Revista de Pesquisa Cuidado é Fundamental Online
E-ISSN: 2175-5361
rev.fundamental@gmail.com
Universidade Federal do Estado do Rio de Janeiro
Brasil

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Revista de Pesquisa Cuidado é Fundamental Online, vol. 5, núm. 2, abril-junio, 2013, pp. 3723-3729
Universidade Federal do Estado do Rio de Janeiro
Rio de Janeiro, Brasil

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RESEARCH

REFLECTING ON THE PRACTICE OF NURSING CARE SYSTEMATIZATION IN THE INTENSIVE CARE UNIT

REFLETINDO SOBRE A PRÁTICA DA SISTEMATIZAÇÃO DA ASSISTÊNCIA DE ENFERMAGEM NA UNIDADE DE TERAPIA INTENSIVA

REFLEXIÓN SOBRE LA PRÁCTICA DE LA SISTEMATIZACIÓN DE LA ATENCIÓN DE ENFERMERÍA EN LA UNIDAD DE CUIDADOS INTENSIVOS

Ana Cláudia Tavares Ribeiro Carvalho[1], Karine Tsouroutsoglou de Oliveira[2], Raquel Silva de Almeida[3], Flávia Silva de Souza[4], Harlon França de Menezes[5]

ABSTRACT

Objective: To identify the experiences of nurses in the practice of nursing care systematization in the intensive care unit (ICU). **Method:** This was a descriptive and exploratory study with a qualitative approach through field research. It was a private hospital located in Niterói, in a municipality of Rio de Janeiro City. The participants are 10 nurses who work in the sector of intensive care. **Results:** The statements suffered thematic analysis where emerged the following classes: Factors affecting the implementation of the SAE in the ICU and (un) knowable of nurses about the CNS. **Conclusion:** It might be understood that the NSQ and its implementation in the ICU run through intricacies that interact directly with the nursing care technologies. We should express that the nurse should be seen as the first customer, in other words, requires professional valuation with respect to his individuality, so he will provide to the customers a full commitment based on motivation to implement the CNS. **Descriptors**: Nursing Processes, Intensive Care Unit, Nursing Care.

RESUMO

Objetivo: Identificar as experiências dos enfermeiros na prática da Sistematização da Assistência de Enfermagem (SAE) na Unidade de Terapia Intensiva (UTI). **Método:** Tratou-se de um estudo descritivo-exploratório com abordagem qualitativa através de pesquisa de campo, tendo como cenário um hospital privado localizado no município de Niterói/RJ. Os sujeitos participantes são 10 enfermeiros que atuam no setor. **Resultados:** Os depoimentos sofreram análise temática, nos quais surgiram os seguintes núcleos de sentido: Os fatores que interferem na implementação da SAE na UTI e o desconhecimento do enfermeiro sobre a SAE**. Conclusão:** Pôde-se compreender que a SAE e sua implementação na UTI perpassam por meandros que interagem diretamente com as tecnologias do cuidado de enfermagem. Cumpre-se expressar que o enfermeiro deve ser visto como primeiro cliente, ou seja, necessita de valorização profissional com respeito a sua individualidade, assim proporcionará à clientela um desvelo integral baseado na motivação de implementar a SAE. **Descritores:** Processos de enfermagem, Unidade de Terapia Intensiva, Cuidado de enfermagem.

RESUMEN

Objetivo: Identificar las experiencias de los enfermeros en la práctica de la sistematización de los cuidados de enfermería en la UCI. **Método**: Se trató de un estudio descriptivo y exploratorio con enfoque cualitativo. La recolección de datos se llevó a cabo a través de la investigación de campo. Era un hospital privado ubicado en Niterói un municipio de la ciudad de Río de Janeiro. Los participantes fueron 10 enfermeros del sector de cuidados intensivos. **Resultados:** Las declaraciones sufrieron el análisis temático, donde surgieron las siguientes clases: Los factores que afectan a la aplicación de la SAE en la UTI y el (des) conocimiento de los enfermeros sobre el SNC. **Conclusión:** Podría entenderse que el NSQ y su aplicación en la UTI corren a través de vericuetos que interactúan directamente con la tecnología del cuidado de enfermería. Tenemos que expresar que el enfermero debe ser visto como el primer cliente, en otras palabras, necesita la valorización profesional en cuanto a su individualidad, por lo que deberá proporcionar a los clientes un desvelo completo basado en la motivación para implementar el SCN en las dimensiones que se ejecuta a través de la extrema complejidad. **Descriptores:** Procesos de Enfermería, Unidades de Cuidados Intensivos, Atención de Enfermería.

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INTRODUCTION

The awakening to reflect on the Systematization of Nursing Care (SAE) emerged from the experience as nursing students during graduation, in the Intensive Care Unit (ICU), where we had the opportunity to show the importance of SAE in this sector, since, at first these studies promoting enchantment, both for the student who was unaware of the activity and for those who are from middle-level courses and that experience the practice of nursing-care activity.

Studies on SAE deserved prominence only in the late 1980, when the Decree-Law No. 94406/87 regulating the professional practice of nursing in the country have defined as private nurses' activity, among others, the development of nursing prescription.[1]

In addition, the resolution 272 of the Federal Council of Nursing (COFEN) of 2002 requires that the implementation of systematization of nursing care should occur across public and private health institutions and must be formally registered all the steps of this systematization in the client's record.[1]

The SAE is a way designed to provide care to clients. The components or steps of this systematization vary according to the method adopted. Moreover, the systematization is the nurse´s legal responsibility, however, for satisfactory results all nursing staff must be involved in the process.[1]

The nursing process (NP) is an organized way of providing customer care and it is composed of steps that must first be established, such as: data collection, diagnosis, nursing care planning and evaluation of the results obtained.[1]

The NP must be based on a theoretical support to guide data collection, the establishment of nursing diagnoses and planning of actions or nursing interventions; and that provides the basis for the evaluation of nursing results achieved.[1]

The ICU is, obviously, one of the most complex care units at the hospital. There are inpatients with complex clinical and surgical diseases, acute and chronic, which need high precision equipment for the detection of abnormalities as soon as possible, aiming at immediate approach. In this unit also are several professionals, many with specific training in high complexity.

In this sector the actions need to be planned. Working with therapeutic goals, that is, with achievable goals, because the patients are unstable and need time for the body to respond to the therapy instituted. In this way, we can reflect on the nursing care, which must be planned so that the goals are achievable, always having the continuous measurement of physiological variables that correspond to what is wanted to achieve.

When it takes care in a systematic way, the action is based on a process, a set of activities that require professional reasoning, objective and subjective reflection, because it is nursing care.

It was delimited as a search problem: How is presented the practice of systematization of nursing care in the ICU every day? We aim to identify the experience of nurses in practice of SAE in the ICU.

It is hoped that this study will contribute to the teaching, in order to stimulate discussions about issues and knowledge of the subject. And in the practical environment, encourage professionals to sensitize with the applicability of the SAE in the ICU.

METHODOLOGY

This was a descriptive and exploratory study with qualitative methodological approach, because they are considered, for

ISSN 2175-5361 DOI: 10.9789/2175-5361.2013v5n2p3723

example, the researches, research-action, oral history, survey done with open or directly recorded questionnaires, group analysis, that, as we see, protect heterogeneous horizons.[2]

The data collected were through field research, in a private hospital located in the municipality of Niteroi/Rio de Janeiro, being this institution classified as large.

This scenario has 76 ICU beds, distributed among the units: Neuro intensive, coronary, general, neonatal and pediatric. With that, this institution is distinction in the treatment of high complexity pathologies. It can be observed that in each adult ICU there is a peculiarity, that is, the Neuro intensive is composed of 12 beds, 9 nurses, being 1 a day-worker and 24 technician nurses, and the General ICU is composed of 22 beds, 18 nurses, where 2 are day-workers and 44 are technician nurses, and the Cardio intensive with 13 beds, 9 nurses, being 1 a day-worker and 24 technician nurses.

The research subjects were 10 assistance nurses, with the workload of 12/36, active in the adult intensive care sectors (Neuro intensive, Coronary and General), being respectively 7 from the neuro intensive, 2 from the cardio intensive and 1 from the General. Therefore, the criteria for inclusion were professionals that regardless of the time of formation and length of service, age, sex, time on duty, who accepted to participate in the survey by signing a Free and Informed Consent (FIC).

The survey obeyed the rules of the resolution 196/96 of the National Health Council, focused on the ethical and legal principles linked to the research with human beings, in which the authorization was requested to the Ethics Committee in Research (CEP) of Anna Nery School of nursing at the Federal University of Rio de Janeiro. After authorization of the CEP, under protocol number 007/2011, the data collection was started in the period of February/2011 to March/2011.

It was decided as a data collection instrument a script of interviews with a question closed and two open, the recording was taken by a media device and, subsequently, the speeches were totally transcribed by the researchers.

In addition, was reserved for the subjects the right of choice of the participation in the research. They were informed about the anonymity, confidentiality of information and the use of pseudonyms with colors, by signing the FIC. The interpretation of the speeches came through the Thematic Analysis.[3]

RESULTS AND DISCUSSION

At the end of the data collection, the process of the analysis of information collected started, which it was made a careful reading of the speeches of interviewees. The information collected was organized, grouped and categorized. It was noticed that some themes presented strong significance. So, after suffering thematic analysis, emerged the core of meaning that are presented and discussed below.

The factors that interfere in the SAE implementation in ICU

This core of meaning expresses what interferes in the process of implementation of SAE, reported by the nurses in their daily lives to care in the ICU. It is also reported that the arduous bureaucratic process, it becomes an obstacle in the SAE implementation, such as Pink and Blue say:

> [...] Due to a lot of bureaucracy and because they do not have time to carry out patient care, [...], it raises difficulties in the assistance."(Pink)

> [...] It has a lot of bureaucracy, a lot of activity, many procedures, so this raises difficulties [...]."(Blue)

ISSN 2175-5361 DOI: 10.9789/2175-5361.2013v5n2p3723

In the hospital, the nurse´s activities are not always directed for the needs of the client, but the realization of actions not related to nursing, executing activities of other professionals and/or the fulfillment of purely bureaucratic actions, which diverts the nurse of the fulfillment of his missions.[4]

However, we don't discard the importance of the administrative work done by nurses because we believe that the coordination of services and the proper functioning of the sector also depend on nursing assignments developed by the nurse, exercising his leadership role, head and nursing work administrator.

We corroborate with Andrade and Vieira to report that the administrative function is essential for that assistance to be provided, impossible to disarticulate it. For the nurse, it is essential to know how to provide care, in other words, he cannot manage without watching.[4]

Another factor that they reported is the excess work they have in the ICU experience.

> “[...] On a day-to-day, basis we often have so many activities to do, that we have not been able to apply the SAE in patients, [...] “(Black).

> “There is in the dynamics of the sector, number of patients (12 patients), 2 nurses would be 6 patients per nurse, I do not know much if it is justified [...]” “[...] so many procedures, this makes it difficult to grip the nurse in the SAE implementation [...]”

> “[...] the optimization of the time, that here unfortunately it is not possible for us to be doing maybe a closed form [...]” (Salmão).

> “The difficulty is generated in time during our duty [...]” (Brown).

In these speeches, the excess work highlights the difficult task of reconciling the assistance and administrative work on the number of professionals nurses available in the sector, describing the exhaustive work being few professionals with many clients. We believe that the adequacy of the amount of professionals with the number of existing patients can remedy this issue of work by the professionals and, in so doing, would allow the application of SAE in their daily lives, making it the most effective care, with holistic look primarily towards to the welfare of the client.

We observed in the speech of Brown that the time available on duty is insufficient for the demand of the sector, and the applicability of the SAE becomes an aggravating factor with all the other attributions that they are responsible for, because it requires a lot of time of the nurses.

We agree with Antunes when he says that the time available, from the point of view of work dedicated to the production of useful and necessary things will result in the elimination of excess work, cumulative dedicated to the destructive production of expendable values. Therefore, we must reflect on the following sentence which claims the work as creator of values-of-use, as useful work, it is essential to the existence of man.[5]

We can also observe that nurses facing the hemodynamic instability of clients, are concerned in solving the severity of them, unlinking the SAE of this action, as expressed in the speech of Purple, Brown, Black and Salmon.

> “[...] because patients often come very serious for us [...]” (Purple).

> “[...] sometimes it is complicated during on duty the necessity of other pacients, of high complexity [...]” (Brown).

> “ [...] at certain hours it is complicated due to the complexity of the pacients [...]” (Black).

> “ [...] so many procedures [...], are invasive, so it is difficult to grip the nurse in the SAE implementation [...]” (Salmon).

It is evident in these speeches that the complexity of the clients in this sector raises barriers to nurses´ involvement in the application of SAE in practice, since the demand of invasive procedures raise difficulties the adherence of SAE. However, if there is a better organization in the process of work it is likely that this difficulty becomes less evident in the ICU.

We believe that a well prepared technically and scientifically nurse becomes primordial for a systematic care, in which in practice with hemodynamically unstable clients, this care may be provided with the training, minimizing the stress caused at this point.

The severity of the patients and the complexity of the technological devices used in the ICU for hemodynamic monitoring represent a challenging and stressful experience to these nurses.[6]

However, this reflection shows that the role of the nurse in the ICU leads us to believe that even in the face of the patient's hemodynamic instability, the SAE do not dissipate this dispensed care in the everyday life of this sector, since the implementation in practice becomes effective for all involved.

The (Un) knowable of nurses about the SAE

This core of meanings expresses a characteristic that was evident in the testimony of nurses on the unknowable related to SAE. With that, through the speeches of Red, White and Salmon, we realize this divergence, as provided below:

> “[...]greater importance to SAE implementation is the education of professionals from the multidisciplinary team, not only of nursing, is a matter of culture, since it is implemented within the unit [...]” (Red)

> “[...] I don't have much trouble, because in addition to have a dispositive, it has the functionalism that is the employee, any difficulty I'm ready to help, give better and more educated assistance, along with the technicians, we can implement this here”(White).

> “[...]some nurses I believe that they do not have the concept, what the SAE means, they don't know what it is, that is the truth!” (Salmon)

It is noticed on the speeches above that knowledge about the SAE shows an almost philosophical way, that is, each one understands it in a different way, which it is tried to come to an understanding, without much success.

So, for Red, it is not enough only the nurses to implement the SAE, because without the sensitivity of the whole team, it becomes disadvantageous applicability in practice assistance. In the speech of White, we identify lack of mastery of the subject, as he exposes that only the technique is enough for SAE implementation. Salmon reports that some nurses do not apply to SAE due to lack of knowledge.

We know that SAE is something new and many still do not know, because we perceive a growing approach in nursing academy environment, but also to professionals already trained many years ago that are not optimized. We believe that even after professional training, upgrading of skills is very important to intellectual growth, as it will facilitate a qualified customer care.

With this, we realize that knowledge is not limited to one thing only, but in several factors. We have identified that some authors say that knowledge is intrinsic, that is, each individual has a way to describe something that they know. This is reinforcement by Brun that says that the particular facts emphasize, but that these particular facts require sensation and that this sensation is the intuitive thought.[7]

We believe that, for caring, intuitive knowledge is also needed. Subjectivity in understanding human beings and their peculiarities makes nursing care more than scientific, holistic, multidisciplinary and cross-cultural too, but all this knowledge needs to be organized logically, to be well founded and recognized as an essential science for human survival.

We agree with Brun when he says that there is no knowledge of the individual, to know it is enumerating the general characters from which it can be defined the species and genders.[7]

It is believed that applying the SAE may occur as soon as there is the training and/or employment of continuing education in the hospital, this underscores the importance of constant learning, since knowledge of SAE is primordial for its correct application.

We realize that unknowable about the SAE is in the subject of the search. They cannot distinguish the truth that surrounds the SAE in practice limiting to complex models. Thus, the SAE requires the use of a methodology for better grip by the nurse and the whole team. Therefore, the nurse should not remain in the knowledge limitation.

This affirmative is strengthening in authors who warn about the need of the professional seeking knowledge and invest in their improvement, not expecting that only the institution grant the opportunity for his development.[8]

The nurse as the protagonist of this process must have the effective knowledge about the SAE, not only technical knowledge, but the theoretical knowledge to enable his staff with the objective of providing a humanized care, coming away from the techniques.

The knowledge is essential and extremely important for the development of the professional nurse, once he leads his professional team. With this, the nurse becomes more secure in making decisions about direct customer care, in bureaucratic activities and promoting the permanent education in the ICU, so nursing staff understands that the act of the nurse becomes a driver for quality of care.[9]

The same authors state that it is not enough to get the SAE as a practical and systematic method, being essential in the application of knowledge in direct care to clients. Training and sensitization of all nursing staff involved in the process of implementation is of great relevance to the methodical knowledge of the SAE.

CONCLUSION

Through the results of this research and the scientific works founded, it might be understood that the SAE and its implementation in ICU permeates by intricacies that interact directly with the nursing care technologies. So, it should be noted that the objectives proposed by the study were achieved and answered.

The implementation process of the SAE in the scenario discussed is in development, which faces the following factors: bureaucracy, overwork, hemodynamic instability in the client, and also the lack of knowledge of nurses on the SAE, that it became evident between the largest numbers of research subjects.

As a suggestion to reduce the factors that interfere with, also the performance of a

professional nurse as a care Manager, tangents to a vision for customer needs in his daily life in the hospital. This professional would have a specific targeting for this assistance, providing and foreseeing necessary inputs required for bedside and consequently minimizing the overload on nurses responsible for on duty.

Another appointment is that the lack of knowledge about the SAE, showed up as a challenge for the team, since the lack of scientific foundation reaches in the quality of care. To see improvement in this aspect, it is suggested the training of professional nurses, the sensitivity of the multidisciplinary team working in the sector, scientific meetings covering evidence-based practice in nursing and encourage the permanent education, as this would facilitate the mediation of knowledge with the team.

When evaluating the factors that interfere, we should express that the nurse should be seen as the first customer that is that he requires professional valuation about his individuality, so he will offer to customers a full commitment based on the motivation to implement the SAE in dimensions that overtake the high complexity and are not mere utopias.

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Received on: 22/07/2012
Required for review: No
Approved on: 27/02/2013
Published on: 01/04/2013