

Nurses' attitudes toward the nursing process

Atitudes do enfermeiro frente ao Processo de Enfermagem

Actitudes de las enfermeras en el Proceso de Enfermería

Cristiane Rodrigues Silva;¹ Eliane de Fátima Almeida Lima;² Lorena Barros Furieri;³ Cândida Caniçali Primo;⁴ Mirian Fioresi⁵

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ABSTRACT

Objective: The study's aim has been to analyze how the nurses stand toward the Nursing Process (NP) at a university hospital. **Methods:** It is a cohort study with an analytical approach, which has had 141 participating nurses. Data collection was carried out by using the instrument named Attitudes toward the Nursing Process (ANP). Descriptive statistics and associations were conducted by the Pearson's chi-square test, and considering $p \leq 0.05$ as statistically significant. **Results:** The overall scores values varied between 73 and 138. The ANP total average score was 113.29 (SD=15.33). The nurses have shown attitudes that were strongly favorable to the NP. Furthermore, presenting satisfaction with the career, satisfaction with the workplace and having previous knowledge of the nursing diagnoses were variables related to the attitudes that were favorable to the NP. **Conclusion:** This study has allowed us to conclude that the nurses at the studied institution have favorable attitudes toward the NP.

Descriptors: Attitudes, perception, nursing process, nursing diagnosis.

RESUMO

Objetivo: Avaliar a posição do enfermeiro frente ao Processo de Enfermagem em um hospital universitário. **Método:** Estudo transversal analítico, com amostra de 141 enfermeiros. A coleta de dados utilizou o instrumento Posições sobre o Processo de Enfermagem, realizou estatística descritiva e associações, por meio do teste qui-quadrado de Pearson, e considerou significante $p \leq 0,05$. **Resultados:** Os escores gerais variaram entre 73 e 138. O escore total médio do instrumento Posições sobre o Processo de Enfermagem foi de 113,29 (DP=15,33). Os enfermeiros demonstraram atitudes fortemente favoráveis frente ao Processo de Enfermagem. Apresentar satisfação com a carreira e com o setor de trabalho e ter conhecimento prévio de diagnósticos de Enfermagem foram variáveis relacionadas às atitudes favoráveis frente ao Processo de Enfermagem. **Conclusão:** Este estudo permitiu concluir que os enfermeiros da instituição estudada possuem atitudes favoráveis ao Processo de Enfermagem.

Descritores: Atitudes, Percepção, Processos de Enfermagem, Diagnóstico de Enfermagem.

1 Nursing Graduate, MSc in Nursing.

2 Nursing Graduate, PhD in Nursing.

3 Nursing Graduate, PhD in Physiology.

4 Nursing Graduate, PhD in Nursing.

5 Nursing Graduate, PhD in Physiology.

RESUMEN

Objetivos: Analizar la posición del enfermero frente al Proceso de Enfermería en un hospital universitario. **Método:** Estudio transversal analítico, N=141 enfermeros. La coleta de datos fue realizada a través del instrumento Posiciones sobre el Proceso de Enfermería. Estadísticas y asociaciones descriptivas, realizado mediante la prueba de chi-cuadrado de Pearson. $P < 0,05$ fue considerado significativo. **Resultados:** Las puntuaciones generales variaron entre 73 y 138. La puntuación total media del PPE fue de 113,29 (DE=15,33). Los enfermeros demostrando actitudes fuertemente favorables al Proceso de Enfermería. Aún, presentar satisfacción con la carrera, satisfacción con el sector de trabajo e tener conocimiento previo de diagnósticos de Enfermería de eventos son variables relacionadas a las actitudes favorables frente al Proceso de Enfermería. **Conclusión:** Este estudio permite concluir que los enfermeros de la institución estudiada poseen actitudes favorables al Proceso de Enfermería.

Descriptor: Actitudes, Percepción, Procesos de Enfermería, Diagnóstico de Enfermería.

INTRODUCTION

The Nursing Process (NP) corresponds to a methodological instrument that the nurse uses to assist the patient, guiding the care and allowing the registration of the actions.¹ This instrument presents multiple positive points for the patient and for the professional, besides its implementation. It is a legal duty of the nurse.²⁻³ Nowadays, it is common to find a partial implementation of this practice, even though, in order to guarantee the success of this action, nurses need to be involved in this process in a competent, scientific and technical way.⁴⁻⁵

In Brazil, the Resolution No. 358/2009 from the *Conselho Federal de Enfermagem (COFEN)* [Federal Nursing Council], provides for the implementation of the NP where there are professional nursing care, clarifying the concepts and differentiating the Nursing Assistance Systematization (NAS) and the NP. In this resolution, the NP is constituted by five interrelated stages, named: nursing history or data collection, nursing diagnosis, nursing planning, nursing implementation and assessment.³

The NP is the essence of the practice of contemporary nursing and is defined as a methodological instrument for the registration and documentation of professional nursing practice, contemplating the professional work organization proposed by the NAS.^{3,6-7}

The implantation of the NP brings the perception of the "something brand new" to which the nursing team must adapt, in a planned way, to the point of allowing changes in daily attitudes, habits and behaviors and in work relations.⁸ Thus, for this adaptation to innovation to happen, there is a need for behavioral changes, attitudes and knowledge of the people involved, so that the transition from one situation to another is possible.⁹⁻¹⁰

Attitudes indicate the willingness to do something. They relate opinion and conduct and translate a favorable or unfavorable disposition towards a goal, person or event. In this sense, attitudes are personal dispositions that approximate or distract an individual from an idea or concept, involving

affect and action, that directly influence behavior.¹¹⁻¹² In nursing, positive attitudes can generate proximity to the NP.

In this outline, in order for the NP to occur, behavioral attitudes related to this action are necessary. These attitudes reflect predisposition or intention to use the methodology. These concepts are referred to as "motivational models," in which behavior is the product of the intention to act.¹³ Nonetheless, the intention to acting is determined by behavior-related attitudes, social pressure perceived by whether or not behavior and control behavior. Consequently, nurses with favorable attitudes towards the NP will probably be easier in their implementation process, as those with unfavorable attitudes are likely to have more difficulties.¹⁰ However, negative attitudes can affect not only the development of the NP as the response of patients in relation to the proposed care. Moreover, the repercussion of negative attitudes can affect the nurse-patient relationship and contribute to poor outcomes.¹⁴

Keeping this in mind, it is very important to be aware that the significance of nursing practice performed in an organized, qualified and systematized manner may convey quality. Also, it reflects attitudes and brings the perception that the result of their actions will reflect on commitment, zeal, love, humanization and knowledge, as well as professional satisfaction.¹⁵

The way nurses react and coexist with the instrumentalization of the NP in the care provided to the patient, or even in the management of work processes, will reflect in a favorable way or not the implementation of the methodology.

Given the aforementioned issues, this research aims to assess how the nurses stand toward the NP.

METHODS

It is a cohort study with an analytical approach, which was carried out at the *Hospital Universitário Cassiano Antônio de Moraes (HUCAM)*, in the care and administrative units.

For the sample calculation, the confidence level was defined as 95%, with a margin of error of 5% and, to ensure representativeness, the ratio=0.5 was assumed. The sample consisted of 141 nurses. The following exclusion criteria were adopted: nurses working at additional company; away due to vacation or job leave.

Data collection was performed by two instruments, one for socio-professional characterization and another to characterize the attitude of nurses towards the NP, named the "Attitudes towards the Nursing Process (ANP)", legalized in Brazil.¹³

The ANP is a public domain document consisting of 20 pairs of adjectives that reflect how nurses feel about NP. The overall ANP score can range from 20 to 140 points. The responses of the ANP can vary from 1 to 7 points, in other words, from the most unfavorable position (1) to the most favorable position (7). After the general evaluation of each adjective of the ANP, it was proposed to analyze the scores on the items as: unfavorable, those with an average score ≤ 4.5 ;

favorable, those with an average score from 4.6 to 5.4; and those with a average score ≥ 5.59 -10 were strongly favorable.⁹⁻¹⁰

The collection took place in October 2015. Each participant was sensitized about the importance of the study to the professional practice of nursing, and was clarified about the objectives of the research. The instrument was distributed in the morning, afternoon and evening shifts and later collected by the researcher.

It has been performed descriptive statistics and associations, using the Pearson Chi-square test, and considered significant $p \leq 0.05$ and 95% confidence interval. The statistical packages used were STATA 13 and IBM SPSS Statistics version 19.

The present study was submitted to the Ethics in Research Committee from the Health Sciences Center of the *Universidade Federal do Espírito Santo (UFES)*, approved under the Legal Opinion No. 1.210.392/2015.

RESULTS AND DISCUSSION

Table 1 shows the socio-professional profile of the nurses participating in the research.

Table 1 - The nurses' socio-professional profile characterization. *Vitória - ES, 2015*

VARIABLE	CATEGORY	n	%
Sex	Male	22	16.0
	Female	119	84.0
	Total	141	100
Age	21-25	11	7.80
	26-30	50	35.5
	31-35	43	30.5
	36-40	19	13.4
	>40	18	12.8
	Total	141	100
Training Time	<1	2	1.40
	1-3	20	14.2
	4-5	38	27.0
	6-10	53	37.6
	11-15	14	9.90
	>15	14	9.90
Formation Degree	Total	141	100
	Graduate	30	21.3
	Specialist	95	67.4
	Master	16	11.3
Workplace	Total	141	100
	Hospitalization	93	65.9
	Diagnostic/therapeutic support	20	14.2
	Ambulatory	11	7.80
	Administrative support	17	12.0
Second Job	Total	141	100
	Yes	34	24.1
	No	107	75.9
Leadership Position	Total	141	100
	Yes	20	14.2
	No	121	85.8
Total	141	100	

Considering the 141 nurses studied, 84% were female; the predominant age group was from 26 to 35 years old, comprising 66% of the nurses. Regarding the training time and qualification, 64.6% had between four and 10 years of training and 78.7% had a postgraduate course (specialization and masters degree). As for work placements, the associated hospitalization and diagnostic/therapeutic support sectors concentrated 80.1% of the nurses, and 75.9% of the nurses had no other employment relationship.

The nurses were investigated regarding the satisfaction with the career and in the sector that they work (data not shown in table). Regarding the total sample, 48 nurses (34.04%) were fully satisfied with the career, 72 (51.06%) moderately satisfied and 19 (13.5%) were not satisfied and two nurses (1.4%) indicated total disappointment with the career. Concerning the satisfaction in the sector in which they work, the sample was distributed similarly to the response regarding career satisfaction. A total of 44 nurses (31.2%) were fully satisfied, 82 (58.2%) moderately satisfied and 13 nurses (9.2%) showed little satisfaction, finally only two (1.4%) indicated total dissatisfaction with the career.

The results of this study made it possible to characterize the sample and the nurse's disposition in front of the NP, evidencing that the nurses' attitudes were favorable to the NP. There was a significant association between career satisfaction, the workplace and prior knowledge of nursing diagnoses and favorable attitudes towards the NP. In the studies conducted, 9-10 the mean ANP scores were similar to the results of this study. Above all, it is worth mentioning that previous studies were carried out after refresher courses for the implementation of NP stages.

Another relevant issue in the nurses' perception regarding the NP refers to the nursing legislation describing it as a determining factor that leads to quality care. The favorable attitude to the implantation of the EP may have been the product of the work of the NP implementation committee in the institution of the study or only the reproduction of what nurses have learned to be desirable for professional practice.^{9-10,16}

In this study, although the majority of the participating nurses were young adults with a time of between 4 and 10 years, there was no relationship between these variables and the attitudes toward the NP. Nevertheless, similar studies indicate that young and less educated nurses have favorable attitudes toward the NP compared to nurses with higher age and more time of formation. These results are the result of the greatest and most recent contact of the professional with the reading and participation of events, courses and classes on the NP. The personal disposition to face new challenges and changes is also pointed out as a positive factor to reflect the nurses' positive attitudes toward the NP.^{10,13,17}

The results showed that most nurses are satisfied with their careers; and personal career satisfaction may directly reflect nurses' attitudes toward the development

of their care or management activities. In Brazil, the nurse finds it difficult to execute the NP due to several factors, either directly related to nursing or not. The partial implementation of this methodology, health care for medical attention, failures in the teaching/learning process in the undergraduate program, human resources deficit, lack of computerization, lack of education in service, work overload and deviation of function are pointed out by nurses as factors that make it difficult both in the implementation and in the execution of the NP.^{7,17}

On the other hand, studies show that nurses with more personal satisfaction with their careers tend to face the difficult factors as part of their daily lives and to develop strategies to deal with these factors in the most enjoyable way. Among the factors that may contribute to personal satisfaction with work, it can be addressed the recognition and professional appreciation, the reliability acquired by the development of their work activities, salary and rewarding labor benefits, lower weekly workload, and also work in the area of greater affinity. In this sense, the personal satisfaction with the career can be attributed to the success in inserting new technologies and work methodologies, besides generating the motivation and stimulus that will reflect in the nurses' attitudes toward the NP.⁵

Satisfaction with the workplace is an important variable that can directly reflect nurses' attitudes toward the NP and patient satisfaction. Previous studies have

indicated that nurses refer to satisfaction with the work environment when nursing staffing is correct and supplies the daily needs of the unit, when there is a correct provision and provision of material resources for nursing practice and when the dynamics of work favors the nurses' performance and the implementation of the NP.^{14,18}

A study carried out in the United States of America revealed that nurses showed less satisfaction with the workplace when they referred to labor issues as benefits granted, compared to other professions and recognition and appreciation of the profession; also, it has indicated that patients were more satisfied with care when they were cared for by satisfied nurses, and that the poor quality of nurses' care was associated with dissatisfaction with the workplace, directly reflecting their attitudes towards the NP.¹⁸ Investing in strategies of professional appreciation might be one of the pillars for successful implementation and implementation of the NP. Giving work opportunities to nurses at places where they have affinity and greater identification can generate job satisfaction.¹⁰

Nurses were also investigated regarding the degree of knowledge, contact and importance in relation to NAS in general, and in relation to the stages that make up the NP: history (interview and physical examination), nursing diagnosis, planning (nursing prescription) and evaluation (nursing evolution), as described in Table 2.

Table 2 - Distribution of knowledge, contact and importance of nurses in relation to the NP. *Vitória - ES, 2015*

	KNOWLEDGE SKILLS									
	None		Low		Moderate		High		Total	
	n	%	n	%	n	%	n	%	n	%
Overall NP	0	0	9	6.40	113	80.1	19	13.5	141	100
Interview and Physical Examination	0	0	6	4.30	98	69.5	37	26.2	141	100
Nursing Diagnosis	1	0.71	24	17.0	101	71.6	15	10.6	141	100
Nursing Prescription	2	1.42	27	19.1	88	62.4	24	17.0	141	100
Nursing Evolution	0	0	10	7.10	93	66.0	38	26.9	141	100
	CONTACT DEGREE									
	None		Low		Moderate		High		Total	
	n	%	n	%	n	%	n	%	n	%
Reading	8	5.70	44	31.2	68	48.2	21	14.9	141	100
Courses and Classes	31	22.0	55	39.0	46	32.6	9	6.40	141	100
Events	52	36.8	57	40.4	31	21.9	1	0.71	141	100
Clinical Practice	21	14.9	42	29.8	58	42.1	20	14.1	141	100
Research	77	54.6	41	29.1	19	13.5	4	2.80	141	100
	IMPORTANCE DEGREE									
	None		Low		Moderate		High		Total	
	n	%	n	%	n	%	n	%	n	%
Importance of Clinical Practice	0	0	3	2.10	19	13.5	119	84.4	141	100

Table 2 shows that the majority of the nurses had a moderate knowledge of all items: overall NP (80.1%), historical (69.5%), nursing diagnosis (71.63%), nursing prescription (62.41%) and nursing evolution (66%). Regarding the degree of contact with the NP, 36.9% of the nurses had little or no reading; 61% participated little or never participated in courses or classes on this technology; 77.2% reported never having participated or participated in few events; and 54.6% reported never having done research on the subject. Concerning the degree of importance of the NP in clinical practice, 84.4% emphasized the importance of using this methodology in clinical practice.

Regarding the degree of knowledge of the NP, studies showed a significant improvement in the scores on the nurses' perception, when the instrument of data collection was applied after refresher courses.^{9,19} On the other hand, poor knowledge about the subject, rejection and the disbelief of the nurses themselves are factors directly related to the difficulties encountered for the implementation of NP.¹ Thus, guaranteeing and facilitating access to courses and events related to the NP, as well as investing in in-service education, can favor the follow-up of changes in nursing education and motivate the nurse in the scientific development of this care technology. After all, the NP has been the subject of discussions and research for reflecting, in teaching and care and management actions, an instrument that guides professional nursing practice.^{6,10}

A study carried out at the University Hospital of *São Paulo* confirms the results obtained in this study regarding the degree of contact of the nurse with the NP, both of which showed that the degree of contact with the NP was more evident in the use in clinical practice and in the performance of readings on the theme.⁹ In agreement with the authors, the results of this research point out the need for greater investment by the institution studied in training to improve knowledge about the NP.

Research performed in a teaching hospital in *Rio Grande do Norte* State found that, although the nursing team has knowledge about the NP and is receptive to it, knowledge is scarce, requiring greater insertion in skills and experiences. These capabilities enable a positive perception, reflecting the change in behavior toward the NP.²⁰ A meta-synthesis study¹ suggested that nurses perceive favorably the applicability of NP, being a "qualifying instrument" and points out that its operationalization should changes in order to remedy deficient knowledge in terms of their practical application.

It is worth emphasizing that, although nurses point out factors that make it difficult to execute the NP, the positive factors and the importance of this instrument in professional practice, recognizing their contribution to the management and the competence to lead, as well as optimizes and organizes the nursing assistance.⁴ Nonetheless, even if nurses are aware of the importance of nursing records generated by the NP and the legal support they provide, most professionals do not comply with this practice.² In view of these considerations, the implementation and implementation of the NP emerges as an essential focus for current nursing practice.

With respect to the instrument "Attitudes toward the Nursing Process" (ANP) used to evaluate the nurses' attitudes toward the NP, it was verified that the general scores varied between 73 and 138; the average ANP total score was 113.29 (SD = 15.33); the total average attributed to the pairs of adjectives of the ANP was 5.66 (SD = 0.76); and the distribution of the averages and standard deviation of the items of the instrument are described in Table 3.

Table 3 - Distribution of the arithmetic average (AVERAGE) and standard deviation (SD) of the instrument items regarding the Attitudes toward the Nursing Process (ANP). *Vitória - ES, 2015*

THE ANP ITEMS	AVERAGE	SD
Ambiguous/Clear	5.085	1.432
Not Meaningful/Meaningful	6.355	0.863
Pleasant/Unpleasant	5.099	1.541
Strong/Weak	5.390	1.280
Valuable/No Value	6.163	1.382
Negative Positive	6.333	0.976
Fool/Smart	6.128	1.075
Comfortable/Uncomfortable	5.149	1.424
Easy/Hard	4.043	1.483
Not Realistic/Realistic	5.135	1.600
Facilitator/Complicating	5.298	1.633
Invalid/Valid	6.241	1.041
Significant/Negligible	6.340	1.013
Relevant/Irrelevant	6.362	1.016
Not Rewarding/Rewarding	5.738	1.524
Convenient/Inconvenient	5.823	1.123
Acceptable/Unacceptable	6.085	1.032
Bad/Good	6.078	1.165
Creative/Repetitive	4.050	1.902
Not Important/Important	6.383	0.961

According to Table 3, items that presented average scores ≥ 5.5 indicated that nurses perceive the NP as meaningful, valuable, positive, intelligent, valid, significant, relevant, rewarding, convenient, acceptable, good and important. It evidences, therefore, strongly attitudes in favor of the NP. The score obtained in the analysis of the items that incorporate the adjectives clear, pleasant, strong, comfortable, realistic and facilitator presented scores between 4.6 and 5.4, so, they classified the positions of the nurses, in front of these attributes, as favorable to the NP. Only in the analysis of the items that included the difficult and routine adjectives the mean score obtained was ≤ 4.5 , demonstrating more unfavorable attitudes toward the NP.

As regards to the average score of the ANP items, the easy/hard and creative/repetitive items obtained the lowest score in this study. These results were similar to those presented in other studies.^{9-10,19} Thus, nurses who scored lower on these items showed less favorable attitudes toward the NP, and perceived this care technology as difficult and

routine. In this sense, a study showed that even the nurses who inserted in the clinical practice the use of the nursing diagnosis did not present a reduction in the perception of difficulty in formulating it. Just as the nurses' prescription of nursing daily translates routine work, mechanizing care planning, and is not valued by the nursing team.^{9-10,19}

In this study, the analysis of the items that presented the highest mean scores in the ANP inferred that the nurses who scored the highest scores on these items showed attitudes strongly favorable to the NP and perceived as rewarding, convenient, good, acceptable, intelligent, positive, significant,

significant, relevant and important. In this sense, these results corroborate with another research that also inferred that attitudes demonstrate willingness to do, to face and to lead something new, translating this disposition in favorable or unfavorable before a person or event, relating the opinion of the individual to a fact or happened event.¹¹

Table 4 shows the distribution of the joint frequency of the score obtained through ANP, classified as follows: more unfavorable, favorable and strongly favorable, in order to relate the socio-professional profile to the attitudes toward the NP.

Table 4 - Distribution of the score combined frequency by variable and respective p values. *Vitória - ES, 2015*

VARIABLE	ITEMS	More Unfavorable ≤ 4.5	Favorable 4.6 to 5.4	Strongly Favorable ≥ 5.5	p-VALUE
Satisfaction with the career	Totally satisfied	1	6	41	0.0022*
	Moderately satisfied	8	31	33	
	Partially satisfied	2	8	9	
	Totally unsatisfied	0	1	1	
Satisfaction with the workplace	Totally satisfied	2	9	33	0.0373*
	Moderately satisfied	8	30	44	
	Partially satisfied	0	6	7	
	Totally unsatisfied	1	1	0	
Knowledge of the nursing diagnoses	None	1	0	0	0.0041*
	Low	3	11	10	
	Moderate	5	33	63	
	High	2	2	11	

Note: *p<0.05. Pearson's chi-square test.

A significant relationship was found between presenting career satisfaction, satisfaction with the workplace and having prior knowledge of nursing diagnoses and favorable attitudes towards the NP. On the other hand, there was no significant relationship (p = 0.571 and p = 0.867, respectively) for the association between the variables age of the nurses and time of formation, with the professionals' attitudes toward the NP.

Regarding the nurses' attitudes toward the NP presented in this study, it is worth mentioning that the implementation of this care methodology has positive characteristics for the success of this technology. Professional satisfaction contributes to the greater participation of the professional in their work environment, because being more satisfied they begin to adopt more positive attitudes with themselves and with the other collaborators.²¹

The more favorable attitudes detected, coupled with positive perceptions, show that nurses at the study hospital are willing to implement the NP in clinical practice. It is therefore crucial that nurses identify and work on their disabilities and skills so that the development of the NP is guided by safe and reliable factors. Hence, the nursing care provided would be the reflection of a set of cognitive and interpersonal skills and capacities acquired by the nurses.²²

For the success in the implementation and application of the NP it is necessary that the potentialities of the nurses must be explored and that the barriers can be overcome. Therefore, the use of care technologies will be guided by skills, abilities and experiences that will translate how important, valuable, scientific and indispensable is the role of nurses in the promotion, prevention and rehabilitation of the individual, the family and the community health.

CONCLUSION

The score analysis of the ANP allowed us to conclude that in the study institution nurses are more predisposed to the NP. Nurses perceive the NP as rewarding, convenient, good, acceptable, intelligent, valuable, valid, positive, significant, necessary, relevant, important, but also difficult and repetitive.

It was verified that career satisfaction, satisfaction with the workplace and previous knowledge about nursing diagnoses are significantly associated with favorable attitudes towards the NP.

It is pointed out the need for greater investment of the institution researched in training, courses, events and in-service education to improve knowledge about the NP, since the results show little or no participation of nurses in courses, events and research.

Regarding the study's limitations, the authors recognize the need to develop new studies with more participants from different types of institutions, as well as from other regions of the country.

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Corresponding Author:

Mirian Fioresi

Av. Marechal Campos, 1468

Maruípe, Vitória, Espírito Santo

ZIP CODE: 29.040-090

E-mail: <mirianfioresi@hotmail.com>