135 - NUSING CARE SYSTEMATIZION TO BEDRIDDEN ELDERLIES: PERCEPTIONS FROM FAMILY HEALTH STRATEGIES NURSES

JOSÉ ARNALDO MOREIRA JÚNIOR
MARIA LIVRAMENTO FORTE FIGUEIREDO
ÉRICA WANESSA OLIVEIRA FURTADO ANDRADE
ÉRIKA DE OLIVEIRA SOARES
STEFÂNIA CARTAXO PESSOA
Faculdade Santa Maria - FSM, Cajazeiras – Paraíba - Brasil
stefaniapessoa@terra.com.br

1.INTRODUCTION

The significant quantitative increase of people older than 60 in the world has led elderly to occupy the center of many social, academic and media spaces, making it the focus of many studies. Thus, many science fields seek to understand and even to redefine the human ageing.

In Brazil, the current aging process has some special features that contradict the idea that it is a country of young people, as it was shown ago by several researches a few years (SIKOTA; BRETAS, 2012).

For the Brazilian Institute of Geography and Statistics (IBGE), the systematic and consistent growth pace of the elderly population in Brazil is closely linked to the increase in life expectancy (73.5 years). The same institute points out that there are about 20 million elderly individuals; 5.1 million of them are in the Northeast region of the country, 331.877 in the state of Piaui, and 69,122 are in the capital, Teresina (IBGE, 2010).

Then, the elderly population can be part of the most susceptible group to health problems, such as chronic diseases, mainly characterized by hypertension, arthropathies, vascular disorders, diabetes and other, which results in a high degree of disability and costly expenditures (SILVA; BATISTA, 2007).

The overload on the elderlies, which makes them get older in a not normal way, eventually sets them as fragile individuals, who depend on others, use multiple drugs and are unable to move. They often must, for some reason of force majeure, be confined to a bed, under intense care of a caregiver (FREITAS, 2002). In this context, it is necessary to have a nurse working with this elderly, focusing the care on the elderly and their own changes of aging, seeking promotion, prevention and health rehabilitation against such physiological changes, aggravated due to the fact of being bedridden.

In order to reach this, Gaidzinski and Lima (2006) argue that nurses should implement the systematization of nursing care (SAE) in primary care, since, from these authors' perspectives, it provides an individualization of care, in which the process realization is only seen with the participation of the nurse with the patient and/or their families, fulfilling steps marked as: data collection, nursing diagnosis, planning, implementation and evaluation.

With the SAE, nurses eventually build for themselves a reference scheme which is based on a continuous educational process, providing a care assessment to the patient. With this systematic approach, nurses are able to engage themselves in the planning, implementation and evaluation of nursing activities, getting a unique view of patient care (TANNURE; GONÇALVES, 2009).

Therefore, the perception of nurses regarding the applicability of the SAE to bedridden elderlies in primary care was delineated as object of this paper, since it is a process whose importance and applicability are very debated today. The objectives of this study are to know the Family Health Strategy nurses' perception, in Teresina, of the Systematization of Nursing Care to bedridden elderlies and discuss the implementation of the Systematization of Nursing Care, specifically the bedridden elderlies in primary care.

2. METHODOLOGY

It was decided to use a qualitative methodology in order to know nurses' perception of the Systematization of Nursing Care to bedridden elderlies in primary care.

The study consisted of nine teams that work in the following neighborhoods: Primavera, Real Copagre, Aeroporto, Bom Jesus, Buenos Aires and Alto Alegre. The inclusion criterion was the choice of teams established in the Maternity Hospital of Buenos Aires and in the Unidade Mista da Primavera, in Teresina, due to an easier access, since they are campus that researchers have already had contact with.

Nurses from seven FHS teams in Teresina were the subjects of this study, given that two nurses from the established scenario refused to take part in the research. Each team has a nurse, which gives a total of seven professional taking part in the research. Two nurses are working in the Maternity Hospital of Buenos Aires in the morning and two others in the afternoon. Two other professionals are working in the morning in the Unidade Mista da Primavera, while the other one works in the afternoon in this unit. The subjects in this research voluntarily decided to take part in this study.

The technique used for data production was the interview, using a semi-structured script with identification data and open questions about the NCS. The interviews were performed individually between August and September, 2008. An electronic device was used for recording the interviews, and for their full transcription.

The subject analysis with categories elaboration method was used to interpret the collected information. According to Minayo (2011), the subject analysis may include the following steps: pre-analysis, material exploitation, obtained results treatments and interpretation. Thus, the content reading was done to get the global meaning of the speech, followed by comparison and grouping of data by affinity. Finally, it was headed to the determining of the themes and sub-themes phase, getting to the analysis categories.

There was concern about ethical issues throughout all stages of this study, taking into account the Resolution No. 196/96, which deals with research involving humans. In order to do so, it was obtained the project approval by the Ethics Committee of a college in Teresina/PI (CAAE No 0163.0.043.000-08) and the authorization of the Fundação Municipal de Saúde de Teresina, Regional Centro-Norte (MEMO CIRC/CAA/Nº 193/2008). Subjects took part by signing the consent form, and they were informed of the whole process of research, ensuring the anonymity of respondents.

3. DATA ANALYSIS AND DISCUSSION

3.1 Nurses perception of NCS

It was observed that the interviewed nurses see the NCS as a dissociated process of nursing practice in primary care

and establish an association with the completion of this process to the hospital, mentioning that the contact with the patient in hospital is daily and, therefore, more suitable for the care system. This could be seen in these statements below:

> [...] I think that systematization is this sequence of cares that we give them. It is not like a ward that we have to manage every day, evaluate every day. In the hospital, we are there, next to the patient, it is excellent. [...] (Dep. nº 01)

> [...] It is easier to apply it when we work in emergency room, where we have contact with the patient. It is complicated here [...] (Dep. nº 06)

> [...] we spend more time with the patient in the hospital, so it is easier because you are with him for a longer time and can see better their problems [...] (Dep. nº 07)

However, according to Cubas et al (2007), the country is considered a fertile ground for the application of models targeting the Public Health in nursing. The choice for this model is explained by the fact that it is one of the contributors for the implementation of the International Classification for Public Health Nursing (CIPESC).

A study carried out by Chaves (2013) concluded that although students and teachers aspire significant changes regarding their role, their behaviors reiterate the old social roles based on the traditional teaching model.

The NCS is a problem solving method that provides the organizational structure for the care, not being exclusively to the hospital. Even though there is not a daily contact with the patient, it is known that, for example, the implementation phase of care can be delegated to others or to the patient, depending on their degree of involvement. The evolution is necessarily supposed to be done daily and may be carried out with information obtained periodically, in order to evaluate a patients' response to the interventions.

Regarding the NCS stages, none of the nurses recalled all stages, and the records and nursing prescriptions were the most mentioned ones. One respondent confused the medical diagnosis with nursing diagnosis; one other did not recall any of the stages and none of the nurses mentioned performing the care implementation stage, which, by what interviewees said, is generally associated with the role of family members or other caregivers. This can be observed below:

> [...] What comes to my mind about the NCS is organization, priorities, results, expectations. I have not memorized all steps, but those that come to my mind, I believe they are the most important ones are: the diagnosis, the evolution, and the prescriptions [...] (Dep. n º 02)

> [...] I believe the most used ones are the anamnesis, physical examination and prescriptions. The diagnosis, if he has been under care, has already been done [...] (Dep. nº 05)

> [...] At the moment, none of the steps come to my [...] (Dep. nº 07)

According to Carvalho et al (2007), there is a lack of standardization when it comes to teaching the NCS phases (data collection, diagnosis, planning, implementation and evaluation) along the academic education, which is one of the difficulties related to the teaching-learning scenario.

Through the nursing record, information about the patient's health situation, individual habits and bio psychosocial is collected, in order to identify problems and consequent treatment. For the diagnosis, there should be an analysis of the data collected from the records in order to identify problems that can be solved by nursing (LISBOA, 2004).

About the importance given to NCS to bedridden elderlies, all subjects considered relevant concerning care provision to the patient, as it can be seen in the statements below:

> [...] It is important because it creates that familiar care. In my opinion, I see that the NCS has good results, but sometimes they take long to be seen [...] (Dep. nº 02)

> [...] It avoids several problematic like sores, like generalized infections, the care, the emotional support, this happens a lot in the care provided by nurses [...] (Dep. nº 05)

The interviewees see the NCS as an auxiliary tool for the provision and evaluation of care, mentioning that it enables disease prevention and health promotion. There was also recognition from elderlies, as a population that requires specific care, including by family members.

As people get older, vulnerability, risks of injury and the prevalence of chronic diseases increase, which leads to most of the occurrences of disability in elderlies. However, many common chronic disorders can be prevented, controlled or restricted, so that elderlies may be more likely to keep themselves healthy (FIGUEIREDO et al, 2008).

3.2 NCS implementation

About the NCS implementation in primary care, three deponents say that, in general, it does not occur:

> [...] From my short experience, I do not think so. I do not know any PSF that has applied the NCS [...] (Dep. nº 02)

> [...] No. From my perspective, I believe that it is not applied to any of the teams [...] (Dep. nº 06)

> [...] I do not think so. I never heard of the NCS being applied in the PSF [...] (Dep. nº 07)

After several years since the introduction of NCS as a model of care, its use has not become universal. According to Kawamoto (2005), nursing care has not being performed as it should. Cunha, Moraes and Ferreira (2002) believe that this is because nurses are assuming more administrative controls in their work, rather than being close to patient care. For these authors, this puts them far keeps changing empirical methods of operation, advancing in technological and scientific fields, seeking own knowledge and using methods, standards and specific, organized and grounded procedures. Thus, nurses should,

in addition to dealing with the bureaucratic and administrative part, provide time for application of the scientific method, in order to prepare a good nursing care plan (CUNHA; MORAES; FERREIRA, 2002).

It was also seen, in this study, that all nurses consider the NCS important, although not all of them use in their service. These results show the need to reflect on the reasons why a process considered relevant has not being applied by professionals.

Among the problems that result from the failure to use a care methodology, the quality of care impairment was diagnosed in the research by Andrade and Vieira (2005), showing that the ignorance of the patient's needs, holistically, negatively interferes on the care provided. Another issue that was raised is about the service disorganization and the lack of awareness by the professional nurse.

However, deponents mentioned that the NCS has been partially implemented, as it can be seen in the following:

> [...] We do not do as we are really supposed to [...]Dep. nº 04)

> [...] As far as possible, yes, but not completely. I think sixty out of a hundred percent is done [...] (Dep. nº 05)

It is noticed that some respondents have the perception that the NCS is not complete if the record of actions taken is not performed. The deponent 5, despite having answered that generally NCS is not implemented in public health, said later that the process is done incompletely by some.

In this context, it is given attention to the disconnection between knowing and doing that, according to Koerich et al (2007), has the origins in the academic preparation, but also in bureaucratic, political and economic situations which challenge professionals to seek solutions.

The methodologies of care currently represent one of the most important achievements in the nursing care field. However, the professional engaged in this process needs not only to expand their knowledge continually, but also link their practice to the care methodological philosophy, in order to consolidate the nurse characterization.

3.3 Factors that affect the NCS implementation

Some facilitating factors to the NCS implementation to bedridden elderlies in primary care were mentioned by respondents, as the following ones: less patient and activities demands, the professional commitment, the nurse perception of the NCS, the family or other informal caregivers support and a greater number of nurses in the FHS.

> [...] Really, it is about feeling like doing it and the understanding that we were not doing it [...] (Dep. nº 03)

> [...] I believe that facilitating is the goodwill of the professional [...] (Dep. nº 05)

> [...] It is also necessary to count on the family [...] (Dep. nº 06)

The literature shows that the use of a universal language that sets the description and definition of professional nursing practice is a facilitating factor for the use of the NCS factor. In this sense, nowadays, nursing has some classification systems whose development is related to some of the phases of the nursing process, and the most notable ones are: the Taxonomy II of the International NANDA, the Nursing Interventions Classification (NIC), the Nursing Outcomes Classification (NOC), and others (NÓBREGA; GARCIA, 2005).

Among these systems, it is highlighted the International Classification of Nursing Practices (ICNP) and the International Classification of Nursing Practice in Public Health (CIPESC), whose main objectives are "to identify a special vocabulary and develop a classification system for the nursing practical components - phenomena, actions and results" (SANTOS; NÓBREGA, 2004, p.371).

As Nobrega and Garcia (2005) mentioned, in 2004 the CIPE/CIPESC nomenclature was implemented on an experimental basis in basic health units in Curitiba and the results obtained so far demonstrate and reinforce the feasibility of using this language in primary health care in order to systematize nursing practice, and, consequently, increase the visibility of the professional.

A shared language that describes the practice of nursing is used with the nursing classification system, promoting their autonomy by planning their actions for patient care. This, according to Cunha and Barros (2005), makes nurses actions different from other professionals in the healthcare team.

Despite the disabilities of bedridden elderlies, as well as others in need of home care, the appropriateness of care becomes essential; to do so, mechanisms must be created so that the client and the family feel guided and helped, too, to self-care.

In this sense, a study produced by Fialho, Pagliuca and Smith (2002) examined the adequacy of a nursing theory focusing on the environment and the caring person in the household. The use of the Self-Care Deficit Theory proposed by Dorotheia Orem, allowed these authors to conclude that it can be applied to the environment and caregiver at home, helping patients to overcome their difficulties and limitations. According to them, nursing theories provide a systematic way of looking at the world in order to describe and predict nursing care. Thus, we reaffirm these theories importance and usefulness, which must be selected according to the environment and the needs of each individual.

Thus, among the factors that hinder the implementation of NCS, it was mentioned: lack of daily contact with the patients and the difficulty of getting to them due to the limited availability of local transport, insufficient human resource, lack of family support, the large volume of patients and the activities assigned to a single nurse, the difficulty of dealing with the NCS.

> [...] due to the demand which is really big, this interferes a lot [...] (Dep. nº 05)

> [...] It is not always that we have a car available here in the unit [...] (Dep. nº 06)

It could be seen that the lack of human resources as well as the high demand of families under the responsibility of the nurse has created difficulties for the implementation of NCS, since this is a model that requires intense professional requirement. On the other hand, there is also uncertainty from these professionals to perform the activities related to the NCS, due to the fact that they do not master them properly. Another limiting factor is the disconnection between knowledge and action due to the

commitment of the nurses to apply this process.

The quality of care is also influenced by the elderly family, as it is present in their daily lives, having to deal with the aging process and the problems that the elderly can develop. The family, according to Machado, Freitas and Jorge (2007) should be the target of nursing educational activities, as it constitutes the link between the patient and the health service and also assumes health care of its members in the household.

According to Nobrega and Silva (2008), communication is really important to nursing practice, because conditions for the nurse to make, directly and indirectly, changes to promote the well-being of the patient. For these authors, the nursing process provides a reliable elements base for the provision of good quality care, but it may be interrupted if the professional fails to communicate properly.

4 FINAL CONSIDERATIONS

It was noticed that the nurses interviewed see the NCS as an important tool to help the nursing practice organization, but they make a decoupling of this methodology in primary health care, saying that daily contact with the patient is required to perform this process and pointing the hospital environment as ideal for its application. It was also understood that elderlies, especially bedridden, are a group that demands specific health actions, even in primary care.

About the steps of NCS, none of the nurses recalled all of them, and there was no use of a uniform language in their names. The records and the nursing prescriptions were the most mentioned ones: one of the interviewees mistook medical diagnosis with nursing diagnosis; one did not recall any stage and none of the nurses mentioned the care implementation stage.

Concerning the NCS implementation in primary health care, the responses divergence was balanced: some respondents have the perception that it does not occur while others agree that it is implemented partially, sometimes not so filed. The latter attributes the nursing process implementation partiality to the lack of record of the implemented actions.

Some facilitating factors to the NCS implementation to bedridden elderlies in primary care were mentioned by respondents, as the following ones: less patient and activities demands, the professional commitment, the nurse perception of the NCS, the family or other informal caregivers support and a greater number of nurses in the FHS.

Among the factors that hinder the NCS implementation, it was mentioned: the not continuous contact with patients, the fact that they go home after the medical care and the difficulty to get to them, the lack of municipal transport; the lack of support from family members, the large volume of patients and activities under the responsibility of one team and personal difficulty of dealing with the NCS.

Therefore, it was concluded that what was found in this study responds to the initial questions of this research and now this discussion on nursing care systematization is expected to be continued, particularly focusing on primary care and in specific populations such as bedridden elderlies. We understand that the SAE is an important tool for providing and evaluating nursing care, however, not omit remaining difficulties in understanding and using this process for many nurses.

The study results indicate that, in order for the NCS implementation to literally happen, there is a need for theoretical foundations, rigorous and systematic preparation of nurses, and other factors, such as the collaboration and interest from nursing leaderships. Thus, the undergraduate institutions should encourage different ways of caring, besides working methods making the nurses understanding easier throughout their professional life.

REFERENCES

ANDRADE, J. S.; VIEIRA, M. J. Prática assistencial de enfermagem: problemas, perspectivas e necessidade de sistematização. Rev. bras. enferm. v. 58, n. 3, p. 261-5, mai./jun. 2005. Disponível em: <http://www.scielo.br/pdf/reben/v58n3/a02v58n3.pdf> Acesso em: 14 set. 2008.

CARVALHO, E. C. et al. Obstáculos para a implementação do processo de enfermagem no Brasil. Rev. Enf. UFPE On line, v. 1, n. 1, p. 95-99, 2007. Disponível em: <http://www.ufpe.br/revistaenfermagem/index.php/enfermagem/article/viewFile/42/26> Acesso em: 20 abr. 2008.

CHAVES, E. C. O desempenho de papéis sociais numa relação de ensino-aprendizagem. Rev Latino-am. Enfermagem, v. 1, n.1, p. 35-42, 2013.

CUBAS, M. R. et al. Validação da nomenclatura diagnóstica de enfermagem direcionada ao pré-natal: base CIPESC em Curitiba - PR. Rev. esc. enferm. USP, São Paulo, v. 41, n. 3, p. 363-370, 2007.

CUNHA, A. B. T. F.; MORAES, M. A. F. S.; FERREIRA, M. I. A viabilidade de implantação da sistematização da assistência de enfermagem em saúde coletiva. 2002. Trabalho de conclusão de curso. (Graduação em Enfermagem) - Universidade do Vale do Paraíba. Disponível em: <http://www.univap.br/biblioteca/enfermagem/tgs/viabili.pdf> Acesso em: 9 mar. 2008.

CUNHA, S. M. B.; BARROS, A. L. B. L. Análise da implementação da sistematização da assistência de enfermagem, segundo o modelo conceitual de Horta. Rev. bras. enferm. v. 58, n. 5, p. 568-72, set./out. 2005. Disponível em: <http://www.scielo.br/pdf/reben/v58n5/a13v58n5.pdf> Acesso em: 14 set. 2008.

FIALHO, A. V. M.; PAGLIUCA, L. M. F.; SOARES, E. Adequação da teoria do déficit de autocuidado no cuidado domiciliar à luz do modelo de Barnum. Rev Latino-am Enfermagem, v. 10, n. 5, p. 715-20, set./out. 2002. Disponível em: <http://www.scielo.br/pdf/rlae/v10n5/v10n5a14.pdf> Acesso em: 14 set. 2008.

FIGUEIREDO, M. L. F. et al. Diagnósticos de enfermagem do idoso acamado no domicílio. Rev. bras. enferm. v. 61 n. 4 Brasília, jul./ago. 2008. Disponível em: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672008000400011&lng=pt&nrm=iso&tlng=pt> Acesso em: 14 set. 2008.

FREITAS, E. V. Tratado de geriatria e gerontologia. Rio de Janeiro: Guanabara Koogan, 2002.

GAIDZINSKI, R. R.; LIMA A. F. C. Gerenciamento do cuidado em saúde do adulto. In: Programa de atualização em enfermagem: saúde do adulto – PROENF. Porto Alegre: Artmed/Panamericana Editora, 2006.

Instituto Brasileiro de Geografia e Estatística (IBGE). Censo Demográfico 2010. Disponível em: http://www.ibge.gov.br/home/presidencia/notícias. Acesso em: 01 abr. 2012.

KAWAMOTO, E. E. Enfermagem comunitária. São Paulo: EPU, 2005.

KOERICH, M.S. et al. Sistematização da assistência: aproximando o saber acadêmico, o saber-fazer e o legislar em saúde. Acta Paul Enferm v. 20, n. 4, p. 446-51, 2007. Disponível em: < http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-21002007000400010&lng=e&nrm=iso&tlng=e> Acesso em: 9 mar. 2008.

LISBOA, G. S. N. Efeitos da implantação da sistematização da assistência de enfermagem nos enfermeiros de uma instituição de saúde pública, 2004. 95p. Dissertação: Mestrado em psicologia da Saúde – Faculdade de Psicologia e Fonoaudiologia, Universidade Metodista de São Paulo, 2004. Disponível em: <http://ibict.metodista.br/tedeSimplificado/tde_busca/arquivo.php?codArquivo=7> Acesso em: 04 abr. 2008.

MACHADO, A. L. G.; FREITAS, C. H. A.; JORGE, M. S. B. O fazer do cuidador familiar: significados e crenças. Rev. bras. enferm. v.60 n.5 Brasília set./out. 2007. Disponível em: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672007000500009&lng=es&nrm=iso&tlng=es> Acesso em: 14 set. 2008.

MINAYO, M. C. S. O desafio do conhecimento. Pesquisa qualitativa em saúde. São Paulo: Hucitec; Rio de Janeiro: Abrasco. 30. ed., 2011.

NÓBREGA, M. M. L.; SILVA, K. L. Fundamentos do cuidar em enfermagem. 2. ed. Belo Horizonte: ABEn, 2008.

SANTOS, S. M. J.; NÓBREGA, M. M. L. Ações de enfermagem identificadas no projeto CIPESC e utilizadas no cuidado de pacientes com AIDS. Rev Esc Enferm USP 2004, v. 38, n. 4, p. 369-78. Disponível em: < http://www.ee.usp.br/reeusp/upload/pdf/179.pdf> Acesso em: 22 out. 2008.

SIKOTA, C.S.S.; BRETAS, A.C.P.. O significado de envelhecimento e trabalho para vendedor ambulante idoso. Rev Enferm UFSM. Cascavel, v. 2, n. 1, jan – abr, 2012. Disponível em: <http://cascavel.ufsm.br/revistas/ojs2.2.2/index.php/reufsm/article/view/447> Acesso em: 12 maio.2012.

SILVA, F. A. B.; BATISTA, M. A. S. A consulta de enfermagem ao idoso – aspectos relevantes, 2007. Disponível em: <http://www.senaaires.com.br/revistavirtual/artigos/ArtCient/ArtCient17.pdf> Acesso em 27 mar. 2008.

Stefânia Cartaxo Pessoa
Rua Antônio Gama, 660, Apt. 203-B – Tambauzinho
CEP: 58041-110
João Pessoa – Paraíba – Brasil

NUSING CARE SYSTEMATIZION TO BEDRIDDEN ELDERLIES: PERCEPTIONS FROM FAMILY HEALTH STRATEGIES NURSES

ABSTRACT

The Nursing Care Systematization - NCS significantly contributes to nurses characterization, enabling them to be involved in the planning, implementation and evaluation of nursing activities. Thus, the feasibility of NCS implementation in the context of primary care for bedridden elderlies has been discussed, since they represent a population that requires specific care, making them an important target for health services concerns. This study aims to evaluate the Family Health Strategy - FHS nurses' perception of the NCS to bedridden elderlies in primary care, discuss its implementation and describe the factors that affect the use of this process. This research consists of an exploratory study with seven nurses working in the FSH in the northern region of Teresina. Data were obtained through semi-structured interviews and the method of content analysis with three categories was used: nurses' perception of the NCS; NCS implementation and the factors that affect the NCS implementation. It was concluded that, although the NCS is considered relevant by all the subjects of the research, it is still dissociated from nursing practice in primary care; some factors that facilitate and hamper its implementation have been pointed out.

KEY WORDS: Nursing Processes. Frail Elderly. Primary Attention to Health.

SYSTÉMATISATION DE L'ASSISTENCE DU SERVICE D'INFIRMERIE AU SÉNIOR ALLITÉ : PERCEPTIONS DES INFIRMIERS DANS LA STRATÉGIE DE SANTÉ DE LA FAMILLE

RÉSUMÉ

La systématisation de l'Assistence de l'Infirmerie –SAE a contribué, significativenent pour la caractérisation de l'infirmier, possibilitant son comportement dans les activités de planning, exécution et évaluation des actions du service d'infirmerie. Ainsi, il a été discuté la possibilité de l'implantation de la SAE dans le contexte de l'attention basique, pour les séniors allités, pour représenter une population qui demande des soins spécifiques de santé, costituant un objectif important de préoccupation des services de santé. Cette étude a comme objectif de connaitre la perception des infirmiers dans la Stratégie Santé de la Famille – ESF sur la SAE au sénior allité dans l'intention basique, discuter son implantation et décrire les facteurs qui interfèrent dans l'utilisation de ce processus. Il s'agit, dans cette recherche, d'une étude exploratrice avec 7 infirmiers qui travaillent dans la ESF dans la région nors de Teresina. Les données ont été produites par des interviws semi-structurés et nous avons utilisé la méthode d'analyse de contenu avec l'élaboration de trois catégories : perception de l'infirmier sur la SAE ;implantation de la SAE et facteurs qui interfèrent dans l'implantation de la SAE. Nous pouvons conclure que, bien que la SAE soit considérée importante pour tous les sujets de recherche, elle est encore dissociée de la pratique du service d'infirmerie dans l'attention basique, il a été montré quelques facteurs qui facilitent et qui difficultent son implantation.

MOTS CLÉS : Processus du service d'infirmerie ; Sénior fragilisé ; Attention primaire à la Santé

SISTEMATIZAÇÃO DA ASSISTÊNCIA DE ENFERMAGEM AO IDOSO ACAMADO: PERCEPÇÕES DE ENFERMEIROS DA ESTRATÉGIA SAÚDE DA FAMÍLIA

RESUMO

A Sistematização da Assistência de Enfermagem – SAE contribui, significativamente, para a caracterização do enfermeiro, possibilitando o seu envolvimento nas atividades de planejamento, execução e avaliação das ações de enfermagem. Assim, tem sido discutida a possibilidade de implantação da SAE no contexto da atenção básica, para os idosos acamados, por representarem uma população que demanda cuidados específicos de saúde, constituindo importante alvo de preocupação dos serviços de saúde. Este estudo tem como objetivo conhecer a percepção dos enfermeiros da Estratégia Saúde da Família - ESF sobre a SAE ao idoso acamado na atenção básica, discutir a sua implementação e descrever os fatores que interferem na utilização deste processo. Trata-se, nesta pesquisa, de um estudo exploratório com sete enfermeiros que trabalham na ESF na região norte de Teresina. Os dados foram produzidos através de entrevista semi-estruturada e utilizou-se o método de análise de conteúdo com elaboração de três categorias: percepção do enfermeiro sobre SAE; implementação da SAE e fatores que interferem na implementação da SAE. Concluiu-se que, embora a SAE seja considerada relevante por todos os sujeitos da pesquisa, ainda, é dissociada da prática de enfermagem na atenção básica, tendo sido apontados alguns fatores que facilitam e que dificultam sua implementação.

PALAVRAS-CHAVE: Processos de Enfermagem. Idoso Fragilizado. Atenção Primária à Saúde.