

# SYSTEMATIZATION OF NURSING CARE: THE PERCEPTION OF A MULTIPROFESSIONAL TEAM WITHIN THE PRIMARY HEALTH CARE SCOPE

## SISTEMATIZAÇÃO DA ASSISTÊNCIA DE ENFERMAGEM: PERCEPÇÃO DE UMA EQUIPE MULTIPROFISSIONAL NA ATENÇÃO PRIMÁRIA À SAÚDE

## SISTEMATIZACIÓN DE LA ATENCIÓN DE ENFERMERÍA: LA PERCEPCIÓN DE UN EQUIPO MULTIPROFESIONAL EN ATENCIÓN PRIMARIA DE LA SALUD

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**Objective:** to analyze the multiprofessional team perception regarding the Systematization of Nursing Care in Primary Health Care. **Method:** a reflective thematic analysis study with a qualitative approach based on a single case study carried out in 2021. The scenario consisted of a basic health unit and the participants were 14 staff members from its multiprofessional team. Data collection was carried out through semi-structured interviews using digital recorders and following an inductive data analysis. The study was ethically approved. **Results:** two empirical categories were extracted, one referring to the team's knowledge about nurses' duties in Primary Health Care and the other related to the facilitating factors and difficulties faced by nurses in their daily effort to implement the Systematization of Nursing Care. **Final considerations:** the Systematization of Nursing Care still proved to be incipient for the multiprofessional team, making it unfeasible for nurses to apply this tool in their work process.

**Descriptors:** Health Centers. Nursing Process. Patient Care. Patient Care Team. Health Personnel.

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*Objetivo: analisar a percepção da equipe multiprofissional acerca da sistematização da assistência de enfermagem na atenção primária à saúde. Método: estudo de análise temática reflexiva, com abordagem qualitativa, fundamentado no estudo de caso único, realizado no ano de 2021. O cenário constituiu-se de unidade básica de saúde, onde participaram 14 colaboradores da equipe multiprofissional. A coleta de dados foi realizada por meio de entrevistas semiestruturadas, utilizando gravadores digitais, seguindo a análise de dados indutiva. O estudo foi aprovado eticamente. Resultados: foram extraídas duas categorias empíricas referindo-se ao conhecimento da equipe face às atribuições do enfermeiro na atenção primária, bem como as facilidades e as dificuldades enfrentadas pelo enfermeiro no cotidiano de trabalho na implementação da sistematização da assistência de enfermagem. Considerações finais: a sistematização da assistência de enfermagem ainda apresenta incipiente para a equipe multiprofissional, tornando inviável a aplicação desta ferramenta pelo enfermeiro no seu processo de trabalho.*

*Descritores: Centros de Saúde. Processo de Enfermagem. Assistência ao Paciente. Equipe de Assistência ao Paciente. Pessoal de Saúde.*

*Objetivo: analizar la percepción del equipo multiprofesional acerca de la Sistematización de la Atención de Enfermería en Atención Primaria de la Salud. Método: estudio de análisis temático reflexivo con enfoque cualitativo, fundamentado en el estudio de un único caso y realizado en el año 2021. El escenario de la investigación fue una unidad básica de salud en la que participaron 14 trabajadores del equipo multiprofesional. Los datos se recolectaron por medio de entrevistas semiestructuradas, utilizando grabadoras digitales y siguiendo la técnica de análisis inductivo de datos. El estudio contó con la debida aprobación ética. Resultados: se extrajeron dos categorías empíricas referidas al conocimiento del equipo frente a los deberes de los enfermeros en Atención Primaria, al igual que las facilidades y dificultades enfrentadas por los enfermeros en la rutina de trabajo al implementar la Sistematización de la Atención de Enfermería. Consideraciones finales: la Sistematización de la Atención de Enfermería sigue siendo incipiente para el equipo multiprofesional, lo que impide que los enfermeros apliquen esta herramienta en su proceso de trabajo.*

*Descriptores: Centros de Salud. Proceso de Enfermería. Asistencia al Paciente. Equipo de Asistencia al Paciente. Personal de Salud.*

## Introduction

In the Primary Health Care (PHC) scenario, it is essential to have good knowledge of the Unified Health System (Sistema Único de Saúde, SUS) to include Nursing care in its work process. Therefore, the SUS established the principle that health is a universal right and a duty of the State, devising actions to promote, protect and restore health, with the purpose of eliminating imminent risks<sup>(1)</sup>.

In view of that, the Systematization of Nursing Care (SNC) implementation proposes that nurses should organize all the professional work, and that this method should be present in the most varied forms of Nursing work, which include flowcharts, protocols, information systems and work schedules proposed to the health unit's staff members, as well in implementation of the Nursing Process (NP)<sup>(2-3)</sup>. This method has become mandatory in all health institutions, both public and private, since the publication of Resolution No. 358/2009 by the Federal Nursing

Council, which states that this instrument helps nurses be more autonomous in their managerial and care practices throughout the entire period during which patients remain under the care of the Nursing team.

Thus, in the Primary Health Care context, the SNC is extremely important because it guides nurses to provide care in a holistic and humanized way to the patients, whether directly or indirectly, as this is the gateway chosen by the Unified Health System (SUS)<sup>(4)</sup>. In this sense, the SNC together with the NP are tools that can improve patient care because the former organizes the work process and the latter implements it. Given this fact, nurses can further strengthen their roles by expanding their professional reach to managerial or care practice areas in PHC<sup>(3)</sup>.

In this sense, it is essential that the multiprofessional team recognizes nurses' real role in their professional practice, as the SNC is of paramount importance for qualifying the

care to be offered to the patients, thus guiding their professional work and documenting their practice. However, the team is oftentimes unaware of the need for the SNC in nurses' work process, which requires training focused on conceptual aspects<sup>(5)</sup>.

Therefore, it is essential to emphasize that the multiprofessional team needs to understand that the SNC does not only represent a legal requirement for nurses but, rather, a relevant methodology that contributes to optimizing the care provided, giving nurses the chance to apply their technical-scientific and humanitarian knowledge<sup>(5)</sup>.

Regarding the relevance of the referred subject matter, this study presents the following question: Which is the multiprofessional team perception regarding the Systematization of Nursing Care within the of Primary Health Care scope?

Thus, the objective of this research was to analyze the perception of a given multiprofessional team regarding the Systematization of Nursing Care within the Primary Health Care scope.

## Method

This is a descriptive study with a qualitative approach, based on a single case study. Descriptive studies aim at describing the facts and phenomena of the reality experienced by the researchers<sup>(6)</sup>. In this way, the qualitative approach is not concerned with numerical relations but, rather, with understanding the social group, seeking to explain the reason behind things using a dynamic method, in which researchers are both subjects and objects of their own research<sup>(7)</sup>.

Along with the qualitative approach, considering that we are dealing with a single basic health unit, the single case study was the method chosen for the objective proposed and it was carried out in detail to offer reliable knowledge on the topic to be researched, seeking to collect data based on real facts with the objectives of explaining, exploring and describing the phenomena at the current research moment; it

may involve only one analysis unit, which is the purpose of this research<sup>(8)</sup>.

The study scenario was a Primary Health Care unit located in a municipality from the West region of the state of Minas Gerais and consisted of a multiprofessional team made up of 15 staff members working in the following areas: General Practice, Pediatrics, Gynecology, Psychology, Speech Therapy, Nutrition, Physiotherapy, Dentistry and Nursing.

Initially, prior contact was made with the nurse responsible for the Basic Health Unit (BHU) to schedule an appropriate date, place and time for data collection. Thus, in the process of raising awareness to ensure participation of the staff members, the recommendations for preventing the Coronavirus Disease 2019 (COVID-19) defined by the World Health Organization (WHO) were respected, as the participants were invited in person.

In this sense, 14 staff members of the basic health unit's multiprofessional team participated in the study, namely: one nurse, three nursing technicians, one physician, one physiotherapist, one speech therapist, one psychologist, one pharmacist, one dentist, one environmental and occupational health and safety technician, one endemic agent, one health surveillance agent and one oral health assistant. Thus, their participation was granted by signing a Free and Informed Consent Form (FICF), and staff members who were away from their work activities were excluded from the research.

After approval by the Research Ethics Committee (Comitê de Ética em Pesquisa, CEP) and once the study participants had signed the FICF, the data collection stage was initiated. As a first step, a sociodemographic questionnaire was applied, featuring questions related to the participants' training and professional performance, which included details such as gender, age and time of professional experience.

For this research, data collection was carried out through individual semi-structured interviews in accordance with the social distancing standards and using appropriate Personal Protective Equipment recommended by the WHO; in

addition, digital recorders were employed to record the interviewees' testimonies.

These are the fundamental questions that will guide this study: What do you know about the SNC developed by nurses? Which difficulties did nurses encounter to implement the SNC at the BHU?

Data analysis was carried out through an inductive thematic analysis, characterized by the search for developed conclusions and based on the experience of the subject matter under study<sup>(9)</sup>. Thus, the inductive thematic analysis stages are described in a way that eases interpretation of the study data, consisting of three stages that include organization of the theme making it operational, organization of the data collected and reporting of the results.

Thus, data transcription was carried out once the material was duly prepared, and a color system was used to code the data. Subsequently, after reading all the data, the aspects that drew the researcher's attention were noted down and then properly organized, classified and categorized according to the topic under study. Subsequently, the codes were grouped evidencing potential themes and relevant data for this research were gathered. The empirical categories were identified along with their subcategories, thus producing an academic report of the inductive thematic analysis.

The study was approved under CAAE protocol No. 40660720.2.0000.5116, the staff members were previously informed about the study objectives and their anonymity was guaranteed upon signing the FICF; furthermore, all ethical issues involving human beings were respected.

Hence, to guarantee anonymity of the answers given by the participants, they were identified as Professionals (P) and followed by an Arabic numeral. Therefore, they were referred to as P1 through to P14.

## Results

Regarding the professionals' profile, there was predominance of the female gender<sup>(10)</sup>,

aged from 28 to 61 years old. In terms of their training time, the participating professionals had a career spanning from six to 32 years; it is worth pointing out that seven professionals only had a Bachelor's degree, six had a Lato Sensu graduate degree and seven had a technical training course. Their professional experience at the institution ranged from six months to 31 years and six months.

Therefore, it can be stated that, in this research, two categories were listed and subsequently divided into subcategories according to the object under study.

Regarding the multiprofessional team' knowledge about nurses' role in Primary Health Care, this was the first subcategory mentioned, related to nurses' roles from the multiprofessional team perspective:

*[...] the work of supervising, monitoring the nursing technicians and guiding the procedures that are carried out within the BHU [...] of distributing the tasks accordingly, making each professional perform their due tasks, that's the spirit, splitting the tasks [...]* (P3)

*[...] the nurses, they coordinate and systematize all the staff members around them [...]* (P9)

Thus, the study participants highlighted that the nurses at the BHU must supervise their subordinates and implement the SNC, proposing effective work to the team, based on scientific evidence:

*[...] because sometimes there's lack of proper guidance from the nurses to the nursing technicians when it comes to making bandages [...]* (P3)

*[...] they must distribute tasks to nursing technicians to improve the process, because sometimes, one person becomes overloaded with one type of job, while others barely do anything [...]* (P5)

In the second subcategory, it was possible to evaluate the BHU staff members' teamwork skills, with the participants reporting that no type of teamwork is carried out at the BHU, which somehow prevents the care process for patients, their families and their community from being carried out with excellence; and this deadlock situation is mainly caused by the absence of a network system, protocols for communication or broader case discussions.

*[...] in my case, as physiotherapy sessions are performed within the unit, I can directly contact the nurses who provide me with the support needed whenever I have to deal with a patient, but it could be better, sometimes things turn out great and all, but they could be better and more efficient when it comes to the process dynamics. (P2)*

*[...] I think that there should be wider information exchanges, even a stronger partnership [...] (P4)*

*[...] They should be telling us what's going on in the unit, promoting a network [...] (P12)*

The third subcategory regarding the Systematization of Nursing Care in the multiprofessional team perception is “utopia or reality”; it can be clearly observed that implementation of the SNC is still very incipient in the PHC context.

*[...] what we often notice is that some professionals implement the SNC and others don't, you know? [...] I don't know if the Regional Nursing Council (COREN) will show up at some point and demand implementing the SNC, because as far as I'm concerned, they still don't do so [...] for me, the SNC has a role, it has a protocol, but that doesn't exist here [...] my concern is not related to acceptance by the multiprofessional team since, as the SNC is more targeted to the Nursing team, acceptance should come from the Nursing team. (P11)*

Therefore, it is clear that, even though they have no knowledge about the SNC, the multidisciplinary team professionals recognize that it is an instrument which provides more individualized and humanized care for those who seek assistance services.

*[...] this is important precisely to ease this dynamic, because then you'd know which paths to follow, there'd be a schedule to be followed guiding you on where to go, not to mention that it would make things more efficient for the patients, shortening paths and perhaps achieving faster results. (P2)*

Regarding the facilitating factors and difficulties faced by nurses in their daily work at the BHU, the first subcategory listed referred to the nurses' facilitating factors that come with implementing the Systematization of Nursing Care from the multiprofessional team perspective, thus showing that instituting a well-planned work routine is an essential instrument to guide and support the team in the procedures to be carried out.

*[...] It's important to establish a plan for the protocols to be followed. (P3)*

*[...] that's what the SNC is about; in addition, the nurses' guidelines are key to leading the Nursing team. (P11)*

The second subcategory addressed the nurses' difficulties implementing the Systematization of Nursing Care in the PHC context, and it was evident that the SNC is still not being carried out within the BHU scope in a cohesive and integral way.

*[...] the SNC is very important, as it came up to protect us legally in the first place, of course, and to give us a direction in terms of patient care, that's a fact [...] let's say the SNC is new, since I graduated 23 years ago and never heard of the SNC while I was in college; I learned about it through my own efforts [...] but I really try to apply it as much as possible. (P11)*

It can be observed that, the municipality members oftentimes strictly require nurses to fulfill their professional goals, not paying much attention to excellence of the care provided, which ends up preventing the professionals from properly implementing the SNC.

*[...] here, as no one demands us to implement the SNC, we keep putting it aside. At least, nothing has been demanded so far [...] the only thing enforced around here is the bureaucratic part [...] the thing is, if no one demands it, then we end up leaving it aside [...] at least none of the inspections that came to my attention demanded it [...] so, it's that thing, if there's any demand and if there's any problem, we'll do it. (P11)*

## Discussion

It is understood that, in the PHC context, it is essential that, together with the multiprofessional team, nurses outline action plans that promote and good quality care to the individuals and the community, promoting and protecting health, preventing health problems, and encouraging diagnosis, treatment and rehabilitation. In this way, nurses are responsible for managerial and care roles in order to promote assistance and also intervene in management of the Nursing team with regard to planning, coordinating, supervising and assessing Nursing care<sup>(10)</sup>.

In view of this, organizing the work process at the BHU by implementing the SNC allows nurses to forecast and provide adequate resources to meet the demands coming both from the population and their multiprofessional



team<sup>(11)</sup>. Therefore, its implementation aims at scientifically ensuring that the best care conduct and quality are offered to the patients, so that improvements in theoretical, practical and interactive skills can be continually developed<sup>(12)</sup>.

At the same time, nurses are the professionals that provide consulting, auditing and management services, epidemiological surveillance, primary care practices as well as care, educational and preventive practices, thus working closely with other health team members and the general population, acquiring managerial skills aimed at modifying the care model provided (LOPES et al., 2020)<sup>(13)</sup>.

It is worth highlighting that the SNC was created with the objective of organizing the work, in addition to easing and drawing attention to the results derived from the care plan developed by nurses, conferring them professional support and autonomy<sup>(14)</sup>. Therefore, these professionals are responsible for the entire staffing process within the PHC scope, as they evaluate the number and quality of the staff members and limit their roles according to the singularities of the service to be provided<sup>(15)</sup>. Therefore, it is worth pointing out that organization of the nurses' work not only depends on vast scientific knowledge, but on daily care practices that can promote safe Nursing care focused on the health needs of the referred patients<sup>(14)</sup>.

In this sense, both in public and in private institutions, it is essential that nurses master the SNC in order to implement it and are able to use all the instruments available to this end, seeking to put into practice actions that can improve care quality, which will then lead to successful outcomes<sup>(2)</sup>.

Thus, when nurses put the SNC into practice together with the NP, they guarantee that their work is being carried out effectively and based on scientific data, thus providing them and their entire multiprofessional team with safety to carry out their practices. All these factors encourage the development of a Nursing care plan, systematizing and guiding the team to prioritize the assistance provided and favor comprehensive and holistic care for the patients<sup>(16)</sup>.

Given this perspective, when teamwork is present the SNC becomes a key element with an important prerequisite for rearranging the multiprofessional team work process. Faced with this, the dynamics within the PHC of are based on intersubjective relationships, effective communications, and articulation of practices and knowledge that are collectively developed with common objectives and shared responsibilities<sup>(17)</sup>.

However, effective communication in health work is extremely important, as it enables multiprofessional teams to share their concerns and the care model offered to the patients. In addition, it is a work process tool that directly contributes to improving the service provided to the assisted population<sup>(18)</sup>.

Therefore, communication in the health sector is essential to create a relationship between professionals and users, helping to prevent health problems and identify problems. In addition, it is a work process tool that directly contributes to improving the service provided to the assisted population<sup>(19)</sup>. It also seeks technical, scientific and humanistic resources that encourage critical thinking and increase communication between the multiprofessional team members, so that they are able to discuss cases and offer better treatment to the patients, holistically assessing their health/disease status<sup>(20)</sup>.

Therefore, the relevance of the SNC in PHC stands out because it is part of a collective work process aimed at producing health practices through specific knowledge articulated with the other team members in light of the political and social contexts of the health sector<sup>(21)</sup>. However, it is known that implementation of the SNC is considered a challenge when it comes to the care management provided by nurses, as many obstacles can be found if the SNC is not properly structured, which means that the instrument should be created in a fragmented way, aiming to adapt it to their reality<sup>(21)</sup>.

Thus, lack of practice in preparing Nursing guidelines and the incipient knowledge about the care methodology hinder implementation of the SNC, as its main objective is to individualize and qualify care for patients, their family and the

community<sup>(18)</sup>. Thus, it is essential to highlight that, due to a drastic increase in government demands, many nurses choose to carry out the bureaucratic part efficiently and end up overlooking patient care plans, given the fact that PHC is currently only focused on the need for meeting goals that can guarantee maintenance of resources for the municipalities, making the multiprofessional team not recognize the real meaning of the SNC<sup>(21)</sup>.

### Final considerations

Given the relevance of this study, the main objective was to analyze the multiprofessional team knowledge perception about the SNC in PHC, and we observed that the team had difficulties doing so, as the SNC is still not being carried out within the scope of the aforementioned BHU.

Therefore, it is clear that there are many impasses in the nurses' work process due to the fact that these professionals have incipient knowledge about the SNC, an instrument that significantly helps plan and organize the entire work environment in the BHU.

Therefore, nurses should develop their duties diligently so that the multiprofessional team has better knowledge of their role in PHC; they must implement the SNC in an integral and cohesive way to make the entire work process more dynamic, seeking to plan and organize health care services so that staff members can safely carry out any care practice.

### Collaborations:

1 – Conception and planning of the project: Gabriely Braga Mendes and Mirelle Inácio Soares;

2 – Data analysis and interpretation: Gabriely Braga Mendes and Mirelle Inácio Soares;

3 – Writing and/or critical review: Gabriely Braga Mendes, Mariana Priscila da Cruz, Henrique Santana de Sousa, Marcela Maria Rodrigues Carvalho, Beatriz Garcia de Melo and Mirelle Inácio Soares;

4 – Approval of the final version: Gabriely Braga Mendes and Mirelle Inácio Soares.

### Conflicts of interests

There are no conflicts of interest.

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