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Challenges and practicalities for Primary Care nurses to implement the nursing Process

Desafios e facilidades dos enfermeiros da atenção básica na implementação do processo de enfermagem

Desafíos y facilidades que enfrentan los enfermeros de atención primaria en la implementación del proceso de enfermería

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ABSTRACT

Objective: to identify how nurses working in the Family Health Strategy perceive the challenges and practicalities inherent to implementing the Nursing Process. **Method:** a convergent care research study with a qualitative approach, conducted with nurses working in the Family Health Strategy from inland Minais Gerais (Brazil) by means of reflection groups between June and July 2022, after due approval from a Research Ethics Committee. Thematic content analysis was adopted for data analysis**. Results:** the research participants were 13 nurses. Two categories were identified: "Challenges inherent to implementing the Nursing Process in Primary Care" and "Practicalities inherent to implementing the Nursing Process in Primary Care". **Final considerations:** the challenges are characterized by work overload, by lack of material, structural and human resources and by the immediate needs of the population and the teams; in turn, legal support, rationale, smaller population groups and knowledge about the epidemiological profile stand out as practicalities.
Descriptors: Primary Health Care; Nurses; Nursing Process; Nursing Care.

RESUMO

Objetivo: identificar a percepção de enfermeiros da Estratégia de Saúde da Família acerca dos desafios e facilidades na implementação do processo de enfermagem. **Método:** pesquisa convergente assistencial, de abordagem qualitativa, realizada com enfermeiros da Estratégia de Saúde da Família do interior de Minais Gerais, Brasil, conduzida por meio de grupos de reflexão, no período de junho/julho de 2022, após aprovação pelo Comitê de Ética em Pesquisa. Para análise dos dados adotou-se análise de conteúdo temática**. Resultados:** participaram dessa investigação 13 enfermeiros. Duas categorias foram identificadas: "Desafios da implementação do processo de enfermagem na atenção básica" e "Facilidades da implementação do processo de enfermagem na atenção básica". **Considerações finais:** os desafios caracterizam-se pela sobrecarga de trabalho, a falta de recursos materiais, estruturais e humanos e o imediatismo da população e da equipe e, como facilidades destacam-se o respaldo jurídico, a fundamentação, grupos populacionais menores e o conhecimento do perfil epidemiológico.
Descritores: Atenção Primária à Saúde; Enfermeiras e Enfermeiros; Processo de Enfermagem; Cuidados de Enfermagem.

RESUMEN

Objetivo: identificar las percepciones de enfermeros del programa Estrategia de Salud de la Familia con respecto a los desafíos y facilidades para la implementación del proceso de enfermería. **Método:** investigación convergente asistencial, con un enfoque cualitativo, llevada a cabo con enfermeros del programa Estrategia de Salud de la Familia en el interior de Minas Gerais, Brasil, a través de grupos de reflexión, de junio a julio de 2022, tras la aprobación del Comité de Ética en Investigación. El análisis de datos se llevó a cabo mediante análisis de contenido temático**. Resultados:** trece enfermeros participaron en este estudio. Se identificaron dos categorías: "Desafíos para la implementación del proceso de enfermería en atención primaria" y "Facilidades para la implementación del proceso de enfermería en atención primaria". **Consideraciones finales:** los desafíos se caracterizan por la sobrecarga de trabajo, la falta de recursos materiales, estructurales y humanos, y la inmediatez de la población y el personal. Las facilidades incluyen soporte jurídico, fundamentación, grupos poblacionales más pequeños y conocimiento del perfil epidemiológico.
Descriptores: Atención Primaria de Salud; Enfermeras e Enfermeros; Proceso de Enfermería; Atención de Enfermería.

INTRODUCTION

Currently, professional work planning in the care scope is indispensable to preserve the organization of a service, from Primary Care to in-hospital settings; in this context, the Nursing Process (NP) is commonly used to this end[1].

The NP is a methodological instrument capable of guiding Nursing professionals in developing Nursing consultations, serving as grounds for Nursing care production and for making the documentary records of its practice[2-3]. Its development requires clinical reasoning, systematization and even formalizing the activities related to care organization; in addition to that, it is organized into five stages, namely: Assessment, Diagnosis, Planning, Implementation and Evaluation[4].

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Implementing the NP requires dedication, courage and determination from Nursing professionals when facing adversities, mainly for those working in Primary Care, and especially in the Family Health Strategy (FHS), given the challenges resulting from the significant demand in terms of the roles performed by this professional class[5]. Many Nursing professionals consider its implementation as an obstacle, both in the management and care scopes and mainly in the FHS, as it requires technical and scientific knowledge and support from health institutions[5].

Therefore, in order to deal with this problem, it can be useful to implement permanent health education instances and to develop research studies that encourage reflexive actions, qualification and professional advancement, focused on reconstructing the local reality[5,6].

Putting the NP into practice at the national level and in other countries has limitations related to failures in the records corresponding to at least one of its implementation phases; in addition, its use is prevalent at the secondary and tertiary care levels when compared to Primary Health Care[6,7].

There is an evident need to elucidate theoretical and practical aspects about the NP that still need to be discussed given the difficulties nurses find while implementing it in Primary Care, with the purpose of proposing strategies that minimize such challenges, as well as to highlight the importance of showing its contribution to the professional practice to favor adherence to this process [1,7].

Therefore justified by the need to identify the variables that contribute to and hinder NP implementation for representing a crucial Nursing care cornerstone and due to the scarce evidence addressing the difficulties and practicalities inherent to implementing the NP and to nurses' work in general in the Primary Care setting[5], the following question is proposed: Which are the challenges and practicalities faced by FHS nurses when implementing the NP?

The objective of the current study was to identify how nurses working in the Family Health Strategy perceive the challenges and practicalities inherent to implementing the Nursing Process.

METHOD

This is a study that followed the research approach called Convergent Care Research (CCR) and was conducted from a qualitative point of view with nurses assigned to the FHS in a municipality from inland Minas Gerais.

The municipality has a Street Medical Office team, with 23 FHS units. Seven of them include oral health and a vaccination room, in addition to vaccine distribution in strategic places around the city, responsible for a health region with approximately 4,000 people per team.

The research participants were nurses working in the FHS units from the aforementioned municipality. The professionals included were those that worked in direct assistance and had more than three months of experience in the respective FHS team. The professionals excluded were nurse-managers not working in direct care and those that were on holiday, leave or away from work during the research data production period, in addition to the researcher in charge of the study.

All 23 nurses that met the inclusion criteria were invited, with 13 of them accepting to take part in the study. Of the ten nurses that failed to attend, three stated shortage of Nursing technical staff as reason, which precluded them from leaving the health unit. Another two stated being on medical leave and three, on holiday.

The data were collected between June and July 2022. After due authorization by the service and approval of the project by the Research Ethics Committee, the nurses were contacted via phone calls to schedule the approach, which took place by conducting reflection groups. At that moment, the lead researcher explained the study objective, the data production stages and the ethical aspects involved in the research.

The Free and Informed Consent Form was handed in at the in-person moment to conduct the reflection group; subsequently, the participants were asked to answer the sociodemographic characterization instrument. As a way to preserve secrecy and non-identification, each participant was given a nickname during the meeting: Daisy, Jasmine, Karina, Peace, Love, Joana, Faith, Gentleness, Hope, Orchid, Rose, Sunflower and Sun. Subsequently, the professional in charge of leading the group asked the following question: What has it been like for you to conduct Nursing consultations in your work routine? The purpose was to know the nurses' work in relation to using the NP as a work organization method, including the challenges and practicalities inherent to this practice.

All discussions, reflections and testimonies were recorded with the participants' consent and subsequently transcribed and analyzed following Thematic Content Analysis[8], developed in three phases: 1) Pre-analysis, represented by transcription of the interviews, floating reading of the material and definition of the hypotheses; 2) Exploration of the

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material, where the registration units were identified and the materials and excerpts from the testimonies were grouped; and 3) Interpretation of the results, characterized by processing the results and interpreting them, listing the categories[8,9].

The Research Ethics Committee from the institution involved approved the research protocol on April 13th, 2022.

RESULTS

The study participants were 13 nurses, most of them female (n=12; 92.3%), with a mean age of 40.2 years old, mean training time of 15.8 years and 12.5 years of experience in Primary Care. In relation to graduate studies, 76.9% (n=10) and 23% (n=3) had *lato sensu* and *scricto sensu* degrees, respectively. Regarding participation in any training program on the NP during the last few years, 69.2% (n=9) gave positive answers. Among the participants, 30.7% (n=4) have more than one employment contract.

All of them reported having previous experience in using the NP: 69.2% (n=9) with care protocols, 23% (n=3) in hospital contexts and 7.6% (n=1) in conducting a study. The analysis of the data produced by means of the reflection groups allowed identifying two thematic categories: "Challenges inherent to implementing the Nursing Process in Primary Care" and "Practicalities inherent to implementing the Nursing Process in Primary Care", which will be presented below.

Challenges inherent to implementing the Nursing Process in Primary Care

Based on the interviews, the participating nurses mentioned a number of difficulties to implement the NP. Work overload stands out among them, when referring to the number of professionals in the team, to the number of people to be served and to the diversity of activities and responsibilities in charge of nurses.

> *[...] the thing is that we work with a minimal team [...] and then, if we had the maximum number of professionals, it'd also help a lot [...] incorporating other professionals, which they already do through ordinances, such as managers, that would be interesting [...] it'd reduce our overload [...] (Orchid)*

> *[...] but it's not that much out of habit, it's also because there are too many FHS people, then it's no use [...] (Hope)*

> *[...] it's this work overload we have, these multiple responsibilities that nurses face having to do several things, right? Things that could be assigned to other professionals, right? (Jasmine)*

Lack of technological resources and of materials in general was considered as a hindrance to implementing the NP. A number of instruments to guide care can be mentioned among these resources, such as varied printed materials, standardized Nursing language system documents, pieces of equipment, supplies and adequate physical structures.

> *[...] it's when we speak about the issue of lack of supplies for basic materials, we speak about the issue of us not having materials, I don't have the NIC or the NOC to check and implement the Nursing application process and this NP in the users, I believe it's many people's reality here. (Daisy)*

> *[...] from the instruments devised in 2019, I use the "Hiperdia" one and "Gestantes", but these instruments are always lacking [...] (Orchid)*

> *Now we lack many work instruments, from pregnancy booklets to important printed materials for the work process, mainly shortage of instruments such as pressure gauges or scales [...] (Rose)*

> *[...] then we just bump into the physical structure, because we sometimes don't have any room, we need to borrow a room, we don't have a table, we don't have prescription pads [...] proper materials, a computer that works, right? We need to get a patient's data, the computer doesn't work [...] (Sun)*

The participants addressed "immediacy" as a hindrance to implementing the NP. They highlight that both the population and the health team components increasingly require immediate assistance, which hinders developing other ongoing activities.

> *[...] sometimes I don't know what to do first, if assisting patients, answering the telephone [...] the secretary is asking for some documents, she calls mi private cell phone, I don't answer [...] she calls another employee asking why I didn't answer [...] this issue bothers me a lot [...] (Hope)*

> *[...] this immediacy about people got even worse with the pandemic, it's hard to reorganize the health services. [..] And we now feel this difficulty of going back to programmatic appointments, even to devoting ourselves to providing comprehensive care to the users [...] (Jasmine)*

> *[...] Even more so man [...] when it's a prescription group [...] people are like this [...] I have to work and you don't want to write more prescriptions there? You send me here, but it's delayed... I have to... I want my logo prescription [...] (Sunflower)*

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It is noticed that the hindering factors to develop the NP in the Primary Care context are varied and need to be overcome, so that good quality assistance can be provided.

Practicalities inherent to implementing the Nursing Process in Primary Care

After analyzing the interviewees' testimonies, it is noticed that they consider the NP as a guiding axis for their care actions. Comprehensive care is favored through its implementation; in addition, recording it is considered as an important legal backup, as we can see in the following testimonies.

> *[...] The purpose of the NP is comprehensive care, an assessment of the care we offer to the population, it's also some legal backup for us [...] (Jasmine)*

> *[...] it's an instrument that records all the care provided; it even gives us some legal backup many times. [...] and backup as a record of what was done with each patient [...] (Karina)*

The participants also reported the relevance of using specific instruments that guide how care is implemented and support an effective implementation of the NP.

> *It's very important to use instruments that guide the care to be provided. [...] when I was in the hospital context, we used an instrument for systematization, where the priority diagnoses in relation to the medical clinic were listed. Then there were those priority Nursing diagnoses related to the epidemiological profile of some patients that were hospitalized in the medical clinic [...] (Peace)*

Practicalities to implement the NP were also mentioned, related to care instances for reduced populations, which is the case stated by the professionals when conducting pre-natal consultations, as can be seen in the following testimony.

> *[...] and the pre-natal issue is when we manage to implement the NP, because we have fewer patients when compared to other population groups [...] due to the care complexity and because we understand [...] if I can't monitor the case properly, it can harm not only the mother but also the baby [...] (Daisy)*

Another aspect mentioned by the participating nurses as a facilitating factor to develop the NP is knowing the epidemiological profile corresponding to the unit's territory, which favors implementing actions targeted at the real needs of that specific population group.

> *[...] knowing the territory where we work also allows us to organize our work [...] for example: I work with a unit that has extremely deeper social vulnerability than FHS X [...] then, more centralized staff, more like an elite, the FHS X requirements are a whole lot different than mine [...] if we see it that way, knowing how to recognize [...], knowing that the users' epidemiological profile can ease the organization of our work process [...] (Daisy)*

Finally, the participants reported their feeling of satisfaction when implementing the NP in full and properly, considering this moment as one of professional fulfillment.

> *[...] I feel happier when I manage to do the NP, implementing it is satisfying [...] I feel as a fulfilled and competent nurse [...] (Peace)*

In this category, it is noticed that, when properly implemented, the NP is seen as a legal backup and as leading to professional fulfillment. In addition to that, the following factors are pointed out as facilitating elements for its implementation: smaller population groups, knowing the epidemiological characteristics corresponding to the unit's territory and implementing instruments that guide the work to be done.

DISCUSSION

Developing the NP in Primary Health Care contributes to the effectiveness of the work done by Nursing teams and, consequently, to achieving better outcomes with the population assisted[7]. Thus, the current study contributes to advancing Nursing teaching, research and care because it identifies the challenges and practicalities inherent to implementing the NP in the FHS, factors that are still not deeply elucidated in the literature with the purpose of proposing strategies that minimize such challenges and of emphasizing the importance of showing its impacts in the professional practice[3].

Several challenged permeate how the NP is developed in the FHS; work overload stands out among them due to insufficient professionals in the teams. Consequently, it is important to mention a qualitative research study conducted with Nursing professionals from 20 Family Health units, which evidenced an increase in the workload of this professional category, especially due to excessive demand, managerial failures and insufficient personnel in the teams, which had repercussions in the work process, in emotional wear out and in illnesses[10].

The study also adds that work overload as a result of high demands can hinder the operational flow in basic health units, the routines and NP implementation, giving rise to implications for monitoring priority groups, as well as for planning the assistance provided by these teams[10].

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The participants included in the current study also reported insufficient technological resources and materials in general as a hindrance to implementing the NP, namely: instruments to guide the care to be provided characterized by varied printed materials, by standardized Nursing language system documents and by pieces of equipment, supplies and adequate physical structures.

The relevance of the resources and materials for work is addressed in an Editorial that reports on the challenges inherent to continuity of the care model and points out lack of stimulus for the training process, insufficient financial resources, lack of professional recognition and limited use of material resources as factors that restrict the implementation of innovative care technologies[11], to which the NP is added for nurses to develop their clinical practices effectively.

In this sense, devising specific instruments is noted as relevant for qualifying how the NP is applied in the Nursing Practice at the Primary Care level, citing as an example the methodological study whose objective was to create and validate an instrument to assist in Nursing consultations for pregnant women with Diabetes *Mellitus*. The aforementioned study evidenced that, in order to improve Nursing care, it is indispensable to have scientific knowledge and to use systematization instruments specifically designed for a given care instance and capable of evaluating cases skillfully and in a planned way, listing the problems and favoring reaching their solutions[12].

In this discussion, it is also stated that the NP should be implemented in all the services where Nursing professionals serve users, families and communities, encompassing services from the entire health care network[3,6]. Primary Care health units represent the system gateway and, as such, are accountable from first appointments to urgencies and emergencies[13] (Freitas et al, 2020), as well as palliative assistance and networked care coordination; therefore, nurses need instruments and training[14] to provide more resolute and humanized care[13].

Another hindering factor to implementing the NP was immediacy, mentioned both by the interviewees from the population and by those from the health team. The immediate need for a given care instance gives rise to implications in the development of activities such as the NP, which requires attention and time to understand the health problems involved, thus hindering its adoption.

A descriptive and cross-sectional survey with a qualitative approach developed with Family Health nurses corroborates the current study by noting that one of the possible difficulties to properly implementing the work process is the immediacy demanded by the population, which clearly states limited availability to wait until being served. This difficulty leads to a number of implications in how the users are welcomed, generating tensions in care due to the limited time to offer qualified listening[15].

It is pertinent to expand the perspective regarding immediacy, mentioned by the participants of the current study and corroborated in the literature[15]. The users' urgency to have their requirements met collides with the work overload due to excessive demand and insufficient personnel and workers' time availability, although both users and workers are subjected to the same regime of contemporary temporality. It has been shaped by the speed imposed by Capitalism in the “time is money” perspective, which was deepened due to information technologies and to the creation of a virtual world characterized by certain flattening of time and space; in other words, it produces immediacy as a subjective dimension in society[16].

However, health care requires another time regime; it requires allowing time to dive into an uncontrollable time, to listen to the other[16], to open up to the unexpected and to face the challenges inherent to reconstructing health care practices[17].

Despite the challenges, the interviewees also pointed to the practicalities inherent to implementing the Nursing Process in Primary Care. Undoubtedly, the NP offers benefits for users, families and Nursing professionals alike in the Primary Health Care context. This is because it enhances the quality of Nursing consultations by using records in medical charts, which consequently improves the care provided and organizes the work process[18].

Among the practicalities, the participants of this study highlighted the importance of recording everything while implementing the NP, with the resulting benefit of legal backup. In this sense, a documentary analysis identified that one of the NP contributions to improving care is backup for Nursing professionals by recording any and all procedures performed, resulting in better visibility for the profession, as it confers autonomy to the nurse class[19].

In addition to that, recording each care instance in medical charts is pointed out in a study on care longitudinality from the perspective of Family Health Strategy users as a necessary practice that strengthens the FHS bonds and recognition as a habitual care source[20]. Consequently, NP records represent an important instrument to implement longitudinal user follow-up in Primary Care.

It was also noted that using specific instruments that guide how care should be provided eases NP implementation. A research study aimed at analyzing the Nursing work process in Primary Health Care in Paraíba stated that the clinical

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protocols proposed by the Ministry of Health, the Minas Gerais Regional Council and the municipalities serve as documents and rules capable of guiding Nursing care and, consequently, the NP[21].

The cited study also adds that using specific instruments employed to favor the work process streamlines Nursing consultations, increases the number of appointments and improves the care flow in the FHSs that constitute the health units[21].

In addition to that, the professionals mention smaller population groups (such as pregnant women) as a facilitating factor. A national study inferred that lower demands favor the users' welcoming process, contributing to good quality evaluations, ensuring appointment priorities and qualified listening, thus acknowledging the patients' needs[15].

It is also noted that lower care demands allow offering good quality consultations through the desirable welcoming procedures, due qualification of the access to health units, the professional-user bond, longitudinality and the NP in a systematized and adequate way[15].

Finally, it was evidenced that knowing the epidemiological profile corresponding to the unit's territory favors developing actions targeted at the real needs of that specific population group. A qualitative research study conducted in Fortaleza asserted that the epidemiological profile can be learned by means of territorialization, which favors identifying the possible weaknesses of the population attached to a health unit[22] and, consequently, proposing actions that minimize such weaknesses by using the NP.

Study limitations

The main limitation of the current study is related to the small number of participants, as some nurses were not able to leave their health units to take part in the study. In addition to that, the research qualitative nature and the fact that it was conducted in a single health institution preclude generalizations; nevertheless, this limitation encourages conducting multi-center studies.

FINAL CONSIDERATIONS

Based on the findings detected in this study, it is noticed that several aspects hinder an effective implementation of the NP in the Primary Health Care context, such as work overload, lack of material, structural and human resources and even the immediacy demanded both by the population and by the teams, as an expression of contemporary subjectivity. In relation to the practicalities, the following are evidenced: legal backup, rationale, applying NP in small population groups and knowing the epidemiological profile of the population attached to a health unit.

This study contributes to advancing the Nursing teaching, research and care areas in the Primary Care scope because it presents a contemporary overview of the main challenges and practicalities for nurses' adherence to using the NP. By specifying the challenges, the study contributes to devising strategies that can minimize them, in addition to encouraging new research studies on the topic.

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Author contributions

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Use of artificial intelligence tools

Authors declare that no artificial intelligence tools were used in the composition of the manuscript "*Challenges and practicalities for Primary Care nurses to implement the Nursing Process*".