

190 - THE SYSTEMATIZATION OF NURSING CARE (SAE): A REFLECTIVE ANALYSIS

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INTRODUCTION

The nursing profession has been structured as from Florence Nightingale in 1889, and with it came the need for the organization of the care process, action performed by professionals in order to improve care. In this context, the profession is growing and taking shape in 1955 and was offered assistance methodology called the nursing process, which was recognized as a tool to facilitate the performance of the profession (NEVES, PORTUGUAL, 2008).

In Brazil, Wanda Horta in 1979 proposed the nursing process and later with the development of studies and application of the nurses, was established as the systematization of nursing care (SAE), where the nursing process happens in a systematic, organized and divided into five parts in which the nurse raises data, diagnoses, prescribes, implements and evaluates its action based on the needs of the patient.

In approaching the issue of SAE, several authors suggest that this is a methodology of assistance where the implementation to take place in the institutions of this type of assistance is necessary to incorporate the professional nurse of the nursing process in all steps, and Godbey a theory to be followed.

Although the followers of Wanda Horta follow implementing and using the Nursing Process, only in 2002 the Federal Council of Nursing (COFEN) has regulatory methodology of this work to be performed in health institutions in Brazil, according to the law of exercise professional determines that the duties of nurses and staff, bringing the concrete possibility of changes in nursing practice focused on quality of care.

When do you change the posture of a profession is the involvement of several pairs that act directly or indirectly to perform these functions in order to encourage improvements in the categories concerned, since the profession is not isolated to a more complicated but fully interconnected to key sectors that require placement firm and cohesive way to assist in the reformulation proposed. In an attempt to improve nursing should be a single language to be adopted by professionals for the SAE in Brazil does not become utopia.

Given the above this article offers a reflection on the Systematization of Nursing Care in Brazil in the last decade.

METHODOLOGY

The study is a literature review of contextual analysis was carried out search of material through the database of the Virtual Health Library (VHL), where they were rescued full texts of English that met the descriptors care system nursing, nursing process.

NURSING AND HEALTH IN BRAZIL

In Brazil's thirst for change in health practice has been boosted with the discussions of the Health Reform in the 70's and this strengthened the desire of the nursing profession is more scientific autonomous actions that could develop full, responding to the needs of patients, family and community (CASTILHO, 2009, CIANCIANRULLO, 2008).

The regulations of the Unified Health System in Brazil came as exciting actor of nursing to adopt measures that could enable and achieve the change of practices performed by nurses and his team (BARROS, 2007).

Since 1970 Wanda Horta, Brazilian nurse, noted as being necessary to the advancement of the nursing care of the nursing process as an instrument of work to be performed by nurses and accuracy in the monitoring of all phases of sequential, organized manner. (MARQUES, 2005)

The first institutions to adopt as a model for nursing were cardiology hospitals in the Southeast and some university hospitals in southern Brazil, and various other hospital experiences that started in a different way the deployment process. Only in 2002, the Council reaffirmed in its nursing law as necessary to incorporate the SAE by the working class of nursing (CASTILHO, 2009).

And how should this embodiment of the nursing process in practice everyday? Where should from the change initiative? Who can help this way?

Although there are many studies in the SAE and records of implementation, which is observed is that there is still much doubt in the process of implementation in institutions of some regions of Brazil, and there is a dichotomy between service and professional education centers, revealing so real obstacles in implementing this model of nursing work.

CHANGING NURSING PRACTICE

Any proposed change of practice brings with it challenges to be faced in a rigorous way to not lose only in speeches. When this subject is about a professional category, the reformulation of attitude pervades the education sector, where investment in theoretical knowledge brings the background of a solidified structure for the implementation of the proposed interest.

However changes in posture of a category as important in the health sector such as nursing, can not occur in isolation from the general context, let alone in a discreet and independent, since the change depends on the participation of some sectors that would facilitate development of knowledge of nurses

The search for new skills involved in professional education is divided into two paths, one in the training of new professionals, and others to train professionals already in the labor market and beyond these two paths come together over the course of solidification of knowledge professional.

Both ways are difficult to bring with it traversed sectors unusual joints (both forming units), extra educational services institution and one that is more direct continuing education, this in turn is inserted in the institutions of attention to health.

The knowledge of new methods of work brings with it the need for theoretical reasons, but also to the development of clinical reasoning in order to determine basic characteristics of the construction of this model, and that reasons must be offered a basic way for whatever the path traced by professional.

Wanda Horta (1979) believes that it must first adopt a theory to support the search for information to follow later start to the nursing process, which depends on the theorist will differentiate the number of steps to go.

The first phase of the NCS is the data collection, the nurse in her search for information about the patient developing the nursing history by performing the history and physical examination, emphasizing the need for scientific knowledge. This step will ground the removal of unwanted situations in the patient to the professional condense the data and make a clinical consideration in order to identify the nursing diagnosis, which depending on the methodology implemented many Brazilian institutions use the classification of NANDA, CIPE or CIPESC (adaptation Brazilian CIPE for Public Health). Classifieds nursing diagnoses, the nurse

may continue with the planning of actions with the prescription of interventions to achieve the results proposed in support of his client, and evaluate everything that has been done and planning for a steady improvement ever proposed assistance. (HAUSMANN, PEDUZZI 2009).

INITIATIVE FOR THE CHANGE OF MODELS OF CARE

Following the sequence of questions raised in the debate on this important issue for the nursing care quality, we ask where the initiative must come from the deployment of systematization of nursing care?

A study by Leon (2009), points out that there was a significant increase in work done by the students graduate and that the role of the nursing process has been going on in university databases. This also indicates that many nurses are aware of the services with the theme as there is also the demand for quality of care for institutional managers, and these interests carry with them the adoption of this new proposal.

The initial development may be all, or only one, no matter who, but that first kick can spoil the whole, "and bring a cascade of positive consequences to be raised and so there is coordination of all actors for odd implementation of the deployment process of systematization of nursing care in health services.

THE WALK OF SYSTEMATIZATION

In agreeing that any institution should retool their practices and systematize it, there must be full knowledge of the nursing process and the incorporation of the administration of care by nurses so that it can achieve the proposed objectives (HERMIDA, 2004).

And who can walk with us along the way? The reality is that there should be a support network made up of nurses involved in service, educational institutions, local managers, supervisory institutions. This should be built not only institutionally, since isolates were not able to walk much, we started the course but you can not achieve the objectives set for the implementation of the NAS.

The principle we must follow three steps: the first is the awareness of the category, the second the demand for network support and, the third demand for specific organs of the class to strengthen and unify the practice of nursing.

Agreeing with the idea Hermida (2006), there are great challenges and overcome for the institution where the NCS will be established however, add that the challenges are far from being local, it permeates the lack of solidification of network inter - being necessary for nursing at this time of construction of a new methodology of care find a unique format where everyone can go when they need it.

So the way it happens on its own feet, the level of each microspace of conquest, with nurses in hospitals, learning to fight, hitting and missing so that it can make a unique process of growth of Brazilian nursing.

CLOSING REMARKS

The systematization of nursing care is developing in some regions of Brazil still by hand despite many experiences in the implementation of the NCS, however there is still a large space to be conquered and added to by nurses to assist in the process deployment of a new methodology of work.

In this trajectory of change is not perceived greater involvement of institutions as organs of class, associations and societies of active engagement in this process of restoration of nursing.

Nursing still is dichotomized in the search for care system and so this article brings up the idea that we are part of a whole and we must look for other parties to strengthen, because the result will be a whole better, qualified and security assistance.

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THE SYSTEMATIZATION OF NURSING CARE (SAE): A REFLECTIVE ANALYSIS**SUMMARY**

This article presents a reflection on the Systematization of Nursing Care (SAE) in Brazil in the last decade through a literature review of contextual analysis, performed using the material in the database of the Virtual Health Library (VHL), with redemption of full texts in English with the descriptors of systematization of nursing care and nursing process. The first institutions to adopt the SAE as a model for nursing were cardiology hospitals in the Southeast and some university hospitals in southern Brazil, and various other hospital experiences that started in a different way the deployment process. In 2002, the board of nursing affirmed its law as necessary to incorporate the SAE by the working class of nursing. On reflection we raise the following questions: How should this embodiment of the nursing process in practice everyday? Where should from the change initiative? Who can help this way? Although there are many studies in the SAE and records of implementation, which is observed is that there is still much doubt in the process of implementation in institutions of some regions of Brazil, and there is a dichotomy between service and professional education centers, revealing so real obstacles in implementing this model of nursing work. The SAE has developed in some regions of Brazil still by hand despite several successful experiences in implementing the NCS, however there is still a large space to be conquered and added to by nurses to assist in the implementation of a new methodology of work.

KEYWORDS: systematization of nursing care, nursing care, nursing process

SYSTÉMATISER LES SOINS INFIRMIERS: UNE ANALYSE RÉFLEXIVE**RÉSUMÉ**

Cet article présente une réflexion sur la systématisation des soins infirmiers (SAE) au Brésil dans la dernière décennie grâce à une revue de la littérature de l'analyse contextuelle, effectuée en utilisant le matériel dans la base de données de la bibliothèque virtuelle en santé (VHL), avec rachat de textes intégraux en anglais avec les descripteurs de la systématisation des soins infirmiers et démarche de soins. Les premières institutions à adopter la SAE en tant que modèle pour les soins infirmiers en cardiologie des hôpitaux ont été dans le Sud-Est et certains hôpitaux universitaires dans le sud du Brésil, et diverses expériences autre hôpital qui a commencé d'une manière différente du processus de déploiement. En 2002, le conseil d'infirmier a affirmé sa loi comme nécessaire d'intégrer la SAE par la classe ouvrière des soins infirmiers. A la réflexion, nous soulevons les questions suivantes: Comment définir ce mode de réalisation de la démarche de soins dans la pratique quotidienne? Où doit de l'initiative de changement? Qui peut vous aider de cette façon? Bien qu'il existe de nombreuses études de la SAE et les dossiers de mise en œuvre, qui est observée est qu'il ya encore beaucoup de doute dans le processus de mise en œuvre dans les institutions de certaines régions du Brésil, et il existe une dichotomie entre le service et centres de formation professionnelle, révélant tant d'obstacles réels dans l'application de ce modèle de travail du personnel infirmier. La SAE a développé dans certaines régions du Brésil encore à la main en dépit de plusieurs expériences réussies dans l'application du NCS, mais il reste un grand espace à conquérir et complété par les infirmières pour aider à la mise en œuvre de une nouvelle méthodologie de travail.

MOTS-CLÉS: la systématisation des soins infirmiers, soins infirmiers, soins infirmiers processus

SISTEMATIZACIÓN CUIDADOS DE ENFERMERÍA: UN ANÁLISIS REFLEXIVO**RESUMEN**

Este artículo presenta una reflexión sobre la Sistematización de los Cuidados de Enfermería (SAE) en Brasil en la última década a través de una revisión de la literatura de análisis contextual, realiza utilizando el material en la base de datos de la Biblioteca Virtual en Salud (BVS), con el rescate de los textos completos en Inglés con los descriptores de sistematización de los cuidados de enfermería y el proceso de enfermería. Las primeras instituciones en adoptar el SAE como un modelo de enfermería fueron los hospitales de cardiología en el sureste, y algunos hospitales universitarios en el sur de Brasil, y las diversas experiencias de otros hospitales, que comenzó de una manera diferente el proceso de implementación. En 2002, la Junta de Enfermería afirma su derecho como sea necesario para incorporar el SAE de la clase obrera de la enfermería. En la reflexión que plantean las siguientes preguntas: ¿Cómo esta realización del proceso de enfermería en la práctica cotidiana? ¿Dónde debe partir de la iniciativa de cambio? ¿Quién puede ayudar de esta manera? Aunque hay muchos estudios en el SAE y los registros de aplicación, que se observa es que todavía hay muchas dudas en el proceso de aplicación en las instituciones de algunas regiones de Brasil, y hay una dicotomía entre el servicio y centros de formación profesional, revelando tan verdaderos obstáculos en la aplicación de este modelo de trabajo de enfermería. El SAE ha desarrollado en algunas regiones de Brasil todavía a mano, a pesar de varias experiencias exitosas en la aplicación de la NCS, sin embargo todavía hay un espacio grande para ser conquistado y se añade a las enfermeras para ayudar en la aplicación de de una nueva metodología de trabajo.

PALABRAS CLAVE: sistematización de los cuidados de enfermería, atención de enfermería, proceso de enfermería

SISTEMATIZAÇÃO DA ASSISTÊNCIA DE ENFERMAGEM: UM ANÁLISE REFLEXIVA**RESUMO**

Este artigo traz uma reflexão acerca da Sistematização da Assistência de Enfermagem (SAE) no Brasil na última década através de uma revisão de literatura com análise contextual, realizada com busca de material no banco de dados da biblioteca virtual da saúde (bvs), com o resgate de textos completos em língua portuguesa com os descriptores de sistematização da assistência de enfermagem e processo de enfermagem. As primeiras instituições a adotar a SAE como modelo para a enfermagem foram os hospitais de cardiologia no sudeste do país e alguns hospitais Universitários do sul do Brasil, seguidos de várias outras experiências hospitalares que iniciaram de maneira diferente o processo de implantação. Em 2002, o conselho de enfermagem reafirmou em sua lei como necessário a incorporação da SAE pela classe trabalhadora da enfermagem. Na reflexão levantamos os seguintes questionamentos: Como deve ser esta incorporação do processo de enfermagem nas pratica cotidianas? De onde deve partir a iniciativa de mudança? Quem poderá auxiliar neste caminho? Apesar de haver muitos estudos na área de SAE e registros de implementação, o que se observa é que ainda existe muita dúvida no processo de implementação nas instituições de algumas regiões do Brasil, bem como há uma dicotomia entre serviço e centros formadores de profissionais, revelando assim verdadeiros obstáculos na concretização deste modelo de trabalho do enfermeiro. A SAE vem se desenvolvendo em algumas regiões do Brasil ainda de forma artesanal apesar de varias experiências vitoriosas de implantação da SAE, no entanto ainda existe um grande espaço a ser conquistado e agregado às atividades do enfermeiro, a fim de auxiliar no processo de implantação de uma nova metodologia de trabalho.

PALAVRAS-CHAVE: sistematização da assistência de enfermagem, cuidado de enfermagem, processo de enfermagem

PUBLICAÇÃO NO FIEP BULLETIN ON-LINE: <http://www.fiepbulletin.net/80/a2/190>