

# Nurses' perspectives on practices from problematization: Convergent-care research

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## ABSTRACT

**Introduction:** Nursing care in critical units requires knowledge and much attention from the professionals who perform it, especially in the decision-making process, as they are decisive for maintaining the life of others. **Objective:** To investigate the nurses' perspective about their practices from the problematization with educational strategy. **Methods:** This is a descriptive, convergent care study with four nurses from the coronary unit of a hospital in southern Mato Grosso. Data were collected during the development of the convergence group, and the statements were recorded and transcribed in full and subsequently analyzed following the precepts of Minayo's thematic analysis. **Results:** The data that emerged from the interviews were translated into three cores of meaning: "Establishing the points", "From theory to practice" and "The change in reality", following the methodological proposal of Charles Maguerez. **Conclusion:** It was found that there are limits in nurses' understanding of their practices in the unit. However, the chosen educational strategy provided these professionals with the possibility of new actions in the work context.

**Keywords:** nursing care; nurses, male; Intensive Care Units; education, nursing; education.

## INTRODUCTION

The sectors responsible for critical care are characterized by being units prepared to care for individuals who are seriously ill and with a potential risk of death, and are considered as important components of health care<sup>1-3</sup>.

Technological progress in the field of care for critically ill patients refers to high complexity, and health and nursing professionals have been required to understand and monitor this movement of constant knowledge according to their respective areas of activity. The development of national research accompanies this process, and nursing has contributed significantly to this advance, especially in the area of cardiology, in view of the specificity and need for skills for performance that this specialty requires<sup>3,4</sup>.

In this context, thinking about nursing as work and profession reminds us of the legality of its execution through the Brazilian Law 7,498 of June 25, 1986, which provides for the exercise of nursing and provides other measures<sup>5,6</sup>. This validity places nursing

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in a context where there is a practice that occupies characteristics that have social utility, which is based on specific knowledge, which has autonomy, has specific legislation, as well as other legal decisions that make it possible do<sup>7</sup>.

Nursing care in critical units requires a lot of attention from professionals who carry out their practices, especially in the decision-making process, since these are decisive for maintaining the lives of others. In addition, they are sectors where a high number of procedures and interventions of high technological density and with specific therapies are performed, factors that justify the important increase in the incidence of adverse events in these sectors<sup>8,9</sup>. In this sense, the question was asked: How do nurses in a coronary care unit perceive their care practice?

The objective of this investigation was to raise the perspectives of nurses in a coronary unit about their care practice, based on a problematic educational strategy, and to elaborate a proposal, together with the study participants, to enable improvements in care practice in the unit coronary research.

## METHODS

It was a descriptive, convergent care study. Convergent Care Research (CCR) is expressed in the application of care practice and scientific research in continuous dialogic action, in order to consolidate actions of commitment between the work of the researcher and the group of care professionals. The CCR in its operational process appears to be distributed in different phases, namely: conception, instrumentation, scrutiny and analysis<sup>9-11</sup>.

The study was carried out in a coronary intensive care unit in the south of the state of Mato Grosso, Brazil, and involved the participation of four nursing assistants from different shifts (day and night), who had at least six months of experience in the sector and who agreed to participate in the study. To identify the participants, the acronyms E were used, corresponding to the professional nurse, followed by the numbers 1 to 4, respectively, in order to guarantee their anonymity. This study is in compliance with Brazilian Resolution No. 466/2012 and was approved by Research Ethics Committee (Process No. 1,931,153 and CAAE: 62895316.8.0000.808)

Data collection was designed in four stages. The first is apprehension, a process by which we sought to collect information during care work in the service routine. In the second moment, there was the synthesis phase, where different elements, concrete and abstract, were brought together in order to merge them into a coherent whole. Therefore, the theorization phase was started, in which the identification, definition and construction of relationships were sought, enabling the production of predictions of the phenomenon investigated through the Convergence Group, which consists of meetings aimed at discussions on the practice of nursing assistants in that sector and researchers, with an emphasis

on dialogicity. For this purpose, the constituent stages of the Arc proposed by Maguerez<sup>12</sup> were used, mediated by a theme (slogan) that was revealed to the study participants by the researchers prior to the first meeting of the group<sup>10,11</sup>. The Arco de Maguerez consists of observing the reality and defining the study problem, followed by reflecting on the problem from the key points, in order to guide the theorization and elaboration of solution hypotheses, with a view to application in reality<sup>12</sup>.

The convergence groups formed by the nurses participating in the study took place in three meetings lasting an average of two hours each, where the elements of Arco de Maguerez were used, adapted by Berbel<sup>12</sup>, with reference to problem-based learning. The intention was to approach the practice as a key point in the search to unveil the phenomenon, using the slogan made up of three illustrative figures, whose intention was that the participants would talk about nursing care offered by them in that unit. The use of this strategy is anchored in problem-based learning from in-service experiences, in order to contemplate the adversities experienced during the development of their practices<sup>12,13</sup>.

According to the proposal of Maguerez<sup>12</sup>, during the first meeting, the participants read the narratives constructed from the interpretation of the slogan they had previously received, and through them initiated a wide discussion of issues that disturbed their care practices and consequently involved in the process of job. This moment allowed the participants to list, through this dialogue, the keywords that would serve as a research tool for the next step of the arch and the second meeting of the group.

For the second meeting, the participants had the task of searching the literature with reference to the discussions and key words listed in the previous meeting, in order to expand what was already considered emerging to be addressed by the group, however, now with a scientific perspective of contribution to the improvement of their work process. Thus, it was up to each participant to bring their research and reading contributions to the meeting, in order to arrive at proposals for interventions for the work reality. This moment ended with the elaboration of strategies for intervention in reality.

The last meeting started with a speech by the facilitator (researcher) who gave a summary of the entire process, going through each phase of the arch and the path taken by the participants, the definition of which they would apply in reality to qualify their work processes.

In order to favor groupality<sup>13,14</sup>, all meetings were held in a room in the coronary intensive care unit, having as priority the use of a single table where the participants could discuss the emerging issues of the group in order to favor listening and seeing of all. As it was an educational strategy for data collection, the three meetings took place over the months of May and June 2017, and were all recorded on a digital audio device, being transcribed in full by the researchers after each meeting. In addition to the transcripts,

the researchers' observation reports were also used as a source of information. All of this material comprised the contribution of data to obtain results, discussions and interventions in the care practice proposed by this study.

The analysis or interpretation phase, was anchored to the methodological precepts proposed by Minayo in what concerns the thematic analysis, where it seeks to discover the nuclei of meaning that make up a communication. This moment was divided into three stages, namely, pre-analysis, exploration of the material and treatment of the results obtained, and finally, the interpretation<sup>15</sup>.

## RESULTS

The data that emerged from the interviews were distributed according to the meetings held through the convergence groups, where after being analyzed, they constituted three thematic axes of meaning: "Establishing the points", "From theory to practice" and "The change in reality", in order to bring the information regarding the operationalization of the group from the guiding educational strategy, as presented below.

### Establishing the Points

First, the researchers brought the guiding aspects to the educational strategy, in order to contemplate the observation of reality and favor the raising of problems in order to provide subsidies for theorizing. The participants brought the narratives elaborated by each component of the group and after reading each one, the discussions started from the images of the slogan.

The participants of the study demonstrated in their statements at this first moment, the complexity of the role of the professional nurse in intensive sectors, and the wide need for knowledge to act in these places. Knowledge and practice were seen as crucial for professionals who work in such a place, and brought importance to the conducts to be taken in the service.

The role of nurses in the COU (Coronary Unit) is broad and complex [...] we have the knowledge of anatomy, physiology, pathology, so, the theoretical scientific knowledge that we have acquired and with the experience of the practice, gives us freedom to discuss what is the best conduct. (E2)

[...] but it is extremely important for all of us, that we have a little more knowledge. (E3)

It was also identified in some statements the need to have sufficient theoretical support and attention to the clinical status of patients admitted to the ICU. However, along with these statements, they suggested expressions that called attention to the concept of the word diagnosis (emphasis added) for these professionals.

But we, as intensive care nurses, at least pay a little more attention to the clinical condition [...] (E3)

[...] we are not here to give diagnosis! (E2)

We are not here to give a diagnosis, but we have a little more notion. (E4)

It is clear in the excerpts presented, that the denotation of the term "diagnosis" is related to medical practice, being something restricted to the respective professional area, leaving the nursing practice limited in view of the understanding and conduct of conduct towards the patient at the COU. However, it is important to reflect on how these nurses understand the placement of the diagnosis in their practice, its implication in the care provided and its due use by nursing in view of its specificity.

### From theory to practice

In the second meeting, the participants presented, through the knowledge acquired after the previous moment, followed by the individual searches they carried out in the scientific literature and shared with the convergence group, the aspects inherent to the nurse's practice in the intensive context, bringing tools used for the systematization of the care, especially with a view to contemplating specific aspects of patient care with some cardiovascular impairment.

One of the functions of the nurse in the approach of the patient with cardiac suffering is the immediate evaluation of the clinic and physical examination [...] the interpretation of arrhythmias by the nurse is extremely important to guide the nursing team in interventions [...] so, I think... we should start to learn, for example, to identify rhythm, not to diagnose. For example, if there is a P wave, I already know that the rhythm started in the atrium... identify the rhythms, it is regular, it is irregular, it is AF (atrial fibrillation), FV (ventricular fibrillation), TV (ventricular tachycardia), asystole. (E3)

Cardioversion, when done on a scheduled basis, you first have to anticoagulate the patient. Elective! (E2)

So, we identified these rhythms, which are more in our reality. (E4)

From the previous statements, it can be seen that the nursing assessment, performed by the nurse, is only related to the recognition of arrhythmias and aspects inherent to medication management. Knowledge aimed at understanding the complexity of comprehensive care in an intensive context is still based on the recognition of electrical changes and mechanical repercussions, with regard to cardiac functions.

Still in this second meeting, the participants point to learning as a movement that must be continuous and essential for an adequate professional practice. In this way, they express that the creation of a group among the professionals can be an important way to qualify the nursing service in the sector, in addition to providing a space for bringing professionals together and building a moment for discussion between them.

Learning is continuous, we never stop learning. But this is good! A group would be very good, to enjoy and discuss our service. (E1)

Yeah, it was a good time, really rich, we were able to discuss, learn, ask questions, I think that's it. (E2)

[...] it is never too much to learn... at the previous meeting we were talking about many different things, and today we have gone deeper, some very interesting things. That was it for me! (E3)

In this perspective, the participants recognize that knowledge is preponderant for a consistent professional practice, however, according to the previous statements, professional autonomy is still hierarchically linked with other members of the multiprofessional team, which must be rescued from a understanding of assignments within the team in the intensive context.

Thus, it is understood the proposal of nurses to consolidate a work group that is solid, in which they can have the opportunity to create an environment conducive to the exchange of knowledge and construction of concepts that support professional practice. In addition, this intentionality of the participants can bring to those involved the chance to question their actions to the point of recognizing together, their weaknesses, potentialities and the need for critical-reflective thinking at work.

### The change in reality

In this last category, there is a moment when the group closes from previous meetings and points to an intervention that brings change in the professional reality where they are inserted.

Speeches emerged in this meeting that pointed out the importance of tools that can contribute to the professional practice of nurses in the sector, that is, instruments consistent with the duties and responsibilities of this professional in health care. Then came the recognition of the Standard Operating Procedure (SOP), as an instrument that, given the specificity it brings in its description, can favor the performance of routine service procedures in a safe manner.

[...] which is, for example, the creation of the SOP, for a given procedure. (E3)

This SOP creation is interesting! (E1)

Another important note expressed in the nurses' statements is related to in-service education, expressed by the term continuing education. In addition, they say that to improve their practices, educational activities need to be organized and worked together, so that all teams in the different shifts are aligned with the same subjects, and with that, quality and continuity in the nursing service is guaranteed.

[...] we have an obligation to carry out continuing education with the team. [...] so, we could work, for example, this month will be such a subject, and then everyone will work with their teams on the same subject for everyone to speak the same language. (E3)

Yes, we could set up an annual schedule to work, you know. (E2)

Finally, even at the third meeting of the group, statements emerged that presented possibilities for the advances acquired during the meetings to be continuous and be part of the service. Thus, the creation of a group among professionals with scheduled meetings, using techniques such as the one proposed by the researchers, was pointed out as a valid possibility of guaranteeing autonomy, discussion of in-service practice and exchange of knowledge among professionals.

Cool, [...] we really have to meet, already enjoy [...]. (E1)

[...] that's it, start to have autonomy, know what to do. (E3)

[...] with all of this we gain more respect, from having more knowledge, you gain more respect with the teammates [...] I think that techniques like this (convergence group) we have to continue, as you are doing, for us to be discussing, and even to study. (E4)

## DISCUSSION

Professional nursing practice can be characterized by a system composed of structure, processes and values, which instrumentalize and support nurses in the provision of care. In this way, understanding the complexity of the service becomes essential to be able to adapt the practice, given the peculiarities of the different sectors of activity and which influence the practice of nurses<sup>2</sup>.

Thus, knowing the complexity of the service is directly related to the professional's ability to understand his reality and the respective characteristics that make him capable of exercising his practice in critical units. In a study carried out in a cardiology hospital in southern Brazil, it was pointed out that the need for training and professional development are

principles for guaranteeing safety, both for the professional and the patient<sup>4</sup>.

Intensive cardiology presents in its routine specific nursing activities with a high practical/clinical content, thus, it was observed in this study, that the nurses at the COU recognize the complexity of the service, and with this, they point out that training is essential for ensuring significant advances in practice and autonomy vis-à-vis other team members.

In this sense, recognizing the movement of change that knowledge in health presents, is fundamental for the valorization of technical-scientific advances and specificity that is attributed to certain areas, as is the case of intensive cardiology. Therefore, the generalist education of nurses is unable to sustain the specificity of the service, requiring these professionals to improve their practices, taking into account that nurses with updated knowledge for their work, have a greater subsidy to dialogue with the team and consequently qualify their job process<sup>4</sup>.

The practical improvement in service in the context presented by nurses was mentioned using the terms “training” and “continuing education”, where such activities were mistakenly seen in face of the real meaning of each term. Both attributions denote the perception that these professionals have of what is education in service, inferring that the lack of such activities may be related to the transfer of responsibility to specific sectors of the hospital institution destined for this purpose, as is the case of permanent education services.

However, the mentioned note does not hold when thinking about nursing practice in the performance of roles related to caring, managing, educating and producing knowledge in health<sup>7</sup>, that is, educating in service is an important part of the professional practice of nurses, even when they exclusively assigned to you, the assistance function.

Thus, some studies define the concept assumed by the Brazilian National Policy of Permanent Education (PNEPS), considered as learning at work, where the process of learning and teaching is incorporated into the daily service<sup>4</sup>. This way of educating at work is anchored in meaningful learning together with the possibility of transforming professionals, and for this reason, it must be performed daily in the practical environment from the concerns emerged by professionals<sup>13,14</sup>.

Thinking from the perspective of permanent education can refer to the condition of evaluating through the nurses' statements, that the knowledge to work in the service must be continuous and bring the specificity that the sector requires from the professionals who work in it. Carrying out a work that has bases based on the specificities of the service and anchored in the nurse's duties are essential aspects for the consolidation and organization of the practice, making necessary transformations in the work achieved<sup>4,15</sup>, and presenting specific, coherent, critical nursing - reflective and organized.

For nursing practice to be based on specific and autonomous knowledge, it is necessary to establish such a commitment with science and the use of tools that support this action<sup>16</sup>. However, nurses emphatically present the definition of diagnosis from a medical perspective, where they associate the specific knowledge required in the sector with a qualification in medicine, pointing out that they are not in the service to give a diagnosis, however, they need to know the pathophysiological aspects that permeate work on the spot.

It is ambiguous to think about this context when nurses express the need for knowledge and autonomy on the part of the profession to work at the COU, without equipping them with the scientificity that nursing has through specific tools of their work, as is the case with the Nursing Process (NP), however, at no time mentioned by these professionals during the study. It can be said that this appropriation of the term diagnosis occurs due to the difficulty in understanding the distinction between the different disciplines, which, after all, are related to each other with regard to the reestablishment of the health of the individual affected by some disease. However, these practices differ with regard to their epistemological composition of thinking, doing and producing in health, leading institutions to establish criteria and standards that support work.

To ensure the expected quality of services and reliability for the organization of nursing practices, the development of a SOP can be an important tool to standardize and ensure professional practice<sup>15</sup>. This note appears in the nurses' speech in an expressive way when they associate this tool with the way they should organize the service and guide them in their professional routine.

In a study carried out in Brazil in the state of Rio Grande do Sul, the importance of a qualified team for the implementation of POP in the service was evidenced, stimulating the leadership of nurses and becoming an essential tool in helping and overcoming the difficulties encountered on the day the workday<sup>17</sup>.

Thinking about the exercise of leadership by the nurse leads to reflection regarding group work, in which the professional presents himself as a reference to assist and guide individuals who are engaged in a common practice<sup>18,19</sup>. Thus, nurses point out that a way to guarantee this continuity in nursing services, in addition to tools that guide practice, it is necessary to align critical thinking, decision-making and the respective conduct through the promotion of work groups<sup>17-20</sup>.

In general, nurses expressed throughout the collection that the nursing practices developed at the COU, comprise moments of challenges and limits, which in most cases are imposed by the professionals themselves in view of their understanding of the role they play in the service. However, the opportunity to experience an educational method during their experiences in the sector, brought the possibility of (re)signifying the concepts they had of the profession, and thus rethinking their activities in the service.

Permanent education<sup>1</sup> has been configured as an indispensable activity in the context of health services, since it enables reflective and critical training of care practices, enabling the transformation of reality and solidifying meaningful learning in the context of in-service education.

In summary, it is proposed that the Convergence Group, formed during the data collection phase, be consolidated and be considered a systematic study space focused on care practices, with the objective of offering increasingly qualified care to users who need the service.

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