35 - SYSTEMATIZATION OF NURSING ASSISTANCE: DIFFICULTIES OF IMPLANTATION IN THE CLINICAL PRACTICE

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INTRODUCTION

The systematization of nursing assistance (SNA) is a scientific method of working that provides the patients more security, promotes a better quality assistance and also a bigger autonomy to the nursing professionals. This methodology directs, with security and scientific basis, the activities which were done, collaborating for more credibility, competence and visibility of the nursing (TANNURE; PINHEIRO, 2010).

(SNA) systematization of nursing assistance is also known as Nursing Process (NP). Through the SNA it is possible to detect the priorities and care needs of each patient, directing the nursing actions to the expected nursing results (MARIA; QUADROS; GRASSI, 2012) besides it possibilities the evaluation of the given assistance (ANDRADE; VIEIRA, 2005).

There are several definitions for the Nursing Process. Alfaro-Lefevre (2005) and Chaves (2009) define the NP as being a systematic and dynamic form of giving the nursing cares, promoting humanized care directed to the reach results and low cost. To Gaidzinski et al. (2008), NP is defined as being a systematized guide to develop thoughts that direct clinic judgments needed to the nursing care. To Horta (1979) the NC is the dynamic of systematized actions and inter-related, having as a goal the assistance of the human being.

The practice of the systematized nursing allows us to identify the needs of care manifested and/or referred by the clients and family members in its totality, and it also provides dialogue with the other members of the health crew to concretize and improve the care, composing a proper tactic to a centered practice on the person and not only on the tasks or on the illness (SILVA; MOREIRA, 2011).

A systematized assistance brings (about) positive implications to the patient and to the nursing crew, improving the quality of the nursing assistance and contributing to the characterization of the body of knowledge of the profession, thus, being of fundamental importance its implantation in the clinic practice of nursing (TANNURE; PINHEIRO, 2010).

The SNA intends to attend the legal demands of the profession and, especially, stimulating the innovative practices, breaking old patterns of fragmented assistance. However, only the implantation of the SNA in the health institutions is not enough, it is also necessary to create a philosophy engaged with the process of continuous improvement, ensuring a humanized high quality care (BACKES; SCHWARTZ, 2005).

The Resolution of COFEN nº 272/2002 made it easier the implantation of the SNA/NP in the health institutions, public and private ones, in national scope. This resolution disposes on its Art. 1º, about the private function of the nurse to implant, plan, organize, execute and evaluate the NP whose phases are: historic, physical exam, diagnosis, prescription and nursing evolution (HERMIDA, 2004).

In 2009, the Resolution of COFEN nº358 abolished the Resolution 272/2002, establishing the implantation of the SNC/NP in all the units of health care that provide nursing assistance. However, even nowadays this practice was not effectively implanted in all the units of health care that provide nursing assistance because of many reasons (MARIA; QUADROS; GRASSI, 2012).

Several studies indicate the difficulties found to the implantation of the SNA in the clinic practice, which justifies the importance of this study with the objective of overcoming them in the daily practice of the assistance nursing.

Thus, the objective of this study is identifying the difficulties found on the implantation/implementation of the SNA, in the national works, published in the last 10 years.

METHODOLOGY

It's a literature revision. To accomplish this study, some steps were adopted. Firstly, it was made a bibliographical survey, using as source, the basis of data LILACS and SciELO, because they have a lot of Latin American publications in the area of nursing. It was also made consultations in books and printed periodic about the theme.

Proceeding the search in theses basis of data, it was used the following descriptors (DESCs): nursing; nursing process; planning of the assistance to the patient; nursing diagnosis; systematization of the nursing assistance. Based on this search, it was made a reading of all the titles and summaries of the bibliographical references identified.

In the next step the bibliographical references interesting to this study were restored, considering as criterion for inclusion: the fact of that the article had been written in Portuguese; it had been published in the last ten years; and it discusses in the summary of the work the difficulties in the implementation of the SNA / NP in the clinical practice. Finally, it was searched to explore the content, which has allowed us to widen the understanding about the difficulties to the implement of the SNA in the clinical practice of nursing.

RESULTS AND DISCUSSIONS

To Backes et al. (2005) SNA is a tool that overcomes the disbelief and conformism, the fragmentation and bureaucratization, intending to stimulate the creativity and subjectivity, having as an objective a new perception of reality, that is, a change in the role of the nurse. The implantation of the SNA possibilities to the nurse security to manage and improve the assistance in organized, dynamic and competent way. And, despite it is recognized the importance of the SNA, the implantation process in the clinical practice, it is still a great challenge. (BACKES et al., 2005).

The bibliographical search evidenced several difficulties to the effective implantation of the SNA in the daily life of the nurse, and these difficulties were gathered together in three great groups:

- Unprepared professionals to perform the SNA;
- Incorrect operation of the SNA; and
- Precariousness of physical and human resources;

Regarding to unprepared professionals for the performing of the SNA, the studies have put in evidence that the lack of

knowledge about the SNA and its processes, is one of the main factors that make difficult the process of implementation of the SNA in the clinical practice (SILVA; MOREIRA, 2011; HERMIDA, 2004; CARVALHO ET AL., 2007; ANDRADE; VIEIRA, 2005). A study made in a school hospital in São Paulo identified that among the phases of the nursing process, the phase of diagnosing the responses of the individuals faced to the real and potential problems is the most difficulty of realization and the main cause of this difficulty alleged was the lack of basic and specific theoretical knowledge about the diagnosis taxonomy. (TAKAHASHI et al., 2008).

Hermida (2004) and Carvalho et al. (2007) point out that for the implantation of the SNA be effective and continuous the nurse must have scientific knowledge on this subject and must receive constant updates in service. It must there be partnering with the continuing education sector of health institutions to overcome the difficulties of the professionals and it must to promote widening discussion about the SNA and still in the Nursing Schools, as big part of the professionals of nursing whom are in the labour market ignore the subject because of the disability in the training process (HERMIDA, 2004). Andrade and Vieira (2005) also point out that the academic nursing training, many times, contributes to the non-application of a systemic assistance, because during the practice classes, there is a major concern of both teachers and students, in developing technical skills, don't raising the nurse problems and planning the assistance given to the patient. The realization of Projects of Permanent Education that uses strategies to visualize the cognitive process developed by the students, that uses models of hypothetical reasoning, observations, simulations, games, studies of cases, and problem situations help to reduce the difficulties of understanding about the SNA (CARVALHO et al., 2007). Silva and Moreira (2011) stand out that the use of strict and linear theoretical references contribute to the SNA be developed in an automated and complex way, which may be observed in the care plans and in the nursing evolution.

Regarding to the incorrect operation of the SNA the main identified problems were related to the errors or to the lack of recording of collected information (by means of history and the physical examination nursing) that ends up compromising the nursing care given to the patient (NEVES; SHIMIZU, 2010; MARIA; TABLES; Grassi, 2012); with the priority by the nurse of some basic human needs (usually the biological ones), which in turn contributes to the fragmentation of the given cares (NEVES; SHIMIZU, 2010); with the prescription of cares that is unrelated to the problems presented by the patients due to the non-performance of the previous stage of the SNA (identification and register of the nursing diagnoses) (Neves; SHIMIZU, 2010); and with the no use of all the data collected or the unnecessary collection of several information (NEVES, SHIMIZU, 2010).

Regarding to the precariousness of physical and human resources in health institutions, the identified problems were related to shortage of staff to perform the required activities and the absence of appropriated conditions in the institutions to develop a planned and systematic assistance (NEVES; SHIMIZU, 2010). Carvalho et al. (2007) mentions that with the precariousness of working conditions in the health institutions, raises the level of uncertainty in everyday Nursing practice: high staff turnover, high absenteeism, permanent equipments in insufficient number, lack of consumption material needed for the care.

FINAL CONSIDERATIONS

The SNA is understood as an assistance methodology that provides more autonomy to the nurse, greater and better approach with the patient and better working conditions, since it requires from the professionals scientific knowledge, commitment and responsibility. However, still nowadays it is noticed that there are many barriers found for the effective implantation/ implementation of the SNA in the clinical practice. The greatest found difficulties are related to the process of teaching-learning; difficulties in the operation of the SNA and with the scarcity of human and physical resources. We consider that, with the use of this method of working it is possible to achieve positive results in the given nursing assistance allowing changes in the know-how of nursing.

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SYSTEMATIZATION OF NURSING ASSISTANCE: DIFFICULTIES OF IMPLANTATION IN THE CLINICAL PRACTICE

ABSTRACT

The systematization of nursing assistance (SNA) consists of a working method through which occurs the planning, the development and the organization of the nursing team work. Through the SNA it is possible to evaluate the given assistance. In 2009, the Resolution COFEN nº 358 revoked the Resolution 272/2002 establishing the implantation of the SNA in all health care units that provide nursing assistance. However, still nowadays this practice has not been effectively implanted in all units which provide nursing assistance for several reasons. The researched studies show three groups of situations that make it difficult the effective implantation of the SNA in the clinical practice, which are: unprepared professionals to perform the SNA; the incorrect operation of the SNA; and the precariousness of human and physical resources available in health institutions. Thinking about the contribution of the SNA for the nurse's role and benefits for the institution and for the patient, it was notice the importance of identifying the difficulties for the implantation of the SNA in an attempt to provide reflections about them.

KEYWORDS: nursing, nursing process, nursing assistance.

LA SYSTÉMATISATION DE L'ASSISTANCE DE SOINS INFIRMIERS: DIFFICULTÉS D'IMPLANTATION À LA PRATIQUE CLINIQUE

RESUMÉ

La systématisation de l'assistance de soins infirmiers consiste d'une méthode de travail dont lequel il arrive le planning, le dévelopement et l'organization du travail de l'équipe d'infirmiers. À travers de la systématisation, c'est possible d'evaluer l'assistance donnée. En 2009, la Résolution COFEN nº 358 a revoqué la résolution 272/2002 em fixant l'implantation de la systématisation de l'assistance de soins infirmiers à toutes les unités d'accueil de santé qui fournent l'assistance de soins infirmiers. Cependant, même aujourd'hui cette pratique n'a pas éte effectivement implantée à toutes les unités d'accueil de santé qui fournent l'assistance de soins infirmiers, à cause de plusieurs raisons. Les études recherchés montrent trois groupes de situations qui difficultent l'effective implantation de la systématisation de l'assistance de soins infirmiers à la pratique clinique; elles sont: l'impréparation des professionals pour réaliser cette systématisation; l'opéralisation incorrecte de la systématisation; et la précarité de moyens physiques et humains disponibles à les institutions de santé. En pensant la contribution de la systématisation de l'assistance de soins infirmiers pour l'action de l'infirmier et les avantages pour l'institution et pour le patient, il a été vérifié l'importance d'identifier les difficultés pour l'implantation de la systématisation de l'assistance de soins infirmiers, en essayant de donner des reflexions sur les mêmes.

MOTS-CLÉS: soins infirmiers, process d'infirmier, assistance d'infirmier.

SISTEMATIZACIÓN DE ASISTENCIA DE ENFERMERÍA: LAS DIFICULTADES DE LA IMPLANTACIÓN EN LA PRÁCTICA CLÍNICA

RESUMEN

La Sistematización de Asistencia de Enfermería (SAE) consiste en un método de trabajo por medio del cual ocurre el planeamiento, el desarrollo y la organización del trabajo del equipo de enfermería. Por medio del SAE es posible evaluar la ayuda dada. En 2009, el nº 358 de la resolución COFEN revocó la resolución 272/2002 que establecía la implantación del SAE en todas las unidades de atención a la salud que proveen la ayuda de enfermería. Sin embargo, esta práctica aun no fue implantada con eficacia en todas las unidades que proveen la ayuda de enfermería por algunas razones. Los estudios realizados evidencian tres grupos de situaciones que dificultan la implantación eficaz del SAE en la práctica clínica, siendo ellos: la falta de preparación de los profesionales para realizar el SAE; las operaciones incorrectas del SAE; y la precariedad de recursos físicos y humanos disponibles en las instituciones de la salud. Pensando en la contribución del SAE para la actuación del enfermero y las ventajas para la institución y para el paciente, fue comprobada la importancia de identificar las dificultades para la implantación del SAE, en un intento por proporcionar reflexiones sobre las mismas.

PALABRA-LLAVE: enfermería, proceso de la enfermería, ayuda de enfermería.

SISTEMATIZAÇÃO DA ASSISTÊNCIA DE ENFERMAGEM: DIFICULDADES DE IMPLANTAÇÃO NA PRÁTICA CLÍNICA

RESUMO

A Sistematização da Assistência de Enfermagem (SAE) consiste em um método de trabalho por meio do qual ocorre o planejamento, o desenvolvimento e a organização do trabalho da equipe de enfermagem. Por meio da SAE é possível avaliar assistência prestada. Em 2009, a Resolução COFEN nº 358 revogou a resolução 272/2002 estabelecendo a implantação da SAE em todas as unidades de atendimento à saúde que forneçam assistência de enfermagem. Entretanto, ainda hoje essa prática não foi efetivamente implantada em todas as unidades que forneçam assistência de enfermagem por vários motivos. Os estudos pesquisados evidenciam três grupos de situações que dificultam a efetiva implantação da SAE na prática clínica, sendo eles: o despreparo dos profissionais para realizar a SAE; a operacionalização incorreta da SAE; e a precariedade de recursos físicos e humanos disponíveis nas instituições de saúde. Pensando na contribuição da SAE para a atuação do enfermeiro e os benefícios para a instituição e para o paciente, verificou-se a importância de identificar as dificuldades para implantação da SAE, numa tentativa de proporcionar reflexões sobre as mesmas.

PALAVRAS-CHAVE: enfermagem, processo de enfermagem, assistência de enfermagem.