

## SYSTEMATIZATION OF NURSING CARE AT THE SURGICAL CENTER: PERCEPTION OF THE NURSING TEAM

Sistematização da assistência de enfermagem no centro cirúrgico: percepção da equipe de enfermagem

Sistematización de la atención de enfermería en el centro quirúrgico: percepción del equipo de enfermería

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### ABSTRACT

**Objective:** to evaluate the performance and perception of the nursing team regarding the systematization of nursing care in the operating room of a hospital. **Method:** exploratory, descriptive, documentary study, with a mixed approach, developed from January to April 2019, in two phases: analysis of medical records and interview with 14 nursing professionals. The setting was a surgical center in a public hospital in northeastern Brazil. Data organization by descriptive statistical analysis and thematic analysis. **Results:** the evaluation of the medical records showed that the records of anamnesis and physical examination are fragile and in some phases there are no records of the preoperative and postoperative phase. It was found that for the professionals the role of the team is to provide holistic care to the patient and the most difficult phase is the post-operative. **Conclusion:** the lack of planning for the implementation, execution and understanding hinder the process and hinder quality patient care.

**DESCRIPTORS:** Nursing; Nursing team; Nursing processes; Surgicenters; Perioperative care.

### RESUMO

**Objetivo:** avaliar a atuação e a percepção da equipe de enfermagem quanto a Sistematização da Assistência de Enfermagem no centro cirúrgico de um hospital. **Método:** estudo exploratório, descritivo, documental, de abordagem mista, desenvolvido de janeiro a abril de 2019, em duas fases: análise de prontuários e entrevista com 14 profissionais de enfermagem. O cenário foi um centro cirúrgico de um hospital público no nordeste brasileiro. Organização dos dados pela análise estatística descritiva e análise temática. **Resultados:** a avaliação dos prontuários apontou que os registros da anamnese e exame físico são frágeis e em algumas fases não há registros da fase

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pré-operatória e pós-operatória. Verificou-se que para os profissionais o papel da equipe é prestar um cuidado holístico ao paciente e a fase mais dificultosa é a pós-operatória. **Conclusão:** a falta do planejamento para a implantação, execução e entendimento atrapalham o processo e dificulta uma assistência de qualidade ao paciente.

**DESCRITORES:** Enfermagem; Equipe de enfermagem; Processos de enfermagem; Centro cirúrgico; Assistência perioperatória.

## RESUMÉN

**Objetivo:** evaluar el desempeño y la percepción del equipo de enfermería con respecto a la sistematización de los cuidados de enfermería en el quirófano de un hospital. **Método:** estudio exploratorio, descriptivo, documental, con enfoque mixto, desarrollado de enero a abril de 2019, en dos fases: análisis de historias clínicas y entrevista con 14 profesionales de enfermería. El escenario era un centro quirúrgico en un hospital público en el noreste de Brasil. Organización de datos mediante análisis estadístico descriptivo y análisis temático. **Resultados:** la evaluación de los registros médicos mostró que los registros de anamnesis y examen físico son frágiles y en algunas fases no hay registros de la fase preoperatoria y postoperatoria. Se descubrió que para los profesionales, el papel del equipo es proporcionar atención integral al paciente y la fase más difícil es la postoperatoria. **Conclusión:** la falta de planificación para la implementación, ejecución y comprensión dificulta el proceso y dificulta la calidad de la atención al paciente.

**DESCRIPTORES:** Enfermería; Grupo de enfermería; Proceso de enfermería; Centros quirúrgicos; Atención perioperativa.

## INTRODUCTION

The Surgical Center (SC) is a unit of the hospital institution designated to serve customers in elective or emergency situations, and requires qualified and properly trained professionals. It is important to emphasize that the SC must always be prepared for surgery, and it is of utmost importance that all materials and equipment are in their proper places, avoiding trampling, which can expose the client to risk. For those who are participating in the surgical act, it is unpleasant and stressful the lack of materials, which denotes disqualification and lack of professionalism of the individuals acting in the place.<sup>1</sup>

Thus, the work at SC is marked by the development of complex and interdisciplinary practices, with strong dependence on the individual performance of some professionals, but also the need for teamwork in conditions, often marked by pressure and stress.<sup>2</sup>

Nursing is responsible for managing and coordinating the professionals who perform this work. It is also important to make clear that the work of these professionals has become more and more complex, as there is a need for interaction between the activities that cover the technical, managerial, administrative-bureaucratic, welfare, teaching and research areas, and in the dimension of their performance, for being a professional who acts directly with a professionally diversified team.<sup>3</sup>

Through the above, it can be observed that the systematization of the Sistematização da Assistência de Enfermagem Perioperatória (SAEP) integrates a set of actions, which organizes, guides and directs the care to the surgical patient in a holistic way, allowing the nursing to develop

its clinical reasoning and act respecting the individuality of each patient. SAEP comprises three phases thus designated: the preoperative, in which the nursing visit is performed; the transoperative and the postoperative, being a complex assistance, peculiar and individualized in all the stages.

In this way, SAEP also contributes to the reduction of damages to the patient through its organized actions, which seek the improvement of care, making the nurse responsible and administrator of his actions. Thus, the referred Systematization came to promote the continuity of the work in nursing, allowing to generate quality indicators and thus provide to the patient and the family the tranquility before the surgical process.<sup>4</sup>

In front of this panorama, we tried to evaluate the performance and the perception of the nursing team regarding the Systematization of Nursing Assistance in the surgical center of a hospital.

## METHODOLOGY

Exploratory-descriptive, documentary study, subsidized in the mixed approach. The scenario of this study was a surgical center of a public hospital of high complexity in Balsas, Maranhão. This scenario performs on average 200 surgeries per month. The hospital has a team of 171 people, being, 75 of the nursing team, of these, 14 belongs to the team of the Surgical Center.

The data collection took place from January to April 2019. In the quantitative stage, it was carried through an analysis of 600 medical records of patients who had carried through some surgical procedure, where data were collected on the register of nursing in the perioperative period. This sample was taken from an average of 200 surgeries per month, being thus collected during the period of three months (from January to March) where the amount of medical records was evaluated, totaling 600.

Later, already in the qualitative stage, a questionnaire was applied with questions about socio-biographical data and clear, direct, short, simple and limited questions about the problem in question, which concerns the perception of the nursing team about the SAE in the Surgical Center.

To participate in the study, the professionals had to attend the following inclusion criteria: to be a nurse and/or nursing technician of the Surgical Center, not mattering that it was concurred or contracted, and that they accepted for free and spontaneous will to participate of the research. As exclusion criteria were the professionals who were on maternity leave or vacation.

Thus, the data were compiled in a database, which were typed in the software Statistical Package for the Social Sciences - SPSS (version 20.0 for Windows), later consolidated using descriptive statistics techniques (absolute and relative frequencies).

Regarding the open questions, the information gathered was submitted to Content Analysis, which seeks to describe the content issued in the communication process, whether through speech or text.<sup>5</sup> Each participant received an alphanumeric code according to their category, followed

by natural numbers (1 to 14) according to the interviews. Afterwards, a discussion of the findings was held based on the literature produced on the subject.

This study was approved by the Research Ethics Committee of the State University of Maranhão (USP) on May 26, 2018.

## RESULTS AND DISCUSSION

Two nurses and 12 technicians working at the Surgical Center were interviewed, and it was found that most of the participants were women (64.3%). The age group was between 36 and 41 years old (50%), marital status predominated (35.7%), as for the level of specialization in the area, (57.2%) were specialized; as for the employment bond, half of the group (50%) had only one bond, and acted in the workload of 36 to 40 hours per week (92.9%).

As for the analysis of the medical records, the first item checked was the prescription of the patient's admission form. It was observed that 597 (99.5%) of the medical records presented the completed admission form, which is a positive factor in the evaluation of the assistance provided. The admission form of the study hospital contains the following items: name of the patient, date of admission, age, gender, date of birth, marital status, profession, place of birth, region, affiliation, residence, responsible, doctor, observations, color.

The prescription of the surgical patient's admission form is of the utmost importance, because it is at this moment that all the patient's identification is made, that is, where the search for quality and safety of the surgical patient begins, which is essential for the individualization and consequent humanization of the assistance provided, because it is believed that not only the humanization is impaired by not performing this task, but also the safety and integrity of the client, since many are the reports of patient exchange and the performance of surgeries in wrong places.<sup>6</sup>

As for the patient's anamnesis data notes, 457 (76.2%) of the medical records have no anamnesis records. As for the patient's physical examination notes, 524 (87.3%) of the medical records do not present records of the patient's physical examination. This is a very worrying fact. It is also important to point out that the documents that present this information are mostly from patients who come from other cities in the region regulated for the hospital.

This result corroborates the study, in which it was possible to prove that fundamental information for the care of the patient, such as "anamnesis and physical examination at admission", presented low quality records ("bad").<sup>7</sup>

As for the annotations of the procedures in the preoperative period, 557 (92.8%) of the medical records have this record. The nursing assistance to the patient in the preoperative presents many challenges, therefore beyond the psycho-emotional preparation of this one for the surgery and its consequences, there is necessity of approach on the cares and the specialized environments of attendance, as surgical center and post-anesthesia recovery.<sup>8</sup>

In relation to the annotations of the procedures in the transoperative, 600 (100%) presents this register, that is, all the medical records evaluated have annotations of the

procedures performed from the moment of the entrance of the patient in the surgical center until his exit to the anesthesia recovery room.

When it comes to the annotations of the procedures in the postoperative period, 575 (95.8%) of the medical records have this information duly registered. It is important to emphasize that these notes are of utmost importance, because they will show the evolution of the patient after surgery and help the professionals, to know, what action to take if any adverse event arises.

As for containing at least three assessments of vital signs (one in each stage of the perioperative period), 589 (98.2%) of the medical records have recorded this assessment of the patient, and most have more than three assessments, which is a very positive data to provide care to the patient, because the vital signs are indicators of vital functions and can guide the initial diagnosis and monitoring of the evolution of the clinical condition of the patient, helping and guiding the professional throughout the surgical process.

The vital signs are indicators of the state of health and the guarantee of the circulatory, respiratory, neural and endocrine functions of the body. They can serve as mechanisms of universal communication about the patient's state and the severity of the disease. These parameters, measured serially, contribute to the nurse's identification of nursing diagnoses, evaluation of implemented interventions, and decision making about the patient's response to therapy.<sup>9</sup> As such, it is necessary and paramount that they be checked regularly.

Regarding the presence of the surgical patient's evolution in the medical chart, 576 (96%) presents information on the patients' progress. The importance of recording the evolution of the surgical patient is accentuated since tenuous variations in conduct, based on incomplete data, may generate undesirable consequences due to the patient's state.<sup>10</sup>

Regarding the registration of drugs administered to the patient, all the medical records evaluated (600) contain these data. It is known that in addition to ensuring effective communication among the health team, the records of the drugs administered in the patient's medical records provide legal support and, consequently, safety for the patients, professionals and health service where the care takes place.

According to the Resolution N° 014/2016 of COREN the administration of medicines is one of the activities that nursing develops very often, requiring much attention and solid technical-scientific basis to subsidize it in the accomplishment of correlated tasks, because it involves a sequence of actions that aim at obtaining better results in the treatment of the patient.<sup>11</sup>

In the testimonies of the professionals, it was possible to understand the perception of the SAE, from the theoretical knowledge of the team and its forms of application and influence in the daily care in the surgical center.

*It is the continuous realization of Nursing assistance. (E1)*

*For me it is a tool that helps in the service provided, because it helps to know the patient's history, thus preventing possible interferences at the time of surgery. (T3)*

*It is a process that facilitates unification and communication among the team, and this is of utmost importance. (T4)*

*It is a process that serves to look at the patient as a whole and allows for quality care. (T6)*

*It is a tool that facilitates the performance of nursing in its process of care, planning and prescription of care. (E2)*

It is observed that the professionals consider the nursing process and the SAE as a tool that helps in the service as a whole, that facilitates the nursing performance, organizes the work and allows a quality assistance.

According to COFEN resolution 358 of 2009, SAE organizes the professional work in terms of method, personnel and instruments, making it possible to operationalize the stages of the Nursing Process. In this perspective, the EP represents the way of doing and thinking of the Nursing professional, enables the organization of the necessary conditions for the realization of care and the documentation of professional practice, which must be carried out in a deliberate and systematic manner.<sup>12</sup>

The conception of the nursing technicians in relation to the nursing process was a fact that surprised, because in their formations this instrument is usually worked vaguely.

Thus, it is important that these technical professionals know the nursing process and for this it is necessary that there is the inclusion of this content in the curriculum of formation of these professionals, because, in the development of the nursing process, there are attributions that are inherent to the whole team.<sup>13</sup>

When questioned about which services the Nursing process helps, 14 (100%) of the professionals affirmed that it is an essential tool and that it helps in a direct way in all the services rendered, what is noticed in the reports below:

*It helps me in all the services provided. (T2)*

*It helps in the service as a whole, but I particularly is more in the intraoperative phase, this process serves to decide whether the surgical act will continue or stop there in the preoperative phase, because it depends on the current situation of the patient. (T3)*

*At the moment of the patient's hospitalization, of his identification. (T6)*

*Diagnosis, planning and evaluation. (E1)*

*In all services provided. (T12)*

*In all services, in the reception, in the preparation of the patient, in the verification of vital signs. (T10)*

*In diagnosis and patient care. (E2)*

In this sense, the SAE functions as an assistance facilitator and although the team has the perception of the need for a

systematization in practice, the use of a certain way is still very small and even those institutions that exist SAE it does not occur in a definitive way, given the numerous difficulties encountered for operationalization.

The use of SAEP brings numerous benefits, such as: the reduction of time for diagnostic results and treatment of potential or experiential health problems, reducing the incidence and duration of the clients' stay in the hospital. Thus, with the implementation of SAEP, nursing produces a planned assistance to the patient, meeting all the basic needs of the patient and consequently the nursing service becomes more organized.<sup>14</sup>

Moreover, in view of the above, it is possible to observe that the lack of knowledge about the SAE in the SC, the lack of training and the non-implementation of this tool in the hospital, as mentioned by two of the interviewees, interfere in the care provided.

The main factors that hinder the implementation of the SAE are: lack of knowledge about the performance of the physical examination, lack of training on the subject in health institutions, lack of adequate registration of nursing care, conflict of roles, difficulty in accepting changes, lack of credibility in nursing prescriptions, lack of personnel, lack of establishment of organizational priorities, the need for involvement of teams and political will, academic teaching, the complexity of PE, lack of uniformity in the stages and lack of knowledge, continuing education for the team with expanded investment for auxiliaries and technicians.<sup>15</sup>

In most states, health institutions still do not adhere to the full and partial implementation of the SAE, due to the many difficulties arising from its implementation and implementation. Among them, the lack of interest of the professional, lack of knowledge, lack of effectiveness and difficulty in accepting the multiprofessional team, due to disbelief and rejection to the changes.<sup>16</sup>

Regarding the changes that the implementation of SAE brings to customer care, the professionals answered that in general this tool brings more security, organizes the service and provides a faster recovery for the patient, which can be observed below:

*It brings the security of a more efficient and planned care. (E2)*

*Improvement both for the patient and for us, we become safer. (T1)*

*It brings more tranquility, more knowledge because many times the patient doesn't even know what the procedure he is going to do is. (T5)*

*It allows a better register of the attendance and brings more security to the patient. (T8)*

*It brings several changes, mainly in the question of humanization, a better assistance to the patient, better care, improves the bonding process between the client and the professional. (T11)*

*The SAE if it was developed to the letter as it has to be with certainty will bring more security to the patient, because the patient who will go through the surgical act feels very vulnerable, so you have to always be there to explain and pass this confidence to the patient. (T4)*

*It leads to faster recovery and organized and systematized service. (T2)*

*It brings integral assistance and provides a faster and more effective recovery to the patient. (E1)*

The SAE is essential for the Nurse to manage and develop an organized, safe, dynamic and competent nursing care and its implementation must occur in every health institution, public and private.<sup>17</sup> The SAE provides technical, scientific and human resources, in which it aims at a better quality of assistance to the client.

The implementation of this methodology improves the assistance provided, by providing individualized, continuous and integral care. It is important to point out that both the professional and the patient are benefited with the assistance, since the care will be executed in a more complete, directed, documented and based on scientific knowledge.<sup>18</sup>

This result is still similar to the study in which the authors affirm that the SAE confers greater security and quality of assistance to the patients, and greater autonomy to the professionals of nursing.<sup>19</sup>

It was verified, therefore, that the professionals know what is the Nursing Process and the SAE and that this knowledge passes through the nursing assistance, in order to involve the organization and systematization of the assistance, they recognize it as an essential tool that brings more security, organizes the service, provides a faster recovery for the patient and assists in a direct way in all services provided, use this tool, although indirectly, because it has not yet been implanted in the surgical sector and that the vast majority perform all stages (preoperative, intraoperative and postoperative) in their daily lives.

Regarding the annotations of all procedures performed to the surgical patient in the medical chart, the professionals must be re-educated about the importance of the annotations of these records, because they are considered a form of written communication and is essential to the health care process, because they portray a documented reality, promote the continuity of care, reflect the care plan and serve as a legal record of the care provided.

## FINAL CONSIDERATIONS

The research made it possible to infer that the Systematization of Nursing Assistance is not an easy task for the nurse and for the nursing team, because the lack of planning for the implantation, execution and the lack of understanding hinder the process and make a quality assistance difficult for the patient.

This research extends the knowledge about what should be done in each phase of SAEP, which is of fundamental

importance for the nursing course, because this understanding will lead the future nurses and technicians to fulfill correctly all the steps of the three phases of SAE in the surgical center, besides leading them to contribute in a significant way to the improvement of the patient and consequently reduce the incidence and duration of the stay in the hospital.

## REFERENCES

1. Gutierrez LS, Santos JLG, Peiter CC, Menegon FHA, Sebold LF, Erdmann AL. Good practices for patient safety in the operating room: nurses' recommendations. *Rev. bras. enferm.* (Online). [Internet]. 2018 [cited 2020 jul 09]; 71 (Suppl 6). Available from: <http://dx.doi.org/10.1590/0034-7167-2018-0449>.
2. Carvalho PA, Göttems LBD, Pires MRGM, Oliveira MLC. Safety culture: perception of health professionals in a mental hospital. *Rev. latinoam. enferm.* (Online). [Internet]. 2018 [cited 2020 jul 09]; 23 (6). Available from: <https://doi.org/10.1590/0034-7167-2018-0125>.
3. Martins FZ, Dall'Agnol CM. Surgical center: challenges and strategies for nurses in managerial activities. *Rev. gaúcha enferm.* (Online) [Internet]. 2016 [cited 2020 jul 09]; 37 (4). Available from: <http://dx.doi.org/10.1590/1983-1447.2016.04.56945>.
4. Botelho J, Veloso GBLV, Favero L. Systematization of nursing care: the knowledge of the nursing team at a surgical Center. *Enferm. foco (Brasília)*. [Internet]. 2013 [cited 2020 jul 09]; 4 (3). Available from: <https://doi.org/10.21675/2357-707X.2013.v4.n3/4.552>.
5. Bardin L. *Análise de conteúdo*. São Paulo: Edições 70; 2011.
6. Carvalho LKCAA, Peniche ACG, Carvalho FS, Silva AAG, Moura EH, Souza IBJ. *Análise dos procedimentos realizados pela equipe de enfermagem na recepção dos pacientes no centro cirúrgico*. *Rev. Interd.* [Internet]. 2014 [acesso em 09 de julho 2020]; 7 (4). Disponível em: [https://revistainterdisciplinar.uninovafapi.edu.br/index.php/revinter/article/view/536/pdf\\_156](https://revistainterdisciplinar.uninovafapi.edu.br/index.php/revinter/article/view/536/pdf_156).
7. Maia CS, Freitas DRC, Gallo LG, Araújo WN. Registry of adverse events related to health care that results in deaths in Brazil, 2014-2016. *Epidemiol. serv. saúde.* [Internet]. 2018 [cited 2020 jul 09]; 27 (2). Available from: <https://doi.org/10.5123/s1679-49742018000200004>.
8. Pereira AC, Soares VL, Russo TMS, Teles AAS, Lenza NFB, Sonobe HM. Pre-operative education in the perspective of cancer patients. *Rev. enferm. UFPE on line.* [Internet]. 2016 [cited 2020 jul 09]; 10 (2). Available from: <https://doi.org/10.5205/1981-8963-v10i2a10976p449-456-2016>.
9. Teixeira CC, Boaventura RP, Souza ACS, Paranaguá TTB, Bezerra ALQ, Bachion MM, et al. Vital signs measurement: an indicator of safe care delivered to elderly patients. *Texto & contexto enferm.* [Internet]. 2015 [cited 2020 jul 09]; 24 (4). Available from: <https://doi.org/10.1590/0104-0707201500003970014>.
10. Borges FFD, Azevedo CT, Amorim TV, Figueiredo MAG, Ribeiro RGM. Importance of nursing records according to nursing team: professionals and institutional implications. *Rev. enferm. Cent.-Oeste Min.* [Internet]. 2017 [cited 2020 jul 09]; 7. Available from: <https://doi.org/10.19175/recom.v7i0.1147>.
11. Conselho Regional de Enfermagem de São Paulo (SP). *Uso seguro de medicamentos: guia para preparo, administração e monitoramento*. São Paulo: COREN/SP; 2017.
12. Conselho Federal de Enfermagem (Brasil). *Resolução COFEN nº 358, de 15 de outubro de 2009*. Ed. Brasília: COFEN; 2009. Disponível em: [http://www.cofen.gov.br/resoluco-cofen-3582009\\_4384.html](http://www.cofen.gov.br/resoluco-cofen-3582009_4384.html).
13. Dotto JI, Backes DS, Dalcin CB, Lunardi Filho WD, Siqueira HCH, Zamberlan C. Systematization of nursing assistance: order, disorder or (re) organization? *Rev. enferm. UFPE on line.* [Internet]. 2017 [cited 2020 jul 09]; 11 (10). Available from: DOI: <https://doi.org/10.5205/revuol.12834-30982-1-SM.1110201716>.
14. Ribeiro E, Ferraz KMC, Duran ECM. Actions of surgery center nurses before the systematization of perioperative nursing care. *Rev. SOBECC (Online)*. [Internet]. 2017 [cited 2020 jul 09]; 22 (4). Available from: <https://doi.org/10.5327/Z1414-4425201700040005>.
15. Chaves RRG, Morais e Silva CF, Motta E, Ribeiro EDLM, Andrade YNL. Systematization of nursing care: overview of nurses. *Rev. enferm. UFPE on line.* [Internet]. 2016 [cited 2020 jul 09]; 10 (4). Available from: <https://doi.org/10.5205/revuol.8464-74011-1-SM.1004201615>.

16. Jost MT, Viegas K, Caregnato RCA. Systematization of perioperative nursing assistance in patient safety: an integrative review. *Rev. SOBECC (Online)*. [Internet]. 2018 [cited 2020 jul 09]; 23(4). Available from: <https://doi.org/10.5327/Z1414-4425201800040009>.
17. Andreotti ET, Fonte MA, Ipuchima JR, Kessler CC. Nursing Concurrent Audit in Health Care Providers: an integrative review of the literature. *Rev. Adm. Saúde*. [Internet]. 2017 [cited 2020 jul 09]; 17 (68). Available from: <http://dx.doi.org/10.23973/ras.68>.
18. Neco KKS, Costa RA, Feijão AR. Systematization of nursing care in health institutions in Brazil: an integrative review. *Rev. enferm. UFPE on line*. [Internet]. 2015 [cited 2020 jul 09]; 9 (1). Available from: <https://doi.org/10.5205/reuol.6817-60679-1-ED.0901201527>.
19. Ribeiro GC, Padoveze MC. Nursing Care Systematization in a basic health unit: perception of the nursing team. *Rev. Esc. Enferm. USP*. [Internet] 2018 [cited 2020 jul 09]; 52: e03375. Available from: <http://dx.doi.org/10.1590/S1980-220X2017028803375>.

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