

# What facilitates and hinders the Systematization of Nursing Care in the perception of nurses in family health units?

## O que facilita e dificulta a Sistematização da Assistência de Enfermagem na percepção dos enfermeiros das Unidades de Saúde da Família?

## ¿Qué facilita y dificulta la Sistematización de la Atención de Enfermería en la percepción de los enfermeros en las Unidades de Salud de la Familia?

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# REVISA

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### RESUMO

**Objetivo:** analisar os elementos facilitadores e dificultadores na realização da Sistematização da Assistência de Enfermagem e Processo de enfermagem a partir da percepção dos enfermeiros das Unidades de Estratégia Saúde da Família. **Método:** Estudo descritivo-exploratório, de corte transversal e abordagem quantitativa, por meio da aplicação de um questionário auto aplicado. **Resultados:** perfil de profissionais predominantemente do sexo feminino com idade prevalente entre 30-40 anos e um equilíbrio entre tempo de atuação profissional (média 10,7 anos) entre 2-10 anos e maior do que 10 anos, além de uma média de atuação na APS de 8,8 anos, demonstrando uma equipe com boa experiência, o que facilitou a interpretação dos resultados. **Elementos facilitadores:** reconhecimento da importância da realização do Processo de enfermagem sobre o desenvolvimento do raciocínio clínico do enfermeiro, o benefício para o paciente e para a equipe de saúde. **Elementos dificultadores:** falta de linguagem universal padronizada; despreparo do profissional para realização da Sistematização da Assistência de Enfermagem na APS; sobrecarga de atendimentos ao longo do dia; falta de colaboração da equipe durante a consulta, com muitas interrupções; baixa oferta de capacitação sobre Sistematização da Assistência de Enfermagem/Processo de enfermagem pela instituição; baixa valorização da consulta de enfermagem tanto pela equipe, quanto pela população em geral; falta de impressos com diagnósticos e prescrição de enfermagem. **Conclusão:** Para facilitar a implementação da Sistematização da Assistência de Enfermagem/Processo de enfermagem, os enfermeiros referiram que: há a necessidade do conhecimento de Sistematização da Assistência de Enfermagem/Processo de enfermagem pelo enfermeiro, a necessidade de capacitação da equipe pela unidade de saúde, a adoção de linguagem padronizada e a adoção de protocolos.

**Descritores:** Cuidados de enfermagem; Organização e Administração; Atenção Primária a Saúde; Processos de enfermagem; Legislação de enfermagem.

### ABSTRACT

**Objective:** to analyze the elements that facilitate and hinder the accomplishment of the Systematization of Nursing Care and Nursing Process from the perception of nurses from the Family Health Strategy Units. **Method:** Descriptive-exploratory study, cross-sectional and quantitative approach, through the application of a self-processed questionnaire. **Results:** profile of predominantly female professionals with a prevalent age between 30-40 years and a balance between professional experience (average 10.7 years) between 2-10 years and greater than 10 years, in addition to an average performance in the PHC of 8.8 years, showing a team with good experience, which facilitated the interpretation of the results. **Facilitating elements:** recognition of the importance of carrying out the Nursing Process on the development of the nurse's clinical reasoning, the benefit for the patient and the health team. **Difficult elements:** lack of standardized universal language; unpreparedness of the professional to carry out the Systematization of Nursing Care in PHC; overload of assistance throughout the day; lack of team collaboration during the consultation, with many interruptions; low training offer on Nursing Care Systematization / Nursing process by the institution; low valuation of the nursing consultation by both the team and the population in general; lack of printed forms with nursing diagnoses and prescription. **Conclusion:** To facilitate the implementation of the Systematization of Nursing Assistance / Nursing Process, nurses reported that: there is a need for knowledge of Systematization of Nursing Assistance / Nursing Process by nurses, the need for staff training by the health unit, an adoption of standardized language and an adoption of protocols.

**Descriptors:** Nursing education; Organization and Administration; Primary Health Care; Nursing Process; Nursing Legislation.

### RESUMEN

**Objetivo:** analizar los elementos facilitadores y obstaculizadores en la realización del Proceso de Sistematización de la Atención y Enfermería desde la percepción de los enfermeros de las Unidades de Estrategia de Salud de la Familia. **Método:** Estudio descriptivo-exploratorio, de abordaje transversal y cuantitativo, mediante la aplicación de un cuestionario autoprosesado. **Resultados:** perfil de profesionales predominantemente mujeres con una edad prevalente entre 30-40 años y un balance entre tiempo de experiencia profesional (promedio 10,7 años) entre 2-10 años y mayor de 10 años, además de un desempeño promedio en la APS de 8,8 años, mostrando un equipo con buena experiencia, lo que facilitó la interpretación de los resultados. **Elementos facilitadores:** reconocimiento de la importancia de la realización del Proceso de Enfermería en el desarrollo del razonamiento clínico del enfermero, el beneficio para el paciente y el equipo de salud. **Elementos difíciles:** falta de lenguaje universal estandarizado; falta de preparación del profesional para realizar la Sistematización de la Atención de Enfermería en la APS; sobrecarga de asistencia a lo largo del día; falta de colaboración en equipo durante la consulta, con muchas interrupciones; baja oferta formativa en Sistematización de la Atención de Enfermería / Proceso de Enfermería por parte de la institución; baja valoración de la consulta de enfermería tanto por parte del equipo como de la población en general; falta de formularios impresos con diagnósticos de enfermería y prescripción. **Conclusión:** Para facilitar la implementación de la Sistematización de la Asistencia / Proceso de Enfermería, las enfermeras informaron que: existe la necesidad de conocimiento de la Sistematización de la Asistencia / Proceso de Enfermería por parte de las enfermeras, la necesidad de capacitación del personal por parte de la unidad de salud, una adopción de lenguaje estandarizado y adopción de protocolos.

**Descriptorios:** Atención, Organización y Administración; Atención Primaria de Salud; Procesos de Enfermería; Legislación de Enfermería.

## Introduction

The Systematization of Nursing Care (SAE) organizes the activities of the nursing team and the flow of care, corroborating in the practice of the team's action in interdisciplinarity and care for care in a humanized way. The SAE also benefits the health establishment generating safety in the planning, execution and evaluation of the conduct of the nursing professional, autonomy for the nurse, reduces hospitalization time and use of resources.<sup>1</sup>

SAE is not exactly new. It can be said that it is an evolution of the organization of care in the field hospital during the Crimean war, conceived by Florence Nightingale, in which she advocates, together with 38 other women in 1864, that nurses should submit to a disciplinary organization.<sup>2</sup>

In our country, in 1970, Wanda Horta elaborated the Nursing Process (PE) composed of five stages: 1) collection of nursing data or Nursing History; 2) Nursing diagnosis; 3) Nursing Planning; 4) Implementation of the plan and 5) Nursing Assessment.<sup>3</sup>

The implementation of the SAE, which takes place through the EP, began to be required with its regulation from 2002, being a methodology developed from the practice of nurses to sustain management and care in the nursing process, that is, nurses should perform their work based on THE, which allows organizing and systematizing care management, providing better quality of care.<sup>3-4</sup>

From the perspective of COFEN resolution 358/2009, which determines that SAE should be applied in all services where nursing operates, it can be affirmed that THE had its beginning and expanded in hospital services. It seems to us that Primary Health Care (PHC) in Brazil does not use the usual and customary use of SAE. This difficulty may be related to the traditional structuring of NCS and PE, more widely developed in hospital care and which has anchored in the biological model.<sup>5-7</sup>

The phC is required to restructure the SAE, based on the principles established by the Unified Health System for this point of the care network that considers the uniqueness of individuals who are part of the family and social group, groups that are residents of a given territory.<sup>8</sup>

In this sense, nursing can systematize its care in several ways, directed by management/care models and, based on administrative theories, but it is important to be clear that to adapt the different models to the reality of each health institution, it is necessary to base its methodology based on a solid theoretical and scientific structure, in order to plan, organize and systematize care.<sup>9</sup>

In this sense, since SAE is a legal prerogative of the practice of nurses, following a premise of solid scientific methodology, there is doubt about how phC nurses, specifically in the Family Health Strategy Unit, perceive sae.

Recognizing the importance of SAE and PE in PHC, this study aimed to analyze the facilitating and hindering elements in the realization of the Systematization of Nursing Care and Nursing Process from the perception of nurses from the Family Health Strategy Units.

## Method

This is a descriptive-exploratory study, cross-sectional and quantitative approach, through the application of a self-applied questionnaire.

The study was carried out in the city of São Paulo, which has 300 ESF sfs of 464 UBSs under the management of the Municipal Health Department and co-management with different Social Organizations (OS) in 2021. The Western Coordination was elected, composed of 29 UBSs, 15 of which were ESF and one of the Community Health Agents Strategy Teams (EACS). The UBS that participated in this have a management contract with the Family Health Association (ASF) and associação Paulista para o Desenvolvimento da Medicina (SPDM).

The study subjects were nurses from the UBS of the West CRS with esf, excluding professionals who were on vacation or away for any reason during the period in which the research data were collected. There was no distinction between nurses and technical nurses. The 70 nurses working at CRS Oeste do Estado de São Paulo, making up the entire study population, accepted participation in the study, 46 of which were technical supervision of Butantã and 24 respondents corresponded to lapa/pinheiros supervision.

The questionnaire was completed by the nurses from July to December 2019, invited to participate in the research voluntarily by the researcher in an alignment meeting of technical supervisions.

The instrument used was a modified and structured questionnaire, with answers that characterize the professional nurse to better understand their relationship with THE and PE and is composed of an initial part that analyzes the characteristics of the interviewee (age, gender/gender, type of educational institution, time of professional activity and type of health unit that operates); a second part in which it assesses the individual perception of SAE and PE in the following aspects: knowledge, benefits and hindering or facilitating elements; and a third part that analyzes the individual perception about the situation of SAE and PE in the unit in which the nurse works.<sup>10</sup> For the last two parts, the instrument has a Likert scale response scale, considering five response levels: 1) I totally disagree, disagree, I am in doubt, I agree and I totally agree; 2) never, rarely, sometimes, often and always. In the present study, we chose to demonstrate the results, the answers that contained these scales were adapted to only three results, being 1) disagree, neutral and agree; and 2) never, sometimes and always. In these situations, the answers positioned at the extremes would be unified, so "I totally disagree" and "disagree" turn into "disagree", "totally agree" and "agree" turn into "agree", "never" and "rarely" become never and, finally, "often" and "always" become "always". The intermediate levels of both scales remain with the same classifications, called "I am in doubt" and "sometimes".

The responses were consolidated into a database in Microsoft's Excel Spreadsheet version 2013. The data were evaluated by descriptive analysis, using absolute and relative distribution of the answers obtained by the form and were presented in the form of tables and tables.

The project was approved, on December 22, 2018, by the CEP - Ethics and Research Committee of the Municipal Health Department - SMS, of the City Of São Paulo - PMSP and CEP of EEUSP according to resolution of the National Health Council, through the opinion embodied n°90561718.7.3001.0086.

## Results

There is a predominance of females (69.94%), a mean age of 35.9 years and a mean professional performance of 10.7 years with an average of 8.8 years of phC, and 37.1% of nurses work in PHC for more than 10 years (Table 1).

**Table 1-** Sociodemographic characteristics of the Nurse Coordination of Health West of the State of São Paulo. Sao Paulo, 2019.

Variable	Characteristics	Nurses (n=70)	
		n	%
Age (Mean = 35,9 years) (24 - 60 years)	< 30 years	12	17,1
	30 - 40 years	45	64,3
	41 - 50 years	9	12,9
	> 50 years	4	5,7
Gender	Female	65	92,9
	Male	4	5,7
	Unanswered	1	1,4
Time of professional performance (Mean = 10,7 years) (1 - 35 years)	until 1year	2	2,9
	2 - 10 years	31	44,3
	> 10 years	33	47,1
	Unanswered	4	5,7
Time of professional performance in PHC (Average = 8.8 years) (3 months - 30 years)	up to 1 year	5	7,1
	2 - 10 years	38	54,3
	> 10 years	26	37,1
	Unanswered	1	1,4
Institution where you did your professional training	Public	20	28,6
	Private	50	71,4
Took lessons on SAE during vocational training	Yes	70	100
	No	0	0
Postgraduate course held	Did not perform	1	1,4
	Yes - public health	23	32,9
	Yes - public health	14	20,0
	Yes - family health	48	68,6
	Yes - Epidemiology other	1 27	1,4 38,6
Have you taken courses or training in the last five years?	Yes	69	98,6
	No	1	1,4
	Unanswered	0	0

Among the nurses participating in this study, more than 85% know what IS SAE and know the EP and pointed out eight problems as hindering for the implementation of THE and PE with a percentage above 55% of the responders, considering that neutral responses are more favorable to agreement than disagreement, as can be observed in Table 2.

**Table 2** – Main hindering factors listed for the implementation of NcS and PE. West Health. Sao Paulo, 2019.

Hindering factors	Disagree		Neuter		Agree		In Blank	
	N	%	N	%	N	%	N	%
Demand pressure with excess patients	16	22,9	5	7,1	49	70,0	0	0,0
Little training offer on SAE/PE by the institution	32	45,7	12	17,1	26	37,1	0	0,0
Interruptions by the team at the time of the nursing consultation hinder the development of the EP.	12	17,1	10	14,3	47	67,1	1	1,4
Failure of the nurse to perform the EP	11	15,7	13	18,6	45	64,3	1	1,4
Lack of appreciation of health professionals in relation to nursing consultation	28	40,0	8	11,4	34	48,6	0	0,0
Lack of appreciation of the population in relation to the nursing consultation	29	41,4	9	12,9	32	45,7	0	0,0
Lack of adequate structure for the implementation of the SAE/EP by the institution	23	32,9	9	12,9	36	51,4	2	2,9
Lack of familiarity with the nomenclatures existing by nurses	19	27,1	16	22,9	35	50,0	0	0,0

We observed that practically unanimously, the nursing professionals interviewed stated that THE can bring benefits to the health service user by promoting the individualization of care and, for the team, supports the organization of the work process (Table 3), showing the importance of understanding the difficulties for implementing THE/PE in health institutions to act in solving these difficulties.

**Table 3** - Distribution of nurses' answers about the benefits that the use of SAE and PE can bring. West Health. Sao Paulo, 2019.

Question	Disagree		Neuter		Agree		In Blank	
	N	%	N	%	N	%	N	%
The use of PE improves the quality of the nursing consultation	3	4,3	3	4,3	64	91,4	0	0,0
The implementation of the standardized nomenclature in the nursing consultation favors the documentation of the nurse's work	1	1,4	3	4,3	66	94,3	0	0,0

The execution of the EP favors the development of the nurses' clinical reasoning	1	1,4	1	1,4	68	97,1	0	0,0
The performance of the SAE/PE increases the autonomy of nurses in their work process	5	7,1	8	11,4	57	81,4	0	0,0
The sae and the nursing PE can bring benefit to the patient through the individualization of the	0	0,0	2	2,9	68	97,1	0	0,0
SAE can bring benefits to the team by organizing the work process	0	0,0	1	1,4	69	98,6	0	0,0

On the other hand, analyzing the nurses' responses in relation to what can facilitate the implementation of SAE/PE in the health unit (Table 4), it is clear that they agree that there are elements that may favor the implementation of the SAE/PE. Almost 100% agree that when nurses have knowledge about SAE and PE facilitates its implementation and that having a standardized language facilitates the application of THE, as well as the adoption of protocols, provision of training on SAE/PE for the team and, when the nurse is involved with the work, observing a level of agreement above 90% for all these questions. Above 80% agreement was found related to the need to prepare printed forms with nursing diagnosis and prescription as a facilitating tool for the application of THE, ensuring an adequate number of human resources to the recommendations of the Ministry of Health and the need of the institution to provide space for permanent education. In lower agreement, but still expressive in view of the disagreement observed (68.6% versus 11.4%), the existence of electronic medical records is considered important as a facilitator for the implementation of the EP.

**Table 4** - Distribution of responses according to the perception of what could facilitate the implementation of SAE and PE in its unit of work. West Health. Sao Paulo, 2019.

Question	Disagree		Neuter		Agree		In blank	
	N	%	N	%	N	%	N	%
The existence of electronic medical records facilitates the implantation of NP	8	11,4	13	18,6	48	68,6	1	1,4
The elaboration of a form with nursing diagnoses and prescriptions facilitates the application of the NP	4	5,7	6	8,6	60	85,7	0	0,0
Offering training on SAE / PE to staff facilitates its effectiveness.	0	0,0	1	1,4	67	95,7	2	2,9
The institution offers space for permanent education for nurses, focusing on SAE, facilitates the application of SAE and PE.	6	8,6	8	11,4	56	80,0	0	0,0

The guarantee of human resources in an adequate number to that recommended by the Ministry of Health facilitates the implementation of the SAE and the realization of the EP in primary care	2	2,9	6	8,6	62	88,6	0	0,0
When nurses are involved with work, it facilitates the implementation of The SAE/PE	0	0,0	3	4,3	66	94,3	1	1,4
The adoption of a standardized language facilitates the application of the EP	1	1,4	3	4,3	66	94,3	0	0,0
Adoption of protocols facilitates the implementation of SAE/PE	1	1,4	3	4,3	66	94,3	0	0,0
When nurses have knowledge about SAE and PE facilitates its implementation	0	0,0	1	1,4	69	98,6	0	0,0

## Discussion

### Facilitating elements

In this study, it was possible to observe that the majority not only know the SAE but also understand its need according to the current legislation. In part, this knowledge may be related to the time of action and professional training highlighted in Table 1.

The benefits of SAE are recognized by the nurses surveyed, whose advantages are both for the team and for users and reinforces the importance of the implementation of THE in health units, corroborating the literature that reports benefits at various levels of intensity, such as: relative to the organization of services, improvement in the quality of care, greater autonomy of nurses, increased patient safety, optimization of professional time and better management in the quality process.<sup>11-13</sup>

It is part of a good Management the presence of protocols aiming to optimize the time of health professionals, as well as ensure a routine for the implementation of the SAE/PE, facilitator observed in this study and, recommended by COFEN that published in 2018 guidelines to assist managers in the creation of these protocols to optimize the work process of the nursing professional.<sup>14-15</sup>

The use of terminologies is fundamental nowadays, in scientific, technological and professional communications. Among the nursing terminology there is already an important number of classification systems that allows a documentation that considers the steps of the EP.<sup>16</sup>

Training and continuing and continuing education is essential to enable the use of SAE/PE, otherwise the nursing team will incorrectly fill out specific forms, making it difficult to implement user recovery actions in care.<sup>13</sup> Another important aspect pointed out by the nurses of this research as a facilitator for the

implementation of THE/PE, is the presence of computerized systems to facilitate communication and, therefore, it is essential the presence of a standardized language among the management processes.<sup>17</sup>

For more than 10 years Brazil has been the country with the most publications on SIS with embedded terminologies, making it clear that it is providing to facilitate the realization of the EP in a computerized way. In the administrative area, the support of electronic systems is already a reality and these provide support to care work processes, since, through electronic medical records it is possible to enter health problems faster, effectively improve care through better reach to the results of treatments performed and optimization of resources among others.<sup>18</sup>

Considering the results of the research, considering mainly the benefits of SAE/PE, it is a fact that there needs to be an effort of the health care sector for the SAE to be implemented in our country. In São Paulo, COREN-SP has carried out actions with health services to implement THE, through Resolution COFEN 358/2009, which provides for the implementation of SAE in all environments where nursing care occurs, whether public or private.<sup>13,19</sup>

### **Hindering factors**

A study conducted by Salvador et al (2017), states that SAE is partially implemented in most Brazilian health institutions and the causes are related to organizational deficit, work overload, little cultural appreciation of THE, lack of habit and difficulty in acquiring skills, in addition to the resistance of working with new methodologies.<sup>20</sup>

According to Costa & Silva 2018, even though it is compulsory to use THE by legislative bodies of nursing competence, it is still not a reality in our country and, despite being present in the teaching grid, the implementation of THE among health services in Brazil are still below what is established by nursing legislation. The impediments found are work overload, low number of nurses who, in turn, prioritize bureaucratic and administrative activities, which also hinder in this research.<sup>9</sup>

The low value of nursing consultation by health professionals and the population is an important aspect to be evaluated in management, on the other hand, THE is a means of recognition and professional valorization of nurses. The incorporation of knowledge from the administrative area was interesting to influence the systematization of nursing care in work units and to value the performance of the nursing professional.<sup>13</sup>

The lack of familiarity with nomenclatures was raised as a complicating point, although a lower proportion, an issue also found in other studies of the same theme. It is believed that standardizing language for SAE is important and, it should be shared this implementation with the entire nursing team to facilitate the execution of the process and obtain better acceptance about the changes following the dynamics of each health institution<sup>21</sup>

No less important, is the need to maintain a team in an adequate number to perform the SAE/PE effectively, following RESOLUTION COFEN 293/2004, which establishes parameters for personnel dimensioning to be followed by each health institution, in order to implement the SAE in order not to overload the health team.<sup>13,18</sup>



An essential pillar for the realization of The SAE is also to think about aspects that deal with the infrastructure of services, according to Asunción & Pimenta (2020), health services are not always able to adapt infrastructure and the environment in general to propose an adequate development of the activities of this team.<sup>22</sup>

## Conclusion

The results of this research showed a profile of predominantly female professionals with a prevalent age between 30-40 years and a balance between working time (measured 10.7 years) between 2-10 years and older than 10 years, in addition to an average performance in PHC of 8.8 years, demonstrating a team with good experience, which facilitated the interpretation of the results.

The facilitating elements: recognition of the importance of performing the PE on the development of the nurse's clinical reasoning, the benefit for the patient and the health team.

In order to facilitate the implementation of SAE/PE in the health unit, many were reported, with greater emphasis on: need for knowledge of SAE/PE by nurses, need for training for the team by the health unit, adoption of standardized language and adoption of protocols.

Analyzing the items referred as hindering the implementation of THE, the following stand out: lack of standardized universal language; unpreparedness of the professional to perform THE in PHC; overload of attendances throughout the day; lack of team collaboration during the consultation, with many interruptions; low offer of training on SAE/PE by the institution; low appreciation of nursing consultation both by the team and by the general population; lack of forms with nursing diagnoses and prescriptions.

## References

1. Santos WN. Systematization of nursing care: the historical context, the process and obstacles to deployment. *J. Manag. Prim Health Care*, 2014; v.5 n.2 p.153-8.
2. Turkiewicz, Maria. História da Enfermagem. ETECLA . Paraná, ETECLA, 1995.
3. Hermida PMV & Araújo IEM. Sistematização da Assistência de Enfermagem: subsídios para implantação. *Rev Bras Enferm.* 2006 set-out; 59(5): 675-9
4. Oliveira APC, Coelho MEAA, de Almeida VCF, Lisboa KWSC, Macêdo ALS. Sistematização da assistência de enfermagem: implementação em uma unidade de terapia intensiva. Fortaleza: *Revista Rene.* 2012; v. 13( 3): 601-612
5. Foschiera, F.;; Vieira, C. S. O Diagnóstico de enfermagem no contexto das ações de enfermagem: percepção dos enfermeiros docentes e assistenciais. *Revista Eletrônica de Enfermagem.*, Goiânia. 2004; , v. 6(, n. 2);, p. 189-198,
6. CONSELHO FEDERAL DE ENFERMAGEM. Resolução COFEN-358/2009. Dispõe sobre a sistematização da assistência de enfermagem e a implementação do processo de enfermagem em ambientes, públicos ou privados, em que ocorre o cuidado profissional de Enfermagem, e dá outras providências. Brasília, DF: COFEN, 2009. Disponível em [http://cofen.gov.br/resoluco-cofen-3582009\\_4384.html](http://cofen.gov.br/resoluco-cofen-3582009_4384.html)

7. Neves RS, Shimizu HE. Análise da implementação da Sistematização da Assistência de Enfermagem em uma unidade de reabilitação. *Rev. Bras. Enferm.* [online], 2010; vol.63(2):222-229. ISSN 0034-7167. <https://doi.org/10.1590/S0034-71672010000200009>.
8. Rocha SMM, Almeida MCP. O Processo de Trabalho da Enfermagem em Saúde Coletiva e Interdisciplinaridade. *Rev. latinoam. enferm.* [internet]. 2000; 8(6):96-101. <http://www.scielo.br/pdf/rlae/v8n6/12354.pdf>
9. Costa AC, da Silva JV. Nurses' social representations of nursing care systematization. *Rev Enf Ref* [Internet]. 2018 Mar; serIV(16): 139-146. <https://doi.org/10.12707/RIV17069>
10. Caballero SPOS. Sistematização da assistência de enfermagem na Atenção Primária em Saúde: Diagnóstico situacional na perspectiva de profissionais de enfermagem. São Paulo. Tese [mestrado]- Escola de Enfermagem da Universidade de São Paulo:2020
11. Reis GS, Reppetto MA, Santos LSC, Devezas AMLO. Sistematização da assistência de enfermagem: vantagens e dificuldades na implantação. *Arq. méd. hosp. Fac. Ciênc. Méd. Santa Casa São Paulo.* [Internet]. 2016 ;61:128-32.
12. Alencar IGM, Nunes VS, Alves AS, Lima SLR, Melo GKM, Santos MAF. Implementação e implantação da sistematização da assistência de enfermagem. *Rev. enferm. UFPE on line.* [Internet]. 2018 [acesso em 2020 dez 01];12(4):1174-8.
13. Sousa BVN, Lima CFM, Félix NDC, Souza FO. Benefícios e limitações da sistematização da assistência de enfermagem na gestão em saúde. *J. nurs. health.* 2020;10(2):e20102001
14. Mola R, Dias ML, Costa JF, Fernandes FECV, Lira GG. Conhecimento dos profissionais de enfermagem sobre a sistematização da assistência de enfermagem. *J. res. fundam. care. Online.* 2019 jul/set; v. 11(4): 887-893
15. Cubas MR, Nichiata LYI. Experiências na aplicação de sae na aps na família. In: Fracolli AL, Padoveze MC, Soares CB. *Tecnologias de sistematização da assistência de enfermagem a famílias na atenção primária à saúde.* São Paulo: EE USP, 2020. Cap. 10, p.157-168.
16. Albuquerque LM, Cubas MR. *Cipescando em Curitiba: Construção e Implementação da Nomenclatura de Diagnósticos e Intervenções de Enfermagem na Rede Básica de Saúde.* Curitiba-PR, 2015.
17. Sanson G, Vellone E, Kangasniemi M, Alvaro R, D'Agostino F. Impact of nursing diagnoses on patient and organisational outcomes: a systematic literature review. *J Clin Nurs.* 2017 Dec;26(23-24): 3764-3783. doi: 10.1111/jocn.13717. Epub 2017 Feb 23
18. Carvalho CMG, Moro CMC, Cubas MR, Malucelli A. Sistemas de Informação em Saúde que integram terminologias de enfermagem: uma revisão de literatura. *J. Health Inform.* 2012 Abril-Junho; 4(2): 50-4
19. Barros ALBL, Lopes JL, Silva RCG. Classificações de linguagem em enfermagem. In: Coren-SP. *Processo de enfermagem: guia para a prática.* Conselho Regional de Enfermagem de São Paulo. São Paulo-SP: Coren-SP; 2015. cap. 4, p. 63-83
20. Salvador PTCO, Rodrigues CCFM, Bezerril MS, Ferreira LL, Chiavone FBT, Virgilio LA et al. Percepções de profissionais de enfermagem acerca da integração do técnico de enfermagem na sistematização da assistência. *Esc Anna Nery.* 2017; 21(2):e20170035

21. Krauzer IM, Adamy EK, Ascari RA, Ferraz L, Trindade LL, Neiss M. Sistematização da assistência de enfermagem na Atenção básica: o que dizem os enfermeiros? *Ciencia y enfermeria*. 2015; XXI (2): 31-38
22. Assunção AA, Pimenta AM. Satisfação no trabalho do pessoal de enfermagem na rede pública de saúde em uma capital brasileira. *Ciência & Saúde Coletiva*. 2020; 25(1): 169-180

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