

IMPLEMENTATION OF THE NURSING PROCESS IN AN INTERMEDIATE CARE UNIT

IMPLANTAÇÃO DO PROCESSO DE ENFERMAGEM EM UNIDADE DE CUIDADOS INTERMEDIÁRIOS

IMPLEMENTACIÓN DEL PROCESO DE ENFERMERÍA EN UNA UNIDAD DE CUIDADOS INTERMEDIOS

Daislan Carvalho¹
Flávia Emília Cavalcante Valença Fernandes²
Gerlene Grudka Lira³
Nêmore Lígia de Sousa Santana⁴
Giselle Karine Muniz de Melo⁵
Rita de Kacia de Sousa⁶
Rachel Mola⁷

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Objective: to describe the implementation of the Nursing Process in an intermediate care unit. **Method:** action research conducted in a public teaching hospital from December 2019 to March 2020 with four training on Nursing Process and Nursing Theories; presentation of nursing process instruments, implementation and follow-up. Changes suggested by the nurses occurred through participant observation and field diary in *in loco* visits. **Results:** difficulties in initial filling of instruments were reported, as well as practical inexperience and lack of time and work overload. The benefits mentioned were related to the clear and orderly formatting of the instruments; ease in the application of steps and safety in care practice. **Final considerations:** the implementation of the Nursing Process in the sector occurred after the identification of the previous knowledge of the nursing team, followed by the survey of the profile of patients, creation of instruments, execution of permanent education of professionals, application and monitoring in the use of the instruments.

Descriptors: Nursing Process. Nursing Theory. Nursing Records. Standardized Nursing Terminology. Continuing Education.

Objetivo: descrever a implantação do Processo de Enfermagem em uma unidade de cuidados intermediários. *Método:* pesquisa-ação realizada em hospital público de ensino de dezembro de 2019 a março de 2020 contando com quatro capacitações sobre Processo de Enfermagem e Teorias de Enfermagem; apresentação dos instrumentos do Processo

¹ Nurse. Independent Researcher. Petrolina, Pernambuco, Brasil. <https://orcid.org/0000-0002-7562-6951>.

² Nurse. PhD in Therapeutic Innovation. Adjunct Professor at the Universidade de Pernambuco. Petrolina, Pernambuco, Brasil. <https://orcid.org/0000-0003-2840-8561>.

³ Nurse. MSc in Health Sciences. Assistant Professor at the Universidade de Pernambuco. Petrolina, Pernambuco, Brasil. <https://orcid.org/0000-0002-5175-7738>.

⁴ Nurse. MSc in Health and Biological Sciences. Care Nurse at the Hospital Universitário da Universidade Federal do Vale do Rio São Francisco. Petrolina, Pernambuco, Brasil. <https://orcid.org/0000-0002-2080-5645>.

⁵ Nurse. Specialist in Patient Safety for Professionals at the Rede de Urgência e Emergência. Care Nurse at the Hospital Universitário da Universidade Federal do Vale do Rio São Francisco. Petrolina, Pernambuco, Brasil. <https://orcid.org/0000-0002-0643-8658>.

⁶ Nurse. Specialist in Obstetrics. Care Nurse at the Hospital Universitário da Universidade Federal do Vale do Rio São Francisco. Petrolina, Pernambuco, Brasil. <https://orcid.org/0000-0001-6805-5153>.

⁷ Nurse. PhD in Nursing. Adjunct Professor at the Universidade de Pernambuco. Petrolina, Pernambuco, Brasil. rachel.mola@upe.br. <https://orcid.org/0000-0002-0180-2721>.

de Enfermagem, implantação e acompanhamento. Alterações sugeridas pelos enfermeiros ocorreram mediante observação participante e diário de campo nas visitas in loco. Resultados: relatadas dificuldades no preenchimento inicial dos instrumentos; inexperiência prática; falta de tempo e sobrecarga de trabalho. Os benefícios mencionados foram relacionados à formatação clara e ordenada dos instrumentos; facilidade na aplicação das etapas e segurança na prática assistencial. Considerações finais: a implantação do Processo de Enfermagem no setor ocorreu após a identificação do conhecimento prévio da equipe de Enfermagem, seguida do levantamento do perfil de pacientes, criação dos instrumentos, realização de educação permanente dos profissionais, aplicação e acompanhamento no uso dos instrumentos.

Descritores: Processo de Enfermagem. Teoria de Enfermagem. Registros de Enfermagem. Terminologia Padronizada em Enfermagem. Educação Continuada.

Objetivo: describir la implementación del Proceso de Enfermería en una unidad de cuidados intermedios. Método: investigación-acción realizada en un hospital docente público de diciembre de 2019 a marzo de 2020 con cuatro capacitaciones sobre Procesos de Enfermería y Teorías de Enfermería; presentación de instrumentos del proceso de enfermería, implementación y seguimiento. Los cambios sugeridos por las enfermeras ocurrieron a través de la observación participante y el diario de campo en las visitas in loco. Resultados: se reportaron dificultades en el llenado inicial de los instrumentos; inexperiencia práctica; falta de tiempo y sobrecarga de trabajo. Los beneficios mencionados estaban relacionados con el formato claro y ordenado de los instrumentos; facilidad en la aplicación de pasos y seguridad en la práctica asistencial. Consideraciones finales: la implementación del Proceso de Enfermería en el sector ocurrió después de la identificación de los conocimientos previos del equipo de enfermería, seguido de la encuesta del perfil de los pacientes, creación de instrumentos, realización de educación permanente de los profesionales, aplicación y seguimiento en el uso de los instrumentos.

Descriptorios: Proceso de Enfermería. Teoría de Enfermería. Registros de Enfermería. Terminología Normalizada de Enfermería. Educación Continua.

Introduction

Nursing aims to ensure comprehensive care to the patient in an effective and organized way. The Systematization of Nursing Care (SNC) stands out in this sense, guiding the planning, execution and documentation of the care provided. Among the advantages of SNC is the possibility of boosting professional practice guided by Nursing Process (NP) management⁽¹⁾. This is performed after the patient's evaluation and allows gathering information that will help in the identification of diagnoses, which is the basis for planning the goals to be achieved. The planned actions are implemented through the execution of the prescribed care. In the next stage, the evaluation of the implemented goals occurs and whether the previous phases were achieved or should be resumed, in the case of the identification of new diagnoses, or whether it is possible to move towards the planning of new goals⁽²⁾.

In 2009, the *Conselho Federal de Enfermagem* (COFEN) repealed and updated COFEN Resolution n. 272, 2002, which established the

mandatory implementation of the NP in public and private health environments, where nursing professionals work⁽³⁻⁴⁾.

Although the NP is supported by law, some factors hinder the organization of work through a method, such as scarce or absent theoretical knowledge on the subject, including during professional training, and insufficient time and human resources for the execution of care in health institutions. These factors, added to the lack of training of the team and the lack of adequate tools for the registration of care, also contribute to the non-implementation of the NP⁽⁵⁾.

Although the importance of SNC is recognized in the care process and in relation to the aspects that underpin the profession, this understanding is not yet a consensus in the professional environment. For this reason, it is not fully consolidated in the environments in which nursing care occurs⁽⁶⁾.

It is understandable that, given the difficulties that permeate nursing care, implementing a care method is not a simple task; however, it is the

responsibility and duty of nursing professionals to record, in the medical records, the information inherent to the care process as well, as well as the management of work processes, to ensure the quality of care⁽⁷⁾.

Recognizing the importance of complying with legal recommendations and in view of the reality experienced in health services regarding this theme, this study aimed to contribute to the scenario studied, because it is a teaching hospital and field of practices and internships for nursing courses. The description of the operationalization of the steps of the NP allows sharing experiences and motivating their realization in other scenarios. Thus, the present study aimed to describe the implementation of the Nursing Process in an intermediate care unit.

Method

This is an action research study, with a qualitative approach, carried out in the Intermediate Care Unit of the *Hospital Universitário da Universidade Federal do Vale do São Francisco* (HU-Univasf). The service is medium-sized and serves 53 municipalities that are part of the *Rede Interestadual de Atenção à Saúde do Vale do São Francisco* (NPBA Network), which comprises six health microregions with approximately 2,068,000 inhabitants of the states of Pernambuco and Bahia. It is a reference in urgent and emergency care in cases of: polytrauma; neurology; orthotics; general, vascular and bucomaxillofacial surgeries; medical clinic and restorative plastic surgery, with multidisciplinary action of health teams; in addition to high complexity procedures, such as neurosurgeries and orthopedic surgeries⁽⁸⁾.

The study took place from December 2019 to March 2020 and was part of the main research entitled "*Sistematização da Assistência de Enfermagem como Ferramenta para a Qualidade do Cuidado*". Action research is a means of professional development, since there is effective participation of the subjects involved in the practice, with a view to changing behaviors⁽⁹⁾.

Thus, the researchers conduct the study, directing and mediating the suggested activities, with the objective of seeking elements of instrumentalization, based on the discussions promoted since the first phase of the research and the theories that guide them⁽¹⁰⁾. Thus, they not only generate data for future interventions or recommendations⁽⁹⁾.

This study reports the third and final phase of execution of the main research, whose first phase evaluated the knowledge of nursing professionals of the selected institution about SNC⁽¹¹⁾. The second phase was carried out through a qualitative study, which aimed to know the perception of the nursing professional of the service in relation to SNC and NP⁽¹²⁾. It resulted in the elaboration of the instruments related to the documentation of the NP, all based on the Theory of Basic Human Needs of Wanda Aguiar Horta, implanted in the last phase, object of this experience report, namely: Nursing History, Nursing Diagnosis and Intervention and Nursing Evaluation.

For the operationalization of this last phase, the peculiarities related to the profile of the clientele met and the routine established in the sector were considered. Thus, the Intermediate Care Unit (ICU) was selected for the implementation of the instruments elaborated, because it presented a small number of patients, when compared to other sectors of the institution researched. The study sample consisted of all nursing professionals working in the sector, excluding those who were on vacation or absent from their work activities during the collection period.

During the implementation process, the Institution's *Núcleo de Educação Permanente em Saúde* supported the research, which developed an educational plan aimed at the ICU nursing team. The training activities were carried out in December 2019, according to the availability of the professionals. There were four meetings, reaching 17 professionals, between nurses and nursing technicians working in the sector.

The themes related to NP and Nursing Theories were addressed in the dialogued

exhibition classes, which lasted an average of one hour. The instruments made were presented at these moments, as well as the sensitization of these professionals about the importance of their use. After applying the educational plan, the instruments were implanted in the ICU. The follow-up of the implementation occurred in February and March 2020, through previously scheduled visits to the sector, with an average duration of three hours of stay, covering all shift schedules and covering all nurses. During the implementation process, six visits were made, in which the nurses were able to fill the instruments under implantation. As the visits occurred, the nurses reported opinions and criticisms of the instruments or the implementation of the NP, suggestions and alterations that were recorded by only one of the researchers in a field diary.

During the *in loco* visits, the Nursing Technicians did not present any suggestions or alterations. They participated in all other phases of the study, such as the design meetings, for the implementation of the NP in the ICU, the training and also in support of the completion of the instruments. However, the reports of alterations for the researchers were made only by nurses.

In these visits, data related to the evaluation of nurses were collected through the participant observation technique, in a systematized way, based on a script containing guided questions that addressed aspects such as: applicability/implementation of the instruments in the routine in the sector, benefits and difficulties found in their use, suggestions for improving the instruments and implication of the implementation of the NP in the quality of care. At these moments, it was possible to elucidate the doubts of the nursing team regarding the instruments implemented in the sector.

Data collection was interrupted when theoretical saturation occurred, that is, when, in the researchers' view, the information was repeated and no longer brought new and relevant elements to the object of study⁽¹³⁾. The data were analyzed by reading the contents recorded in the field diary, followed by the organization of the information in a logical sequence to the planning

and execution of the established activities⁽⁹⁾. These were then discussed in the light of the scientific literature on NP.

The study was approved by the Human Research Ethics Committee of the *Universidade de Pernambuco*, CAAE n. 57875216.2.0000.5207, obeying the ethical aspects of Resolution n. 466 of December 12, 2012, of the *Conselho Nacional de Saúde*⁽¹⁴⁾. The participation of the nursing team occurred after the signing of the Informed Consent Form.

In order to guarantee the anonymity of the participants, they were identified, in this text, by the letter N (Nurses) followed by an Arabic number, corresponding to the identification of the participants.

Results and Discussion

The study included 17 professionals: 8 nurses and 9 nursing technicians. There were 7 female nursing technicians and 8 nurses. Prior to implantation, a partial nursing assessment instrument was used, as it did not include the other stages of the NP. As a consequence, there were registration failures, contrary to the one recommended by current legislation⁽⁷⁾. The instruments for the execution of the NP were created based on the observation of the scarcity of information present in the Nursing Assessment used in the sector, as well as throughout the hospital.

Study considers that the use of instruments produced according to the reality of the clientele served allows the most detailed observation and directed to the individual needs of patients. This care model also contributes to the work of nursing management at the time of decision-making, since they are based on more complete information and visible to the whole team⁽¹⁵⁾.

Thus, in this research, the new instruments were presented at the ICU and counted on the adherence of the nursing team professionals regarding their use. However, they reported some fears, especially regarding the lack of practical experience in the use of NP and work overload, since the routine of bed baths and

evolutions were divided between day and night hours and admissions were concentrated at night. The reports illustrate this reality.

You help me, because I only saw this during graduation. (N1).

Our team gets overloaded, because the evolutions are made during the bath and we have more baths to make. (N2).

Most admissions occur during our shift [night] [...] (N3).

It is too much to fill. Do we have to do it every day? (N4).

Concerning the time of nursing interventions, a study states that they may have their quality affected, when performed at a specific time or attributed exclusively to a shift, especially when there is a small number of professionals. Thus, the lack of time and the work overload of nurses contribute to the mechanization of interventions and can lead to repetition and consequent non-compatibility with the patient's needs⁽¹⁶⁾.

Although the whole process of change generates fears, doubts, concerns and some resistance in the application of a new routine, it is understood that the execution of the NP needs to be seen as a facilitator of professional activity. A study conducted in a hospital in São Paulo showed that lack of theoretical knowledge and work overload, due to insufficient professionals, are two of the main barriers to the application of NP in health services⁽¹⁷⁾.

The educational plan offered at the researched institution aimed to train the teams working in the ICU to use the new instruments. The performance of the training before the implementation of the instruments in the sector was motivated by the result of a study previously conducted in the service, which evidenced the lack of knowledge of the interviewees, in which 59% of the nursing professionals knew how to correctly cite the stages of the NP, and 39.1% knew its correct sequence⁽¹¹⁾.

The training, through continuing education on the theme addressed, has as consequence the humanization and qualification in nursing care. These types of qualifications help update and improve the training of professionals, becoming fundamental in the effectiveness of care⁽¹⁸⁾.

As there were discussions during the visits about difficulties encountered regarding the handling of the instruments, there was a feeling of change and optimism demonstrated by the professionals, who understood the importance of this work for professional practice and the union of the team for the success of the implementation process in the sector. The reports confirm this perception:

With time, we get used to it. It is a matter of routine. (N2).

In the routine, we get used to it. (N4).

Teamwork in the health area is essential and proves to be the most appropriate way to achieve positive results. The union of professionals with the same purpose is translated into better individual performance, reflecting the quality of care provided to the patient under their care⁽¹⁹⁾.

During the period of implementation of the NP instruments, the participation of nursing professionals in relation to the suggestions and modifications proposed by them was valuable. Although they were made according to the profile of the patients treated, the professionals who worked on a daily life in the sector were able to contribute to make them complete and there were no inconsistencies at the time of use.

In the first visit, after implantation, one of the nurses evaluated the instruments positively, but suggested changing some points. Among them, the removal of the "daytime" and "nocturnal" option for vital signs, since these data could be collected at different times. Another important suggestion was the inclusion of the Ramsay Sedation Scale, due to the profile of the patients.

They are well complete, but could be better in some points. We verify the vital signs according to the needs during the shift and not once. The inpatients in this sector, mostly, are sedated. So, it would be important to have the scale [of sedation]. (N1).

ICU assists critically ill patients who are clinically decompensated, with acute or chronic pathologies, requiring continuous monitoring and advanced therapeutic support, such as mechanical ventilation and vasoactive drugs⁽²⁰⁾. In the study sector, patients were sedated, requiring the use of artificial breathing means.

The application of sedation scale is widely recommended in clinical practice guidelines, as it is associated with positive results, with regard to the frequent assessment of the level of consciousness⁽²¹⁾.

Also in the first visit, another observation was referred to the redundancies of information existing in the instruments, such as the verification of edemas, both in the nursing Evaluation and Diagnoses and Interventions, and also the removal of diagnoses that did not relate to the profile of patients treated in that sector.

In the second visit, the instruments were also evaluated positively. Some points to be improved were observed, such as the organization of Nursing Interventions in order of priority, and redundancies of information already pointed out. The provision of nursing interventions, in a clear and orderly manner, contributes to the integral planning of care. This organization anticipates the identification of the main interventions for a given situation, facilitates their definition and the resources necessary to contemplate them, making the assistance more efficient and productive⁽²²⁾.

Throughout the third visit, already with the inclusion of the changes suggested in the previous visits, one of the nurses approved the instruments, reporting that the new way of working would help focus more on daily life. He also pointed out the need for formatting and organization, such as abbreviation of some terms and the addition of parentheses before the options to be selected. There was a suggestion to increase the space for nursing notes and add an option to characterize possible pressure injuries:

The records have everything we need. It will improve the assistance, because it will be more complete. It is better when you organize, not to get confused while filling it. Most patients already get here or end up developing PU [Pressure Ulcer]. (N3).

For nurses to perform their work with quality, it is important that they have, in addition to the theoretical contribution, adequate tools to practice safely. The use of instruments is crucial for the registration of nursing care. Thus, the use of inadequate instruments hinders performing the NP, due to the lack of information and

the high demand for time of the responsible professional⁽⁵⁾.

In the fourth visit, the instruments had already undergone the improvements indicated, but a suggestion was included regarding the evaluation of the cuff of the tracheostomy and the orotracheal tube, since most patients used a mechanical ventilator. In addition, it was suggested that the pleasantness of nursing interventions be made immediately after the Nursing Diagnoses, in a free space and without formatting partitions.

It is important to always observe the cuff, to see how he is, and always make a note. (N1).

The maintenance of the correct cuff pressure is among the nursing care with the intubated patient, besides observing fixation and changing, when necessary, performing oral hygiene and keeping the headboard elevated. Ensuring the maintenance of quality oxygenation for the patient, especially those using orotracheal tube, is one of the important activities of the nurse. This care contributes to the prevention of complications, such as the development of pressure lesions in the tracheal mucosa and the occurrence of microbronchoaspiration⁽²³⁾.

In the fifth moment of observation, difficulties regarding the use of instruments, especially in relation to the judgment of Nursing Diagnoses and the pleasantness of Nursing Interventions, were pointed out by one of the nurses.

I do not have much affinity with this part; you will help me. (N5).

In care practice, among the factors that represent difficulties in the success of the implementation of the NP, are the lack of knowledge and preparation of professionals about its management and that of adequate material for its application⁽⁶⁾. A study that aimed to describe the perception and level of knowledge of Brazilian nurses and nursing students regarding NP revealed that its application or non-application is directly related to knowledge on the subject⁽²⁴⁾. This aspect reflects the need to seek updating, since the theme, when addressed, has greater emphasis during graduation⁽²⁵⁾.

Another suggestion made by the same nurse was the removal of the water balance from the Nursing Assessment instrument, because this measure was already performed by nursing technicians.

The technicians already do it [water balance] in their record. When we want to know, we look it. It will get too repetitive. (N5).

In addition, the nurse also proposed the removal of the urine volume assessment, presented in the Nursing History instrument, since it would not be possible to verify with reliability at the time of the patient's arrival, given the possibility of alteration in the sector of origin. Thus, the changes to the NP instruments were finalized.

The participation of professionals was fundamental for the development of this study, both for participation in training and in the implementation of instruments in the sector by nurses. Their contributions helped guide the construction of instruments as close as possible to the reality experienced by them, to meet the profile of the patients of the unit in question. Most nurses considered that the NP would be essential for care efficiency. A study states that autonomy and participation during a implementation process may contribute to greater professional participation in the continuation of work routine⁽²⁴⁾.

After the end of the meetings, to re-adjust the instruments and make all the suggested changes, a last visit was made, contemplating each team in the sector, to verify the progress of the implementation of the NP. The professionals did not declare difficulties in completing and performing the steps of the NP. To confirm the team's support to the instruments, two months after the beginning of implantation in the sector, it was observed that all instruments were filled in the patients' medical records.

One limitation of the study was the difficulty of implementing the educational plan with professionals in a viable schedule for all. The high demand for work allowed re-adjusting and replicating the schedules and days established in the initial schedule.

It is considered as contribution of this study the chance to understand and reaffirm that the establishment of a systematized care is a gradual process that demands, in addition to personal disposition, the union between the care team and management before the same purpose, which is to associate qualified care to the patient with a legally consolidated and safe work method.

Final considerations

The implementation of the NP in the ICU occurred after the previous knowledge of the Nursing team about SNC, followed by the survey of the profile of patients in the unit, creation of NP instruments, execution of permanent education of professionals, application of the instruments and realization of the necessary changes together with the team and, finally, by monitoring the implementation.

The use of an organized work method, concerning the registration of nursing care, is a fundamental part among the actions that contribute to guarantee effective and quality care to the patient. It was possible to perceive the adherence to the use of the instruments implemented by the active participation of the team in the change process. This consequence reaffirmed the need to empower the theory on the theme, with tools that enable qualified care practice.

This study allowed understanding and reaffirming that the establishment of systematized care is a gradual process that demands, in addition to personal disposition, the union between the care team and management before the same purpose, which is to associate qualified care with the patient based on a legally consolidated and safe work method.

Collaborations:

1 – conception, design, analysis and interpretation of data: Flávia Emília Cavalcante Valença Fernandes, Gerlene Grudka Lira and Rachel Mola;

2 – writing of the article and relevant critical review of the intellectual content: Daislan

Carvalho, Flávia Emília Cavalcante Valença Fernandes, Gerlene Grudka Lira and Rachel Mola;

3 – final approval of the version to be published: Daislan Carvalho, Nêmorea Lígia de Sousa Santana, Giselle Karine Muniz de Melo, Rita de Kacia de Sousa and Rachel Mola

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