Nursing process in the hospital environment: strengths, weaknesses and strategies experienced by nurses

Processo de enfermagem no ambiente hospitalar: potencialidades, fragilidades e estratégias vivenciadas por enfermeiros

Proceso de enfermería en el entorno hospitalario: potencialidades, fragilidades y estrategias experimentadas por los enfermeros

ABSTRACT

Objective: To describe the strengths and weaknesses experienced by nurses working in the hospital context about the Nursing Process, as well as the strategies to assist in this context. **Method:** Exploratory, descriptive research with a qualitative approach, carried out with 15 nurses working in a municipal public hospital located in Rio Grande do Sul, Brazil. Data were collected through a semi-structured questionnaire, which was submitted to discursive textual analysis. **Results:** There was a central category - experiences of nurses working in the hospital context about the Nursing Process; and eight categories, three of which refer to the base unit - strengths experienced by nurses about the Nursing Process; three, referring to the unit - weaknesses experienced by nurses about the Nursing Process; and two, about the unit - strategies suggested to assist in carrying out the Nursing Process. **Conclusion:** Understanding the strengths and weaknesses is essential for planning strategies to assist in the nursing process.
Descriptors: Hospital admission service for patients; Health management; Nursing care; Nursing process.

RESUMO

Objetivo: Descrever as potencialidades e fragilidades vivenciadas por enfermeiros, atuantes no contexto hospitalar acerca do Processo de Enfermagem, bem como as estratégias para auxiliar nesse contexto. **Método:** Pesquisa exploratória, descritiva, de abordagem qualitativa, realizada com 15 enfermeiros atuantes em um hospital público municipal, localizado no Rio Grande do Sul, Brasil. Os dados foram coletados por meio de um questionário semiestruturado, os quais foram submetidos à análise textual discursiva. **Resultados:** Geraram uma categoria central - vivências de enfermeiros, atuantes no contexto hospitalar acerca do Processo de Enfermagem; e oito categorias, das quais, três referentes a unidade de base - potencialidades vivenciadas por enfermeiros acerca do Processo de Enfermagem; três, referentes a unidade - fragilidades vivenciadas por enfermeiros acerca do Processo de Enfermagem; e duas, sobre a unidade - Estratégias sugeridas para auxiliar na realização do Processo de Enfermagem. **Conclusão:** A compreensão das potencialidades e fragilidades é fundamental para o planejamento de estratégias para auxiliar no processo de enfermagem.
Descritores: Serviço hospitalar de admissão de pacientes; Gestão em saúde; Cuidado de enfermagem; Processo de enfermagem.

RESUMEN

Objetivo: Describir las fortalezas y debilidades vividas por los enfermeros, trabajando en el contexto hospitalario sobre el Proceso de Enfermería, así como las estrategias para ayudar en este contexto. **Método:** Investigación exploratoria descriptiva con enfoque cualitativo, realizada con 15 enfermeros que laboran en un hospital público municipal, situado en Rio Grande do Sul, Brasil. Los datos fueron recolectados a través de un cuestionario semiestructurado, los cuales fueron sometidos a análisis discursivo textual. **Resultados:** Generó una categoría central - experiencias de enfermeros, trabajando en el contexto hospitalario sobre el Proceso de Enfermería; y nueve categorías, de las cuales tres se refieren a la unidad básica - potencialidades vividas por los enfermeros sobre el Proceso de Enfermería; tres, referido a la unidad - debilidades experimentadas por los enfermeros sobre el Proceso de Enfermería; y dos, en la unidad - Estrategias sugeridas para ayudar en la realización del Proceso de Enfermería. **Conclusión:** Comprender las fortalezas y debilidades es fundamental para planificar estrategias que ayuden en el proceso de enfermería.
Descriptores: Servicio hospitalario de ingreso de pacientes; Manejo de la salud; Cuidado de enfermera; Proceso de enfermería.

Raysa Fernandes Moreira[1]
0000-0003-0941-5467

Bethânia Kraemer Haag[2]
0000-0002-1766-217X

Cláudia Zamberlan[1]
0000-0002-4664-0666

Rosiane Filipin Rangel[1]
0000-0003-4059-4176

Silomar Ilha[1]
0000-0002-2132-9505

[1]Universidade Franciscana, Brasil
[2]Hospital Geral da UNIMED, Brasil

Corresponding author:
Silomar Ilha
E-mail: silo_sm@hotmail.com

INTRODUCTION

The Nursing Care Systematization (NCS) is characterized as specificity in the care process and, for it to become effective, nurses must first know each patient and thus plan an individualized care plan. In this way, it is possible to identify health/disease situations and promote the prevention, recovery and rehabilitation of the health of the individuals, families and the community, providing the appreciation of their needs, conducted through care and efficiency in interventions[1].

The Nursing Process (NP), in turn, is an integral part of the NCS and can be defined as a methodological instrument to organize patient care, as it enables professional autonomy from its complete execution, respecting the sequence of its stages[2], namely: collection of nursing data or nursing history; nursing diagnoses; nursing planning, implementation and nursing assessment[3]. When used properly, the NP favors the actions to be developed, avoiding greater work demand, as it directs the professionals' decision-making, positively resulting in care, which can be re-planned if necessary[2].

The care of hospitalized human beings is complex because human beings can become vulnerable and limited as to independence resulting, among many aspects, from the clinical condition in which they find themselves and from the hospital context itself, configured by institutional norms, routines and protocols. At the hospital, when experiencing the illness and the treatment period, people begin to interact with other hospitalized people, who were not part of their daily routine, denoting changes in their daily life[4].

Thus, the hospitalization period and the disease are experienced intensely, sometimes surpassing the emotional dimension, and physical responses resulting from the feelings that appeared during the process may emerge. Families who experience the illness of their loved ones, sometimes become equally vulnerable due to the insecurity brought about by the disease, which can lead to changes in the emotional state of both the hospitalized person and the companion/family[5].

Thus, there is a need for health professionals, especially nurses, who are responsible for the NCS, to establish behaviors that allow for a bond with the hospitalized person and with the companion/family. The bond can be understood as a facilitating and challenging component, constituting a strong link between the health professionals and the patients, with a view to guaranteeing safety in meeting their needs, and promoting a relationship of respect and trust with the patients and with their families[6].

It is through communication and the bond created with these families that nurses are able to develop a closer relationship, better understand people's needs, and gain their trust[7]. Thus, nurses have greater possibilities of developing the NCS and the NP consistent with the needs of people and families.

The Resolution of the Federal Council of Nursing - COFEN 358/2009 provides for the implementation of the NP in all environments, whether public or private, in which nursing care takes place, and the execution of the NP must be formally registered, as it helps in the documentation of professional practice[3]. However, it is clear that although the NP is provided for by a resolution and is mandatory in all contexts in which nursing professionals work, there are still gaps regarding its effectiveness as a potential for transformation. What can be seen is that the NP in the hospital context has been developed anchored on inspection and obligation, and not on the understanding and singularization of its need and relevance on the part of some professionals. Thus, it is necessary to know the experiences of nurses in this process, a fact that justifies the need and relevance of this research.

Given the above, the question is: What are the strengths and weaknesses experienced by nurses in the hospital context regarding the NP? What strategies can be devised to help in this context? In an attempt to answer the questions, the objective was: to describe the strengths and weaknesses experienced by nurses working in the hospital context regarding the NP, as well as the strategies to assist in this context.

METHODS

This is an exploratory, descriptive research with a qualitative approach, carried out with nurses working in a medium-sized municipal public hospital located in Rio Grande do Sul, Brazil. At the time of the research, the hospital had eight care units, with the following specialties: gynecology, obstetrics, breast cancer, nephrology, ophthalmology, orthopedics, pediatrics, otolaryngology, pulmonology, psychiatry, urology, nutrition, hematology, gastroenterology, general surgery, psychology, speech therapy, internal medicine, dermatology, angiology and vascular surgery. There were approximately 112 beds, containing around 300

professionals, 22 of which were nurses.

The study setting was chosen because it is a hospital that serves as a practice field for nursing students, as well as from other areas of health. Another reason was the fact that it was being expanded and, consequently, a need to hire a greater number of professionals from different areas of expertise, especially the nursing team - considered the largest staff in the hospital - is expected. It should be noted that the institution had a structured and computerized nursing process and used, as standardization, the taxonomy of the North American Nursing Diagnosis Association (NANDA)[8].

Data were collected in November 2020, by one of the researchers, who was trained by the research center for the collection. Furthermore, the researcher had already developed studies and research on the subject. For data collection, a semi-structured questionnaire built especially for this research was used, which was structured in two parts. Initially, the characterization of the participants was sought and, later, six open questions were elaborated in order to contemplate the proposed objective. For the delivery of the questionnaires, the main researcher initially received the work schedule from the Nursing Management containing information on the name and sector of all nurses.

With the schedule, the main researcher made an individual invitation, in person, during a visit to the units. As they accepted, the semi-structured questionnaire was delivered, wrapped in a plastic bag after cleaning it with 70% alcohol, in view of the precautions experienced during the pandemic caused by Covid-19. Although it was a sensitive moment experienced by the health service, the pandemic did not interfere with the execution of the NP in the study setting.

As inclusion criteria for the research, the following were considered: professional nurses and resident nurses with a minimum of six months of work in that hospital. This minimum period of work was stipulated because it is understood that it is enough time for the professionals to have already experienced the routine of the hospital environment, as well as the issues related to the NP, being able to answer the questions. Nurses and/or nursing residents who were on vacation, sick leave, or maternity leave during the period of data collection were considered excluded from the research. Four professionals had been working for less than six

months and three were on vacation during the data collection period. Based on this, 15 professionals met the inclusion criteria, forming the corpus of this research.

Data processing was carried out by two researchers at the same time, based on the discursive textual analysis technique, organized from a recursive sequence of three components: 1) unitarization; 2) establishing relationships; 3) communication[9]. Initially, the researchers examined the texts with intensity and depth in detail, forming the central category, based on the identification of the experiences of nurses working in the hospital context about the NP. It was unitarized into three base units; all strengths experienced by nurses about the NP were grouped in the first unit; the weaknesses experienced by nurses about the NP were grouped in the second unit; and the strategies suggested to assist in carrying out the NP, in the third.

Afterwards, a new reading was carried out from the central category and the base units seeking to establish relationships between them, that is, each report inserted in the base units was read in detail, being separated into different units. Finally, the last step of the analysis method was carried out; the researcher presented the understandings reached from the two previous focuses, through the process of communication between the different difficulties, resulting in the metatexts of description and interpretation of the investigated phenomena, giving rise to the categories.

Ethical precepts involving research with human beings were considered, in accordance with Resolution 466/2012 of the Ministry of Health[10]. The project was approved by the Research Ethics Committee under Opinion number: 4.390.680 and CAAE: 38657120.4.0000.5306. Participants were identified by the letters N (Nurse) followed by a numerical number (N1, N2...N15).

RESULTS

Initially, Table 1 is presented with the characterization of the research participants, and the findings are described in relation to the number of participants, sex, area of specialty for permanent staff nurses, and area of the course in progress for residents, time of professional experience, and time of performance in the service.

Table 1. Characterization of the participants. Rio Grande do Sul, Brazil, 2020.

| Participants/ number 11	sex		Specialties/area 9	Time of professional experience in years	Time of work in the service in years
	F	M			
Nurses of the permanent staff of the scenario	9	2	5 – Obstetric nursing	1 to 29	1 to 8
			1 Infectology and Neurology		
			1 Nursing in Emergency and Trauma		
			1 Oncology		
			1 Family Health Strategy		

Participants/ Number 4	Sex		Area of residence in progress	Time of professional experience in months	Time of work in the service in months
	F	M			
Resident nurses in the scenario	4	0	2 - Infectology and neurology 2- Obstetric nursing	9	9

Source: survey data, 2020.

The analyzed data resulted in a central category: experiences of nurses who work in the hospital context regarding the Nursing Process. It was divided into three base units: strengths experienced by nurses regarding the Nursing Process; Weaknesses experienced by nurses regarding the Nursing Process; Suggested strategies to help carrying out the Nursing Process. These units generated eight categories, as shown in Figure 1.

Figure 1 – Schematic representation of the relationship between the central category, base units and categories.
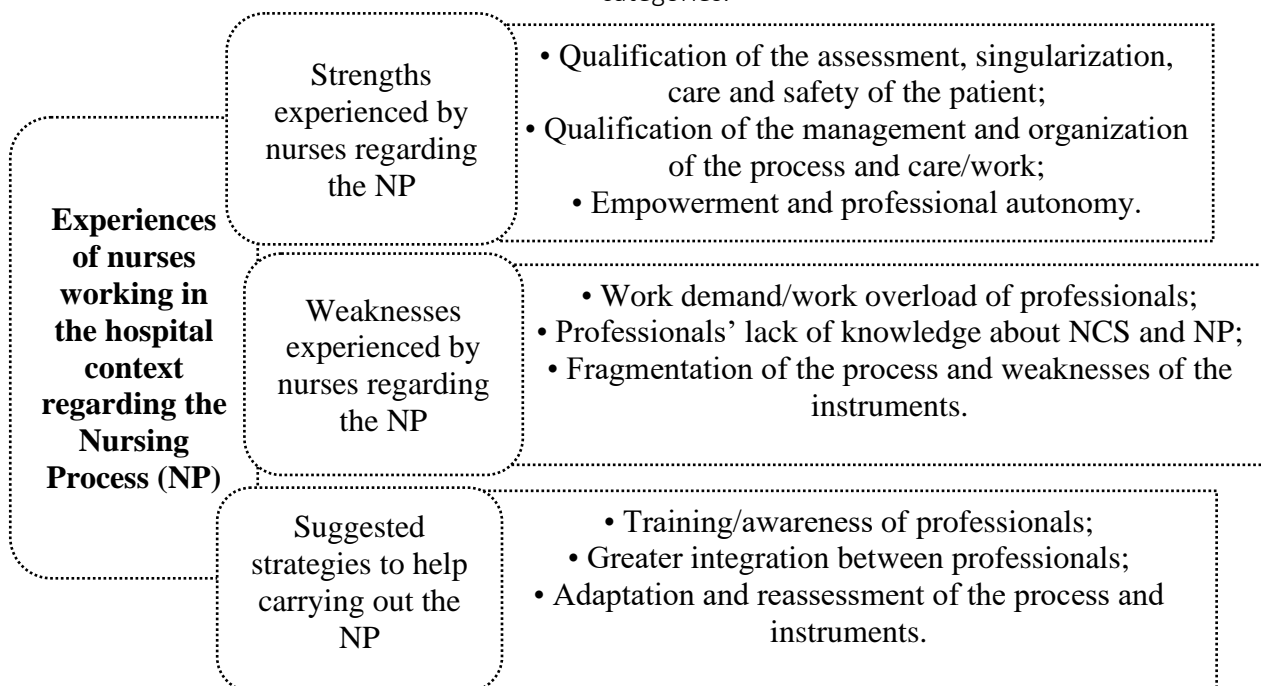
Source: survey data, 2020.

One of the units that stood out deals with the Strengths experienced by nurses about the NP, through three categories: qualification of the assessment, singularization, care and safety of the patient; Qualification of the management and organization of the process and care/work; and

empowerment and professional autonomy.

Qualification of the assessment, singularization, care and safety of the patient

One of the potentialities experienced by nurses in the hospital context regarding the NP is its contribution to the unique assessment of each patient, which contributes to the quality of care and patient safety, as can be seen in the reports: "Yes, it mainly facilitates seeing the patient as a whole" (N1). "With the steps of the Nursing Process, we were able to assess and reassess the patient daily, as it forces the nurse to pay careful attention to each patient" (N2). "It helps to improve the quality of care provided" (N3). "It provides an opportunity to visualize and assess the uniqueness of each patient; knowing the patient, his history, creating a bond for good care is extremely important, given that each patient has his uniqueness, so we must evaluate each one taking into account his history. It ends up favoring the assistance provided" (N4). "Yes, to ensure that interventions are aimed at the individual and not the disease, to avoid errors in care. Reducing hospital stay, promoting recovery" (N6). "Yes, the identification of clinical findings, organization of care and adequacy of care is important to optimize care and provide humanized care according to individualities" (N7). "Yes, it leads to quality care; Safety; Nursing management; Strengthening teamwork, it facilitates the patient's recovery and the prevention of injuries. It is very important, because it provides comprehensive knowledge about the patient, and greater safety for both the patient and the assistance provided, and promotes an assessment" (N8). "The Nursing Process facilitates care, considering that the steps are able to contemplate the patient as a whole, not focusing only on the diagnosis of the disease [...]" (N9). "From the nursing process, nurses often have a general view of the patient's frailties and, based on that, elaborate the diagnoses, seeking to offer a more humanized care. Thus, it provides humanized and quality care" (N13).

It is also observed that the NP, in the nurses' perception, contributes to the strengthening of the bond between professional and patient, as it enhances interventions aimed at human beings and not at the disease. Furthermore, nurses understand that the NP leads to nursing management and strengthens teamwork.

Qualification of management and organization of the process and care/work

The qualification of management and the organization of the process, both in terms of care and work, are also seen by nurses as a strength that favors using the NP in the hospital context: "The main strength in my point of view is the organization of the care in a coordinated and continuous way, the evaluation of the adequacy of this care to the patient's needs, in addition to bringing benefits to the institution in the audit process" (N5). "[...] it elaborates the process related to hospital discharge, planning a more agile clinical improvement" (N9). "Management, organization, individualization and humanization in care" (N12). "The NCS is perceived as a valuable instrument for the beginning of reception and planning of actions and interventions to be proposed to the patient and his family" (N6). "The NCS will be perceived from the admission of the patient, the organization of the service and everything that is part of the care, and the process is the elaboration of care" (N13).

It can be seen through the report of participant N5 that, in addition to benefits to the patient, the NP contributes to the institution, as it helps in the audit process. N6, in turn, expands the contribution of the NP with regard to the aspect of care, as this professional puts its relevance both for the patient and for the family. On the other hand, N13 presents a differentiation with regard to the NCS and the NP, when describing that the NCS concerns the organizational aspect of the nurses so that care can occur, while the NP is, in fact, the elaboration of care.

Empowerment and professional autonomy

In addition to the qualification of care and management, the NP contributes to the empowerment and professional autonomy of nurses, according to the reports: "The nursing process contributes to the empowerment of nurses" (N10). "The Nursing Process demonstrates the expanded role of nurses, their perception, autonomy and humanization" (N11).

It was also seen that the NP, according to participant N11, contributes to the visualization of the expansion of the performance of nurses, because through it, the professionals bring their perception, demonstrate their autonomy and reinforce humanization. However, the weaknesses experienced by nurses about the NP also stood out as a base unit, through three categories: work demand/work overload of professionals; professionals' lack of knowledge about NCS and NP; and fragmentation of the process and weaknesses of the instruments.

Work demand/work overload of professionals

One of the weaknesses pointed out by

nurses in performing the NP occurs due to the intense routine, which leads to great demand and work overload of the nursing professionals/nursing staff, which cannot be performed in its entirety as it should: "The daily routine of a hospital unit clinic is intense and rushed, often causing professionals not to follow all the steps of the Nursing Process properly" (N2). "Difficulty of the technical team to follow the nursing prescription with understanding" (N3). "Demand of the unit and the lack of professionals committed to carrying out the systematization of care" (N4). "Irrelevance seen by the multidisciplinary team, professional overload making it difficult to carry out the steps" (N7). "[...] deficit of employees" (N10). "Often you cannot develop what you plan for implementation, whether due to work overload, or little time to develop care, lack of resources" (N13).

The reports also show that nurses feel the lack of commitment of some professionals to carry out the NCS, as well as little importance given by the multidisciplinary team. They also reported that the shortage of employees, added to other weaknesses, make the development of planned actions impossible.

Professionals' lack of knowledge about NCS and NP

The professionals' lack of knowledge on how to carry out the NCS and the NP in the hospital context, especially by the nursing technician team, also appears as a weakness pointed out by the interviewed nurses, as it can be seen in the following reports: "The main weaknesses occur due to the lack of knowledge about the NCS, which is wrongly implemented, without scientific basis. In addition, the lack of training of nursing technicians to follow-up care as prescribed" (N5). "I see the lack of knowledge on how to implement the process as a weakness" (N6). "I perceive the organization that is focused on the bureaucratic issue and the lack of recognition of its importance by the team as a weakness" (N8). "There is limited qualification and a lack of understanding among professionals about the importance of the process. I observe that it is a practice little understood both by the professionals who use it and by those who should develop it" (N10). "Weaknesses involve the use/knowledge of NIC and NOC in the service itself, as we nurses know the nursing process, but most technicians do not, and this makes its application and realization difficult" (N14). "Yes, I think there are weaknesses in the application

process, there is a lack of knowledge of physiology, anatomy and management for some nurses" (N15).

Although most reports refer to the deficit of knowledge of nursing technicians about the NP and about the NCS, some participants also referred to the nurses' weaknesses in this aspect. In this sense, N 15 attributes this weakness to the lack of knowledge of physiology, anatomy and management seen in some nurses.

Fragmentation of the process and weaknesses of the instruments

The process ends up being seen in a fragmented way, as some nurses report that the process does not address the patient's needs in a clear way. There is also a failure in its implementation, as many professionals still experience it as an obligation to be performed in the service: "I perceive the fragmentation of the process as a weakness" (N1). "The instrument does not always cover the individual's needs" (N12). "It falls short in some ways, as we still don't have it in a systematic way" (N3). "I still perceive it a bit fragmented, as if it were a meaningless obligation for many" (N1). "I see a flaw in the process, as not all steps are always performed. I see the use of history and prescription, but diagnosis and assessment based on NANDA and NOC literature are not applied, most of the time. However, it is already being inserted in the daily routine of the service" (N5).

The third base unit presented the strategies suggested to assist in carrying out the NP. Two categories were grouped in this unit, namely: training/awareness of professionals; greater integration between professionals; and adaptation/reassessment of the process and instruments.

Training/awareness for professionals

Training and awareness of the professional team emerge as one of the strategies suggested by the interviewed nurses to help better perform the NP in the hospital context, bringing the importance of correct guidelines and a more in-depth explanation about the NP, also providing training for the team: "Enablement and facilitation of the nursing process, taking courses, encouraging the search for knowledge and valuing the entire group" (N1). "Training, with guidelines on the importance of carrying out the process" (N4). "I think it would be interesting to have more in-depth professional training on the Nursing Process and training of new employees, newly admitted to the service" (N5). "Intensification and better explanations of how the process works and

how to use it in practice" (N6). "Organization among the professionals involved, training for all professionals about the importance, organization of admission and patient care, adequate staff" (N7). "Professional training so that the team recognizes the importance of the Nursing Process [...]" (N8). "Individualized training of professionals for each sector, showing its importance and offering more qualification" (N10).

Nurses feel the need to qualify the team regarding both theoretical aspects and understanding of the importance of developing the NP, and also about how to effectively develop it in practice.

Greater integration between professionals and Adaptation/reassessment of the process and instruments

Greater integration between professionals also emerges as a strategy, aiming to involve the entire team on the importance of correctly performing the NP, in order to obtain efficient and quality care for the hospitalized patient: "Improving the relationships between team members; raise awareness about the importance of the NP for care" (N3). "[...] More time to do it and an integrated work" (N8). "I believe that more integration of the team into the process, pointing out its real importance for a more satisfactory care, aiming to reduce hospital stays and possible complications" (N9).

Nurses suggested both the integration between peers, that is, professionals, and between these and the NP so that they understand its importance for care. They also mentioned the interest in adapting and reassessing the way to perform the NP, as the team sees it as difficult to access and understand, and this ends up making it difficult to perform it: "Adaptation of the instrument to the reality of the service " (N12). "The process could be more simplified and easier to access/understand in the service" (N14). It is observed, in the nurses' reports, that when adapted to the reality of the service and planned in a simpler way, the instruments and the NP could have different access and understanding by the professionals involved.

DISCUSSION

The participants of this research selected some strengths experienced regarding the NP. One of them was related to the contribution of the NP to the assessment of patients according to their uniqueness. This datum is similar to that found in a study that aimed to identify the existence of the application of NCS in hospitals among its difficulties to facilitate the understanding of the implementation of the NCS in order to assist in the management of employees in a hospital environment[11]. In the study in question, the authors describe that the NP provides organization and individualized, humanized, quality and comprehensive care, seeing the patient as a whole, in his uniqueness[11].

The nurses in the present research also mentioned that the NP contributes to strengthening the bond between the professional and the patient through actions that are aimed at the human being and not at the disease.

In this sense, nursing diagnoses stand out. Unlike other diagnoses, they do not aim at the investigation and description of a disease, but rather at the human response to current or potential health problems and life processes of the human being, the family or the community, providing a basis for developing nursing interventions in order to achieve the results for which the nurses are responsible[8]. For this reason, the nursing diagnosis is considered the most complex stage of the nursing process, constituting an important challenge for nurses as it requires clinical reasoning and critical thinking to interpret the data obtained during anamnesis and physical examination[12].

In addition, the nurses in this research reported that the NP also contributes to enhancing the qualification of management and the organization of the work and care process, as well as the auditing of the service in the institution. Similar data were evidenced in different studies that show that the NCS contributes to the organization of the service as well as to the improvement of the quality of care,[13-15] providing greater efficiency in cost control, in addition to being an excellent tool for evaluation and supervision of care[16].

One participant presented his understanding, differentiating the NCS from the NP, referring to the NCS with the organizational aspect of the nurses so that care can occur. In turn, he understood the NP as the elaboration of care. This datum is in line with COFEN Resolution 358/2009, as it describes that the NCS organizes professional work in terms of method, personnel and instruments, making it possible to operationalize the NP, which in turn, is considered a methodological instrument that guides professional nursing care and the documentation of professional practice[3].

Thus, it is understood that the NCS applies to administrative, care, teaching and research

aspects in nursing. Thus, it can be seen that NCS is distinct and broader than the NP, as it presupposes a general organization of the work sector, such as: staff dimensioning, work schedules, distribution of activities, organization of instruments such as industry protocols, manuals, Standard Operating Procedures (SOPs), standards, and routines. The NP, on the other hand, indicates a specific professional work and presupposes a series of interrelated activities; in other words, it indicates the use of a method to organize the clinical care practice.

In addition to the qualification of care and management, the NP contributes to the empowerment and professional autonomy of nurses, as described by the participants in this research. This datum corroborates what was evidenced in a study carried out with 22 nurses who work in the Basic Health Units (BHU) of the Pampulha Sanitary District, in Belo Horizonte, Minas Gerais, with the objective of identifying the obstacles pointed out by nurses for the implementation of the NP in the BHU. The authors describe that the NP validates the professional practice of the entire nursing team, which defines the practice of the profession and gives nurses more autonomy during their performance[17]. Thus, it is considered that the applicability and correct knowledge of the NP increasingly contribute to the recognition of the nursing profession, as this way they can be seen as professionals who evaluate, perform diagnoses and prescribe care based on technical-scientific knowledge, having autonomy during their work.

However, the participants in this research also listed some weaknesses, including the intense routine, the great demand and the work overload of professionals/nursing staff, which makes it difficult to carry out the NP in all stages. Similar data were evidenced in a research carried out in a general hospital on the western border of RS, when the participants reported the work overload experienced by nurses, the presence of inadequate working conditions[18]. This finding is relevant because as the overload, added to the long workday, can lead to weaknesses in the functional and moral skills of nurses/nursing technicians, causing difficulties to an effective work, such as the incorrect realization of the NCS and the NP, ultimately diminishing the quality of patient care[19].

The nurses participating in this research also mentioned that the lack of commitment of some professionals to carry out the NCS and the shortage of employees and materials, added to

other weaknesses, make the development of planned actions impossible. This datum is in line with a study carried out in a public hospital in Amapá in which the authors describe that nurses have faced difficulties in implementing the NCS as a scientific instrument of work [20]. This difficulty may be linked to the working conditions, the insufficient number of employees, and the training of nurses with little encouragement to value the applicability of the NCS[21].

Another weakness evidenced in this research refers to the professionals' lack of knowledge on how to perform the NCS and the NP in the hospital context, especially by the nursing technician team. A study developed with the objective of presenting the perception and knowledge of Brazilian nurses and nursing students regarding the NCS showed that nurses perceived the little appreciation of the NP in professional practice, when they reported that during their academic training, many did not understand or recognize the NP as a work methodology[22]. This finding leads to the reflection that training, whether for nurses or nursing technicians, needs to be strengthened in the aspect of teaching and applying the NCS and the NP in order to help professionals understand, know and be aware of its relevance in the context of care.

In this regard, the commitment of the nursing management to the proposal is necessary for an effective implementation of the NCS and the NP, through meetings and in the planning of actions, including raising the awareness of the entire team about the importance of this methodology[12]. Both the NCS and the NP must be recognized by the entire team, and it is important that everyone knows the reason for correct application, because its use promotes systematic care for the hospitalized patient.

The realization of the NP as an obligation and not because of its relevance was also evidenced in this research as a weakness. Resolution 358/2009 makes it clear that the NCS and the NP must be performed in a mandatory way in all scenarios where professional nursing care takes place, thus making it essential to organize the care within the health service[3]. However, when care is provided only by obligation and in a repetitive manner, it ends up becoming mechanized and this does not contribute to reaching the expected results but rather to comply with legislation, which leads to a lack of interest and willingness of the professionals to perform it correctly[23].

Thus, it is evident that, in addition to being mandatory, nursing professionals must understand the need and relevance of the NP in the clinical-care context, with a view to better care for people, because when using the NP, the work is performed based on evidence and this ultimately contributes to the valuation of the professional category.

In this research, the NP was mentioned as difficult to access and understand by the team, causing difficulty to its realization in the service. For that, the professionals suggested the reassessment and adaptation of the NP to the scenario. In an integrative literature review that aimed to identify in scientific production the impact arising from the use of computer technologies in the implementation of the NCS in hospital services, weaknesses were also found in relation to the computerization of the NP, as some professionals had difficulty in performing it, which ended up bringing the need for readaptation so that improvements in the operating system could be made[24].

In addition, the study suggests the need for training nurses on their operationalization and development[25]. Thus, the importance of implementing the National Policy on Continuing Education is highlighted in order to contribute to the strengthening of teaching of the subject and exchange of experiences between professionals at the institutions.

Training and awareness of the team were strategies suggested by nurses to help overcome the weaknesses experienced. Thus, there must be for continuing education in the service, through training and qualifications on NP for the entire nursing team, highlighting how the NP enables an organized, effective and quality care for the patient in his individuality[17].

Greater integration between professionals also emerged as a strategy, making the entire team aware of the importance of correctly performing the NP to achieve efficient and quality care for the hospitalized patients. The complementation of teamwork is related to multidisciplinarity, in which the integration of the entire team is articulated and complemented, aiming at the patient's recovery[23]. In this way, all the care developed by the professionals according to the activities that are exclusive to their profession is aimed at the recovery of the patient and the shortening of hospital stay.

FINAL CONSIDERATIONS

This research was satisfactory, as it made it possible to meet the proposed objective, allowing us to understand the experience of nurses working in the hospital context regarding the Nursing Process, through the strengths and weaknesses experienced as well as the strategies suggested to help in weaknesses.

The main results highlighted the strengths of the NP in the researched context: qualification of the assessment, singularization, care and safety of the patient; qualification of the management and organization of the process and care/work; and empowerment and professional autonomy. As weaknesses, the work demand/work overload of professionals; the professionals' lack of knowledge about NCS and NP; and the fragmentation of the process and the weaknesses of the instruments. The strategies mentioned by the professionals suggested the development of training/awareness of professionals; greater integration between professionals; and the adaptation and reassessment of the process and instruments.

The contributions of this research to nursing as a science are the fact that the data obtained can be used in different contexts, be compared to other studies, and also stimulate similar research in other scenarios and with different audiences. As for the contributions to practice, the fact that nurses reflect on their daily lives, through the strengths and weaknesses, moves them to search for more knowledge and possible professional qualification strategies, whether individually or collectively with peers.

The fact that this study was developed only with nurses and did not include the team of nursing technicians, who are essential for the development of the NP, is a limitation of this research. However, it is understood that the first step for successful use is the awareness/reflection of the team leaders, that is, the nurses, in order to later expand the proposal to nursing technicians.

REFERENCES

1. Marinelli NP, Silva ARA, Silva DNO. Sistematização da Assistência de Enfermagem: Desafios para implantação. Revista Enfermagem Contemporânea. 2015;4(2):254-63. DOI: 10.17267/2317-3378rec.v4i2.523.

2. Santos MG, Silva TG, Frizon G, Quinto AS. Etapas do processo de enfermagem: uma revisão narrativa. Enferm. Foco. 2017;8(4):49-53. Disponível em: http://revista.cofen.gov.br/index.php/enfermagem/article/view/1032/416.

3. Conselho Federal de Enfermagem (COFEN). Resolução COFEN- 358/2009. Dispõe sobre a Sistematização da Assistência de Enfermagem e a implementação do Processo de Enfermagem. 2009 [acesso em: 10 de dez. 2020]. Disponível em: http://www.cofen.gov.br/resoluo-cofen-3582009_4384.html.

4. Meneguin S, Banja PFT, Ferreira MLS. Care for hospitalized elderly patients: implications for nursing team. Rev. Enferm. UERJ. 2017;25:e16107. DOI: 10.12957/reuerj.2017.16107.

5. Neves L, Gondim AA, Soares SCMR, Coelho DP, Pinheiro JAM. The impact of the hospitalization process on the caregiver of a chronic critical patient hospitalized in a Semi-Intensive Care Unit. Esc. Anna Nery Rev. Enferm. 2018;22(2):e20170304. DOI: 10.1590/2177-9465-ean-2017-0304.

6. Santos RCA, Miranda FAN. Importância do vínculo entre profissional-usuário na estratégia de saúde da família. Rev. Enferm. UFSM. 2016;6(3):350-9. DOI: 10.5902/2179769217313.

7. Ferreira LB, Oliveira JSA, Gonçalves RG, Elias TMN, Medeiros SM, Mororó DDS. Cuidar de enfermagem às famílias de crianças e adolescentes hospitalizados. Rev. Enferm. UFPE. 2019;13(1):23-31. DOI: 10.5205/1981-8963-v13i1a237672p23-31-2019.

8. Diagnósticos definições e classificações de enfermagem da NANDA: 2018-2020. 11ª ed. Porto Alegre: Artme; 2018.

9. Moraes R, Galiazzi MC. Análise textual discursiva. 2ª ed. Editora Unijuí; 2011.

10. Brasil. Ministério da Saúde. Portaria nº 466 de 12 de dezembro de 2012. Disponível em: http://bvsms.saude.gov.br/bvs/saudelegis/cns/2013/res0466_12_12_2012.html.

11. Silva MC, Macedo JS, Oliveira LP, Sandim LS. A implementação da sistematização da assistência de enfermagem no ambiente hospitalar. Braz. J. Of Develop. 2020;6(6):33293-306. DOI: 10.34117/bjdv6n6-039.

12. Ubaldo I, Matos E, Salum NC. Diagnósticos de enfermagem da Nanda-I com base nos problemas segundo teoria de Wanda Horta. Cogitare Enferm. 2015;20(4):687-94. Disponível em: http://www.redalyc.org/articulo.oa?id=483647681006.

13. Riegel F, Oliveira Jr NJ. Nursing process: implications for the safety of surgical patients. Cogitare Enferm. 2017;22(4):1-5. DOI: 10.5380/ce.v22i1.45577.

14. Pereira GN, Abreu RNDC, Bonfim IM, Rodrigues AMU, Monteiro LB, Sobrinho JM. Relação entre sistematização da assistência de enfermagem e segurança do paciente. Enferm Foco. 2017;8(2):21-5. DOI: 10.21675/2357-707X.2017.v8.n2.985.

15. Bandin M, Toledo VP, Garcia APRF. Contribution of transference to the psychiatric nursing process. Rev Bras Enferm [Internet]. 2018;71(Suppl 5):2161-8. DOI: 10.1590/0034-7167-2016-0640.

16. Silva RS, Almeida ARLP, Oliveira FA, Oliveira AS, Sampaio MRFB, Paixão GPN. Sistematização da Assistência de Enfermagem na perspectiva da equipe. Enferm. Foco. 2016;7(2):32-6. Disponível em: http://revista.cofen.gov.br/index.php/enfermagem/article/view/803/328.

17. Pires DBP, Teixeira DJ. Processo de Enfermagem: obstáculos apontados por enfermeiros em unidades básicas de saúde de Belo Horizonte. Enferm. Rev. 2020;23(1). Disponível em: http://periodicos.pucminas.br/index.php/enfermagemrevista/article/view/23633.

18. Xavier LF, Silva SBM, Oliveira OD, Nazario YCOS, Morais Jr SLA. Sistematização da assistência de enfermagem: o conhecimento de enfermeiros do município de Ji-Paraná, Rondônia, Brasil. Nursing. 2018;21(239):2110-3. Disponível em: http://www.revistanursing.com.br/revistas/239-Abril2018/sistematizacao_assistencia_de_enfermagem.pdf.

19. Costa CS, Normann KAS, Tanaka AKSR, Cicolella DA. A influência da sobrecarga de trabalho do enfermeiro na qualidade da assistência. Rev. UNINGÁ. 2018;55(4):110-20.

Disponível em: http://revista.uninga.br/index.php/uninga/article/view/2403/1796.

20. Tavares FMM, Tavares WS. Elaboração do instrumento de sistematização da assistência de enfermagem: relato de experiência. R Enferm Cent O Min. 2018;8:e2015. DOI: 10.19175/recom.v7i0.2015.

21. Gutiérrez MGR, Morais SCRV. Sistematização da assistência de enfermagem e a formação da identidade profissional. Rev. Bras. Enferm. 2017;70(2):455-60. DOI: 10.1590/0034-7167-2016-0515.

22. Oliveira MR, Almeida PC, Moreira TMM, Torres RAM. Nursing care systematization: perceptions and knowledge of the Brazilian nursing. Rev Bras Enferm. 2019;72(6):1547-53. DOI: 10.1590/0034-7167-2018-0606.

23. Dotto JI, Backes DS, Dalcin CB, Lunardi Filho WD, Siqueira HCH, Zamberlan C. Systematization of nursing assistance: order, disorder or (re) organization? Rev. Enferm. UFPE online. 2017;11(10):3821-9. DOI: 10.5205/1981-8963-v11i10a25235p3821-3829-2017.

24. Pissaia LF, Costa AEK, Moreschi C, Rempel C, Correno I, Granada D. Impacto de tecnologias na implementação da sistematização da assistência de enfermagem hospitalar: uma revisão integrativa. Revista de Epidemiologia e Controle de Infecção. 2018;8(1):92-100. DOI: 10.17058/reci.v1i1.8953.

25. Alencar IGM, Nunes VS, Alves AS, Let S. Implementação e implantação da sistematização da assistência de enfermagem. Rev Enferm UFPE online. 2018;12(4):1174-8. DOI: 10.5205/1981-8963-v12i4a231030p1174-1178-2018.

Responsible Editors

Patrícia Pinto Braga
Angélica Mônica Andrade