

Systematization of nursing care: substantive aspect of the professional practice

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We declared, since some time, in a reiterative manner, that the process of care in Nursing, or Nursing Process, is an example of systematization of assistance. In addition, that it should be the basis, the foundational and structural axis of the construction of knowledge and, consequently, of the professional practice (teaching, service, research and management/administration) in view of the fact that caring is the object of study and work of nursing.

Especially when we look at the caring dimension of practice, we recognize there is a wide range of situations experienced in the daily care of the clientele, involving the need for systematization and application of the Nursing Process, substantive aspects of the profession. Despite this, and of the legal requirement in the rules that guide the profession, the systematization and application of the Nursing Process are not consensus in the professional medium and, therefore, are not fully consolidated in the environments where nursing care occurs.

In 2009, a working group, composed by members of the Brazilian Nursing Association (ABEn) and of the Federal Council of Nursing (Cofen), was formed with the purpose of reviewing the Cofen Resolution Nº 272/2002, which provided for the systematization of nursing care in Brazilian health institutions. At that moment, it was judged that that Resolution was no more adequate, given the advancement of knowledge on the subject. The activities developed by the group led to the proposal of a new Resolution, approved, in full, on October 15, 2009, by the Plenum of the Cofen, the Resolution Nº 358/2009¹.

The new Resolution corrected the understanding expressed in the previous one that the systematization of care and the Nursing Process were private activities of Nurses, since nursing is made up of different categories (Nurse, Practical Nursing and Nursing Technician), each of them with recognized assignments during the execution of the care process. It also a) provides that the Nursing Process must be based on a theoretical framework to guide its implementation; b) recognizes that the Nursing Process is organized into five steps interrelated, interdependent and recurring, in accordance with the state of art of the theme, describing these steps consistently with the contemporary literature of the area; c) covers the responsibilities of the different professional categories, not only of the nurse, during the implementation of the Nursing Process; and, d) recommends the key aspects that should be included in the record of the care process that was performed^{2,3}.

In 2012, considering, among other aspects, the ethical imperative of registering information related to the caring process for a person, family or human collectivity; and the patient record and other documents related to Nursing itself, as a source of clinical and administrative information for decision making, and a channel for communication, shared among professionals of health team, the Plenum of the Cofen approved the Resolution N° 429/2012, which provides for the registration of professional actions in the patient record, and in other documents related to Nursing, regardless of the means of support - traditional or electronic⁴.

As we pointed out in a study published in 2004⁵, the Nursing Process indicates a particular professional work that requires abilities and cognitive skills (thinking, reasoning), psychomotor (physical) and affective (emotions, feelings and values); implies thinking and study, and requires flexibility, creativity and innovation on care planning, to be adherent to human and social needs of the clientele.

However, for the lay people, or for the outsider of the area, whether the psychomotor aspects (the action itself) or affective are liable to be perceived, the intellectuals aspects involved in the Nursing Process are not always evident. This is particularly intensified by the fact that, with some frequency, there is no record, in a systematic, orderly and understandable

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manner, of the care accomplished and of what has determined the care actions. So, an outsider of the area, evaluating the care practice of nursing, could describe it simply as a number of "routine manual tasks," some of which are considered simple, some more complex: bath, application of intramuscular injection, suction of secretions, healing, mobilization in bed, catheterization, checking vital signs, among many other examples that could be included here.

For Nursing, the neglect with registering of the care process, either in the patient record, or in other Nursing relevant documents, may result, firstly, in the absence of visibility and professional recognition and, on the other hand, as an obstacle for evaluation of its practice, which is perhaps more serious, because it hinders the advancement of nursing science.

It remains for us, therefore, take on the challenge of implementing the process of nursing care and register it properly, in order to generate evidence on the effectiveness and efficiency of our actions/interventions, at all levels of health care for people, human families and human collectivities.

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