

Work Processes In The Intensive Care Unit In Times Of Evidence-based Nursing: A Qualitative Meta-synthesis

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ABSTRACT

Objective: To discuss the use of scientific evidence to analyze work processes of nurses in the Intensive Care Unit and the appropriateness of using the term work process. **Method:** Based on a reference article that pointed five types of work process: teaching; search; watch; administer; participate politically, were identified and analyzed work processes of nursing in the intensive care unit described in Brazilian studies published between 2000 and 2013; qualitative meta-synthesis of an integrative review was made on the basis of SCIELO BIREME, LILACS, BDENf data. **Keywords:** work process; intensive care nursing. **Results:** 17 articles selected. Subprocesses search and participate politically publications not found in the time frame set. Marked by watch model focused on hard technologies. Guided teaching in formal education, disregarding health education. Administer the plan separates the run, the nurse plans and the practical nurse performs no link between them. **Conclusions:** The article makes reference to discussions about work processes. Need to resize some concepts: teaching and research are subprocesses. Scarce number of publications, which hampers the design of the identity profile of the profession and the appropriation of scientific evidence to analyze work processes with methods amenable to generalization.

Keywords:

Work Process; Nursing; Intensive Therapy;

Introduction

The ongoing work of researchers have already read articles in the worldwide scientific community provides the theoretical framework necessary for the acquisition, development and devolution of knowledge in form of research. However, the bridges through which this knowledge come to the workplace are still under construction. One perceives in current discussions concern in building these bridges through practice based on scientific evidence.

The evidence-based practice has been increasingly encouraged in an attempt to shield the working process of the nurse with the necessary scientific decision making. We notice the tendency to use this methodology for patient care. It is thought that this is because the most cited and discussed for the appropriation of the work of nurses is the scientific evidence of clinical nature.

Even so, is the literature on evidence-based nursing references for decision making in the managerial sphere: "The scientific production has increased significantly and became necessary methodological strategies that addressed the synthesis of the best scientific evidence in order to incorporate them in the practice of health care, basing the decision of diagnostic, therapeutic and managerial decision making¹".

Considering the service as just one of the processes at work, realizes the relevance of summaries that address the evidence that could support the other constituent processes of nursing work.

The set of qualitative meta-synthesis aim was to analyze the relevance of the term "process"; discussing the use of scientific evidence to analyze work



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processes of nurses in the Intensive Care Unit from a reference article that pointed five types of work process: teaching; search; watch; administer; participate politically.

The Work Process consists of important identity element of the profession. This once clear professional identity will bring positive impacts on the quality of the training, the quality of services, in political, economic and social insertion.

Researchers who are dedicated to describing the process of health work stress elements: the object of the work, the tools, the purpose and agents. Propose that these elements are studied and analyzed in a dynamic dialectic, not alone (5.6, 7).

Working in Nursing involves a universe of activities, functions, responsibilities. The nursing job in its most immediate reduction, caution is procedural, and as such, in most cases, has an end in itself; ie: take care, regardless of purposes, ranging from the restoration of health; adaptation to possible sequels to the comfort for a peaceful death. The appropriation of the results of national studies and published internationally allows the organization of the work process trace caring and responsive and reproducible protocols, without detaching the scientific method.

Dealing with a fluid object (8) requires methodological efforts to make visible some of its boundaries, such as transformations capable of measurement (as results of tests and examinations) and instruments used for interventions. The improvements described verbally by the patient or inferred by staff assist in the design of care. However, these and other attempts at boundary may not always yield success, considering the complexity of the nature of care:

"We create theories, and seek more and more ways to spice up this look, measure it, weigh it, quantify it, set it does make it scientific and map the boundary between professional and human. I feel it is an uphill struggle: trying to make something as impersonal eminently personal, full of feelings and meanings, conflicting - to be mediated by the body - and so sweet and disturbingly vulnerable to proximity and touch each other⁸"

The methodological impasse in the scientific approach to nursing job creates hotspots overcome only with constant readings, systematic and integrative reviews of the production of knowledge; summaries, reflections, field trials until they can determine the best method to structure the work process.

Recognized the dynamic nature of one of its main objects, nursing has before him multiple challenges to structure professional work and its various fronts, each with its, aseptic techniques ethical requirements in the context of intensive care units. The scientific evidence when rigorously determined, consolidate nursing practice along to critical patients.

The nurses who work in intensive care unit (ICU) have in their working environment a work process affected by peculiar characteristics: severity of patients, increasingly modern and complex technological apparatus; multiprofessional teamwork and it's not always successful interactions. All this complexity is presented immediately, without forgetting either that the patient and family have individual needs, feelings and expectations of more different, while the nurses, since he spends most of his time with the patient to seek a balance scale in weighing the technological / scientific and the human / humanized.

The experiences, reflections and subjected to analysis in scientific forums (9) indicate the current trends that healthcare institutions should follow in order to support public policies that support the work of the Nursing fullness. Knowing the available scientific literature on the process of nursing work in the intensive care unit, identifying the most common types of study and their specificities have relevance in that it allows the comparison between what is described in the studies conducted in different situations and what is put in the daily intensive care units.

Methodology

Facing the challenge of drawing a method of investigation and analysis of the working process, in the current situation where the category is looking to enable the evidence-based nursing, reading an article reference² (so named for the purpose of metasynthesis held) brought inspiration to the enterprise of research, the initiative classification of nursing work in different processes, but interdependent: Teaching; search;

watch; administer; participate politically.

Article reference as considerable contribution is recognized, since this classification studies on nursing job gain new methodological path and become reproducible in different working environments and realities. Was as it were a first step towards the conceptual and methodological discussion based the present meta-synthesis.

A qualitative meta-synthesis is an analytical contribution of sociology and can be defined as "a form of qualitative study using data from the findings of other qualitative studies on the same topic or related issues"³.

A qualitative meta-synthesis^{3,4} presented here was inspired by the contribution of the article reference², as the five work processes. The question that guided the study was: there are actually five work processes in nursing, there are conceptual appropriateness of classifying as processes? During the meta-synthesis, reflected on the relevance of considering the categories of actions taken by nursing as "Work Processes" or if they were actually sub processes. The study presented here contributes to call the attention of the scientific community nursing for building evidence to analyze the process of working nurses. Consider the breadth of the nurse, and not only the clinical aspect.

The design chosen for the research was a meta-synthesis made from an integrative review^{3,4} which includes qualitative meta-analysis of relevant research that provides support for decision making and the improvement of clinical practice, allowing the synthesis of the state of knowledge of a particular subject, while identifying knowledge gaps that need to be filled with new studies.

The integrative review, as a method of approach which allows to achieve different purposes, such as defining concepts; review theories and evidence^{3,4} enables the analysis of the relevance of the utterance of the article reference², the existence of different work processes in nursing.

A qualitative meta-synthesis offer expanded decoding of all studies analyzed within a certain crop, delimited by the object studied and the goals set for the research.

"Unlike the meta-analysis, which is aggregative and reduces the data to a single unit, causes the metasynthesis compared, translation, and analysis of the original data resulting in new interpretations, and comprising distilling the meanings studies constituents in the sample. The studies are aggregated, integrated, summarized or gathered, to be subjected to analysis"³.

Because it is qualitative, meta-synthesis is not necessary submission to the Ethics Committee in Research. Data collection was done in the months from October to December 2013 in the following databases: SCIELO BDENf, LILACS for articles published between 2000 and 2013, through the search guided by the presence of descriptors: nursing work process and unit intensive therapy.

The steps for conducting an integrative review were: pre-analysis reading of all articles found through research in databases, totaling 74 items. 57 is excluded because it is related to public health work, taking 17 articles for the research universe.

The preparation of materials (identification of key variables): reading of seventeen articles that constituted the universe surveyed, identifying evidence highlighted by the authors of each article within the thematic process of nursing work in the intensive care unit.

Development of a frequency table following criteria: year of publication; type of study, location of study; goals. Selection of counting rules, we sought to identify elements that were repeated in different studies. They were: reproduction of the biomedical model and the dichotomy between planning and execution. Choose from the categories: they did not emerge from reading materials. Those chosen were previously identified in the study that inspired the development of the survey, which presented five work processes. Through a new reading of all articles this time seeking to identify work processes: Teaching; Search; watch; administer; Participating in placing Politically compared how each study refers to work processes. As it is present metasynthesis, waived to introduce the various tables compiled during metassintética analysis.

Results and discussion

In the categorization stage, articles were grouped based on work process to watch, teach, research, manage and participate politically considered its contents.

Work processes and researching political participation were not included in any of the selected items, pointing to the need for studies on these aspects. It is understood that the nurses involved in research often do so as a sub process of their work; is what happens with teachers, in which research is among the sub processes teaching / learning and extension. The difficulties of finding publications that deal with political participation as part of the nurse's work draws attention to the need to discuss the inclusion of nurses in unions, associations, board of category and that this inclusion is respected as part of their work; not only as a personal ideological choice.

The work process Teaching was found in three studies. One of the articles studied underscores how quickly the technological apparatus of UTI is modified; which could facilitate the process of empowerment of nursing; however, the administrative policy hampers the effectiveness of the training process. This situation causes the trader has to dribble aspects such as double shifts, exhaustive workload, work load peculiar to the ICU to conduct courses, trainings, attend conferences, produce knowledge by publishing studies and articles^{9,10,11}.

The articles found refer to teach within the nursing work only on condition of formal education; linked to the training of new professionals, which is in itself a work process that will shape the identity of the nurse as well as a teacher, which in turn opens up opportunities to develop other subprocesses are not always directly linked to watch out.

Articles examined the actions of health education developed in daily ICU, the nurse, with the family and the patient, are not described as belonging to the labor process teach. There one sees two opportunities for reflection: teaching in this context is a sub-process work, which brings together activities within the process to watch, but not in the intensive care unit; there is a tendency to expropriate the educational action from your end and aggregate it to care. Reasons for this resistance to dissociate teaching in health care can be linked to the understanding of self-care as a mode of care that teaches others how to readjust your current health status or to expand your boundaries of independence. However, guide, instruct, faces are teaching. Care in this perspective is driving a process that is also educational.

When teaching the family how to be caring for a tracheostomy patient, for example, the nurse is free of the pressures of formal education, in which "professes" knowledge (the teacher).

This freedom allows an accessible language, without methodological moorings, which makes it easier for the teacher and also for those who are learning, with positive returns for all involved. Applying the reasoning here used previously, you realize that teaching self-care and family care constitute subprocesses of the work process to watch.

Freedom to teach close relations and strengthens the condition of the subject. This in the articles analyzed in calling dialogic teaching instructions resistance offered by the nurses maybe the fact that this not be hegemonic vision when it comes to formal education explains.

Care and teaching are the very characteristics of nurse education, in educational institutions: "It is true that nursing students are conducted early in order to understand that every action of care corresponds to an educational activity"¹³. Since the graduation period, the binomial care / education is present in nursing practice. However, the educational dimension is absorbed by the dimension of care.

One of the studies analyzed refers to the soft and hard technologies in closed sectors, the latter being the most valued¹⁴. The analysis performed, it appears that the process of teaching in the ICU is to strengthen soft technologies, which use the knowledge brought from the life experiences of nurses, staff and patient / family, beyond hard technologies, represented by tubes machinery and equipment; that often occupy the main space on the scale of importance in critical patient care process.

The frequency of articles mentioning the administration as part of the work of nurses in the intensive care unit was five among the ¹⁷ selected. The run is highlighted^{11,15} in the architecture of the work process implemented by nurses highlights the split between

planning and execution, focusing on the construction of scales (private nurses), management of material and equipment in the execution of disarticulation implemented in daily care for the technical and nursing assistant characterized by a lack of knowledge acquisition, reaffirming the hierarchy of nursing: "work organization refers to the division of labor, through a hierarchical system in which each employee must perform activities to give account of the prescribed task. Search is an organization that is rational, articulate, less complex as possible, to facilitate dialogue between those who determine the task and performing the activity¹⁷. "

Whereas it the nurse's chief of staff providing care to the patient; and is responsible for managing the care, it is hoped a Marxist overtones that dominate all stages of the employment process, coordinating the activities performed; monitoring all sub processes and sharing with staff the progress made collectively and developing strategies to deal with difficulties. However, the articles surveyed, the nurse is described as someone who identifies himself as coordinator of the work process; but as responsible for forecasting and provision of materials and equipment; preparation of rosters and other secretarial duties. From the perspective of grouping functions, activities and means, means the administration as a work process; congregating sub processes, all connected to the control inputs; methods and supervision.

There are references to controversies surrounding the work process run, since administrative tasks do not enjoy the same recognition as the actions performed in direct patient care: "another reason why there is so much discomfort when discussing the process of managing work it is because he has the nurse as an agent, the only professional who mastered the methods used in this process, which are: planning, decision making, supervision and auditing² "

Surveys¹⁵ confirm the paradoxes highlighted in the article reference. Dissociates daily administrative actions, splitting careful planning and execution. Maybe give the split is due to the agents of each stage, which are respectively: the nurse and the practical nurse. The emphasis on control is something that strains relations and brand management style of the nurse: "Nursing presents, in its way of managing a strong brand of classical management theory, so the control is still a hallmark and workers are treated as working tools to be managed by nurses in a vertical perspective¹⁴ "

Another point discussed in the articles is the tension between subordinates and bosses. It is the nurse of the intermediary relations between the hospital and the patient / family; between the hospital and nursing staff; between the patient / family and other professionals in the health care team; between nursing staff and other health professionals; between the nursing staff and the patient / family. Realizes there is multiple demands for mediations to which nurses are subjected to every shift. Amid these pressures many gradients, is the professional who gave the Academy's duty to coordinate the process of complex work, which includes all professionals who are his subordinates.

The extent of damage of administration marked by the almost exclusive use of hard technologies, disjointed planning, and therefore care goes beyond the technical barriers and reaches the humanization of nursing practice as guiding the work of the team^{12; 17}.

The harsh soft technology (Tecnologia Levedura in Portuguese) is sometimes represented as something conservative, contrary to the ideas of humanizing health care. However, this is not a paradox: to keep the bureaucratic, administrative and managerial functioning of a sector, it is necessary to have records, documents, pre-defined flows and care protocols. The organization of the service must take into account these devices to standardize some aspects of the work processes of teams, within a limit of significance and appropriateness. Flexibility, openness to creative solutions, born of the experiences of teams with critical patients must occupy the same place in the scale of priorities of nurses. Overvaluing of these aspects over the other is initiating the movement of dehumanization.

Seventeen selected articles mentioned the work process to watch. Some authors^{17, 18}, have described the use of technological variables centered on a medical-hegemonic, responsible for strengthening parceled model and fragmented activities, with a predominance of low-centric technologies in relations between subjects.

Excessive use of technical devices implies also loss of opportunity¹⁹ to make use of technologies soft ones grounded in relationships and acceptance; soft / hard focusing on knowing well structured (such as the nursing process, for example).

Articles report that there is a lack of understanding^{12; 14} in his entire work process in closed sectors, and therefore humanization actions are splitted. It appears from this

evidence that the nursing as a social practice is not clearly visible in critical sectors, despite the passing years and new techniques and scientific acquisitions.

The lack of integration between professionals is a generator element stresses (10), expressed through a series of difficulties in the teamwork. This situation is characterized by the lack of opportunities for sharing as clinical meetings and daily round. Thus the process of work is fragmented and therapeutic projects are not, in principle, explicit and not properly negotiated, to ensure the integrity of care (10,20).

It is recommended to verify the conceptual relevance to use the term "work process" and not "sub work processes", whereas some work activities in nursing are dynamically interconnected and situated chronologically and spatially nonspecific manner, not always aimed at the same end; generating processes within other processes. There are also activities that are interconnected, are situated chronologically and spatially distinct way and toward the same end, which puts them in the position of sub-processes.

O processo de trabalho tem sido pouco objeto de pesquisa no ambiente laboral da terapia intensiva. A escassez de publicações se deve talvez a dificuldade dos autores de classificar o seu objeto de pesquisa. Encontra-se menções a trabalho, atuação, assistência e raras menções claras ao Processo de Trabalho. Na verdade, nos estudos selecionados, não há nenhum dedicado a descrever e analisar a arquitetura do processo de trabalho da enfermagem em unidade de terapia intensiva.

In times of expansion of the health care professions; ethical dilemmas¹³ increasingly aggravated by technological advances, the boundaries of performance spaces become more and more important. Such a definition requires methodologically guided studies to map the processes, procedures and limits of nursing work, to get clear of the real needs and potential of nursing work spaces of intensive therapy.

Work processes assist, teach and administer in the intensive care unit are marked by the dichotomy paradigm of care versus humanize daily practice versus continuous improvement, planning versus executing, valuing the technological apparatus at the expense of interpersonal and interdisciplinary relationships.

The effort of the author of the article reference and the names of the constituents of the nursing process provide important clue for future investigations. However, like all those who want to dedicate themselves to thinking nursing science, new insights may suggest new interpretations. From this perspective, although the article reference presents five work processes, it is proposed here that, based on the incorporation of scientific evidence to guide the work process, some are called sub work, since they are parts of processes larger and lead to achieving the objectives of the first.

For example, search and watch. Attendance tends to densify methodologically, technically, ethically with the incorporation of scientific evidence. Thus, the search is within the watch, and it will take to reach the goals set for the work process to watch. The teaching is part of the assistance, to the extent that every act of care represents an educational activity, considering the self-care and the development of therapeutic family environment. Failure to find many papers published in the databases studied contemplating research, as part of the nurse's work is disturbing. In times of evidence based practice, stimulated world, is a sign that there is still much to discuss to convince colleagues that are in daily attendance and those at the academies, finally exchanging knowledge for new syntheses.

Another consideration should be made regarding subprocess participate politically. It was noticed that no published studies that place political participation within the process of nursing work. Much has been said about the importance of political militancy of nurses, such as corporate and citizen representation. However, we notice that the transition between public policies agent and manager of public policy is slow and difficult. Brave few has been deeply rooted in this crossing. It is then suggested that the subprocess participate politically is investigated in order to seek theoretical and methodological elements that are situated as subprocess of nursing work.

Conclusões

Article reference brings undoubtedly great contribution to discuss work processes in nursing. The integrative review of 37 articles, made from what is put into the article reference brought a new synthesis: the realization that there is little methodological arsenal for the analysis of the work process in nursing. Analyzed the processes of nursing

work; examining the relevance of the processes already identified and proposing the resizing of the work process incorporating some subprocesses.

The downsizing of the work process brings contributions to the design of the professional identity of the nurse in the new requirements of the labor market.

The study brought as a contribution to the need to use scientific evidence to other nursing activities; not only assistance, considering that this is a work processes, but it is not unique.

The foregoing discussion does not end at this point. The synthesis features have limitations, particularly the proposed methodological approach. It is hoped that more researchers enter into the arena of confrontation and new synthesis of theoretical and practical relevance of the work processes as are set to be built.

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