Proposal of an Action Plan to Implement the Nursing Care Systematization in an Exclusive Oncological Palliative Care Unit

https://doi.org/10.32635/2176-9745.RBC.2026v72n1.5424EN

Proposta de Plano de Ação para Implantar a Sistematização da Assistência de Enfermagem em uma Unidade de Cuidados Paliativos Oncológicos Exclusivos

Propuesta de Plan de Acción para Implantar la Sistematización de la Asistencia de Enfermería en una Unidad de Cuidados Paliativos Oncológicos Exclusivos

Bianca Ribeiro Sales[1]; Marcelle Miranda da Silva[2]; Gabriela Villaça Chaves[3]

ABSTRACT

Introduction: The implementation of the Nursing Care Systematization (NCS) is a quality goal to be pursued in healthcare services. **Objective:** To conduct a situational diagnosis in the previously analyzed hospital unit for oncologic palliative care, identifying critical issues, strengths, and limitations for the implementation of the NCS, and to propose an action plan for its establishment. **Method:** Action research based on the theoretical framework of Situational Strategic Planning. Brainstorming, problem tree, and the 5W2H matrix were used. Seven nurse leaders from different care processes participated in meetings, and document analysis was additionally performed. **Results:** Three main macroproblems were identified: low professional qualification, shortage of human resources, and incipient management of technological resources. The diagnosis supported the development of an action plan including training, strengthening organizational culture, technological adequacy, and personnel resizing strategies. **Conclusion:** The situational diagnosis made it possible to identify critical issues, strengths, and limitations for the implementation of the NCS. It also supported the development of an action plan aimed at its implementation in the unit, contributing to the qualification and sustainability of care in oncologic palliative care.
Key words: Nursing Care/methods; Palliative Care; Strategic Planning.

RESUMO

Introdução: A implementação da Sistematização da Assistência de Enfermagem (SAE) é meta de qualidade a ser buscada em serviços de saúde. **Objetivo:** Realizar um diagnóstico situacional na unidade hospitalar de cuidados paliativos oncológicos previamente analisada, identificando os nós críticos, potencialidades e limitações para a execução da SAE, além de propor um plano de ação para sua implantação. **Método:** Pesquisa-ação com base no referencial do Planejamento Estratégico Situacional. Foram utilizados *brainstorming*, árvore de problemas e matriz 5W2H. Participaram sete enfermeiros líderes de diferentes processos assistenciais, em encontros presenciais. Foi realizada, ainda, análise documental. **Resultados:** Identificaram-se três macroproblemas principais: baixa qualificação profissional, escassez de recursos humanos e gestão incipiente de recursos tecnológicos. O diagnóstico subsidiou a construção de um plano de ação com medidas de capacitação, fortalecimento da cultura organizacional, adequação tecnológica e estratégias de redimensionamento de pessoal. **Conclusão:** O diagnóstico situacional permitiu identificar nós críticos, potencialidades e limitações para a execução da SAE e subsidiou a elaboração de um plano de ação voltado à sua implantação na unidade, contribuindo para a qualificação e sustentabilidade do cuidado em cuidados paliativos oncológicos.
Palavras-chave: Cuidados de Enfermagem/métodos; Cuidados Paliativos; Planejamento Estratégico.

RESUMEN

Introducción: La implementación de la Sistematización de la Atención de Enfermería (SAE) es una meta de calidad que debe ser buscada en los servicios de salud. **Objetivo:** Realizar un diagnóstico situacional en la unidad hospitalaria de cuidados paliativos oncológicos previamente analizada, identificando los puntos críticos, los potenciales y las limitaciones para la ejecución de la SAE, además de proponer un plan de acción para su implantación. **Método:** Investigación-acción basada en el marco referencial del Planeamiento Estratégico Situacional. Se utilizaron técnicas como *brainstorming*, árbol de problemas y matriz 5W2H. Participaron siete enfermeros líderes de diferentes procesos asistenciales, en encuentros presenciales y también se realizó un análisis documental. **Resultados:** Se identificaron tres macroproblemas principales: baja cualificación profesional, escasez de recursos humanos y gestión incipiente de recursos tecnológicos. El diagnóstico fundamentó la elaboración de un plan de acción con medidas de capacitación, fortalecimiento de la cultura organizacional, adecuación tecnológica y estrategias de redimensionamiento del personal. **Conclusión:** El diagnóstico situacional permitió identificar los puntos críticos, los potenciales y las limitaciones para la ejecución de la SAE. Asimismo, dio las bases para la elaboración de un plan de acción orientado a su implantación en la unidad, contribuyendo a la cualificación y sostenibilidad del cuidado en los cuidados paliativos oncológicos.
Palabras clave: Atención de Enfermería/métodos; Cuidados Paliativos; Planificación Estratégica.

[1]Instituto Nacional de Câncer (INCA), Hospital do Câncer IV (HC IV), Divisão de Enfermagem. Rio de Janeiro (RJ), Brasil. E-mail: birisa.biancasales@gmail.com. Orcid iD: https://orcid.org/0000-0002-4087-8585
[2]Universidade Federal do Rio de Janeiro (UFRJ), Escola de Enfermagem Anna Nery (EEAN). Rio de Janeiro (RJ), Brasil. E-mail: marcellemsufrj@gmail.com. Orcid iD: https://orcid.org/0000-0003-4872-7252
[3]INCA, Coordenação de Prevenção e Vigilancia (Conprev), Divisão de Vigilância e Análise de Situação. Rio de Janeiro (RJ), Brasil. E-mail: gchaves@inca.gov.br. Orcid iD: https://orcid.org/0000-0003-0029-7310
Corresponding author: Gabriela Villaça Chaves. Rua Marquês de Pombal, 125 – Centro. Rio de Janeiro (RJ), Brasil. CEP 20230-240. E-mail: gchaves@inca.gov.br

INTRODUCTION

Nursing Care Systematization (NCS) is a private nurse instrument, configured as a methodology for organizing and systematizing care. It is composed of steps in the Nursing Process: history, diagnosis, planning, and assessment. Its objective is to reduce complications in the treatment and favor patient adaptation and recovery[1]. The Nursing Process, adopted as a methodological process in NCS, guides systematical care through five interrelated and recurring steps, key to proper planning and assessment, aiming at catering to the needs of patients and their families. In this context, a holistic view is essential to ensure the quality of care in oncologic palliative care[2,3].

NCS also contributes to identifying care needs expressed by patients and their families, in addition to favoring articulation with the multiprofessional team, consolidating strategies focused on the individual[4]. Its implementation requires collective organization and planning, supported by information collection instruments, followed by the adoption of nursing theories and execution of the Nursing Process steps in the daily practice. Thus, NCS represents the care organization system, and the Nursing Process, the steps for its effectuation[5].

In the legal field, Resolution No. 272/2002 by the Federal Nursing Council (Cofen) made the inclusion of the NCS mandatory in all health institutions. Additionally, Cofen Resolution N. 358/2009 and Law N. 7,498/86 define planning, organization, execution, and assessment of nursing care, as well as consultation and prescription of care, as private nurse attributions[6,7].

Despite its legal grounds, the practice reveals challenges, especially in assisting patients in oncologic palliative care, such as knowledge deficit on behalf of professionals, work overload, and the high number of patients who require specialized care. Such factors compromise nurse adherence to NCS, impairing its effective implementation and execution in the context of complex healthcare and socio-political crisis[8].

A previous study conducted in a hospital unit specialized in palliative care showed that, in addition to human resources limitation and restricted knowledge on NCS, teams' resistance to change and the complexity of the demands of patients and their families intensify the difficulties for its implementation[9]. This reinforces the need for a flexible and dynamic approach, capable of integrating disciplinary knowledge and recognizing the human being in its complexity[4].

Given these challenges, especially in complex contexts such as oncologic palliative care, participative approaches that consider the reality of services must be adopted. Situational Strategic Planning proposes the analysis of problems from the viewpoint of the actors involved. The method allows the formulation of viable and collective strategies towards the transformation of practice, representing an important tool to support and implement processes like NCS[10].

In this context, the present study aimed at conducting a situational diagnosis in the previously analyzed hospital unit for oncologic palliative care, identifying critical issues, strengths, and limitations for the implementation of the NCS, and proposing an action plan for its establishment.

METHOD

Qualitative study with a participatory action research approach conducted using the framework of Situational Strategic Planning in a public hospital specializing in exclusive palliative oncology care, located in the city of Rio de Janeiro.

Nurses who were leaders in different care processes within this unit, with a minimum of two years of experience in the service, were invited to participate in the study. Professionals who were away on medical, maternity leave, or on vacation during the time of meetings were excluded.

FIRST STEP IN THE SITUATIONAL STRATEGIC PLANNING – IDENTIFICATION OF MACROPROBLEMS

To identify macroproblems, a brainstorming session was conducted at the first meeting, held on April 7, 2022, with the presence of seven participants and two of the study's researchers. After due clarifications on the dynamics of the activity, the participants were asked to respond to the following question: What are the main barriers to implementing NCS in the National Cancer Institute (INCA) Cancer Hospital IV (*Hospital do Câncer IV*)?

All the participants contributed with ideas related to the proposed theme. The meeting had an average duration of 2 hours and 30 minutes, with no interruptions. The produced content was fully transcribed and analyzed following Bardin's[11] thematic content analysis technique, which allows the identification of meaning nuclei present in the communication and whose frequency can be relevant to the study's analytical objective.

To collect indicators related to each macroproblem identified during brainstorming, institutional management reports were used – indicators made available by the Nursing Division – in addition to the data collection in physical and electronic records.

To identify the indicators corresponding to the first NCS step, a collection sheet was elaborated containing the following information: presence or absence of Nursing Initial Assessment (NIA), either in printed or electronic version; location of NIA conduction (Hospitalization – H, Outpatient Clinic – OC or Home Care – HC); record of the current hospitalization reason in NIA when filled outside H (yes or no); and the existence of intervention record accompanied by its respective outcome (yes or no).

The hospitalizations were identified through the Absolut®[12] System, used for the hospital unit's internal invoicing. Data collection in the records occurred throughout July and August 2022.

For this analysis, we took 2019 as the base year, the period before the COVID-19 pandemic, considering that records from that time reflected more faithfully the unit's care reality. In that year, 1,923 hospitalizations were recorded. We assessed 10% of this total (n=196). The selection of records was conducted through randomized drawing, using the R[13] software version 4.2.

Descriptors of interest were defined from the final macroproblem categories identified in brainstorming: low qualification of professionals, inadequate nursing team staffing levels; and ineffective access to information technology (Supplementary Chart 1).

SECOND STEP IN THE SITUATIONAL STRATEGIC PLANNING – ELABORATION OF THE PROBLEM TREE

The second step in the study consisted of four meetings with specialists to create and validate the problem tree. In the first meeting, with the participation of four specialists, a tree related to low professional qualification was elaborated. The second meeting, which had five participants, resulted in the tree related to technological resources management. The third meeting, also with four specialists, focused on the nursing team inadequate staffing levels and scarcity of human resources. Five specialists participated in the fourth and last meeting, which held a discussion and final review of the previously elaborated trees.

THIRD STEP IN THE SITUATIONAL STRATEGIC PLANNING – DECISION MATRIX

To identify critical nodes in the problem tree, we used the decision matrix proposed by Teixeira, Vilasbôas, and Jesus[14], indicated to prioritize problems in the health context. This matrix considers four main criteria: relevance, deadline/urgency, feasibility, and viability. The attribution of scores followed an intensity scale – low (0), significant (1), high (2), and very high (3) –, being grounded in evidence to ensure adequacy of decisions.

FOURTH STEP IN THE SITUATIONAL STRATEGIC PLANNING - ACTION PLAN

To elaborate the action plan, each strategy – either operational or enabling – was detailed in activities that described its content, those in charge of execution, and deadlines established to reach the proposed outcomes, thus composing the action plan[15].

The 5W2H tool was used to organize tasks considered relevant to the plan, supporting the definition of corresponding actions to each critical node identified. This management instrument allows the mapping of project execution based on seven guiding questions: what, why, who, when, where, how, and how much. The application of this tool enabled the analysis of each problem's specificities, contributing to defining the proposed solutions.

The present study has been approved by the Research Ethics Committee, report number 5310158 (CAAE (submission for ethical review): 54715421.1.0000.5274), in compliance with Resolution N. 466/2012[16] and N. 510/2016[17] of the National Health Council. All the participants were informed of the research objectives, methodology, risks, and benefits involved, as well as of the voluntary character of their participation. All the research participants manifested their formal consent by signing a Free and Informed Consent Form.

RESULTS

Of the 13 working professionals from the institution invited to participate in the study, seven accepted the invitation and attended the first meeting, where the brainstorming session was held. The sociodemographic profile of participants is described in Supplementary Table 1.

After transcription and categorization of the participants' speech, a summary table was elaborated and made available through an electronic form (Google Forms) to be validated by specialists. All seven participants responded to the form, and their contributions were considered in the final version consolidation of the three macroproblems defined for the study, as presented next.

Figures 1, 2, and 3 detail the problem trees elaborated for each macroproblem.

After finishing this step, each group specialist attributed a score to the causes of each macroproblem, using the decision matrix with the objective of defining the respective critical nodes. Supplementary Charts 2, 3, and 4 present the decision matrices for each macroproblem.

The decision matrix referring to the "Low professional qualification" macroproblem indicates that the lack of organizational culture for NCS constitutes the critical

Chart 1. Summary of categories according to Bardin, after discussion with specialists

Initial categories	Intermediate categories	Final categories
Problems related to education time	Absence of training for NCS application	Low professional qualification
Problems related to the ability of operationalizing NCS	Lack of adherence to NCS execution as a Professional Council requirement	
Lack of understanding that NCS is a facilitating tool for coordinating care	Need for sensitization regarding the legal aspects of implementing NCS	
Perception of insufficient human resources	Insufficient staff/Work overload/ Behavioral pattern/Adequacy of human resources and management of work processes	Inadequate sizing of the nursing team/ scarcity of human resources
Demotivated and undervalued professionals/Feeling of demotivation		
Poor use and non-adherence to existing technological resources		
Inadequate sizing of the nursing team and other multiprofessional team categories		
Lack of recognition of the nurse leadership role by their peers and other categories	Communication fragmentation in the care process between the nursing and the multiprofessional team	
Care and management attributions of nurses impair the time availability to implement NCS		
Lack of communication between the multiprofessional team limits nurses' clinical assessment for decision-making		
Limited technological resources to facilitate the implementation of NCS	Need for improvement in electronic instruments for anamnesis, diagnosis, intervention, and results	Incipient technological resources management
Limitations of existing technological resources to facilitate the implementation of NCS		
Need to adequate technological resources for the palliative care context		

Caption: NCS= Nursing Care Systematization.

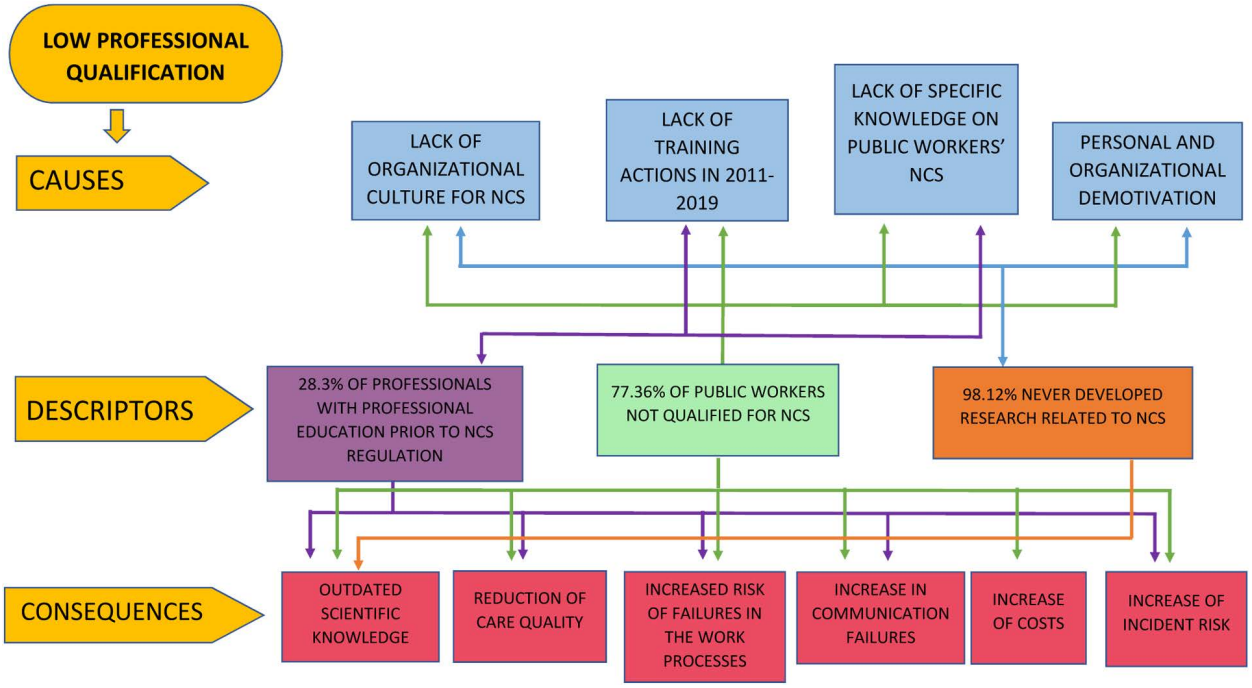

Figure 1. Tree diagram of the macroproblem "Low professional qualification"
Caption: NCS= Nursing Care Systematization.

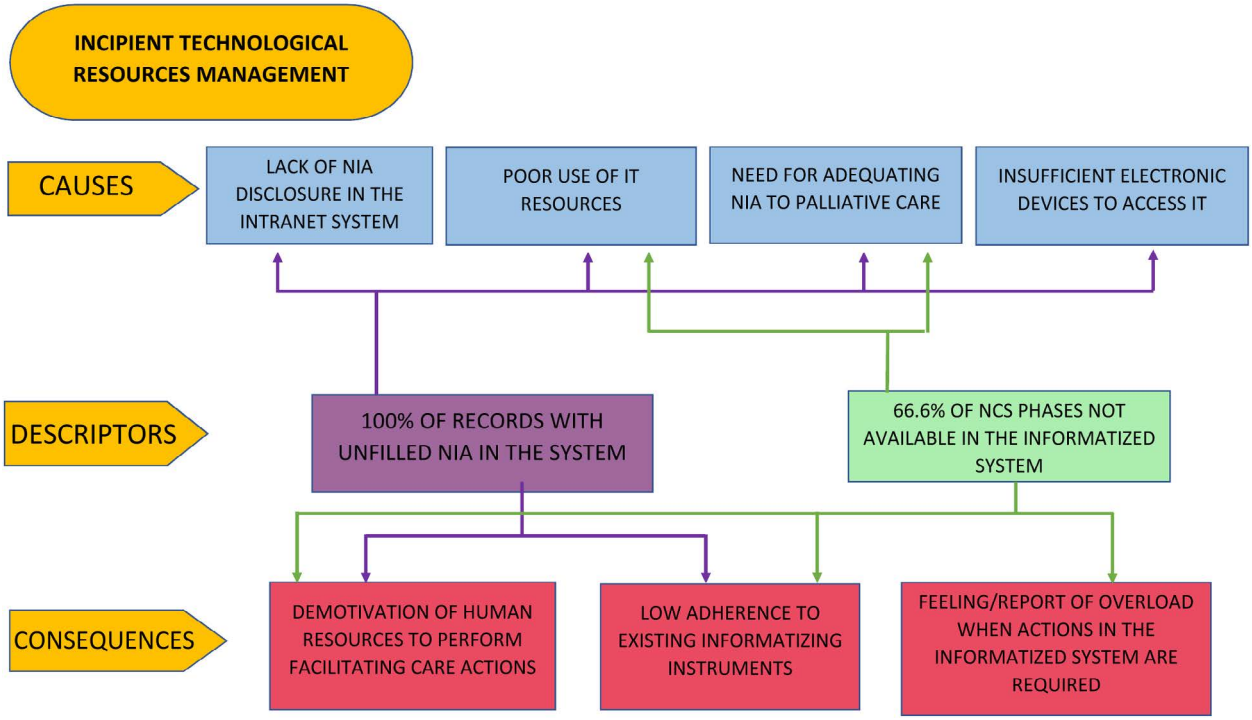

Figure 2. Tree diagram of the macroproblem "Incipient technological resources management"
Captions: NIA = Nursing Initial Assessment, NCS = Nursing Care Systematization; IT = Information Technologies.

node that requires priority institutional actions. Next, personal and organizational demotivation was highlighted as another relevant aspect to be tackled. It was also observed that the absence of training actions in the 2011-2019 period should be considered a short-term issue, demanding urgent institutional interventions. Finally, the analysis underlined that the lack of specific knowledge requirements at the time of admission presents great relevance and must be contemplated in the formulation of management strategies.

The analysis of the decision matrix referring to the macroproblem "Incipient technological resources

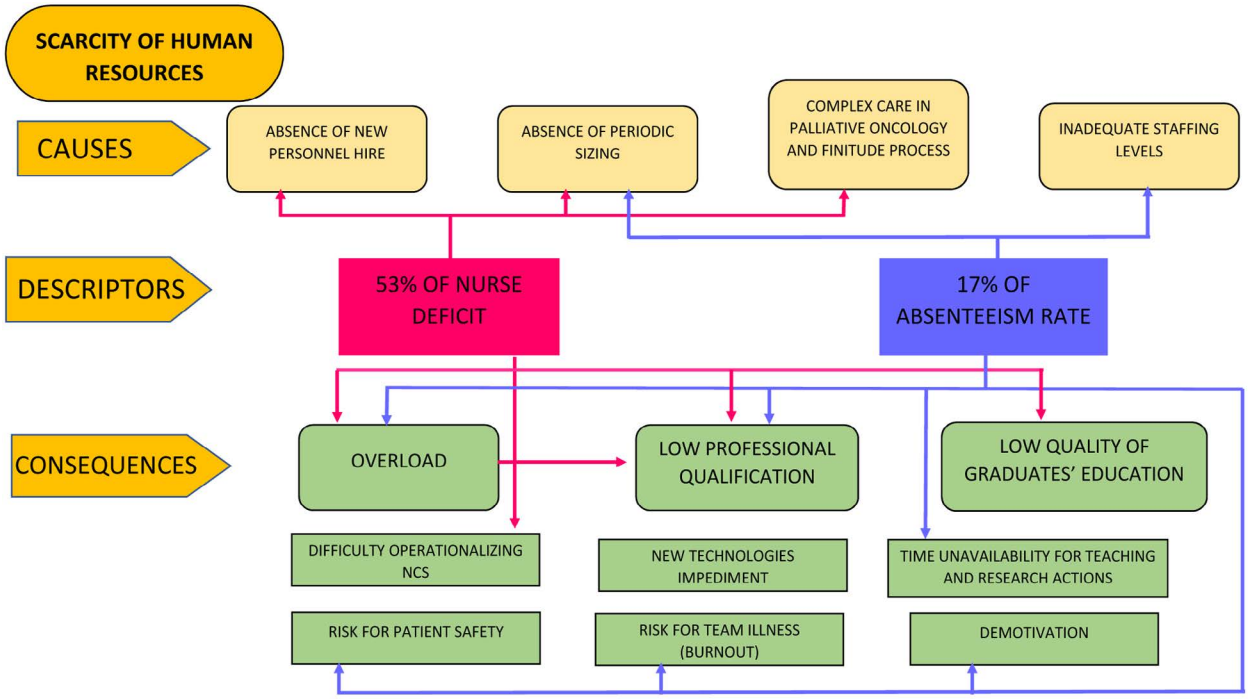

Figure 3. Tree diagram of the macroproblem "Scarcity of human resources"

management" underlined that the critical node related to the insufficiency of electronic devices for access to information technology (IT) presents high relevance, being therefore a priority in the elaboration of institutional actions. Next, it highlighted as critical nodes the lack of NIA disclosure in the intranet system and the poor use of IT resources, both considered relevant and requiring specific interventions. Finally, the need for adjusting NIA to the context of palliative care obtained similar scores in terms of relevance and deadline/urgency, reinforcing the need for its inclusion in improvement strategies.

The decision matrix referring to the macroproblem "Scarcity of human resources" indicated that the absence of new personnel hire is the most urgent critical node, requiring priority institutional action. Next, it highlighted the absence of periodical resizing of staffing levels, which obtained the maximum score in the viability criteria, and the multiple dimensions of care in oncology, which require relevant adjustments. Finally, the analysis reinforced the high relevance of inadequate staffing levels, associated with the urgent need for institutional actions to overcome the identified situations.

To organize information obtained from the participants and propose practical actions, an action plan was elaborated (Chart 2), developed for each identified problem or critical node. The objectives and goals were defined, the activities to be conducted were detailed, and those in charge of executing and monitoring the actions necessary for implementing NCS at *Hospital do Câncer IV*/INCA were established.

DISCUSSION

NCS is a private attribution of nurses and constitutes a methodology to organize and systematize care, structuring it in the Nursing Process steps: history, diagnosis, planning, and assessment. According to Silva et al.[18], NCS represents a systematic and dynamic form of providing care in a humanized and holistic manner. Meigos and Souza[19] add that its adoption contributes to making the nursing practice more scientific, ensuring continuous, fair, and quality care.

In the present study, factors such as insufficient theoretical knowledge on the Nursing Process, work overload, fragility of the organizational culture, deficit in staffing levels, lack of technological resources, and excess of nurse attributions harm motivation, commitment, time availability, adherence to changes, and credibility of prescriptions, constituting important obstacles to the implementation and execution of NCS.

Medeiros, Santos, and Cabral[20] highlight that NCS aims to organize care using a systematic method, enabling nurses to redefine their role in managing and providing healthcare. A core issue refers to the articulation between professional training and actual work context, aiming to intervene regarding health problems with social responsibility and commitment to citizenship. We thus highlight the role of SUS in organizing the training of human resources at every level of learning, as provided in the 1988 Constitution and the Health Organic Law.

Chart 2. NCS action plan

What?	Why?	Where?	When?	Who?	How?	How much/ Deadline?	*Status*
Low professional qualification	Lack of training actions from 2011 a 2019 Need for involving all the professionals for training	HC IV – pilotis, meeting room, Google platform	1st semester 2024	Nursing Division, continued education professionals, and the DIDEP training team	Define goals tied to strategic activities and tactics performed. Select professionals with technical ability and capacity. Identify multipliers. Update requirements to improve training. Indication to include professionals for team training in the budget	Annual continued action	
Incipient technological resources management	To improve the training and applicability of the tool. To advance in the implementation of NCS and communication between utilized internal systems. To arrange the IT structure and material. Alignment and infrastructure for planned activities	HC IV - IT	1st semester 2024	Chief of Division and Services, COGEP, and IT	Systematize/uniform/ standardize evolutions in the electronic record	1st semester 2024	
Scarcity of human resources	Direct the Nursing division to technical activities. Integration of the multiprofessional team and improvement of care. Advance in the implementation of NCS and communication between the utilized internal systems	MS (Executive), COGEP, HC IV – NURSING DIVISION	Initiating January 2024 and adjusting as needed	COGEP – COAS	Select professionals with technical ability and capacity. Offer institutional stipends for former residents with technical and behavioral highlights	Continued action	

Captions: HC = Cancer Hospital; MS = Ministry of Health; COGEP = Coordination of People Management; DIDEP = Division of People Development; COAS = Coordination of Assistance; NCS = Nursing Care Systematization.

Another relevant aspect is the integration of teaching and service, through which partnerships between educational institutions and healthcare services are promoted, inserting professionals directly into the training of students. This articulation depends on the institutional-political project and the management strategies adopted, favoring involvement of professionals and their reflection upon work conditions, factors that directly interfere in the NCS implementation process, and in the search for solutions to the identified issues.

In Brazil, the first initiatives related to NCS came up at the end of the 1960s, contributed by Wanda Horta. However, its formal requirement in health institutions only consolidated after legal regulation, which drove nursing schools to incorporate the practice into their curricula. Despite that, authors suggest that many graduates still do not possess the necessary domain to apply the method to their professional practice[10]. Moreover, we observe that the Cofen Resolution N. 736/2024[21], despite being fundamental, is not enough on itself to ensure the effective implementation of NCS.

As pointed out by Silva and Vargas[9], the effective implementation of NCS requires, initially, commitment from the nursing coordination in articulation with the institution's general management. This partnership should promote meetings and the elaboration of an action plan, contemplating the sensitization of the team on the importance of this methodology, deepening knowledge on the subject through collective involvement, training nurses, and the joint development of strategies to enable its implementation.

The training of all team members is fundamental, since insufficient knowledge of NCS compromises adherence to the process, leading to its execution as only an institutional requirement, without the proper awareness regarding the relevance of this instrument in professional practice as social responsibility[22]. In this sense, permanent education can contribute to coping with the challenges of the service and stimulate care practices that are more aligned to the needs of the population[23,24].

The findings of this study reinforce the evidence highlighted in the literature, which points out the

lack of training as one of the main obstacles to the implementation of NCS and the execution of the Nursing Process[25]. In the first problem tree, the low professional qualification emerged as a central factor. Additionally, many professionals are unaware of the meaning of NCS, its implementation process, the tools available for practical application, and the benefits it can bring to the nurse's work[26]. Menezes, Priel, and Pereira[27] add that the execution of NCS requires a scientific basis, technical knowledge, and attitudes grounded in ethical commitment and responsibility in care.

We underline that, among the problems related to low professional qualification, professional demotivation was suggested as the most relevant reason by the decision matrix. However, actions to face it bump into political, technical, and management factors, which limit the possibility of direct intervention by the Nursing Division at the local management scope, especially in the short and medium term.

The decision matrix also highlighted problems related to the incipient management of technological resources. Machado[28] highlights that insufficient electronic devices to access IT compromise the implementation of NCS, a situation aggravated by the lack of NIA disclosure in the intranet system. The underutilization of the already available resources limits adherence of professionals, negatively impacting the capacity of intervention and reducing the technical and managerial viability of the proposed actions.

The proper use of technological tools, like the electronic medical record, favors the standardization of language and adoption of protocols, contributing to making NCS viable. Cordeiro et al.[29] reinforce that the electronic medical record ensures quick access to information and facilitates sharing it with professionals.

Moreover, according to Law N. 7,498/1986[7], the use of computational resources integrates the nursing competencies, being fundamental for planning and executing care actions. Well-integrated technological resources optimize recording time, stimulate critical thinking and clinical reasoning, and facilitate the elaboration of diagnoses and interventions tailored to the patient, thereby promoting teamwork and improving the quality of care[30,31].

The third and last matrix revealed the scarcity of human resources, corroborating Machado, Paz, and Linch[28], who highlighted the lack of new hires as a critical and highly relevant factor, whose resolution requires short-term institutional actions. The urgency of hiring is directly related to the need to immediately tackle the problem. The multiple dimensions of care in oncology reinforce the feasibility and need for intervention, with periodical team resizing being fundamental to making the proposed actions viable. Regarding the adequacy of staffing levels for implementing NCS, the literature highlights[32] the work overload resulting from an insufficient number of nursing professionals. Sizing staff levels is a systematic process based on planning and team quantitative and qualitative assessment, essential to ensure the quality of care, respecting the philosophy, singularity, and structure of each institution[32].

Trindade et al.[33] highlights that strategies to support NCS implementation must be collectively created, aiming to cater to both the institutional goals as well as to the needs of the nursing team and patients. In this context, Cofen Resolution N. 543/2017[34] states that staffing levels must consider the healthcare service characteristics, technical and management aspects of the nursing team, and patients' level of dependence. Thus, it becomes indispensable that institutions ensure proper staffing levels, an essential condition to make the implementation of work methodologies such as NCS viable in the different care contexts[33].

An important limitation of this study is the need to update the Situational Strategic Plan considering the new Cofen Resolution N. 736, of January 17, 2024[21], on the Nursing Process. Although the action plan based on the Situational Strategic Plan maintains its applicability, we must acknowledge that this new Cofen Resolution replaced the expression "Nursing Care Systematization" with terminologies aligned to the Nursing Process structure. Therefore, the practical adoption of the proposed actions will require adjustments to the utilized terminologies and normative references to ensure full document coherence with the current regulatory framework, without, however, compromising the merit of the delineated strategies. We recommend that future planning reviews incorporate this terminological update, ensuring adherence to current guidelines.

CONCLUSION

The situational diagnosis performed in this study showed that factors such as the use of electronic medical records, standardization of language, adjustment in human resources levels, nurse engagement, technical knowledge, and permanent education constitute potentialities that favor the implementation of NCS. On the other hand, the identified limitations included a lack of institutional support and of an organizational culture towards the systematization of care, in addition to restrictions related to technological support and the number of professionals available.

Based on this analysis, an **action plan** was elaborated to contemplate strategies targeted at sensitizing the multiprofessional team, continuing education of nurses, increasing institutional support, and adjusting structural and technological resources. These actions aim to facilitate the implementation and sustainability of NCS, promoting the organization of the work process, the qualification of care, and the consolidation of a systematized care culture in the context of oncologic palliative care.

CONTRIBUTIONS

Gabriela Villaça Chaves and Bianca Ribeiro Sales have substantially contributed to the study design, acquisition, analysis and interpretation of the data, wording, and critical review. Marcelle Miranda da Silva has contributed to the wording and critical review. All the authors approved the final version for publication.

DECLARATION OF CONFLICT OF INTERESTS

There is no conflict of interest to declare.

DATA AVAILABILITY STATEMENT

The data used in this study may be obtained upon request by contacting the corresponding author.

FUNDING SOURCES

None.

REFERENCES

1. Almeida SLP, Silva FJ, Oliveira LS, et al. Guia sobre sistematização da assistência e processo de enfermagem: desenvolvimento e avaliação de um guia digital. Rev Bras Enferm. 2023;76(6):e20220351. doi: https://doi.org/10.1590/0034-7167-2021-0975pt

2. Araújo MFN, Silva JBO, Barbosa IKS, et al. Sistematização da assistência de enfermagem aplicada ao cuidado do paciente paliativo: revisão integrativa. São Paulo: Editora Científica Digital; 2022. doi: https://doi.org/10.37885/220709359

3. Bitencourt JVOV, Adamy EK, Argenta C, organizadores. Processo de enfermagem: da teoria à prática no cuidado oncológico. Chapecó: Ed UFFS; 2023.

4. Alcantara AB, Santos MLGS. A sistematização da assistência de enfermagem na atenção básica no Brasil: revisão integrativa da literatura. SaudColetiv (Barueri). 2022;12(77):10762-75. doi: https://doi.org/10.36489/saudecoletiva.2022v12i77p10762-10775

5. Neves EP. Sistematização da assistência de enfermagem: da teoria à prática. Enferm Foco. 2020;11(3):45-9.

6. Conselho Federal de Enfermagem (BR). Resolução COFEN nº 272, de 27 de agosto de 2002. Dispõe sobre a Sistematização da Assistência de Enfermagem (SAE) nas instituições de saúde brasileiras [Internet]. Diário Oficial da União, Brasília, DF. 2002 ago 28 [acesso 2025 jan 25]; Seção 1. Disponível em: https://www.cofen.gov.br/wp-content/uploads/2002/08/Resolucao-Cofen-no-272-2002.pdf

7. Presidência da República (BR). Lei nº 7.498, de 25 de junho de 1986. Dispõe sobre a regulamentação do exercício da enfermagem , e dá outras providências [Internet]. Diário Oficial da União, Brasília, DF. 1986 jun 2 [acesso 2025 jan 25]; Seção1:9273. Disponível em: https://www.planalto.gov.br/ccivil_03/leis/l7498.htm

8. Paixão LSS, Mendonça RP. Desafios dos enfermeiros frente à aplicabilidade da sistematização da assistência de enfermagem: revisão integrativa. SaudColetiv (Barueri). 2021;11(67):6877-88. doi: https://doi.org/10.36489/saudecoletiva.2021v11i67p6877-6888

9. Silva RS, Cruz EA, Marques DA, et al. Sistematização da assistência de enfermagem em cuidados paliativos na oncologia: visão dos enfermeiros. Acta Paul Enferm. 2011;24(2):172-8. doi: https://doi.org/10.1590/S0103-21002011000200003

10. Dalpra RR, Silva SOL. A implementação da SAE nos serviços de urgência e emergência: desafios e conquistas. RSD. 2022;11(13):e183111335237. doi: https://doi.org/10.33448/rsd-v11i13.35237

11. Bardin L. Análise de conteúdo. 6. ed. São Paulo: Edições 70; 2010.

12. Absolut® [Internet]: plataforma de gestão hospitalar. Belo Horizonte: Absolut Tecnologia. Sistema; [sem data] – [acesso 2025 dez 12]. Disponível em: https://www.absolut.com.br

13. R: The R Project for Statistical Computing [Internet]. Version 4.2 [sem local]: The R foundation. 2021 Nov 2 - [acesso 2022 set 6]. Disponível em: https://www.r-project.org/

14. Teixeira SMF, Vilasbôas ALQ, Jesus RS. Planejamento estratégico situacional: uma análise aplicada aos serviços de saúde. Saúde Soc. 2010;19(1):199-211.

15. Santana JP, Tahara M. O método do planejamento estratégico situacional. Brasília, DF: Organização Pan-Americana da Saúde; 2008.

16. Conselho Nacional de Saúde (BR). Resolução nº 466, de 12 de dezembro de 2012. Aprova as diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. Diário Oficial da União, Brasília, DF. 2013 jun 13; Seção I:59.

17. Conselho Nacional de Saúde (BR). Resolução nº 510, de 7 de abril de 2016. Dispõe sobre as normas aplicáveis a pesquisas em Ciências Humanas e Sociais cujos procedimentos metodológicos envolvam a utilização de dados diretamente obtidos com os participantes ou de informações identificáveis ou que possam acarretar riscos maiores do que os existentes na vida cotidiana, na forma definida nesta Resolução [Internet]. Diário Oficial da União, Brasília, DF. 2016 maio 24 [acesso 2025 abr 7]; Seção 1:44. Disponível em: http://bvsms.saude.gov.br/bvs/saudelegis/cns/2016/res0510_07_04_2016.html

18. Silva MJP. Comunicação tem remédio. 5. ed. São Paulo: Loyola; 2007.

19. Fagundes EEA, Campos KFC, Viana SMN, et al. A importância do sistema de gestão da qualidade para os serviços do Sistema Único de Saúde. Rev Foco. 2022;15(12):e538. doi: https://doi.org/10.54751/revistafoco.v15n5-017

20. Medeiros AL, Santos SR, Cabral RWL. Sistematização da Assistência de Enfermagem na perspectiva dos enfermeiros: uma abordagem metodológica na teoria fundamentada. Rev Gaúcha Enferm. 2012;33(3):174-81.

21. Conselho Federal de Enfermagem (BR). Resolução COFEN nº 736, de 17 de janeiro de 2024. Dispõe sobre a implementação do Processo de Enfermagem em todo contexto socioambiental onde ocorre o cuidado de enfermagem. Diário Oficial da União [Internet], Brasília, DF. 2024 jan 17 [acesso 2025 dez 7]; Edição 16; Seção 1:75. Disponível em: https://www.cofen.gov.br/wp-content/uploads/2024/01/Resolucao-736-2024.pdf

22. Pereira BMP, Rocha AS, Gomes BMG, et al. Permanent education as a nursing tool to improve health care in Primary Care: integrative review. RSD. 2023;12(4):e18612440767. doi: https://doi.org/10.33448/rsd-v12i4.40767

23. Santana N, Rodrigues MSB, Freitas CLM, et al. Educação permanente como estratégia para aprimoramento de registros de enfermagem. Rev baiana enferm. 2019;33:e33378. Doi: https://doi.org/10.18471/rbe.v33.33378

24. Fonseca ENR, Cunha SMRAS, Carneiro MTD, et al. Educação permanente em saúde: desafios e potencialidades para o processo de trabalho. REAS. 2023;23(7):e13480. doi: https://doi.org/10.25248/reas.e13480.2023

25. Vasconcelos KKG, Pinheiro AJ, Rodrigues FSM, et al. Entraves x benefícios para a implementação da SAE, sob o olhar dos enfermeiros: uma revisão integrativa. Rev Contemporânea. 2023;3(3):1464-83.

26. Pereira GOC, Reis ICC, Fagundes MA, et al. Lack of theoretical and practical knowledge, work overload, and other barriers to systematization of nursing care: a mixed-methods study. Braz J Hea Rev. 2024;14(4):74807. doi: https://doi.org/10.34119/bjhrv7n9-173

27. Cruz AMP, Almeida MA. Competências na formação de Técnicos de Enfermagem para implementar a Sistematização da Assistência de Enfermagem. Rev Esc Enferm USP. 2010;44(4):921-7. doi: https://doi.org/10.1590/S0080-62342010000400009

28. Machado ME, Paz AA, Linch GFC. Uso das tecnologias de informação e comunicação em saúde pelos enfermeiros brasileiros. Enferm Foco. 2019;10(5):113-8. doi: https://dx.doi.org/10.21675/2357-707X.2019.v10.n5.2543

29. Cordeiro TLR, Andrade LAS, Santos SP, et al. Prontuário eletrônico como ferramenta para a sistematização da assistência de enfermagem no serviço de urgência e emergência: percepção dos enfermeiros. Rev Espaço Saúde.2019;20(2):29-41.

30. Hoffmeister MMA, Araújo MAN, Spessoto MMRL, et al. Raciocínio clínico em enfermagem: uma revisão integrativa. Enferm Bras. 2024;23(5):1986-97.

31. Palomares RS, Marques D. O prontuário eletrônico na qualidade assistencial. Rev Bras Enferm. 2010;63(5):759-64.

32. Gaidzinski RR, Fugulin FM, Castilho V. Dimensionamento de pessoal de enfermagem: princípios e métodos. Enferm Foco. 2005;6(3):13-7.

33. Trindade LL, et al. Estratégias de apoio à implementação da SAE. Rev Gaúcha Enferm. 2016;37(1):e55213.

34. Conselho Federal De enfermagem (BR). Resolução COFEN nº 543, de 18 de abril de 2017. Atualiza e estabelece parâmetros para o dimensionamento do quadro de profissionais de enfermagem nos serviços e locais em que há atividades de enfermagem. Diário Oficial da União [Internet], Brasília, DF. 2017 maio 8 [acesso 2025 out 11; Edição 86;Seção 1:119-21. Disponível em: https://www.cofen.gov.br/wp-content/uploads/2017/05/Resolu%C3%A7%C3%A3o-543-17-completa.pdf

Recebido em 21/8/2025
Aprovado em 30/10/2025

Associate editor: Mario Jorge Sobreira da Silva. Orcid iD: https://orcid.org/0000-0002-0477-8595
Scientific-editor: Anke Bergmann. Orcid iD: https://orcid.org/0000-0002-1972-8777