Applicability of the Nursing Process in hospital care: interface with best practices

Aplicabilidade do Processo de Enfermagem na atenção hospitalar: interface com as melhores práticas

Aplicabilidad del Proceso de Enfermería en la atención hospitalaria: interfaz con las mejores prácticas

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Abstract: Objective: to analyze the applicability of the Nursing Process in interface with best practices. **Method:** cross-sectional study, conducted with 146 nurses, using a structured survey questionnaire, applied between May and September 2019, analyzed by descriptive and inferential statistics. **Results:** of the 146 nurses, 115 (78.8%) performed the Nursing Process, and 73 (50%) applied the five steps of the Nursing Process. Of these 115 prevailed the steps of data collection 110 (95.7%) and implementation of care 104 (90.4%). There was a significant association between the application of the steps of the Nursing Process using information systems and evaluation scales. Some steps of the Process were associated with the use of Standardized Language Systems and nursing theories. **Conclusion:** the Nursing Process is configured as a strategy to consolidate the best practices, basing the actions on scientific evidence and on the needs of the individual through clinical expertise and qualification of the records. **Descriptors:** Nursing; Nursing Process; Tertiary Healthcare; Practice Patterns, Nurses'; Nursing Records

Resumo: Objetivo: analisar a aplicabilidade do Processo de Enfermagem em interface com as melhores práticas. **Método:** estudo transversal, realizado com 146 enfermeiros(as), mediante questionário estruturado tipo *survey*, aplicado entre maio e setembro de 2019, analisado por estatística descritiva e inferencial. **Resultados:** dos 146 enfermeiros(as), 115 (78,8%) realizavam o Processo de Enfermagem, sendo que 73 (50%) aplicavam as cinco etapas do Processo de Enfermagem. Destes 115, prevaleceram as etapas de coleta de dados 110 (95,7%) e implementação do

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cuidado 104 (90,4%). Houve associação significativa entre a aplicação das etapas do Processo de Enfermagem com o uso de sistemas de informação e escalas de avaliação. Algumas etapas do Processo foram associadas ao uso de Sistemas de Linguagem Padronizada e teorias de enfermagem. **Conclusão:** o Processo de Enfermagem configura-se como estratégia para consolidar as melhores práticas, fundamentando as ações em evidências científicas e nas necessidades do indivíduo mediante expertise clínica e qualificação dos registros.

Descritores: Enfermagem; Processo de Enfermagem; Atenção Terciária à Saúde; Padrões de Prática em Enfermagem; Registros de Enfermagem

Resumen: Objetivo: analizar la aplicabilidad del Proceso de Enfermería en interfaz con las mejores prácticas. **Método:** estudio transversal, realizado con 146 enfermeros, utilizando un cuestionario de encuesta estructurada, aplicado entre mayo y septiembre de 2019, analizado por estadística descriptiva e inferencial. **Resultados:** de los 146 enfermeros, 115 (78,8%) realizaron el Proceso de Enfermería, y 73 (50%) aplicaron las cinco etapas del Proceso de Enfermería. De esos 115, prevalecieron las etapas de recolección de datos 110 (95,7%) y la implementación de la atención 104 (90,4%). Hubo asociación significativa entre la aplicación de las etapas del Proceso de Enfermería con el uso de sistemas de información y escalas de evaluación. Algunas etapas del Proceso fueron asociadas con el uso de sistemas estandarizados del lenguaje y teorías de enfermería. **Conclusión:** el Proceso de Enfermería se configura como una estrategia para consolidar las mejores prácticas, basando las acciones en la evidencia científica y en las necesidades del individuo a través de la experiencia clínica y la calificación de los registros.

Descriptores: Enfermería; Proceso de Enfermería; Atención Terciaria de Salud; Pautas de la Práctica en Enfermería; Registros de Enfermería

Introduction

The best practices in nursing aim to qualify the performance and results at health services. For the World Health Organization (WHO), they comprise a technique that can be used to implement solutions that lead to a given result that meets the patient's needs and can be replicated in similar situations.[1] In a conceptual expansion, it is an inseparable set of theories, techniques, processes and activities more appropriate to perform care in specific contexts and situations through available knowledge and resources and based on evidence.[2]

The use of the Nursing Process (NP) converges with the concept of best practices, as it is considered a method with the purpose of qualifying care in the environments where there is nursing care. It is a methodological instrument structured in five steps: data collection, diagnosis, planning, implementation and evaluation, which allow the recording of the care provided.[3-4]

The organization of the NP should be based on scientific evidence,[5] in order to strengthen evidence-based practice (EBP) and, consequently, best practices. EBP is understood as a way to foster

and stimulate actions based on scientific research results. Best practices, in turn, are formed by a triad comprising scientific evidence, clinical expertise and the individual's need.[6]

It is important to highlight that the NP aims to encourage best practices based on a professional standard that contributes to the development and implementation of the clinical practice of nurses in order to meet care demands and changes in the dimensions of practice.[7] Establishing guidelines based on EBP significantly impacts training processes, in the case of Brazil, especially in particular to what the National Curriculum Guidelines determine for the education of nurses.

In this sense, Resolution n. 573/2018 of the National Health Council recommends that the Curricular Guidelines of Nursing guide care through the NP and the use of a classification system or, also, Standardized Language Systems (SLS) as care technology focused on individual and collective health needs, considering the legislation and health policies in force.[8]

The execution of the NP leads to best practices, because it supports decision-making based on scientific knowledge, clinical experience and the needs of the individual, making up the triad of best practices.[6] In addition to guiding professional practice, the NP guides and guarantees compliance with the norms that regulate nursing care. Another important feature of best practices is the sharing of knowledge and information.[1,3,6]

In Brazil, even with the legal obligation,[3] there are still difficulties for implementing the NP. National studies addressing the perception of nurses about the NP and its applicability[9-11] revealed that professionals perform it, when possible, in a fragmented and inadequate way in relation to the theoretical framework. Such prerogatives justify the need to know how the NP is being performed in the region under study, considering that it is a national legislation and the identification of the needs for advancement concerning the best practices in hospital care.

Considering the above, the question is: can the application of the NP contribute to the consolidation of best practices in nursing? Therefore, the aim was to analyze the applicability of the NP in interface with best practices.

Method

This is a cross-sectional study conducted in eight hospital units located in two Health Macro regions of the State of Santa Catarina. These hospitals were selected because they are reference units for care from the Unified Health System (UHS).

The participants were nurses working in hospital care and their respective contacts were provided by the Brazilian Association of Nursing - Santa Catarina Section (ABEn/SC), totaling 272 professionals. Of these, it was estimated the need for 136 returns, in line with the sample calculation, which considered the confidence interval equal to or greater than 90%, the proportion of 50%, and the margin of error of 5%.

As inclusion criteria, it was established to be a nurse, with a minimum performance of one year in hospital care. As an exclusion criterion, nurses who were on leave or absent from the service for any reason during the data collection period. The response of 152 nurses was obtained; of these, six were excluded because they did not meet the inclusion criteria, totaling 146 participating nurses.

A survey questionnaire was used, structured at Google Forms, containing variables that included the performance of the NP in hospital care (stages of NP and use of SLS and nursing theory) and work aspects (use of information systems and indicators, patient evaluation scales, multiprofessional care). The survey was forwarded by e-mail, and data collection occurred between May and September 2019.

The data were organized at a spreadsheet in Microsoft Excel® software and imported for analysis in the statistical program Statistical Package for the Social Sciences (IBM SPSS®)

version 20.0. Descriptive analysis was performed with variables presented as absolute and relative frequency and parametric tests. For the analysis of the association of the variables, the Pearson Chi-square Test or Fisher's Exact were used. The statistical significance considered was $p<0.05$.

Study approved by the local Human Research Ethics Committee according to opinion n. 2.380.748 of November 14, 2017. The e-mail sent to the nurses contained an invitation to participate in the study and the survey link, which contained the Informed Consent Form, meeting the Guidelines and Regulatory Standards of Research involving Human Beings (Resolution 466/2012). Access and response to the questionnaire formalized the participation in the research.

Results

The application of the NP, considering the five steps, was performed by 73 nurses (50%), of whom 42 (28.8%) performed some steps of the NP and 31 (21.2%) reported not performing care based on the steps of the NP. These steps refer to data collection, diagnosis, planning, implementation and evaluation of nursing. They were performed in whole or in part by 115 (78.8%) of the 146 study participants. The description of the performance of the steps of the NP, which could be done in whole or in part, is presented in Table 1.

Table 1 – Description of the implementation of the stages of the EP, Santa Catarina, Brazil, 2020. (n=115)

Variables	n	%
Performs data collection step		
Yes	110	95.7
No	5	4.3
In the data collection stage, the Nursing History is performed		
Each sector has its model	56	38.4
It has a standard model for all units	44	30.1
Does not have a nursing history model	15	10.3
In the data collection stage, there is a Physical Examination		
At different times during the patient's hospitalization	80	69.6
Only on patient admission	29	25.2
Does not perform physical examination	6	4.1
Performs nursing diagnosis step		

Yes	96	83.5
No	19	16.5
Nursing diagnoses are renewed every 24 hours		
Yes	93	80.9
No	22	19.1
Performs nursing planning step		
Yes	90	78.3
No	25	21.7
Performs implementation step		
Yes	104	90.4
No	11	9.6
Nursing prescriptions are registered in the medical record		
Yes, with scheduling and checking	96	83.5
Yes, but without scheduling and checking	6	5.2
No	13	11.3
Performs nursing assessment step		
Yes	92	80
No		
Records the nursing assessment in medical records		
Yes	80	69.6
No	35	30.4

For the application of the NP, the nurse can use data from information systems, health indicators and scales that assist in clinical decision-making (Table 2).

Table 2 – Use of data from information systems, health indicators and scales for the applicability of the NP, Santa Catarina, Brazil, 2020. (n=146).

Variables	Applies the Nursing Process						p
	Yes, all steps		Yes, some steps		No		
	n	%	n	%	n	%	
Uses data from information systems and/or indicators to plan and evaluate activities							0.018*
Yes, to plan and evaluate	46	31.5	15	10.3	11	7.5	
Yes, for some specific need	14	9.6	15	10.3	13	8.9	
Does not use	13	8.9	12	8.2	7	4.8	
Uses patient rating scales in the unit/sector							0.015*
Yes	63	43.2	34	23.3	19	13.0	
No	10	6.8	8	5.5	12	8.2	

* Pearson's Chi-square Test

Table 3 presents the variables related to performing the NP steps considering SLS, nursing theories, multiprofessional care, information systems and/or indicators to plan and evaluate nursing and team actions.

Table 3 - Use of Standardized Language Systems and nursing theories in the applicability of NP, Santa Catarina, Brazil, 2020. (n=115)

Variables	Yes		No		p
	n	%	n	%	
Performs Nursing Diagnosis					
Uses SLS[†]					0.021*
Yes	53	46.1	5	4.3	
No	43	37.4	14	12.2	
Performs Nursing Planning					
The NP[‡] is based on some nursing theory (n=84)					0.014f
Yes	64	76.1	10	11.9	
No	5	6.0	5	6.0	
Uses some of SLS[†]					0.037*
Yes	50	43.5	8	7.0	
No	40	34.8	17	14.8	
Performs the Implementation step					
Uses some of SLS[†]					0.004f
Yes	57	49.6	1	0.9	
No	47	40.9	10	8.7	
Participates in multidisciplinary care in his/her work environment					0.006f
Yes	94	81.7	6	5.2	
No	10	8.7	5	4.3	
Performs Nursing Assessment					
The NP[‡] is based on some nursing theory (n=84)					0.014f
Yes	64	76.1	10	11.9	
No	5	6.0	5	6.0	
Uses information from information systems and/or indicators to plan and evaluate its actions and the actions of the team					0.050*
Yes, to plan and evaluate	54	47.0	7	6.1	
Yes, for some specific need	20	17.4	9	7.8	
Does not use	18	15.7	7	6.1	

*Pearson's Chi-square test. fFisher's Exact Test. [†]Standardized Language Systems. [‡]Nursing Process

Table 4 presents the data referring to the nursing theory that subsidizes the application of NP in the form of documentation and registration of care and use of SLS in the

implementation. It is noteworthy that the SLS mentioned by the participants were NANDA International (NANDA-I), which define nursing diagnoses, Nursing outcomes classifications (NOC), the expected results and their respective indicators and Nursing interventions classifications (NIC), nursing interventions and activities.

Table 4 – Form of documentation, nursing theory and Standardized Language Systems used to apply the NP, Santa Catarina, Brazil, 2020. (n=115)

Variables	n	%
NP* is based on some theory		
Yes	74	64.3
No	10	8.7
Cannot answer	31	27.0
NP* is documented		
In physical record (on paper)	70	60.9
In electronic medical record	39	33.9
Not documented	6	5.2
Uses SLS[†] / taxonomy for carrying out the NP*		
Yes	58	50.4
No	39	33.9
No, because I do not know the SLS [†]/taxonomy	18	15.7
SLS[†] / taxonomy used to perform the NP* (n=58)		
NANDA-I, NIC and NOC	19	32.8
Only NANDA-I	32	55.2
NANDA-I and NIC	4	6.9
NANDA-I and NOC	3	5.1

*Nursing Process. [†] Standardized Language Systems.

Discussion

The steps of the NP should be carried out interrelated, interdependent and recurrent.[3] The NP, when implemented in a fragmented way, tends not to achieve the expected results. The data reveal that nurses collect the data and start performing the intervention. In another study, the authors emphasize the need for planning that sometimes occurs, but inanely and without adequate registration.[12] In practice, the thought process that leads to clinical reasoning needs to

occur in all stages of the NP.[13] The failure in question concerns, precisely, the lack of records, since decision-making is part of this clinical reasoning of the nurse.

The study shows a significant association between the performance of the NP and the use of evaluation scales of patients, who consider that the scales are evaluation instruments elaborated through theoretical references and undergo rigorous validation and accuracy processes to be used. There is, therefore, support of an evidence-based practice on the part of professionals during the application of the NP, which is in line with what is recommended by best practices.[14]

The performance of the NP in all its steps was significantly related to the use of information systems and/or indicators, to plan and evaluate the actions of the nurse and the team. The NP has an interface with this information since, to monitor indicators, it is necessary to use these systems, which are essential to monitor the maintenance, progression or regression of the patient's clinical picture. A study reveals that complete, accurate and duly recorded data in the Information Systems contribute to the structuring of an informational culture for the registration of care. The information promotes the critical appropriation of the recorded data, producing knowledge and favoring the decision-making of nurses, facts that contribute to the elaboration of effective strategies to cope with the identified problems.[15]

Regarding the stage of data collection of the NP, the results reveal that most nurses organize the nursing history adapted to the reality of the units where they work, which is in line with the literature,[16] which aims to understand the individual in all his/her dimensions, favoring decision-making. Regarding the physical examination, most participants stated that they perform it at various moments of hospitalization, emphasizing the importance of performing it both in the initial data collection step and in the subsequent evaluation. The physical examination allows identifying the health needs of the individual, who may or may not undergo changes from the care provided.[17]

In the nursing diagnosis step, most participants identify the diagnoses, significantly relating them to the use of SLS. The diagnostic reasoning process incorporates factors such as impressions and the subjectivity of nurses, characteristics associated with the knowledge and experiences of nurses. The use of SLS in this process allows executing accurate diagnostic reasoning, avoiding dispersions or inconsistencies in clinical judgment. SLS are tools that corroborate diagnostic reasoning; however, it is essential that data collection also occurs in a structured way, so that it directs nurses to assertive diagnoses.[18] The results point to the confirmation and demonstration that the steps of the NP occur, in fact, in an interconnected and interdependent way.

For the steps of planning and implementation of the NP to be reliable to the patient's care needs, nursing prescriptions need to be performed individually and must be recorded, appropriated and checked, as well as constantly updated.[19] The study revealed that the execution of the nursing planning step is based on theories and the use of SLS. This step of the NP allows the professional to focus on planning care based on the individual's health needs.[5] Nevertheless, in the process of identifying priorities, scientific knowledge must be tied to the clinical expertise of nurses, which becomes possible from the use of nursing theories, which confer scientific contribution, guiding the relations of care.[20] Planning in a standardized manner, through the use of SLS, facilitates communication between nurses and with other team members.[21] The use of SLS improves nursing records, but sometimes planning happens, but is not recorded.[22]

The implementation step was associated with the use of SLS and the participation of nurses in multidisciplinary care. SLS guide the clinical reasoning of nurses and allow improving care based on scientific knowledge. On the other hand, the literature shows that the expansion of the use of SLS in clinical practice is a challenge,[23] thus the significant association evidenced demonstrates a significant change in the culture of the use of SLS with a view to best practices in nursing.

Regarding the multidisciplinary actions present in this step of the NP, it is worth mentioning that the resolution of the Federal Nursing Council (COFEN) n. 358/2009 mentions that only the diagnosis and nursing prescriptions are private to the nurse, and in the other steps, there may be the performance of other nursing professionals.[3] The complexity of individuals and their care needs make professionals invariably keep up to date. Moreover, the constant transformations in health services require articulated and integrated approaches among professionals, thus all dimensions of individual care are contemplated, thus uncovering the importance and effectiveness of multiprofessional work.[24]

The last step of nursing evaluation was significantly associated with the NP being based on nursing theory and the use of information systems and/or indicators to plan and evaluate the actions of the nurse and the team. For the record of continuity of care, studies reveal that the theoretical models applied to the evaluation present satisfactory results since they guide critical thinking and decision-making from the evaluation performed, distancing the professional practices of empiricism, furthermore, that information systems and indicators are essential for the patient's evaluation, provide data and parameters for care.[15,20]

In order to achieve the effectiveness of the NP, it is necessary to be continuous, integrating the work process of the nurse in the evaluation of the patient after the nursing intervention in order to measure the answers based on the expected results. The clinical evaluation will allow stating whether there were changes regarding the expected results, whether the patient will maintain the same nursing diagnosis, whether new answers are expected or if new interventions are still needed.[3] There are also those who do not perform the evaluation step, thus putting at risk the integrality of care and the recording of information about service users, since there is no parameter to measure the results achieved after the intervention, underestimating its benefits.[19]

In relation to nursing theories, sometimes these were confused with SLS and other concepts. The theories provide subsidies to promote and conduct the professional's action in all dimensions of care, influencing the performance with quality, holistically and based on science. In this perspective, professional performance without theoretical basis tends to be carried out adrift of a parameter and model of care, impairing the performance of the profession.[20] It is worth noting that theories go through a conceptualization of best nursing practices, aligned with neomodernist principles of science, proposing to overcome dichotomies between theory and practice, disciplinary and multidisciplinary, universality and uniqueness, even contributing to the consolidation of the quality UHS.[2]

Regarding the NP documentation, the study reveals a sub-record of care and reinforces the culture of incomplete or absent nursing records in the services, weakening the consolidation of best practices.[6] Both the law of professional practice and Resolution 429/2012 of COFEN[25] reinforce that professionals are responsible for recording in the patient's medical records any and all nursing actions, including the NP. The electronic patient's medical record (EPMR) makes the process and communication between professionals more agile, with legal support before the digital signature. However, the unawareness of using software sometimes hinders this process, evidencing that the use of technological resources requires insertion and training of the team to computerization.[26]

As for SLS, which allow standardizing the operationalization and registration of NP, it is evident that slightly over half of the participants use it, with prevalence of NANDA-I. This represents that nurses develop or, minimally, are in the process of developing/improving diagnostic accuracy, being understood as a positive aspect because they make more precise the classification and categorization of the areas of activity of the nurse in relation to the patient's health needs. The NANDA-I, NIC, and NOC binding ensures that all steps of NP can be

implemented in a structured, standardized and evidence-based manner. A study reveals that these nomenclatures have their application more focused on hospital care.[21]

The importance of investing in nursing education and continuing education actions with a view to contributing to the understanding of nurses about NP and the use of SLS and, consequently, improving care actions and records. SLS favor clinical reasoning and enable good quality communication, important factors for nursing practice to be effective, visible, quantifiable and qualified.

Permanent education actions favor meaningful learning by transforming work processes, reorganizing the service, supporting and qualifying nursing records in medical records with the purpose of guiding, clarifying and reinforcing knowledge about aspects that are relevant to execute and ensure the user safety and the nursing team.[27] Another study reveals that the implementation of an instrument based on SLS improves the quality of nurses' records, ensuring improvement in clinical evaluation, decision making, care planning and nursing outcomes.[28]

In this context, facing the challenges to expand the interface of the applicability of the NP from the perspective of best practices becomes urgent. These are challenges related to the work process of nurses, the systematization of care, training, the guarantee of materials and conditions of applicability of the steps of the NP and that involve issues of the order of knowledge, management, ethics and care technique to ensure the purposes and commitments of professionals with the care provided.

It is urgent to highlight the importance of the various movements that have been planned, discussed and developed to ensure the sustainability of the execution of the NP as its own field of knowledge and practice to ensure autonomy and professional identity, incorporating the best nursing practices in the scenarios of development of theoretical and practical knowledge.

The study presented limitations regarding representativeness, being restricted to the participation of nurses from a single macro-region of the State, which would allow possible comparisons of variables and outcome between different regions. In this sense, it is suggested to carry out other national studies in order to analyze and compare local specificities.

This study contributes to nursing in the condition of science and profession by revealing that the performance of the NP, at all steps, is a strategy to consolidate the best practices in nursing. However, this will only become effective when nurses understand the importance of evidence-based practices/actions and incorporate the NP into their professional identity and health institutions.

Conclusion

The applicability of the NP can interfere in the consolidation of the best practices of nurses in the studied region, since care is carried out based on scientific evidence, respecting the needs of individuals. These evidences are combined with the clinical expertise of the nurse, resulting in the care of excellence.

The professionals collect data with instruments appropriate to the profile of the patients met and perform the physical examination at different moments of hospitalization. They plan, prescribe and evaluate; however, they do not always record these actions in the patient's medical records, which hinders consolidating the best practices. Thus, the NP acts as a strategy for the qualification of nursing records, as well as information systems and indicators, when properly fed, provide subsidies for continuity and quality of care.

The steps of the NP have a significant association with the use of nursing theories and SLS, with NANDA-I being the most prevalent nomenclature, demonstrating that the nursing diagnosis step has been performed based on science, instigating the improvement of diagnostic

accuracy. It is still evident the lack of knowledge of nurses about nursing theories and SLS, which are eventually confused with each other.

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