4
11	Evaluation of the implementation of the systematization of nursing care in a pediatric unit.	2012	Large public university hospital, located in the state of Minas Gerais, MG. Brazil.	Descriptive and exploratory case study, with a quantitative approach, on the process of implementing the NCS with a total of 79 nursing professionals in the form of data collection through institutional forms and questionnaires whose objective was to evaluate the process of implementing the NCS .	5
12	Systematization of nursing care: difficulties evidenced by the theory grounded in the data.	2013	Public maternity hospital in the city of João Pessoa, Paraíba.	Qualitative research in the perspective of Grounded Theory through an open interview, with 13 nurses whose objective was to investigate the factors that hinder the operationalization of NCS in the obstetrics service.	4

Consequences of erroneous applicability

Despite the Systematization of Assistance being imposed since it is part of the professional practice of the Nurse, there are many factors identified in this review that characterize the difficulty of its execution. The work overload (N. 4; 33,32%) and lack of support from the head/institution (N. 3; 24,99%) emphasize the need for a reformulation in the professional scope of some health units, reinforcing themselves through the NCS applicability itself which, as a result of this adherence to the method, will result in more effective assistance through individualized assistance.

It is noticed that the workload of nurses, associated with the reduced number of nursing professionals in health institutions, has directly interfered in the application of the nursing process. Nurses carry out many duties that are not always linked to their area of professional activity, a fact that distances them from care, resulting in an excessive workload. As a result, the execution of the nursing process is no longer a priority.⁽¹¹⁾

The process of implementing the NCS must take place in a context of participative management and consider organizational aspects, such as the number of employees and the intensity of care demanded by the unit's patients.⁽¹²⁾ As a result, the consequences of non-adherence to NCS and NP may reflect on unfavorable outcomes for the individual's health: greater chances of complications, adverse events, longer hospital stay, higher costs, greater disturbances in the routine of the patient and family and psycho-emotional changes resulting from the hospitalization process.⁽¹³⁾

NCS is still reduced, in part, to issues of order, norms and routines, and that, at times, introduces a certain disorder, which gradually makes possible a new organization. With that, it is necessary to think about strategies to modify this simplifying and, excessively, thinking of the nurse's work process.⁽¹⁴⁾

The absence of encouragement and support from higher levels represents vulnerability, as it is subject to the lack of knowledge associated with non-involvement, non-commitment, non-appreciation of its execution in practice and also the lack of training for the execution of NCS, as well as gaps in formal education and institutional structural difficulties. However, the interest in carrying out actions with an ethical, moral and responsible commitment, regardless of the challenges that daily life imposes on professional performance, contributes to an autonomous practice.⁽¹⁵⁾

It is understood that even though the nurse is responsible in the legal sense in relation to the implementation of NCS in health institutions, the challenges and difficulties mentioned here require critical reflection not only by nurses, but by the nursing team, as well as employees responsible for managing the units, stressing the importance of the commitment to quality assistance, in order to propose measures and actions that aim to minimize the obstacles faced for the adherence of the method.

Restoring order through continuing education

The correct use of NCS as an aid instrument for decision making, implementation and evaluation of assistance is extremely relevant to the entire care process.⁽¹⁶⁾ Therefore, it is necessary to train, update, supervise and permanently educate nursing professionals in the process of implementing NCS in Brazilian institutions. Furthermore, for institutions that have the NCS in place, it is important to carry out periodic evaluations, in order to improve assistance, identify difficulties and intervene in the affected aspects.⁽¹⁷⁾

It is worth mentioning that Nurses understand and recognize the Systematization of assistance as a valuable and efficient tool, however, they do not implement it in a comprehensive way due to the objections reported. Accord-

ing to the results collected, the lack of knowledge (N. 4; 33,32%) and the need for improvement (N. 4; 33,32%) they are mentioned in the journals pointing out the importance and deficiency in the formation and permanent education of Nursing, delaying the implementation process, since theoretical knowledge acts as a mediator in the implementation process.

As NCS is one of the main instruments for the development of nurses' clinical competence, it is essential that these professionals seek training in order to expand their knowledge and field of vision. Not limiting themselves to everyday practices and demands, as well as the knowledge acquired in academic banks.⁽¹⁸⁾

There are gaps with regard to the knowledge about NCS that nursing professionals have, and it is necessary to improve its teaching in the training institutions of nursing technicians and nurses, in addition to the need to encourage professional qualification, permanent and continuing education besides training of staff to use the instruments.⁽¹⁹⁾

This study became relevant because it portrays the challenges and difficulties faced by Nurses in the implementation of NCS according to the literature, in addition to institutional failures, which, when not corrected, can appear in a negative way in the form of ineffective assistance and outdated. However, even in the face of such objections, it is necessary for the nursing and management team to unite in order for educational actions to be adopted.

CONCLUSION

The erroneous applicability of the systematization of care has a retrograde effect with regard to the autonomy that the nurse has managed to acquire in his field of work, characterized by the difficulties identified since the training of Nurses to working conditions that hinder the successful execution of the method. We highlight the need to promote continuing education and

improve professionals in relation to the applicability of NCS, in order to significantly improve the quality of care.

In short, this study corroborates the other studies, by bringing the identifi-

cation of some perspectives that contribute negatively and delay the implementation of NCS, encouraging critical thinking about the theme, in order to propose improvements in the entire sys-

tem and understands that the challenges in relation to the applicability of the systematization of assistance are many, requiring a reformulation in the educational and professional scope. ■

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