

The systematization of nursing assistance in primary care in Brazil: Integrative literature review

A sistematização da assistência de enfermagem na atenção básica no Brasil: Revisão integrativa da literatura

La sistematización de la asistencia de enfermería en la atención primaria en Brasil: Revisión integrativa de la literatura

RESUMO

Objetivo: Identificar aspectos abordados na Literatura Científica da Assistência de Enfermagem na Atenção Primária à Saúde no Brasil. Método: revisão integrativa da literatura nas Bases de Dados Lilacs, Scielo e Bireme pelos Descritores Sistematização da Assistência de Enfermagem, Atenção Básica, Atenção Primária em Saúde, Saúde Pública, Saúde Coletiva, Estratégia de Saúde da Família e Processo de Enfermagem. Resultados: dos 51 estudos incluídos 24(47%) não mencionaram métodos para realizar a SAE e 12(23%) citaram CIPE; das Etapas mais citadas 26(51%) Diagnósticos e Implementação de Enfermagem, e os Ciclos de Vida mais mencionados foram Usuários em Geral 11(23%) e Criança 8(17%). Conclusão: a Sistematização subsidia a prática clínica do enfermeiro fortalecendo sua autonomia, vínculo, resolutividade oferecendo melhorias à saúde da população; entretanto os estudos ainda são poucos e há fragilidades na implantação e adaptação destes instrumentos. Sugere-se constante Educação Permanente e apoio da Gerência Local para ofertar maior qualidade à saúde da população.

DESCRIPTORIOS: Processo de Enfermagem; Estratégia Saúde da Família; Atenção Primária à Saúde; Enfermagem de Atenção Primária; Enfermeiras de Saúde da Família.

ABSTRACT

Objective: To identify aspects approached in Scientific Literature on Nursing Assistance in Primary Health Care in Brazil. Method: integrative literature review from Lilacs, Scielo and Biremes databases through descriptors Systematization of Nursing Assistance, Primary Care, Primary Health Care, Public Health, Collective Health, Family Health Strategy and Nursing Process. Results: among the 51 included studies 24 (47%) did not mention methods to accomplish SAE and 12 (23%) cited CIPE; among the most cited stages 26 (51%) were Diagnoses and Nursing Implementation, whereas the most mentioned Cycles of Life were Users in general 11 (23%) and Child 8 (17%). Conclusion: the Systematization subsidizes the nurse's clinical practice, what strengthens their autonomy, bond and resolution, offering improvements to the population health; meantime, studies are still scarce and there are some weaknesses in these instruments implementation and adaptation. It is suggested constant Continuing Education and Local Management support in order to offer better quality to the population health.

DESCRIPTORS: Nursing Process; Family Health Strategy; Primary Health Care; Primary Care Nursing; Family Nurse Practitioners.

RESUMEN

Objetivo: Identificar aspectos abordados en la Literatura Científica acerca de los Cuidados de Enfermería en la Atención Primaria de Salud en Brasil. Método: Revisión Integrativa de la Literatura en las bases de datos Lilacs, Scielo y Bireme a través de los descriptores Sistematización de Atención de Enfermería, Atención Primaria de Salud, Salud Pública, Salud Colectiva, Estrategia de Salud de la Familia y Proceso de Enfermería. Resultados: de los 51 estudios incluidos 24(47%) no mencionaron métodos para realizar la SAE y 12(23%) citaron la CIPE; las etapas más citadas fueron 26(51%) Diagnósticos e Implementación de Enfermería, mientras que los Ciclos de Vida más citados fueron Usuarios en General 11(23%) y Niños 8(17%). Conclusión: La sistematización subsidia la práctica clínica de los enfermeros, fortaleciendo su autonomía, vínculo y resolución, ofreciendo mejoras a la salud de la población; sin embargo, los estudios son aún escasos y hay debilidades en la implementación y adaptación de estos instrumentos. Se sugiere la Educación Continua constante y el apoyo de la Gerencia Local para ofertar una mejor calidad a la salud de la población.

DESCRIPTORIOS: Proceso de Enfermería; Estrategia de Salud Familiar; Atención Primaria de Salud; Enfermería de Atención Primaria; Enfermeras de Familia.

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INTRODUCTION

The Systematization of Nursing Care (SNC) is a scientific method used to plan, execute and evaluate nursing care ⁽¹⁾, private activity, which uses a scientific work method and strategy to identify health/disease situations, for the promotion, prevention, recovery and rehabilitation of the health of the individual, family and community. ⁽²⁾

SNC implies a set of actions to reach a certain end through care plans, protocols, standardization of procedures and the nursing process, which represents a scientific method that involves a sequence of specific steps such as Data Collection, Diagnosis, Planning, Implementation of Nursing Care and Evaluation of the results obtained ^(2,3) and when carried out in institutions that provide outpatient health services, households, schools, community associations, among others, corresponding to a Nursing Consultation ⁽⁴⁾ supported at the national level by Law No. 7,498 and by Decree No. 94,406/87, article 11, where qualified listening to health needs takes place.

Therefore, this study was built from the PICO Strategy ⁽⁵⁾, through the guiding question: what is there scientific knowledge about Nursing Care in the Practice of Nurses in Primary Health Care?

In this context, this study aims to identify which aspects are being addressed in the Scientific Literature related to Nursing Care in Primary Health Care (PHC) in Brazil.

METHOD

This is an integrative literature review ⁽⁶⁾ to better conduct the review script in order to seek findings and analyze them statistically. ⁽⁷⁾

For the Bibliographic survey, the Databases of Latin American and Caribbean Literature on Health Sciences (Lilacs) and Scientific Electronic Library Online (SciELO) and the Regional Library of Medicine (Bireme) of the last ten years were used, from the combination of the following Health Descriptors (DESC) indexed in the Virtual Health Library (VHL) according to Table 1 below:

The following inclusion criteria were listed: original scientific articles published in full from January 2011 to June 2021, Portuguese, English and Spanish language, and those that did not fit the proposed objectives of identifying which aspects are being addressed in the Scientific Literature related to Nursing Care in PHC.

The data extracted from the selected articles were organized and tabulated in the Microsoft Excel 2021 (16.0) program.

RESULTS

51 articles were identified. The results were described in Tables, Table 1 identifies the Methods of Systematization of Nursing Care (SNC) in Primary Care (PC); Table 2 describes which SNC Phases or Stages were mentioned and Table 3 identifies which Life Cycles were mentioned.

DISCUSSION

Table 1: Combination of DESC Health Descriptors

DESC	Combinador Boleano	DESC
1. Systematization of Nursing Care	and	2. Primary Care
1. Systematization of Nursing Care	and	3. Primary Health Care
1. Systematization of Nursing Care	and	4. Public Health
1. Systematization of Nursing Care	and	5. Collective Health
1. Systematization of Nursing Care	and	6. Family Health Strategy
7. Nursing Process	and	2. Primary Care
7. Nursing Process	and	3. Primary Health Care
7. Nursing Process	and	4. Public Health
7. Nursing Process	and	5. Collective Health
7. Nursing Process	and	6. Family Health Strategy

Source: Prepared by the authors themselves, 2021.

The selected productions of the results obtained were synthesized and categorized on what each author mentions according to the main objective of this work regarding which aspects are being addressed in the Scientific Literature related to Nursing Care in Primary Health Care (PHC) in Brazil.

In Table 1, after categorizing the Distribution of Productions according to the Method used for SNC in Primary Health Care related to the 51 productions, it was observed that 24 (47%) of these studies did not mention the Method Used in the SAE; among the most used and mentioned methods, 12 (23%) of them described the use of ICNP as the method used; 5 CIPESC and that 5 (10%) of these productions used CIPESC and Wanda de Aguiar Horta, we question these weaknesses (8,9) when identifying that the average of the productions still do not appropriate the methods of systematization of nursing care, it would be for reasons of instrumentalization of these professionals who work in the services in relation to training, or to the precarious time for assistance and high demand in primary health services that occupy the entire extension of a broad assistance, as we also have in some studies^(8,9,10,11,12,13,14,15,16) of which they describe that although nurses understand the importance of Systematization, in the midst of several obstacles, they do not develop it, but suggest ways that make scientific, differentiated, dynamic and facilitating assistance possible; evidencing main challenges for its effectiveness related to its work process such as overload, accumulation of administrative and care functions, lack of time, deficit of human and material resources, high demand from users in health services, lack of training, absence of protocols and failures in the referral and counter-referral process, as well as cultural or interpersonal communication issues, in addition to the continuous repetition of interruptions in the queries, fragmenting it; which requires a suggestion of a reorganization of the work process so that the nurse allows

TABLE 1. Distribution of products according to the method used for SNC in basic health care, 2021

Methods used for SNC in primary health care		
Methods	n	%
CIPE	12	23
CIPESC	5	10
Wanda de Aguiar Horta	5	10
Systematized Actions (SNC) and Interrelated	4	8
Unsystematic approach	1	2
Did not mention method	24	47

Source: Prepared by the authors themselves, 2021.

TABLE 2. Stages or phases of sae identified, according to COREN, 2021

SNC phases or stages identified according to COREN		
Phases	n	%
Data Collection or Investigation	18	35
Nursing Diagnoses	26	51
Nursing Planning	9	18
Nursing Implementation	26	51
Nursing Assessment	7	14

Source: Prepared by the authors themselves, 2021.

TABLE 3. Productions regarding the nursing process to life cycles, 2021

Nursing processes - life cycles		
Cycles	n	%
General Users - Primary Care	11	23
Child	8	17
Specific groups	7	14
Pregnant women	5	10
DM	4	8
SAH	4	8
Elderly	3	6
Puerperal	3	6
Patient with Diabetic Foot	2	4
Women	2	4

Source: Prepared by the authors themselves, 2021.

the user to play a leading role; as well as the need for empowerment regarding their identity and professional practice.

Several studies which did not men-

tion the method used^(7,8,9,10,11,12,13,14,15,16,17,18,19,20,21) cited some stages of SNC reinforcing how much the Nursing Consultation interferes in the early detection of

signs and symptoms of diseases such as those prevalent in childhood when developing the first stage of SNC, as well as it is possible to identify and apply the Care Plan from the nursing diagnoses raised to intervene quickly even in chronic patients such as Diabetics, Hypertensives, patients with Squamous Cell Carcinoma; in addition to describing the implementation of SAE, which must be incorporated into practice, in addition to providing autonomy, leadership, care management, interaction with the community, subsidizes health promotion and disease prevention actions and health services for nurses; NC is also highlighted as an important health education tool, which favors professional bonding, enables the development of professional autonomy and independence.

Then we have 12 Research References Based on the International Classification for Nursing Practices (ICNP[®]), through these studies ^(22,23,24,25,26,27,28,29,30,31) the importance of EC for the development of clinical practice based on the principle of comprehensiveness and evidence-based practices was revealed, through clinical protocols and application of ICNP[®]. Of these, they expand the autonomy and resolution of nurses in their professional practice, giving greater visibility to their work, providing the nurse with constant technical-scientific improvement, providing the necessary framework for their performance in PHC and contributing to greater effectiveness of the actions developed, favoring the development of clinical reasoning by nurses working in PHC and assisting in decision making and guiding their nursing practice, with the objective of qualifying and individualizing the care provided to chronic users, as well as the possibility of a specific language such as ICNP[®] to standardize and unify it. Of these, they expand the autonomy and resolution of nurses in their professional practice, giving greater visibility to their work, providing the nurse with constant technical-scientific improvement, providing the neces-

sary framework for their performance in PHC and contributing to greater effectiveness of the actions developed, favoring the development of clinical reasoning by nurses working in PHC and assisting in decision making and guiding their nursing practice, with the objective of qualifying and individualizing the care provided to chronic users, as well as the possibility of a specific language such as ICNP[®] to standardize and unify it.

However, in other research ⁽³²⁾ identified that the ICNP terminology is still little used by care nurses, which made it difficult to compile the same ND/results and interventions, but stated that it contributed to the operationalization of the NP in the PC context, recommending the inclusion of the taxonomy as a care and management tool, as well as the difficulty of making records according to the ICNP[®].

Subsequently, 5 productions used the International Classification of Nursing Practices in Collective Health - ICNP-CH, a study ^(33,34,35,36,37) identified that NCS articulated with CIPESC constitutes a tool of great value for the professional nurse, as it reinforces their autonomy, Nursing as Science and, above all, allows the consolidation of resolute actions; as well as promising to improve and advance theoretical-practical knowledge, timely support for decision-making and the strengthening of NCS to PHC; focuses on self-care for the prevention of diseases and points out the potential of the Nurse's action in the detection of factors associated with chronic conditions, such as DM in PHC; the feasibility of this instrument, innovative in Collective Health, important for research and teaching, revealing potentialities such as Nursing diagnoses and interventions; however, it indicated a deficiency in the training of professionals from the perspective of NCS in PHC, as well as stressing that universalizing this language is still incipient in Primary Health Care (PHC) and that the researched nomenclatures are aimed at

individuals/family/community and focus on "problems" or "needs" not having communication with other professional categories.

In the same proportion we also have 5 productions based on Wanda Horta's Theory Reference ^(38,39,40,41,42) precursor of the nursing process in Brazil, whose reference used was the Basic Human Needs of Horta, from which they identify that the constructed and validated instrument qualifies, guides and brings scientificity to the Nursing History record, which can support the recording of the other stages of the Nursing Process, as well as characterize it as an opportunity for users and their families to become fully aware, providing an opportunity to expand the discussions and scope of nursing through a systematized and scientifically structured practice, as by Wanda Horta.

In this way, pointing out the Nursing Consultation as an essential element for improving the quality of care, making it more humanized in addition to allowing more autonomy and independence in its work with the patient throughout Brazil.

Regarding Systematized and Inter-Related Actions ^(43,44,45,46) we have 4 studies which mention that systematization is essential. They identify the benefits of NCS but still have difficulties in applying it, it was found that NC is not institutionalized as a routine practice in the investigated units and that it is still performed according to the biomedical model, being incipient, making it necessary a process of permanent education of the nurses involved in the care, such as the lack of institutional structure, highlighting the lack of training on the part of the Institution, which have a reasonable understanding of the subject and that training does not prepare for its realization in PHC.

And concluding the Methods Used in NCS Category, only 1 article referred to an Unsystematic Approach ⁽⁴⁷⁾ when mentioning that the assistance of nurses to the smoker is carried out individually and unsystematically and in operative

groups following the principles of cognitive-behavioral therapy, being complex due to its own relative issues, it pointed out the need for nurses to take ownership of the NCS articulated to the recommendations of the Policies aimed at tobacco control, with a view to fulfilling their role in the promotion, control and reduction of health problems of smokers.

According to Table 2 related to the Phases or Stages of the NCS, according to Coren⁽⁴⁸⁾ being Data Collection or Investigation; Diagnoses, Planning, Implementation and Nursing Assessment the most identified Steps in the 51 productions included in these studies were the Diagnoses^(19,20,21,24,25,28,22,29,32,33,34,35,36,37,38,39,40,41,43,45,46,47,48,50,51,52) and Implementation^(1,0,17,18,19,20,21,14,15,19,21,34,37,38,39,40,41,43,44,46,47,49,50,51,52,53,54) of Nursing with 26 (51%) productions each; 18 (35%)^(7,18,19,20,23,24,28,31,37,40,44,46,48,49,50,51,52,53) cited Data Collection; 9 (18%)^(8,10,17,21,31,50,51,52,53) described Nursing Planning; and 7 (14%)^(19,23,28,41,44,47,52) Nursing Assessment.

In view of this survey, it can be said that Nurses have increasingly indicated Nursing Diagnoses and Implemented them in their practice, which is specific and inherent to their attributions in Nursing and Primary Care; however, still in relation to Data Collection (Anamnesis and Physical Examination) in a lower percentage of 35% revealed that this Stage still has a lot to be explored by such professionals, a practice that involves knowledge, practical skills in Physiology, Anatomy, Semiology, which can also be offered as training in continuing education by the Services for a higher quality Practice to users.

Still in a smaller proportion 14% and no less relevant, the Nursing Planning Stage requires time to plan actions in addition to recording this stage, of which they are carried out in practice, however their record is implied, the professional nurses carry out the planned actions, even if they do not mention this stage of planning, they only operate with few records in some studies they reveal by the

SNC implies a set of actions to reach a certain end through care plans, protocols, standardization of procedures and the nursing process, which represents a scientific method that involves a sequence of specific steps such as Data Collection, Diagnosis, Planning, Implementation of Nursing Care and Evaluation of the results obtained

time during work, due to great demands. And finally, with a much smaller proportion, 14%, we still have the last stage of the NCS, that of Evaluating Nursing Actions, as in many studies show professionals perform at all times, however these records are also subtended.

Table 3 identifies the Life Cycles mentioned in AB's PE, which were most cited in 11 (23%) Users in General, that is, Primary Care characterized as Open Door receives all users in general as a spontaneous demand in the Units, that is, its main assigned role; in 8 (17%) cited Children, considering the actions in favor of Child Health, both in terms of promotion and prevention and monitoring of growth and development, in addition to many others, we saw that there is a demand in the PC services to take these children, however still in a reduced number; in 7 (14%) of these studies referred to Specific Groups such as Wound Carriers⁽¹⁾, Burned⁽¹⁾, with Tuberculosis⁽¹⁾, With Meningococcal Meningitis⁽¹⁾, With Squamous Cell Carcinoma⁽¹⁾, Tobacco Producer-Tobacco Grower⁽¹⁾ and Bedridden⁽¹⁾.

Considering that the PC is characterized as a Gateway for the entire population where services can and should also permeate outside the units as at home, there is still a minimum number of demand for specific groups, we can understand how little demand from these groups, or even lack of knowledge on their part, which is of fundamental importance to consider that these services should be disseminated by the local regional management to the entire population.

With a smaller number and percentage of groups by life cycles surveyed in the productions, 5 (10%) Pregnant women were identified in these studies, one of the largest audiences received in Primary Care services considering the entire context of monitoring life in the pregnancy-puerperal cycle, in addition to actions in favor of women's health; 4(8%) Patients with Diabetes and Hypertension, both belonging to the Hol for Chronic

Non-Communicable Diseases with the highest frequency in Primary Care services; 3(6%) Elderly and Puerperal Women, an audience also frequented in Basic Health Units, and 2(4%) Women and Patients with Diabetic Foot.

It is also observed that although there are few NCS records as established by Coren⁽⁵⁵⁻⁵⁹⁾ to these Life Cycles groups, the question is whether these few nursing care records refer to the low demand for services, if these groups do not even use public health services because they use other health plans or if they are unaware of public health services or even weaknesses in the integral records of nursing care for these cycles in PHC.

CONCLUSION

When analyzing the results obtained from this bibliographic survey, it was observed that in the scope of Primary Health Care in Brazil, studies related to the systematization of nursing care are still few, and that the systematization of care performed by nurses in Brazil, although it is an old practice, there are still difficulties in the implementation and adaptation of instruments in PHC.

ICNP, as well as ICNPCH and Wanda Horta's Models are references, instruments that favor the work of these professionals. It is considered that the Life Cycles, identified through the records in the NCS, are mostly described as users of PC in general, affirming one of the main characteristics of Primary Care, which is the gateway to demand throughout the life cycle and in smaller numbers of

records of Children, Pregnant Women, Chronic Patients, Puerperal Women and Women, of which, although in a smaller number of NCS records, they are the Groups that most seek public health services and receive assistance in Nursing Consultations in a Systematized way.

It is relevant the suggestion to delve deeper into the studies relevant to this subject, as well as expansion in the Training Units as well as receiving support from the Local Management, Training, approach of this theme in Continuing and Permanent Education to develop actions, or implement instruments that favor support to primary care nurses for their assistance in all life cycles, providing a more qualified and effective nursing care.

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