



SYSTEMATIZATION OF NURSING ASSISTANCE: A TECHNOLOGICAL INNOVATION PROJECT FOR DISTANCE EDUCATION IN BRAZIL

¹Eliseu da Costa Campos, ¹Danielle Campos de Aguiar, ²Aldenora Laísa Paiva de Carvalho Cordeiro, ³Karilany Dantas Coutinho, ⁴Amália Cinthia Meneses Rêgo and ^{*5}Irami Araújo-Filho

¹Federal University of Rio Grande do Norte –UFRN, Graduate Program in Management and Innovation in Health – PPGGIS/UFRN, Natal, RN, Brazil

²Master Degree in Health Care from the Federal University of Minas Gerais Triangle; Ph.D. student at the Postgraduate Program in Fundamental Nursing of the School of Nursing of Ribeirão Preto of the University of São Paulo (EERP/USP)

³Ph.D. in Mechanical Engineering from the Federal University of Rio Grande do Norte (UFRN); Postgraduate Program in Management and Innovation in Health –PPGGIS/UFRN, Natal, RN, Brazil

⁴Postgraduate Program in Biotechnology at Potiguar University/UnP - Laureate International Universities; Pharmaceutical Biochemistry and Professor; Ph.D in Health Sciences

^{*5}Postgraduate Program in Management and Innovation in Health – PPGGIS/UFRN, Natal, RN, Brazil; Full Professor, Department of Surgery, Federal University of Rio Grande do Norte, Postgraduate Program in Biotechnology at Potiguar University / UnP - Laureate International Universities; Ph.D in Health Science

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ABSTRACT

The Brazilian Federal Council of Nursing (COFEN-358/2009 resolution) determined the deployment of Systematization of Nursing Assistance (SNA) as nurse's mission, because of the importance and obligation for professional practice. In this sense, developed a course the distance as proposal for updating of knowledge in the area, using electronic means, applications and integrated systems, in order to empower nurses Brazilians about the importance of nursing process (NP) and facilitate your application and standardization of nursing actions across the country. The course was built in modules and will be offered at a distance to reach the largest number of nursing professionals, facilitating access to information and the dissemination of knowledge for nurses and nursing technicians in a country of dimensions continental. It was concluded that the diffusion of knowledge through continuing vocational training, using new assistive technologies, results in quality health assistance, job training, values the performance of nursing teams and extends the provision of services of excellence users of public health units in Brazil.

*Corresponding author:

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INTRODUCTION

Systematization of Nursing Assistance (SNA) is a process that governs the work of nurses and makes possible the operation of the nursing process (NP). There are several ways to systematize the assistance to make it safe: creation of protocols; scales of employees; flows of services and the nursing process (Rezende *et al.*, 2016; da Silva *et al.*, 2015).

The concepts of NP and leaves have been confused, but it is essential to understand the difference between them and have clarity when using these tools. Both are important for ensuring quality and safety assistance (de Medeiros, 2012). The SNA is considered a tool that promotes assistance practice based on knowledge, thought and clinical decision-making based on scientific evidence, obtained from the subjective data and objective assessment of the individual, the family and community. The SNA is a scientific methodology applied in

practice, gives safety to patients, and improves the quality of care and autonomy of nursing professionals. For your time, NP used to make systematic nursing care, organized in phases, with the aim of guiding the professional act and promote quality patient care (da Silva, 2015). This tool allows the registry of data related to the stages of the process, promotes the visibility of nursing actions and your relevance in society (Tannure, 2011). In the economic scenario of globalization and new public health policies, it is necessary to reorganize the support, which enables the exchange of reliable information, evaluation and monitoring of the quality of the services provided to the population, in a manner continuous. Thereby, the SNA implementation is fundamental, because it promotes improvements in the quality of nursing care and positive responses to the patient and team components (De Freitas *et al.*, 2011). The first records of organization of knowledge in nursing from the decade of 1950, when the theoretical models. However, it was from the emergence of the theory of basic human needs, developed by the Brazilian nurse Wanda Aguiar Horta in the late 1960 that the attention of nurses in Brazil began to be directed to the SNA. With the work of Horta emphasized the assistance planning (Fontana, 2006). An important milestone-nursing theorist born with Florence Nightingale, who advocated the idea that nursing was a science based on distinct knowledge of Medicine.

She defined the scientific foundations of the profession, building a perception of nursing directed to persons, the conditions under which they lived and how the environment had influence on health (Araújo *et al.*, 2006). Florence thought a profession based on reflections and questions, signed in a framework of specific scientific knowledge (Fontana, 2006; Araújo *et al.*, 2005). The pursuit of the strengthening of motivated nursing practice nurses to study and develop theories in order to systematize the assistance provided to the population, optimizing human relations (Velo Higuera *et al.*, 2016). This fact has produced training and validate nursing as a science (McEwen, 2009). In this context, the development of theories of nursing allows you to structure and organize nursing knowledge. Provides a systematic means of collecting data, explain and predict the rational and practice based on scientific evidence. Such development directs goals, results, provides a coordinated and less nursing practice shredded (Santos, 2013). Therefore, the nurse performs its actions based on biological factors, social, psychic and spiritual human being, identifies the needs of the individual, family and community (Santos *et al.*, 2013; North American Nursing Association, 2010; Carpenito-moyet, 2009). The deployment of nursing theories in practice has been a constant, especially after the disclosure of the COFEN Resolution 272/2002/ (Federal Council of Nursing) currently replaced by COFEN

Table 1. Programmatic Content of Module 1

<p>Module 1 - 30 hours</p> <p>Unit 1: Introductory Basis This Unit was developed for nursing professionals and academics, who have or do not have knowledge/experience in this area. It was designed for self-learning so that each participant can follow their rhythm.</p> <p>Objectives of this Unit:</p> <ul style="list-style-type: none"> • Present the ethical and legal aspects of the NP in Brazil; • Describe the main challenges for the implementation of NP in the hospital unit where you work; • Describe strategies to facilitate implementation of the NP. <p>Presentation film: A brief introduction to the course, where he will address the history of nursing and your importance in contemporary society.</p> <p>Pretest (30 issues of all content). This test aims to measure the prior knowledge of the Professional on the subject addressed. It covers all stages of the process and will be repeated at the end of the course, to scientific evidence and subsequent disclosure.</p> <p>Class 1: Care as essence of nursing</p> <ul style="list-style-type: none"> • What is care? • The essence of the work on health. <p>Class 2: Nursing and health</p> <ul style="list-style-type: none"> • Why be a nurse?
<p>Unit 2: history of nursing in the world</p> <p>Class 1: Nursing historical landmarks, main theories. Class 2: Nursing, a science, a profession and a process. Class 3: The nursing process.</p>
<p>Unit 3: Systematization of nursing care and nursing process This unit was developed for nursing professionals and academics, who have or not knowledge/experience in this subject. Was prepared for self-learning, so that each participant can follow your rhythm.</p> <p>Objectives of this unit:</p> <ul style="list-style-type: none"> • Bring a brief historical evolution of SNA and NP; • Bring the conceptual definitions of SNA and NP, easily and practice; • Demonstrate the conceptual differences between SNA and NP; • To introduce the steps that make up the NP; • Describe the main skills of nurses for the implementation of the NP; • Present the advantages of the implementation of the NP. <p>Class 1: Systematization of nursing care and nursing process: historical and conceptual definitions.</p> <ul style="list-style-type: none"> • Brief history of the nursing process • Practical definitions and conceptual differences of SAE and PE <p>Class 2: Implementation of the nursing process: steps, skills and advantages.</p> <ul style="list-style-type: none"> • What are the five steps of the PE? • What are the skills of nurses required for the implementation of the nursing process? • What are the main advantages of the implementation of the PE?
<p>Unit 4: ethical and Legal Aspects of nursing process in Brazil</p> <p>Class 1: Ethical and Legal Aspects of nursing process in Brazil</p> <ul style="list-style-type: none"> • Resolutions. <p>Class 2: Key challenges and strategies for the implementation of the European Parliament.</p> <ul style="list-style-type: none"> • Challenges to implementing the nursing process • Strategies for implementation of the PE
<p>15 module review questions</p>

Resolution 358/2009 (NANDA, 2010). The latter determines that the deployment is a private errand SAE male nurse and stresses the importance and obligation to your deployment. This sparked the need for knowledge of nursing theories between professionals and students. The resolution introduces the scientific method being used for the Systematization of Nursing Assistance. This method is called the nursing process, which encourages the provision of care in an orderly manner. Nursing theory is implemented in practice through the scientific method, which determines previously established steps (North American Nursing Association, 2010). From the need to implement the SNA along the lines of the COFEN Resolution 358/2009, due to a wide range of vocational training and cultural plurality. The present study aimed to develop a method of spread of SNA is applicable in the various regions of Brazil, country of continental dimensions, while respecting the different levels of complexity of each area, in order to integrate a vast network of healthcare, standardizing scientifically the actions of healthcare, homogeneously and low cost empowering nursing teams through technological innovation.

MATERIALS AND METHODS

Developed a course on SNA, in the form of distance education (DE), in partnership with the staff of the Secretariat for Distance Education (SDE) and the Laboratory of Technological Innovation in Health (LTIH), both linked to

<https://avusus.ufm.br/>. The AVASUS is a virtual learning space designed to qualify the formation, management and assistance in the SUS/UHS (Unified Health System). Each module was prepared so that the student qualifies the best way in order to broaden your professional training and of their peers, using the remote learning tool. That way, you can provide an update of knowledge uniformly, low cost and high socio-economic impact, since access to the modules of the course can occur any time, adapting to routine and need of each student participant. The course was structured within the *Modular Object-Oriented Dynamic Learning Environment (Moodle)*, a free software that works on virtual environment. These resources facilitate the management of educational courses, assisting teachers and apprentices. Moodle allows monitoring by teachers and students of the teaching-learning process, acting as a tool for distance education (DE), optimizing the teacher-student interaction with forums and content available in multiple formats to *download*, allowing for future reference.

RESULTS

The SNA course, in the form of distance education, is focused on the nursing team, counts with a total of 90 hours/class, offered in the kind of distance education, self-instructional, mediated by electronic didactic material, automated correction activities and feedback provided to participants in real time.

Table 2. Module 2 Syllabus

<p>Module 2-30 hours</p> <p>Unit 1: data collection in nursing-part I Presentation film of a health framework to illustrate a data collection, physical examination and nursing diagnosis. This unit will be rescued some concepts on the nursing process and will start the presentation of the first stage of the nursing process: data collection. We will talk about types, methods and concepts essential for understanding and applying an interview, interpret results of some laboratory tests and relates them to our work, recognize other data types and understand the use of scales validated. The objectives of this unit are as follows:</p> <ul style="list-style-type: none"> • Review concepts of the nursing process and its stages; • Recognize techniques for data collection in Nursing: interview, data from laboratory tests and other data; • Understand the use of validated scales in nursing. <p>Class 1: Nursing process and nursing theory applications. Class 2: Basic concepts and ethical considerations in data collection. Class 3: Nursing interview. Class 4: Laboratory tests and other data of the chart.</p>
<p>Unit 2: data collection in nursing-part II This unit will be rescued some concepts on the nursing process and will start the presentation of the first stage of the nursing process: data collection. Class 1: Introduction to physical examination. Class 2: General physical Examination. Class 3: Specific physical examination. Class 4: Final thoughts on data collection in nursing.</p>
<p>Unit 3: nursing diagnosis Class 1: Concepts and definitions of nursing diagnosis. Class 2: Diagnostic Reasoning. Class 3: NANDA International. Class 4: Applicability of nursing diagnoses.</p>
<p>Unit 4: planning, implementation and evaluation in nursing Class 1: Planning in nursing. Class 2: Nursing Interventions and evidence-based Practice. Class 3: Implementation and evaluation. Class 4: Final considerations of applicability of the nursing process.</p>
<p>15 module review questions</p>

Federal University of Rio Grande do Norte (FURN), of a total duration of 90hs. This course is divided into modules and uses interactive features, video classes, PDFs, animations, info graphics and other teaching tools, being self-instructional, geared toward professionals nurses, technicians and nursing students, available for free on the website:

It uses audiovisual resources, infographics, videos, comics, games and interactive texts. The content was separated into three modules of 30h each. Each module is subdivided into four classes, allowing the student to organize his / her study period in the best possible way.

DISCUSSION

Wanda de Aguiar Horta introduced the Nursing Process in Brazil in the 1970s. She was based on the theory of human motivation, developed by Abraham Maslow and João Mohana to elaborate the Basic Human Needs Theory (BHNT). From this, I have proposed to Brazilian nurses systematized nursing care that gave rise to a new vision of organization of actions in this area of health. This has promoted a great professional evolution, consolidating nursing increasingly as a science (McEwen, 2009). The NP phases are described separately in sequential order, but the steps are interrelated, one dependent on the other. In addition, these steps overlap, since NP is continuous. The NP is organized in five steps: Nursing Data Collection (or Nursing History); Nursing diagnosis; Nursing Planning; Implementation; and Nursing Assessment (North American Nursing Association, 2010).

Nursing History (NH) or data collection: The data concerning the state of the health of the patient are investigated directly or indirectly, with direct data are collected directly from the patient, through the anamnesis and physical examination. The indirect data are those obtained through other sources, such as family or friends, charts, records of other professionals in the multidisciplinary team, results of laboratory tests, among others (Carpenito-moyet, 2009; Doenges *et al.*, 2009; Iyer *et al.*, 1993; Alfaro-Lefevre, 2005). The data are classified into two categories: objectives (what is observable) and subjective (what the person says). This separation of data helps the clinical reasoning because one complements the other. This data is information that provides a trial or an inference about the existence of a problem (Doenges, 2009). Data collection consists of an interview and a physical examination. The interview will investigate the health situation of the client or of the community in which he lives, identifying problems and needs. Have the physical examination of inspection, palpation, percussion and auscultation, in relation to which knowledge and technical skills appropriate to your implementation (North American Nursing Association, 2010).

Nursing diagnosis: Nursing diagnoses are clinical trials on the responses of the individual, family or community to actual or potential health problems and provide the basis for the selection of nursing interventions, beyond the reach of results by which nurses are responsible (Carpenito-Moyet, 2009). Nursing diagnoses are based on real problems (present) or potential (future), which can be symptoms of physiological disorders, behavioral, psychosocial or spiritual (Doenges *et al.*, 2009). In this phase, the nurse analyzes the data collected and the State of health of the individual, through the identification and evaluation of present or potential health problems. The Diagnostics will be drawn up in accordance with the protocols of the institution, being the most widely used in Brazil to NANDA (North American Nursing Association) and the CIPE/ICN (International Classification for Nursing).

According to Carpenito-Moyet, the nursing diagnosis is an affirmation that responds to the data presented by the individuals and identified by the nurse. Identify and recognize the current (actual) or potential (risk) indicators or signs of a patient, the nurse should interpret them, describe the factor related to them and determine the diagnosis that best portrays this grouping (Iyer *et al.*, 1993). The NANDA taxonomy is the most widely used classification system in the world, translated into more than 17 languages and incorporated into computer

systems in several countries (Carpenito-Moyet, 2009). The NANDA conferences are held every two years, in general plenary, in which new diagnoses are discussed and approved which will integrate the revised taxonomy (Iyer *et al.*, 1993). NANDA nursing diagnoses are useful in carrying out the activities and practices of clinical nurses, Act for the implementation of the second stage of the nursing process, enable the identification of the problems with the aim of promote and restore health (Carpenito-Moyet, 2009). The nursing diagnosis is a challenge for the nurse, since it requires the professional technical and scientific knowledge up to date and critical thinking in interpreting the collected data so that it can assume responsibility for care being proposed through the prescription of nursing. According to Nanda, the diagnostic statement establishes a name for the diagnosis. Is a concise term or phrase that represents a default. The statements describe concise diagnoses a group of signs and symptoms⁽¹⁴⁾. The related factors are the factors that appear to demonstrate some type of relationship standardized with the nursing diagnosis. They can be described as "related to," or "associated with." They constitute the etiology of the problem; can be physiological, psychological, sociocultural, environmental and spiritual, as well as suggest interventions in the management of patient care⁽¹⁶⁾.

Nursing planning: The planning of the assistance is to establish priorities for the diagnostic problems, set goals for the patient, remedy, minimize or avoid problems (Alfaro-Lefevre, 2005; Bachion, 2002). The planning of nursing care consists of a plan of interventions to achieve results against a nursing diagnosis. Thus, the elaborate interventions should be directed to achieve the expected results, prevent, resolve or track changes found during the history of nursing and the diagnosis established. The classification system to nursing interventions used in Brazil is the *Nursing Interventions Classification* (NIC).

Nursing implementation: This is the implementation of the assistance plan, for performing the actions or certain interventions in planning stage. Implement is put into practice, run something that was once a proposal (Fontana, 2006). At this stage the nurse implements interventions required and necessary for the achievement of the expected results⁽¹⁵⁾. At this stage, the professional nurse and the other members of the nursing staff must possess skills in order that, during the interaction, can develop a relationship of trust with patients (Fontana, 2006). To prescribe nursing care, the nurse should be aware of the related factors and defining characteristics, both identified for development of nursing diagnosis. To make the requirements, your focus should be in reverse the etiologic factors associated with diagnoses and solve the signs and symptoms (McCloskey *et al.*, 2004).

It is the task of nurse prescribing full care, well drawn up, aligned the assistance provided, arousing the interest of nursing staff by performing them. Such care is described as the way, time for implementation, periodicities and choose the professional who must implement them. Nurses should be aware that prescribe and care for prevention of reactions to clinical conditions and physiological complications detected in patients (Doenges *et al.*, 2009). The medical professionals, the prescription of medicines. The nurse should focus your attention on prescription of patient care, but there are cases in which the Health Ministry protocols ensure the nurse prescribing.

Table 3. Module 3 syllabus

<p>Modulo 3 - 30 horas</p> <p>Unit 1: registry of nursing This unit will be rescued some concepts about the nursing record, as well as your importance to the profession. To do this, the chart of the customer and the legal issues facing health care notes, with emphasis on nursing. As an example will be discussed the nursing record the case situation problem presented.</p> <p>Class 1: Why register?</p> <ul style="list-style-type: none"> • Video of contextualization, based on real cases where a nursing Professional is questioned in court to answer about your work in process calculation of possible negligence; • Importance of written communication in nursing practice; • Chart of the patient/client; • Electronic health record; • Ethical and legal aspects of nursing records. <p>Class 2: Annotation and evolution of nursing.</p> <ul style="list-style-type: none"> • Who is important for nursing notes? • What is the difference between annotation and nursing evolution? • Types of nursing reports: do you know? <p>Class 3: The scientific and systematic record.</p> <ul style="list-style-type: none"> • Criteria for a nursing note. • Nursing annotation models. • General recommendations for annotation in nursing: a content review. • What has changed in the new rules of nursing registration?
<p>Unit 2: Nursing Process Record</p> <p>Class 1: Terminologies and taxonomies of nursing.</p> <ul style="list-style-type: none"> • What are terminologies? • What are the main terms of the area? • Taxonomies and classification systems. • Types of classifications. • Importance of nursing classifications? • The International Council of Nursing (ICN): what is it for? <p>Class 2: CIPE: International Classification of Nursing.</p> <ul style="list-style-type: none"> • CIPE: concepts. • Evolution of CIPE. • CIPE Program. • Standardization of CIPE Shares. <p>Class 3: NANDA-I, NIC, and NOC: application and registration.</p> <ul style="list-style-type: none"> • NANDA-I - Classification of nursing diagnoses. • NIC - Classification of nursing interventions. • NOC - Classification of nursing results.
<p>Unit 3: Record is scientific evidence</p> <p>Class 1: In the nursing process (NP) what should I register?</p> <ul style="list-style-type: none"> • NP steps and registration. • Nursing prescription and the multi-professional relationship. • What are the Nursing Prescription Guidelines? • What types of nursing prescription. <p>Class 2: Types of nursing evolution.</p> <ul style="list-style-type: none"> • What is Evolution for? • Types of evolution. • Evolution in the face of diagnoses. <p>Lesson 3: Teamwork.</p>
<p>Unit 4: Nursing without borders</p> <p>Class 1: Nursing in practice: international testimonies of nurses from England, Portugal, France, Ireland, the United States, Canada, and Brazil.</p> <ul style="list-style-type: none"> • Practical nursing practice. • Fields of action of nursing. • Successful professionals: Testimonials of successful nurses in the national and international context. <p>Class 2: Motivational / reflection on the nursing profession. Class 3: Post-Test (of all content 30 questions). Class 4: Motivational closure video for the nursing team.</p> <p>Evaluation of the module 15 questions</p>

In fact, the focus of nursing is caring for the human being in the spheres and spiritual biopsychosocial. The nursing consultation should be focused on the needs of the patient, taking into consideration not only the biological needs, but including psychosocial demands (Dochterman *et al.*, 2008; McCloskey *et al.*, 2004; Alonso *et al.*, 2010). As a parameter, so that the expected results are achieved, the nurse can consult the NIC, a taxonomy specific to nursing interventions. The NIC was created to standardize the classification of nursing interventions and the language used by the nurses in the description of the patient care (Alonso *et al.*, 2010).

Nursing assessment: The careful and detailed assessment of various aspects of patient care is the key to excellence in quality and health assistance effectively. It is a systematic and continuous process of verifying changes in the responses of the person, family or community at a given moment in the health-disease process, to determine if nursing actions or interventions have achieved the expected result. At this stage, the patient's assessment is updated every 24 hours or every change in the health picture. The evaluation can classify the patient's chart about the beginning of the process as improved or worsened; maintained or verified, verifying the need for

changes or adaptations in any of the steps of the Nursing Process to reach the goals. The evaluation stage is performed during the execution of the daily physical examination or when there is a significant change in the clinical picture. The data are recorded in the medical record, and the diagnoses must be updated. For Carpenito-Moyet, the nurse professional is responsible for the daily evaluation of the patient's condition to achieve the results (Doenges *et al.*, 2009). According to Art. 1 of the COFEN Resolution 358/2009, the NP must be carried out deliberate and systematic way in all environments, public or private, in which occurs the professional nursing care.



Figure 1. Stages of the nursing process (Source: authors)

The SNA is also required, since systematize the assistance organizes the professional work, through protocols, instruments and personal, making possible the operation of the nursing process. Reaffirms that the NP is a private activity of nurses held continuously in order to provide comprehensive care to the individual, the family and the collective (North American Nursing Association, 2010). Every human being will make use of the health services at some point in life. Death is the final event of a biological process in which the illness is natural part. At the Abbey of Rouen, currently a French teaching hospital was already in the 17th century, the maxim: "*the way a society treats its sick measures the degree of civility in this society*". That is, if the illness, suffering and death are for everyone, so the way the living and healthy treat the sick reflects the values of a society (Gadelha, 2003). In this context, healthcare has become a huge and complex investment of human resources, materials and technology. A large industrial complex acts on the individual patient, but also about the environment, itself built and inhabited by man (Portugal, 2010). Some authors discourse about the size of the "health care industry", estimating that a chain of health care (medical institutions, pharmaceutical laboratories, and training of skilled labor, among others) answer for something between 8-15% industrialized country Gross Domestic Product (GDP) (Andreazzi *et al.*, 2008). In Brazil short, revolve around 6% of GDP (Viana *et al.*, 2007). The size of the health sector is evident when one considers the number of records in the advice health professionals, such as medicine, nursing, physical therapy, pharmacy, dentistry, psychology, among others that currently in Brazil, has a more than five million people, not counting the non-specialized and informal jobs

(Lima *et al.*, 2012). In this context, nursing plays a primordial factor in the actions of health for being the biggest workforce in total numbers, providing direct assistance to patients, 24 hours a day, seven days a week, uninterrupted way (Andreazzi *et al.*, 2008; Viana *et al.*, 2007; Lima *et al.*, 2012). To provide a quality service in nursing assistance, many challenges must be faced and overcome. Despite the plurality of the professional's education and the cultural variety of the regions of Brazil, there is a need for a systematic nursing (Gadelha, 2003; Portugal, 2010; Andreazzi *et al.*, 20083). It is necessary to establish service standards through a leveling of theoretical knowledge, Standard Operating Procedures (SOP's), norms and technological innovations that observe the legislation in force and guided assistance (Portugal, 2010; Andreazzi *et al.*, 2008; Viana, 2007). Different issues directly affect the SNA implementation effectively. The professional experience, plus the published studies, several factors of resistance to this effective implementation. We can classify them as personal factors or training (Lima, 2012). For example personal factor: difficulty in accomplish physical examination or tailor it to the disease presented by the patient. Training factor: need for deepening theoretical enabling the formulation of actual or risk diagnoses (Rezende, 2016; Schneider *et al.*, 2012). Are challenges to be overcome: the discontinuity between shifts; prescription of care performed routinely; difficulties in drafting the prescription of nursing, lack of objectivity in prescribing; the absence of care prescribed checks and failures in the record of evolution or care. No less important factor, nurses report the overhead of tasks and routines that are submitted, added to a deficit of professionals in institutions, which configures the lack of time as a major obstacle (Rezende *et al.*, 2016).

Despite these difficulties, we must find ways to make the SNA effectively, because it is a tool of paramount importance to nursing, in addition to being essential to comply with the obligation imposed by the law. For an effective implementation of NP, there needs to be a commitment to the proposal. From there, it is essential to draw up a plan of action that raises awareness of staff regarding the importance of this methodology (SNA) (Viana *et al.*, 2007; Lima *et al.*, 2012). It is necessary to conduct an in-depth study of the theme for the collective construction of means to facilitate the implementation of the process. The action plan aims to ensure that objectives are targeted to enable the implementation of NP from the first step is awareness of nurses. In this context, new teaching technologies are coherent alternatives to transformations in learning process, are eligible to training of professionals in health, as well as consolidate the interface between theory and practice (Boctor, 2013). In this study, the use of a distance learning course, designed to promote a leveling of the theoretical and practical knowledge of the professional, as a tool to support teaching and updating the knowledge of nursing. For nursing, this method of teaching (DE) makes it possible to orient practical activities, including environmental simulations and patient care. These aspects help students and professionals already inserted into practical real field (Fonseca *et al.*, 2011). These initiatives are part of the current demand for more participatory learning, with content adapted to the needs and learning rhythms. This technological breakthrough can support the daily life of nurses, provide information and foster the acquisition of knowledge through ongoing professional education this (Monteiro *et al.*, 2016; Tanabe *et al.*, 2013). Thus, the possibility of a motivating learning, reflective, hands-on, dynamic, flexible regarding

schedules and geographic spaces, collaborative and to promote the socialization of knowledge are benefits highlighted in the incorporation of technologies for education in nursing, in its diverse learning environments (Tanabe *et al.*, 2013; Pereira *et al.*, 2016). This form of teaching is of easy access to professionals already active in the area, promoting improvements of your daily practice because, clarifies doubts and facilitates the teaching, which is a tool that contributes to the formation of more attentive to details and assets for quality assistance. In addition, this strategy places the student at the Centre of the educational process, a time which gives autonomy to access the feature according to your availability, promotes individuality so that each can direct his studies consistent with the your reality (Frota *et al.*, 2014). After all, every single one has its own time to absorb, to organize and solve problems related to your reality. While talks are powerful methods to deliver large amounts of information, studies have shown that interactive teaching styles are becoming more popular, and that your use results in better retention of knowledge (Peyton *et al.*, 2003; Costa *et al.*, 2007). Through your combination with other modalities, such as simulation, problem-based learning and group discussions, you get a better learning experience, being flexible, engaging and student-centered, promoting the interaction, collaboration and synchronous or asynchronous communication (Li *et al.*, 2012; Ghosh, 2017).

The knowledge is continually advancing, therefore, learn through digital platforms in which the student is an active part, would result in the retention of knowledge, unlike passive absorption that occurs in didactic lectures. The diffusion of knowledge is essential for the actions of the health networks. In this regard, the qualification of health professionals is critical to the success of SNA deployment and expansion of your application, as well as to strengthen the policy of permanent education in health, enables greater knowledge, improvement and involvement of professionals. Soon, the DE means empowerment shows itself as an important strategic alternative to integration and deployment assistance networks (Valentim, 2015). In this context, it is imperative that the involvement of health professionals, in order to obtain a greater supply of qualified knowledge, based on best practice and scientific evidence, in order to improve the quality of attention.

Conclusion

There are advances on the SNA in Brazil, but there are still challenges to operationalize it, based on the assumptions that ensure the method for the organization and the provision of nursing care. Is real the need for investments in health, in order to ensure better working conditions and the role of the nurse in the work process in nursing. In recent decades, numerous changes were observed in the paper and on the roles of nurses in many countries. Nursing's work became more specialized and technical, as well as the nurse began to have greater prominence as a member of the multidisciplinary team, using their own knowledge in health care. Such changes occur in an era of cost containment for health and increased demand for new treatments, which has provoked in managers and health professionals a watchful eye and more focused on efficiency in the administration of human and material resources. The incorporation of technological innovation environment of nursing education is a possibility to ensure a multi-sensory and dynamic teaching, from the use of different resources and

pedagogical approaches. For nursing, technological tools to enable education training based on qualified care and patient safety, as well as assist the teacher to simulate realistic environments and practice-oriented. This teaching strategy gains importance in the technological development of nursing care, in addition to being viable for the teaching/learning process of requiring technical skills in health, enabling access to multiple information to meet the needs of patients better. Nurses should develop your role in an innovative way. Self-instructional courses, distance education, videos, infographics, and other digital tools help to diffuse the theory and practice of this process, taking the knowledge, enabling the implementation of NP through the SNA with a positive effect on the health care of patients, and consequently, enhancing the nursing team professionals.

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