



Revista da Escola de Enfermagem da USP

ISSN: 0080-6234

reeusp@usp.br

Universidade de São Paulo

Brasil

Do Nascimento, Keyla Cristiane; Stein Backes, Dirce; Santos Koerich, Magda; Lorenzini Erdmann, Alacoque
Sistematização da assistência de enfermagem: vislumbrando um cuidado interativo, complementar e multiprofissional
Revista da Escola de Enfermagem da USP, vol. 42, núm. 4, diciembre, 2008, pp. 643-648
Universidade de São Paulo
São Paulo, Brasil

Available in: <http://www.redalyc.org/articulo.oa?id=361033296005>

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Systematization of nursing care: viewing care as interactive, complementary and multiprofessional

SISTEMATIZAÇÃO DA ASSISTÊNCIA DE ENFERMAGEM: VISLUMBRANDO UM CUIDADO INTERATIVO, COMPLEMENTAR E MULTIPROFISSIONAL

SISTEMATIZACIÓN DE LA ASISTENCIA EN ENFERMERÍA: VISLUMBRANDO UN CUIDADO INTERACTIVO, COMPLEMENTARIO Y MULTIPROFESIONAL

Keyla Cristiane do Nascimento¹, Dirce Stein Backes², Magda Santos Koerich³, Alacoque Lorenzini Erdmann⁴

ABSTRACT

This study is the result of an extended project, named: The systematization of nursing care in the perspective of complex thinking. The objective of this qualitative study is to better comprehend the meaning of the systematization of nursing care among health-care professionals. The Data-Based Theory was used as a methodological reference. Data were collected by interviewing three sample groups, in a total of fifteen health-care professionals. Data codification and analysis led us to the central theme: Viewing the Systematization of Nursing Care (SNC) as an Interactive and Complex Phenomenon. This theme is complemented by two phenomena. In this article, we discuss the phenomenon: *Verifying the necessity of an interactive, complementary, and multiprofessional process*. The Systematization of Nursing Care is part of a process that has been developing over time by nurses committed to improve the care given to the patient, since they view the necessity for interactive, complementary, and multiprofessional care.

KEY WORDS

Nursing care.
Nursing process.
Patient care team.
Patient-centered care.

RESUMO

O presente estudo é fruto de um projeto ampliado, intitulado *A sistematização da assistência de enfermagem à luz do pensamento complexo*. Trata-se de um estudo qualitativo, que objetivou compreender o significado da sistematização da assistência de enfermagem para os profissionais de saúde. Utilizou-se como referencial metodológico a Teoria Fundamentada nos Dados. Os dados foram coletados por meio de entrevistas com três grupos amostrais, totalizando quinze profissionais de saúde. A codificação e análise dos dados conduziram ao tema central: Vislumbrando a Sistematização da Assistência de Enfermagem como Fenômeno Interativo e Complexo. Esse tema é complementado por dois fenômenos. Nesse artigo discutiremos o fenômeno *Verificando a necessidade de um processo interativo, complementar e multiprofissional*. A SAE é parte de um processo que vem sendo desenvolvido ao longo do tempo por enfermeiros comprometidos em melhorar cada vez mais o cuidado prestado ao paciente, pois vislumbram a necessidade do cuidar interativo, complementar e multiprofissional.

DESCRIPTORES

Cuidados de enfermagem.
Processos de enfermagem.
Equipe de assistência ao paciente.
Assistência centrada no paciente.

RESUMEN

Este estudio es fruto de un proyecto amplio intitulado *La sistematización de la asistencia en enfermería según el pensamiento complejo*. Se trata de un estudio cualitativo con el objetivo de comprender el significado de la sistematización de la asistencia en enfermería con profesionales de salud. Se utilizó como metodología a la Teoría Fundamentada en Datos, recolectados a través de entrevistas con tres grupos de muestras, totalizando quince profesionales. La codificación y el análisis dirigieron el tema central: Vislumbrando la Sistematización de la Asistencia de Enfermería como Fenómeno Interactivo y Complejo. Este tema, complementado por dos fenómenos, discutiremos en este artículo el fenómeno *Verificando la necesidad de un proceso interactivo, complementario y multiprofesional*. La SAE es parte de un proceso que ya viene siendo realizado por enfermeros comprometidos en mejorar a cada día el cuidado ofrecido al paciente, pues vislumbra la necesidad de un proceso de cuidar interactivo, complementario y multiprofesional.

DESCRIPTORES

Atención de enfermería.
Procesos de enfermería.
Grupo de atención ao paciente.
Atención dirigida al paciente.

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INTRODUCTION

Nowadays, the historic moment is marked by the hegemony of certain professions/courses over others, increasing specialization and consequent fragmentation of knowledge and, in particular, the fragmentation of human beings themselves. Complex thinking makes us reshape our views and revisit those practices characterized by linear, reductionist knowledge.

It is frequently observed that the implementation of a pre-determined healthcare model or formula does not guarantee better quality to healthcare. It is also necessary to establish new and more complex professional relations and interactions in order to apprehend the human being more broadly and integrally.

Based on these and other ideas, the desire to comprehend the Systematization of Nursing Care (SNC) according to new references has increased. These references should be capable of broadening perspectives beyond prescriptive and normative formulas and, overall, beyond formally instituted models as guides for human-centered care.

As such, complex thinking presents itself as a possibility to review the safe and orderly methodological assumptions that have predominated for long in the field of sciences, leading to inflexibility and disintegration of what is real⁽¹⁾.

The healthcare and education areas, dynamically involved in the transformations that have occurred in society, are constantly called upon to respond reflexively and critically to new challenges, seeking adequacy in both epistemological and methodological fields. These sectors have to respond to several necessities and specificities, individually or collectively centered on human beings.

In this age of knowledge, it is important to seek new competences in terms of work organization, in the professional actions integrated into social systems of multiple relations and interactions, in their several dimensions and particularities⁽²⁾.

Work, or professional activity, is a determiner of the social space of the professions, which are inserted in the multi-dimensionality of this social space, which is complex and often demanding. Nurses need to be inserted in the social healthcare network consciously, with both technical and scientific competence.

Nursing, as a crucial profession for the construction of qualified healthcare, has witnessed profound and important changes in social and political relations, in the technological fields, in interpersonal relations and especially in how services are organized, responding to new managerial and scientific requirements.

Over the years, the type of nursing healthcare organization, associated to the traditional management model, has been based on contradictions generated by a rigid, linear and excessively specialized structure, with routine functions that were not challenging. Nursing conformed, basically, to a culture of "disciplinary doing", without reflecting about new possibilities of being and acting in the daily micro-spaces.

From the 1970s onwards, there has been a growing trend in nursing to seek activities related to organization and planning of nursing services, i.e. certain administrative functions connected mainly to managing the many sectors. In Brazil, Wanda de Aguiar Horta was the first nurse to study the Nursing Process, published in 1979⁽³⁾.

Therefore, the nursing process emerged with the goal of organizing the nursing service at the hospitals, i.e., guaranteeing the professional autonomy through the systematization of the nursing actions⁽⁴⁾.

Since then, large-scale studies have been performed about the systematization of nursing care, applied to the different nursing fields.

It is frequently observed that the implementation of a pre-determined healthcare model or formula does not guarantee better quality to healthcare.

The systematization of nursing care, as an organizational process, is capable of supporting the development of interdisciplinary, humanized methods of care. However, nursing care is still perceived as centered on the disease and not on the human being, an active and participative subject in the care process. The increasing openness to new methods of knowledge production through the process of human care allows one to replace the safe, reductionist view of institutionalized knowledge by another, differentiated view in terms of health/disease outlines.

A literature search in LILACS and SciELO, using the descriptor "systematization of nursing care", yielded reflexive, bibliographic and mainly research studies, ranging from medical, pediatric, intensive and surgical clinical areas to specialized areas like burns, chemotherapy, radiotherapy, blood banks, emergency rooms, and even daycare services and private clinics, among others. In summary, the different studies show that, through the systematization of nursing care, care delivery can be qualified and humanized in these different perspectives.

No studies analyzing the systematization of nursing care in the perspective of complex thinking were identified in this search. It is thus questioned whether nursing professionals can develop theories/processes of care delivery to patients/clients efficiently and effectively according to this perspective. This happens because healthcare work is complementary, integral and multidimensional, and nurses are part of the healthcare team, so that nursing care is related to other healthcare practices that, as a whole, are complementary.

Although this model was predominant in the past centuries, scientific advances have started showing that it has reached its limits. Thus, there is an urgent need to seek more dynamic processes and complex cooperation systems in the care process, capable of regarding different conceptions of the human being and capable of integrating the many dimensions of care, innovatively and creatively.

In order to innovate forms, practices and methods of knowledge production, it is necessary to take into account different views, contexts and subsystems. The multiple conceptions about the world, society, human being and knowledge construction direct our knowledge of the subjective/objective reality, i.e. diagnosing, planning, performing and evaluating the processes according to different perspectives.

Therefore, when observing reality in the perspective of complex thinking, the systematization of nursing care could fit into the traditional processes of health and knowledge production, i.e., based on linear and reductionist processes.

By observing this, the authors sought to answer the following questions: What is the meaning of the systematization of nursing care for healthcare team members? Does the systematization experienced by the nurses integrate the whole complexity involving healthcare?

In order to answer these questions, the present study aimed to understand the meaning of systematization of nursing care for the members of the multiprofessional healthcare team.

METHOD

This study is the result of an extended project named: The systematization of nursing care in the perspective of complex thinking. This research project is performed by Grupo de Estudos e Pesquisas em Administração de Enfermagem e Saúde – GEPADES (Study and Research Group on Nursing and Health Administration) and aimed to comprehend the Systematization of Nursing Care (SNC) in the perspective of complex thinking.

Over the years, GEPADES has guided its studies by the complexity reference framework. Besides broadening the perspectives of the group members, this framework has triggered reflections and discussions about the organization of nursing itself and, especially, about the models it supports, which can be considered unidimensional and reductionist in some instances.

Based on this way of thinking, the method of choice for the study was the Grounded Theory. This method was originally developed by American sociologists, who intended to build a theory based on data produced by the exploration of the phenomenon in its own reality, in which the theoretical construction explains the action in the social context⁽⁵⁾.

With this approach, it is possible to add new perspectives and new meanings to the phenomenon – the SNC in the present case, in order to produce knowledge that is essentially complex, consolidated and based on data⁽²⁾.

The research was started with the approval of the UFSC Research Review Board, filed under number 0291/06. Data collection happened through semi-structured interviews, with one initial question: What is the meaning of the SNC for you? The following questions were guided by the researchers based on the respondents' answers, making them reflect about their practices and the development of their actions in healthcare.

Initially, the research was set to be performed at two large healthcare institutions, one private and the other public in greater Florianópolis/SC, which use systematization of nursing care models. Thus, the first sample group was made up of healthcare professionals from the aforementioned institutions, among them nurses, nursing technicians, nutritionist, physical therapist, speech pathologist and physicians who were willing to join the group.

To constitute the second sample group, with the heads of the nursing service at the research institutions, the suggestions, ideas and doubts were considered that emerged from the codified and analyzed data based on the first group. And, with the frequent references to the regulatory entities for the category, it was decided to interview nurses active in the Regional Nursing Council in a subsequent phase. The theoretical model itself was validated by a nursing professional, head of the nursing service at a hospital institution in the Southeast of Brazil, who has been developing studies about the SNC.

Data were collected between November, 2006 and May, 2007, being recorded and later transcribed, according to the adopted methodology. After the transcription, the conceptual units of each sentence were extracted, compared and reorganized until the point of saturation was reached, with 15 professionals and/or 3 sample groups.

Data codification and analysis led to the identification of the central theme of the research: Viewing the Systematization of Nursing Care (SNC) as an Interactive and Complex Phenomenon. This theme is complemented by two secondary but representative phenomena in the process of investigating SNC in the perspective of complexity, which are: Verifying the necessity of an interactive, complementary and multiprofessional process and Perceiving the disarticulation between knowing, doing and legislating.

In view of the importance and relevance of the central theme and the secondary phenomena in particular, a choice was made to analyze each of them separately. This was done in order to explore the meanings more comprehensively, due to the wealth of unveiled data. Therefore, at this moment, the proposal is to only analyze and discuss the phenomenon: **Verifying the necessity of an interactive, complementary and multiprofessional process.** According to the authors, this is an important strategy to rethink the nursing practices that are still centered on linear and unidimensional models.

The contributions of the participants are identified with the letter P throughout the text, followed by numbers that represent the order of the interviews, so that their identities can be preserved.

RESULTS AND DISCUSSION

The need for interactive, complementary and multiprofessional care refers to the SNC as a *system of care as a relational disposition* and interconnected, which should go beyond Nursing, i.e. it needs to extrapolate the limits of academic learning and move towards joint and complementary work⁽⁶⁾.

This phenomenon emerged from the groupings and interpretation of messages the participants expressed during their interviews, which formed the following categories:

Recognizing the communication bridge among the professionals in the nurse

This category was presented as intervenient to reach more interactive and complementary healthcare practices. The nurse is recognized by other healthcare professionals as the articulator and integrator of different types of knowledge, particularly because nursing professionals constantly stay with the patient and detect alterations that happen throughout the twenty-four hours of the day more easily. In this perspective, the subcategories converging to this category refer to the SNC as a multiprofessional communication channel, and to the nurse as the professional who establishes the information bridge among the members of the healthcare team. The subcategories reflect, in short, that the nurse has achieved an ever-increasing value and insertion in the different healthcare services, even though these should have processes that are more interactive and complementary, as follows:

I think this is our advance, in the sense of consolidating the nursing space, the work of the nurses. This is actually a differential of nurses' work in relation to the work of other professionals (P7).

Since Nursing is always close to the patient, it detects their needs and informs us (P4).

Focusing specifically on the analogy, highlighting the nurse as a *bridge*, this profession achieved a space that perhaps is not granted its due value. Bridges are built to connect two structures and need to be resistant and steady in order to allow passage from one side to the other. Its architecture is not important – it can either be rustic, have orthogonal or monumental and futuristic lines. What matters is that it executes its due function, being a communication link that allows two points to be connected, shortening distances. In order to be a bridge, nursing needs to be vigilant to the multiple forms of communication, what is left unsaid, what is found between the lines. An interdisciplinary attitude is needed, overcoming the disciplinary limits, in addition to a new way of organizing the healthcare actions and praxis. To be a bridge, it is necessary to be attentive and perceive the multidimensionality of the human being and the healthcare systems.

Recognizing SNC as a guiding instrument of healthcare/perceiving the need for a single instrument

This category is part of the context of healthcare practices that emerged from the following subcategories: Recognizing the importance of the SNC as a guiding instrument; Recognizing the importance of the SNC for the patient and the team; Emphasizing the importance of the information in the medical record; Recognizing the SNC as a way of organizing and orienting nursing care; Perceiving SNC as the guarantee of the care delivered; Perceiving SNC as the patient's instrument of satisfaction; strategies for improving quality, promoting interactivity and perceiving the multidimensionality of care in the health practices.

In addition to guiding the organization of care, SNC also provides the nursing professionals with more autonomy when compared to other healthcare workers, according to the interviewees:

It means a method to organize the work process, regarding the registry of information, as well as guiding the care to be delivered to the patients, providing the nurse with a powerful instrument to evaluate and guide the care to be developed by the nursing team (P15).

We do not have this view that you have of the whole, of the patient. We have an overall view. Thus, I think the work you do before is very important, so we can have a general idea about the patient [...] So, your work is really worthy, because you assess the patient as a whole, in a sense, and the information that you provide can only contribute to our work (P7).

Checking the fragmentation of healthcare

As the nurse is considered an indicative instrument of professional autonomy, and has been presented as the guarantee of organized hospital nursing care, in practice, dissatisfaction about *having to perform the SNC* can be perceived, reported by some team members, or the exclusion of the middle-level professionals who simply execute the prescriptions without participating in their elaboration; information mismatches, between what is reported by the patient to another professional and what the nurse wrote down as evaluation or evolution; also, the disparities between sectors of the same hospital; and the computerized medical record, where ready-made phrases are accessed for the nursing evolutions, including already described types of care. These are very evident SNC deviations as mentioned by the professionals. For them, the SNC is frequently nothing more than a routine, a mechanized method of doing daily chores, aggravated by the insufficient number of nursing professionals, the task division, mismatched, inconsistent or incorrect information, discontinuities and excessive bureaucratization and demands of the current healthcare system. This concern is more evident in the statements:

I think people act routinely [...] I think and believe that some have seen SNC as routine, and there you see my concern, especially with computerization: I press that little button, the prescription is ready and I don't get to check it, because

we see that the prescriptions are repeated [...] So, these are issues that show that the systematization, especially nursing evolution and prescription, become mechanical. Then, of course, all I'm stating is much more like questions and reflections, and I'm not the only one, there are also other nurses, based on what they observe everyday (P12).

Information is not very accurate in some wards [...] I don't know if the team changes it, or what determines it, but in some wards or some units it doesn't work well (P2).

She writes *patient accepts it*. They have a routine regarding this acceptance of food that does not often match what we observe (P5).

This category is the possible determiner for the development of more interactive and multidimensional processes and, at the same time, the need to articulate professional education with professional healthcare practices and regulatory class entities. The systematization of nursing care, like other healthcare work processes, could be executed like the traditional process of health and knowledge production, i.e. based on linear and reductionist processes.

Therefore, it is urgent to look at the reality in the perspective of complex thinking, which is systemic and predicts uncertainty, *seeing the world in its evolution, revolution, regression and crisis, experiencing all of it at the same time*. For complexity, *the universe is not uniquely subject to a deterministic order, but to the handling of order, disorder and the organization recognizing chance*⁽⁷⁾.

Overcoming reductionist and fragmented thinking, however, does not mean thinking only about macro-dynamic structures, trying to capture the totality of the phenomena, because this would maintain a dichotomic view of reality. The greater advance of complex thinking is, undoubtedly, attempting to coordinate, in the same perspective, the partial aspects and the whole reality, i.e. the whole in the parts and the parts in the whole. Utopia? Perhaps, but a possibility viewed in the following characteristics.

Recognizing the necessity of multiprofessional continuity/ complementarity in healthcare and Improving interactivity in healthcare

These categories will be analyzed jointly, since the complementarity and interactivity needed for the SNC are manifested both as a strategy and a consequence for healthcare. SNC is configured as a process of healthcare dynamization and optimization, when the statements indicate changes in the team's actions, complementary to their work. As an articulating and integrating healthcare process, SNC represents an important technical-scientific instrument for the multiprofessional team, capable of assuring quality and continuity of care.

The formal healthcare records, developed in a systematized and optimized way, provide visibility and guarantee the safe, integral and qualified continuity of care⁽⁸⁾. The SNC, by helping the continuity of work between teams, turns

into a dynamic process that is capable of strengthening professional bonds in the multiprofessional team.

For complexity, it is indispensable to work in a complementary and interdisciplinary way, since, by dividing healthcare among the several professional categories, without interaction and without considering the uniqueness of the human being, we would be fragmenting this healthcare to the extent that individualities are lost and neglected, and care becomes relative.

The interviewees also perceived this necessity, but they still do not know how to make it feasible.

Patient healthcare is multiprofessional. And it has to be this way. This means that there must be a communication channel between the professionals in a clear way, a concise way and an efficient way (P3).

It's a complement [...] Since nowadays there is the holistic movement, it must be a group [...] Each must complement the other. The nurse, the doctor evaluates the patient, the doctor prescribes, the nurse oversees the procedures, and then comes nutrition (P2).

Then, the systematization, I think that part of this principle, developing activities within your area, but at the same time together with the other professionals, because, if you want to perform well, you have to see this patient as a whole, and then, starting from this principle, the organization of tasks, but with a broader view (P4).

Now, the agent must be sure that there is a movement! [...] If we can't notice this movement, things will remain as they are: the nurses will do, the older nurses will believe, the younger nurses will resist, doing it just for the sake of it, and becoming even more divided (P12).

Excessive specialization and fragmentation of knowledge are capable of weakening the responsibility and solidarity of care as a social good. Therefore, there is a need to develop methods that allow for the establishment of dialogic relations and reciprocal influences between the parts and the whole, i.e. between the subsystems and the greater system⁽⁹⁻¹¹⁾.

Therefore, it is not enough to guarantee a method/methodology at any cost merely so that it exists. It is necessary to develop innovative and dynamic mechanisms, capable of focusing on the multidimensional relations with the different environments of the open systems that are in constant movement, in view of their multiple and unpredictable variables⁽⁷⁾.

In the face of the new and complex methodological demands focused on the healthcare processes, in consonance with users' renewed needs, quick technological evolutions and social transformations require the Nursing area to provide answers that are equally complex and ethical.

A challenge is presented!

How can the SNC be maintained as a methodological instrument in Nursing activity and still involve the whole

multiprofessional team in the complex relations, interactions and associations of nursing healthcare?

It is possible to see that the process of systematization of nursing care in Brazil is still being built, seeking ways and strategies that can be applied in the different professional areas⁽¹²⁾.

FINAL CONSIDERATIONS

The systematization of nursing care, as an organizational process, is capable of supporting the development of interdisciplinary and humanized methods/methodologies of care. The methodologies of care, whatever their denominations are, currently represent one of the more important achievements in the nursing area. The professionals inserted in this process need, however, to broaden and further their

specific knowledge continuously, always considering the interdisciplinary and/or multidimensional focus.

Throughout this research, we have seen that the SNC is part of a process that has been developed over time by nurses committed to the increasing improvement of patient care, since they view the need for a multiprofessional, complementary and interactive care.

The SNC grants the nurse with more autonomy, a safe support based on the records, which guarantees multiprofessional continuity / complementarity, in addition to promoting a nurse-user and nurse-multiprofessional team approximation.

Healthcare professionals also need to keep trying to improve their practice, contributing to actions that are increasingly based on scientific principles, which will reflect in better healthcare quality offered to whom we deliver care to.

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