Philosophy and conceptual framework: collectively structuring nursing care systematization

Filosofia e marco conceitual: estruturando coletivamente a sistematização da assistência de enfermagem

Filosofía y marco conceptual: estructuración colectiva de la sistematización de enfermería

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ABSTRACT

Objective: To build the Nursing Philosophy and Conceptual Framework that will support the Nursing Care Systematization in a hospital in southern Brazil with the active participation of the institution's nurses.
Methods: Convergent Care Research Data collection took place from July to October 2014, through two workshops and four meetings, with 42 nurses. As a result, the nursing philosophy and conceptual framework were created and the theory was chosen. Data analysis was performed based on Morse and Field.
Results: The philosophy involves the following beliefs: team nursing; team work; holistic care; service excellence; leadership/coordination; interdisciplinary team commitment. The conceptual framework brings concepts such as: human being; nursing; nursing care, safe care. The nursing theory defined was that of Wanda de Aguiar Horta.
Conclusions: As a contribution, it brought the construction of the institutions' nursing philosophy and conceptual framework, and the definition of a nursing theory.
Keywords: Philosphy in nursing. Nursing processes. Nursing education. Nursing theory. Concept formation. Theoretical Models.

RESUMO

Objetivo: Construir, com os enfermeiros, a Filosofia de Enfermagem e o Marco Conceitual que servirão como suporte para a implantação da Sistematização da Assistência de Enfermagem em um hospital do Sul do Brasil.
Métodos: Pesquisa Convergente Assistencial. A coleta de dados ocorreu de julho a outubro de 2014, através de duas oficinas e quatro encontros, com 42 enfermeiros. Foram criados a filosofia de enfermagem, o marco conceitual e foi feita a escolha da teórica. Para análise de dados foi utilizada a proposta de Morse e Field.
Resultados: A filosofia envolve as crenças de: equipe de enfermagem; trabalho em equipe; cuidado holístico; excelência no atendimento; liderança/coordenação; equipe interdisciplinar, comprometimento. O marco conceitual traz os conceitos de: ser humano; enfermagem; assistência de enfermagem, cuidado seguro. A teórica definida foi Wanda de Aguiar Horta.
Conclusões: Trouxe como contribuição a construção da filosofia de enfermagem e do marco conceitual da instituição e a definição da teoria de enfermagem.
Palavras-chave: Filosofia em enfermagem. Processos de enfermagem. Educação em enfermagem. Teoria de enfermagem. Formação de conceito. Modelos teóricos.

RESUMEN

Objetivo: Construir con enfermeras Filosofía de la Enfermería, el marco conceptual que servirá de apoyo a la implementación de la sistematización de la atención de enfermería en un hospital en el sur de Brasil.
Métodos: Investigación Convergente Asistencial. Los datos fueron recolectados entre julio y octubre de 2014, a través de dos talleres y cuatro reuniones con 42 enfermeras. Se creó la filosofía de la enfermería, marco conceptual y teórico de la elección. Para el análisis de los datos se utilizaron para elaborar Morse y campo.
Resultados: La filosofía implica en la creencia: en el equipo de enfermería; en el trabajo en equipo; en la atención integral; en la excelencia en el servicio; liderazgo / coordinación; en el compromiso del equipo interdisciplinario. El marco conceptual que involucra los conceptos del ser humano; enfermería; cuidados de enfermería, atención segura. La teoría de conjuntos era Wanda de Aguiar Horta.
Conclusiones: traído como contribución a la construcción de la filosofía de enfermería y el marco conceptual de la institución y la definición de la teoría de enfermería.
Palabras clave: Filosofía en enfermería. Procesos de enfermería. Educación en enfermería. Teoría de enfermería. Formación de concepto. Modelos teóricos.

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■ INTRODUCTION

The Nursing Care Systematization (NCS) has been in place since the 1950s, aiming to unite the nursing activities and transform them from isolated actions into part of a process. This process is called Nursing Process (NP) and is used as an indispensable method for better performance of care activities performed by nurses. Its use as a scientific working method enables improvements in the quality of nursing care by planning individualized actions, which are designed to provide continuous and comprehensive care. Therefore, implementation should occur in health services where there is nursing care, thus, enabling the clinical practice of nurses in their daily activities[1].

Thinking about the nursing care provided in the institution where the research took place, and where the NP is not deployed, the need for its implementation to provide individualized and safe nursing care, and also to ground the nursing service in this institution was perceived. But, it's necessary to have theoretical support on which to base the Nursing Process (NP), before its implementation. After reflecting about implementing the Nursing Process, supported in COFEN Resolution No. 358/2009[2], in addition to *experts* in the field, there was a need to establish the institutions' philosophy, nursing theory, and the conceptual framework in a joint effort with the institutions' nurses, ensuring these items meet the needs of the entire hospital in its specificities.

Literature and everyday experiences in implementing Nursing Care Systematization show the need for nurses to be guided by a theoretical basis, i.e., to define a nursing theory that is consistent with the reality of the clientele assisted, in the institution's organizational environment, to give support to the nursing process, thus giving meaning to the universe of Nursing. This body of knowledge has been in constant transformation, assuming various means of expression throughout its construction[3].

The conceptual framework and nursing philosophy's construction process, and the choice of nursing theory emerged from practice and provided an opportunity for interpersonal relationships and scientism, and that was the grounds for the concepts developed by the participants.

Philosophy is a search to understand reality while, in an organization, philosophy "means the set of beliefs and values that guide institutional actions", which are related to reality[4].

The Framework is the limit between what is intended in the context of knowledge and that of action. With regard to nursing, it is necessary for the framework to enable the identification of meanings that are favorable pro-

fession's current and future quests. Frameworks can be: a reference frame, philosophical frame, conceptual frame and structural frame. The concept, however, is an idea or mental construct elaborated about a phenomenon. It is a cognitive, abstract representation of an understandable reality formed by direct or indirect experiences. Concepts can be empirical, concrete or abstract. Their primary function is to allow individuals to describe situations and communicate effectively[5].

Conceptual framework is a set of concepts that guide the actions to be carried out, identifying and defining the working method, respecting principles, beliefs and values. It has the human being as the protagonist in all its phases, with conscious and responsible action in support of development and sustainable actions, combined with systemic vision and complex thinking. This should allow the social situation to be reconstructed as an object of knowledge by using a classification process[6].

The objective of this study was established from the need to collectively build the institution's nursing philosophy and conceptual framework in order to support professional actions, and included the following goals: to build the Nursing Philosophy and Conceptual Framework in a joint effort with nurses of the institution, that will support the implementation of Nursing Care Systematization in a hospital in southern Brazil.

■ METHOD

This is a qualitative study that used the Convergent Care Research method, which has maintaining a close relationship with care practices throughout the entire process as a characteristic, with the intention of finding solutions to problems, performing changes and/or introducing innovations in care[7].

The study was designed as a dissertation[8] for the Master's program in Nursing of the Professional Masters in Nursing Care Management of the Federal University of Santa Catarina, and was developed in a General Hospital in the south of the country. The institution is a reference in Orthopaedics/Traumatology, Ophthalmology, Neonatology, Bariatric Surgery, Neurosurgery, Day Hospital and Home Care and is administered by the State Department of Health[9].

Forty-two nurses participated in the study with the following being used as the **inclusion criteria:** being a nurse at the hospital and employed by the State Department of Health, in addition to having served at the unit for more than six months. **Exclusion** criteria were established as follows: employees that were on vacation or health/maternity leave.

The research project was approved by the Research Ethics Committee (CAAE: 32729314.0.0000.0112), Opinion No. 716.663, and also had the formal consent from the participating institution to collect data. Prior to collection, the participants were informed about the purpose of the study and the adopted collection techniques, after which the Free and Informed Consent Form was signed.

Data collection was conducted from July to October 2014, in two stages. The first phase consisted in holding two awareness workshops to prepare the study setting. The workshops addressed philosophy in nursing and nursing theories and were carried out with the collaboration of professors, *experts* in the subject, who were invited for this purpose. After the workshops, the second phase began, which included four meetings coordinated by the researcher with the intention of collecting data by conducting focus groups to prepare the institutions' philosophy, choose the nursing theory and build the conceptual framework to support the Nursing Process.

The steps proposed by Morse and Fields were adopted for data analysis[7]: a) Seizure process: started by collecting information from Work Groups; b) Synthesis process: performed by organizing information obtained in groups, analyzing associations, information variations and synthesis; c) Theorization process: the institutions' philosophy and conceptual framework were built in this phase based on literature; d) The transfer of results in the Convergent Care Research is performed through socialization, which took place at the time the results were presented to the working group. A general assembly was convened by the Nursing Management to approve the results before the work group.

To ensure the anonymity of the information gathered, the nurses in the study were identified by the letter E, and groups by the letter G, followed by their numerical sequence.

■ RESULTS

From the perusal of the compiled material, it was noticed that the members of the nursing staff were aware of the value of knowledge in nursing actions, which was evidenced by the commitment of the participants while the groups were held.

A brainstorm was performed to determine the words used to build the nursing philosophy: caring, respect for human beings, holistic care, observe, assess, safety, humanization, quality and excellence in care, education, coordination, guidance, standardization, commitment, attention, responsibility, loyalty, respect, teaching, teamwork and leadership.

With these words, and in groups, participants began the reflection and construction of the nursing philosophy. The following concepts emerged from these groups:

Care: equal to the holistic care that is found in observing, assessing the patient, guiding, promoting safety, providing attention to this patient, not only regarding the patient's health which is compromised at that moment, but also any social problems that the patient may have. **Teamwork:** *the leadership that is especially important for nurses, commitment to work and the team, loyalty to nursing, respect among staff, teaching exchange, responsibility to arrive on time (G1).*

Care, holistic care, respect, responsibility and humanization: *humanized care is and should be based on respect and responsibility in order to enable comprehensive care.* ***Quality, service excellence, safety, attention, commitment, standardization*** *would be to provide safe care to patients and their families. And the words,* ***coordinate, teach, guide, lead, educate and assessment:*** *continuing education becomes necessary for professional development and therefore encompasses all these words, in addiion to assessment and guidance.* ***Teamwork and loyalty*** *would be the professional commitment that all active nurses should have (G2).*

Holistic care: *full and humanized understanding of human beings as a whole, and respect for their individuality.* ***Excellence in care:*** *nursing care guided by standardized actions with quality and safety, based on observation and assessment of the patient with the use of available resources.* ***Teamwork:*** *actions developed in group with the intent of providing quality care with safety and responsibility.* ***Leadership and coordination:*** *established as elements that provide a safe environment with good interpersonal relationship, keeping the group focused on providing care with excellence (G3).*

Holistic care: *comprehensive care of the human being in all its dimensions is our work object, systematized holistically and encompassing a view of the following basic human needs: psychosocial, psychobiological and psycho-spiritual, and cultural and physical aspects.* ***Nursing Team:*** *Set of professionals working with a single objective – holistic care – each with their own function to the benefit of basic human needs and prioritizing the professional care provided to the human being. The nursing team is comprised by the nurse, nursing technician and nursing assistant.* ***Loyalty:*** *emerges as a way to approach the*

patient/client, social interaction, where the nurse works for the sake of the patient's health, being fair, honest and committed to all of those involved in a process. **Team work:** *results from a wide range of knowledge, cultures, experiences, in which each participant exposes their idea that will be guided to the benefit of all by a leader.* **Commitment:** *responsible attitude throughout the care process towards the work team, the patient, family and their environment.* **Interdisciplinarity:** *different professional groups that articulate and interact with each other to determine better practices with the purpose of improving the quality of health [...].* **Ethics:** *A nursing professional's conduct with regard to morals and good customs, which aims to consider the patient's other cultural forms, leaving behind any pre-concepttions, acting responsibly, with common sense and in a just manner.* **Multidisciplinary:** *each professional class with their specificity works for the common good (G4).*

The concepts that emerged from this first analysis were: **Nursing team; Team Work; Holistic Care; Excellence in Care; Leadership/Coordination; Interdisciplinary Team and Commitment.** From the concepts developed, it was possible to construct the institution's philosophy.

The choice of theory occurred based on readings and reflections that were made by nurses in the pursuit of scientific basis that would help implement the Nursing Process. Three different nursing theories were analyzed from the following perspectives: the need for a theory to explain the practice, that would point to scientism, that was consistent with the hospital's demands, that embraced the profile of patients and the nursing staff, and matched the level of knowledge nurses had.

During the participant's choice process, patients expressed the following:

I advocate for Orem because she says the following: when the patient can not afford to care for themselves a nurse assists, but as soon as the nurse sees that the patient is well enough for self care, that patient is then stimulated undertake that task (E12).

... we have to think of the patient and nursing team's profile (E10).

... I have the experience of the University Hospital, which has almost exactly the same patient profile and works very well, the patient's are from the Florianopolis metropolitan area, and since we have that hospital as an example of what works, that weighs in greatly on the Wanda Horta scale (E14).

The involvement of the patient throughout the care process can be found in the provisions of Ordinance 259, of the patient's safety (E10).

... the patient and their family have to participate in the care and it feels so good to prepare the patient to take care of themselves when they go home, but Horta also mentions the self-care issue in her theory, and the issue of respect for the patient's culture as well. That's why I vote for Wanda (E5).

I think Wanda is a good choice but I insist that self care needs to be further explored in this theory, for when we talk about Wanda, only the Basic Human Needs are remembered (E12).

... it's necessary to work with self-care because our maternity is a member of the stork network that focuses on pregnant woman and their families as protagonists of care (E5).

After discussions were held to choose the theory, they elected the Theory of "Basic Human Needs" (BHN), by Wanda de Aguiar Horta.

After the previous discussion for the choice of nursing theory, the conceptual framework construction process was initiated, which supported the development of tools for the implementation of the nursing process. Reconfigurations respected the beliefs and values of nurses. Beliefs are considered strongly defended personal beliefs, while values are important cultural traits passed from parents to children that guide the action of nurses[5].

The terms chosen by participants were based on the nursing theory defined to sustain the implementation of the Nursing Process, which are: **Human Being, Nursing, Nursing Care, Safe Care and Health.**

With these terms, participants began the process of building the conceptual framework through group work. The following concepts emerged from these groups:

Humans *are individuals who are placed in care, whether they are the ones in need, that have suffered changes in their basic needs or the person responsible for mitigating that need. The human being is then the user and the service provider.* **Nursing** *staff responsible for providing scientifically grounded professional care to recover and promote the human being's Basic Human Needs and self-care [...] which follows a theory; to promote self-care.* **Nursing care** *is the provision of care that needs to be standardized, systematized and updated, and reflects all of these issues*

*in the user's health in a beneficial way. It is to follow procedures that have standards, a theory, a systematized scientific framework and for these items to reflect beneficially on the user. **Health** is a harmonious state. [...] it would be a harmonious state in which the human being should remain in its entirety. **Safe Care** is to offer this assistance free of any damage, based on standards, SOPs[e], a theory that we are trying to practice here, scientifically based protocols for all (G1).*

*__Human being__ is seen as SUS users[f] with rights and duties. There are many factors influencing our practices, such as having elderly, children and adolescent patients, aside from other issues; we have the stork network that comes with other guidelines, promoting the culture of human beings, the belief and knowledge that can never fail to be considered. **Nursing** is scientific knowledge based on evidence in the care and work process. **Nursing care** is to assist the user, their family, respecting their values, culture, belief and knowledge. **Health** is the balance of Basic Human Needs, [...] this is more than the absence of disease, rather the whole balance that is transport, school, etc., and all of this is part of the concept health. **Safe care** is the involvement of everyone in the care process, observing safety, equipment, equipment positioning, the technique, the ambience. So it's like this, a number of things involved, various actions that would bring this safe care (G2).*

The material produced by the two groups and the audio material were used to conclude the production of the conceptual framework.

The concepts created in this first analysis were: **Human Being, Nursing, Nursing Care, Health and Safe Care.**

From the concepts developed, it was possible to construct the institution's conceptual framework.

■ DISCUSSION

While the groups were held, it was identified that the team was prepared, had mastery over the subject and was willing to collaborate with the construction of the nursing philosophy and conceptual framework. It was noticed that the nurses were in tune when they started to work in small groups, as they built concepts through their beliefs, which gave basis to the nursing philosophy and the conceptual framework.

The subjects highlighted the importance of the nursing team and teamwork in the philosophy, as they believe that the nursing work alone will not form a team, and that teamwork strengthens nursing care, ensuring better quality in nursing for the user/family.

As is evident in the literature, the teams are more refined forms of work groups, because they have all the work groups' advantages, and set goals with a single objective: collective work. Teamwork is an efficient way of structuring, organizing and using human skills. It is important to understand the real meaning of a team to provide proper health care, as it enables a more global and collective work vision, reinforces task sharing and the need for cooperation to achieve common goals, that highlights how quality and efficiency in care delivery is paramount to the collective conception of teamwork, as well as its implementation. Teamwork is linked to work process execution and has therefore undergone changes over time, characterized by the reciprocal relationship between the complementary dimensions of work and interaction. The team can be an instrument to facilitate care, because it is expected to perform with superior efficiency to that obtained in work performed individually[10].

For participants, holistic care is the nursing care that takes place in a professional manner, based on the principles of humanization. To perform holistic care, the nursing team needs to cover not only the biological aspect, but all that pervades it. Nursing professionals can not limit their attention to the service of what is visible on the body, they must expand their vision to the whole.

In the literature pertaining to this field, holistic care is seen philosophically, because care is a holistic term, originating from the condition and philosophical and humanistic assumptions, belonging to the idea that the human system functions as a whole and is more than the sum the parts[11].

Participants also highlighted the excellence in service, aiming at quality, safe care for the user and their family. Literature in the field addresses service with excellence, where it is possible to observe that the meaning applied is related to quality of care, humanization, communication between teams, activity and equipment standardization, use of protocols and identification of complications[11].

The nurse's role as team leader was emphasized by the participants, being one of the aspects highlighted in philosophy as well. Leadership is considered one of the main nursing instruments when managing the work process, for it coordinates the activities involving the production of care in health and nursing, as well as the professionals who perform it [12].

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[e] Standard operating procedure

[f] Unified Health System

Thus, leadership assists nurses in care management, favoring care planning, coordination of the nursing team, activity delegation and distribution. It is also important to the proper functioning of the unit, in view of the articulator and integrator role played by nurses.

The Nursing Team's work is not dissociated from the work of other members of the interdisciplinary team. In this context, the practice of a professional is restored through the practice of their colleagues, both being transformed to intervene in the reality where they are inserted[13], given that the nursing team is part of the group of health workers, an aspect also highlighted in philosophy by pointing out the importance of nursing work when joining that of the Interdisciplinary Team. Beliefs mirrored in the philosophy built corroborate what literature contributes when addressing interdisciplinary work. Interdisciplinary work is the union of different knowledges of a team of professionals from different areas of knowledge, which will focus on the results of the health/disease process intervention, namely: comprehensiveness of health actions is subject to teamwork[13].

Having defined the Institution's Nursing Philosophy, i.e. the beliefs and values that will support the practice of Nursing, the next step was to establish the Nursing Theory that would provide support for Nursing Care Systematization and the operation of the Nursing Process, responding to what was defined by the Federal Nursing Council in its Resolution No. 358/09(2). It should be noted that NCS is an important management tool that allow the institutional philosophy to be met with regard to the excellence of care, leadership, and commitment.

It is possible to observe through the speeches that nursing professionals are aware that the chosen theory must be supported by the philosophy created for the institution, because if there is no such interaction between philosophy and theory, the implementation of the Nursing Process will be undermined. To sustain the theoretical support's definition, there were several aspects evaluated, such as the institution's profile, the services offered and the type of user assisted. It was also evident in the speeches that the participants knew what should be evaluated in each theory so that the right choice was made, and they also had good knowledge of the Nursing theories.

A study[14] indicates that the theoretical frameworks most used to guide the steps of the NP in Brazilian literature pertaining to the field were: the Theory of Basic Human Needs (Teoria das Necessidades Humanas Básicas) by Wanda de Aguiar Horta; then the Theory of Self Care (Teoria do Autocuidado), by Dorothea Orem; the Theory of Transpersonal Care (Teoria do Cuidado Transpessoa), by Jean Watson; and the Theory of Universality and Cultural Care Diversity (Teoria da Universalidade e da Diversidade de Cuidado Cultural), by Madeleine Leininger. And to a lesser extent, the following theories were also featured: Myra Levine, Ida Jean Orlando, Joyce Travelbee, Imogene King and Betty Neuman.

It was noticed during the meetings that the study participants had a preference for the choice of theory that will give theoretical support for the implementation of the NCS: the Theory of Basic Human Needs and Self-Care Theory, representing what has been published on the theories in the Brazilian scene .

The conceptual framework construction process emerged from practice, provided an opportunity for interpersonal and scientific relationships, anchored by the Theory of Basic Human Needs, through the confrontation between theory and the concepts of participants, who required reflection for its gradual evolution, and included the understanding of the theory and the relevance of its applicability in the hospital. The construction required readings, reconfiguration of concepts and resizing of practices rooted in the biomedical model[15].

While the groups were held, it was identified that the team was prepared and acquainted with the Theory of Basic Human Needs, collaborating to the construction of the nursing philosophy and conceptual framework. This corroborated with a study that says that, to build the conceptual framework, it is necessary to know the theory to seek the interrelationships between concepts and practice[16]. Thus, highlighting how the concepts in nursing theories represent the historical context, the model structured by the theorist, their beliefs and values, thereby differentiating the conceptual framework from the concepts expressed in a theory stating that, in conceptual framework, concepts are intertwined and defined comprehensively, while in theory, the concepts are expressed as precise and operational definitions.

It is possible to observe that the participants did not use all the core concepts of the Theory of Basic Human Needs, and also included the concept of safe care, as they proposed to work on the conceptual framework grounded in the institution's reality and needs. It must be noted that to build conceptual framework, one must consider the reality experienced by both professional nurses and health service users[17].

This is reflected in the construction of concepts, and it is possible to observe that the concept of a human being differs between the two groups. While group 1 emphasized self-care, group 2 defined the human being as a user of the Unified Health System and emphasized respect for their beliefs and values.

When building the concept of a human being, the study participants did not restrict the concept to Unified Health System users, but extended the concept to employees who assist the user who has unbalanced Basic Human Needs, emphasizing respect for the diversity of beliefs, race, age, meaning the profile of the demand met by the institution. This human being who cares, who is a Nurse, does not act in isolation. The study participants consider that nursing care should be provided through updated care, together with other professionals of the interdisciplinary team.

Regarding the concept of nursing, group 1 emphasized nursing as a "team" that provides professional care with scientific basis, while group 2 characterized nursing as evidence-based knowledge.

What goes against nursing literature according to the concept of nursing[18], is: "[...] health care profession based on scientific knowledge in the self-regulation and autonomy of its actions through care practices, education and co-operative management for people, interdependently with their peers and other health professionals".

It is possible to see that both groups emphasized the need for scientific knowledge to provide care, which corroborates the scientific literature and serves as support for the autonomous exercise and development of competent and safe care for the user.

For the concept of nursing care, group 1 stressed the need for standardization, systemization and updating, based on theoretical support for the realization of care. Group 2 characterized care as assisting and caring, respecting beliefs and values.

The values developed by the groups go against the relevant study[19], which says that nursing care is an intentional phenomenon, essential to life, that takes place when human beings meet and interact, through actions involving awareness, zeal, solidarity and love. Expresses a "know-how" grounded in science, art, ethics and aesthetics, directed to the needs of the individual, family and community.

The groups worked with the issue of knowledge and theoretical support, with standardizations and seeking systematized care, going against what literature in the nursing field advocates. The importance of basing nursing actions on systematized care, reinforcing the need for professionals and their commitment with the collective construction process, which will support the nursing process to be implemented in the institution.

The Importance of the Nursing Theory as a foundation to the conceptual framework constructed was present when the group discussed the concept of health, since in both groups it is related to balance. The author of the

Theory of Basic Human Needs says that being healthy is "being in dynamic equilibrium in time and space", but it should be highlighted that that this concept dates back to the 1970s. Currently, there is a broader understanding of health, relating the conditions to achieve this well-being, and that should be present in public policies. According to the VIII National Health Conference, held in 1986, "health is a result of food, housing, education, income, environment, labor, transportation, employment, leisure, freedom, access to and possession of land and access to health services", a concept that has been endorsed in subsequent conferences.

As for the concept of Safe Care, both have had a similar construction process, relating the safety of care to the construction of Standard Operating Procedures, the existence of materials and devices, in addition to user involvement in care. The World Health Organization, considering the high number of adverse events, many of which are preventable, created the World Alliance for Patient Safety in 2004, defining the concept Patient Safety as "reducing to an acceptable minimum, the risk of unnecessary damage associated with safe care"[20].

In Brazil, among other initiatives, the Ministry of Health established the National Program for Patient Safety, aiming to qualify health care. Among the Program's pillars is that stimulation of safe care practice must be founded on a set of basic protocols to be designed and implemented[20]. This means that the what the nurses express is consistent with the national health public policy.

The collective construction of the institution's conceptual framework allowed to look beyond practice, reflect on it, seek qualified assistance through the implementation of the SNC, but above all, reflect the conceptual framework, what was experienced, lived, based on a theoretical basis . The concepts developed inter-relate, forming a framework to support the institution's nursing practice.

■ CONCLUSION

The reflection on the practice and theory supported the collective construction of the philosophy and conceptual framework. The central point of reflection was the establishment of the relationship between the concepts of daily life and the theory set to support the deployment of the institution's Nursing Care systematization. The theoretical confrontation provided an opportunity to reconstruct scientific concepts, contributing another look at practice, always considering the diversity of human beings.

The collective construction provided an opportunity to develop critical thinking, favoring the identification of

difficulties and needs present at that time in relation to the care process. This was an action that sparked interest, since, according to the group, there was a lack of theoretical study and a need to bring science into care.

An important element is the fact that the Nursing Management supports the development this study by stimulating the participation of nurses in meetings, as well as the definition of a pilot unit in which to implement the nursing process: the Intensive Care Unit. A committee was created to hold monthly meetings and discuss and create the instruments for implementing the SNC grounded in the theory and philosophy chosen, and the conceptual framework built.

This study brought the following contributions to the institution: the integration of nurses through participation in meetings, awakening the team to the importance of implementing the Nursing Process and the construction of the first instrument that was developed and implemented – the Nursing History – which was applied in the Intensive Care Unit. After a month of using the Nursing History and some changes, the instrument was applied to other units where it is in testing phase. Discussions are also being held regarding the classification the institution will adopt, an issue that has been previously discussed with the State Department of Health, since the implementation process has been occurring within this Department. -

The methodology used for the collective construction of the philosophy and conceptual framework proved to be essential in the construction of knowledge, scientific concepts and strengthening the group around common goals. This construction included significant elements of other studies, which have been incorporated by the group, creating a philosophy and a conceptual framework consistent with the reality of the institution and the theoretical proposal of Wanda Horta.

Limitations to this study include: the issue related to the participants' time to carry out the meetings, since most of them work at more than one institution and have difficulties to participate out of their service schedules. The consequence was for meeting to be held during short periods of time during work hours.

■ REFERENCES

1. Ferreira EB, Pereira MS, Souza ACS, Almeida CCOF, Taleb AC. Sistematização da assistência de enfermagem na perspectiva para a autonomia profissional. Rev Reme. 2016 jan-fev;17(1):86-92.

2. Conselho Federal de Enfermagem (BR). Resolução Nº. 358/2009 Dispõe sobre a Sistematização da Assistência de Enfermagem e a implementação do Processo de Enfermagem em ambientes, públicos ou privados, em que ocorre o cuidado profissional de Enfermagem, e dá outras providências. [cited 2013 jan 10]. Available at: http://www.cofen.gov.br/resoluo-cofen-3582009_4384.html.

3. Alcântara MR, Silva DG, Freiberger MF, Coelho MPPM. Teorias de enfermagem: a importância para a Implementação da Sistematização da Assistência de Enfermagem. Rev Cient Fac Educ Meio Amb. 2011 mai-out [cited 2014 may 10];2(2):115-32. Available at: http://www.faema.edu.br/revistas/index.php/Revista-FAEMA/article/view/99/317.

4. Cunha ICKO. Filosofia e política institucional e promoção da gestão do cuidado. In: Harada, MJCS, organizadora. Gestão em enfermagem: ferramenta para prática segura. São Caetano do Sul: Yedis Editora; 2011.

5. Fernandes MGM, Nóbrega MML, Garcia TR, Macêdo-Costa KNF. Análise conceitual: considerações metodológicas. Rev Bras Enferm. 2011 nov-dez [cited 2013 jan 16];64(6):1150-6. Available at: http://dx.doi.org/10.1590/S0034-71672011000600024.

6. Silva JP, Garanhani ML, Guariente MHDM. Sistematização da assistência de enfermagem e o pensamento complexo na formação do enfermeiro: análise documental. Rev Gaúcha Enferm. 2014 jun [cited 2014 jul 16];35(2):128-34. Available at: http://www.scielo.br/pdf/rgenf/v35n2/pt_1983-1447-rgenf-35-02-00128.pdf.

7. Trentini M, Paim L. Pesquisa convergente assistencial: um desenho que une o fazer e o pensar na prática assistencial em saúde-enfermagem. 2. ed. Florianópolis: Insular; 2004.

8. Schmitz EL. Filosofia e marco conceitual: estruturando coletivamente a sistematização da assistência de enfermagem [dissertação]. Florianópolis, SC: Universidade Federal de Santa Catarina; 2015.

9. Sória LM. Informativo do Hospital Regional de São José Homero de Miranda Gomes. Oi São José. 2011 jun [cited 2013 jan 12];XVII(181). Available at: http://www.oisaojose.com.br/site/index.php?ed=181&pag=show_editorial&editorial_atual=10&total=2&materia=1873.

10. Pereira RCA, Rivera FJU, Artmann E. The multidisciplinary work in the family health strategy: a study on ways of teams. Interface (Botucatu). 2013 abr/jun;17(45):327-40.

11. Almeida, ACG, Neves ALD, Souza CLB, Garcia JH, Lopes JL, Barros ALBL. Transporte intra-hospitalar de pacientes adultos em estado crítico: complicações relacionadas à equipe, equipamentos e fatores fisiológicos. Acta Paul. Enferm. 2012 [cited 2014 may 16];25(3):471-6. Available at: http://dx.doi.org/10.1590/S0103-21002012000300024.

12. Santos JLG, Lima MALDS. Gerenciamento do cuidado: ações dos enfermeiros em um serviço hospitalar de emergência. Rev Gaúcha Enferm. 2011 dez [cited 2014 may 16];32(4):695-702. Available at: http://www.scielo.br/pdf/rgenf/v32n4/v32n4a09.pdf.

13. Duarte MLC, Boeck JN. O trabalho em equipe na enfermagem e os limites e possibilidades da estratégia saúde da família. Trab Educ Saúde. 2015 dez [cited 2016 sept 18];13(3):709-20. Available at: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1981-77462015000300709&lng=pt&nrm=iso.

14. Cavalcante RB, Otoni A, Bernardes MFVG, Cunha SGS, Santos CS, Silva PC. Experiências de sistematização da assistência de enfermagem no Brasil: um estudo bibliográfico. R. Enferm UFSM. 2011 set/dez [cited 2013 jan 16];1(3):461-71. Available at: http://cascavel.ufsm.br/revistas/ojs-2.2.2/index.php/reufsm/article/view/2832/2396.

15. Martins AR, Pereira DB, Nogueira MLS, Pereira CS, Schrader G, Thoferhn MB. Relações interpessoais, equipe de trabalho e seus reflexos na atenção básica. Rev Bras Educ Med. 2012 [cited 2015 sept 18];36(2):6-12. Available at: http://www.scielo.br/pdf/rbem/v36n1s2/a02v36n1s2.pdf.

16. Pereira JS, Pinho ASDS, Costa MS, Lira ALBC. Saberes de enfermeiros acerca do processo de enfermagem à luz do modelo conceitual de Wanda de Aguiar Horta. Rev Pesq.: Cuid Fundamental. 2012, abr/jun [cited 2014 Jan 07] 4(2):2437-47. Available at: http://repositorio.ufrn.br:8080/jspui/handle/1/11717.

17. Favero L, Wall ML, Lacerda MR. Diferenças conceituais em termos utilizados na produção científica da enfermagem brasileira. Texto Contexto Enferm. 2013 abr-jun [cited 2015 jan 10];22(2):534-42. Available at: http://www.scielo.br/pdf/tce/v22n2/v22n2a32.pdf.

18. Bellaguarda MLR. Nexos e circunstâncias na história do conselho regional de enfermagem em Santa Catarina (1975-1986) [tese]. Florianópolis SC; Universidade Federal de Santa Catarina; 2013 [cited 2015 sept 18]. Available at: http://tede.ufsc.br/teses/PNFR0811-T.pdf.

19. Vale EG, Pagliuca LMF. Construção de um conceito de cuidado de enfermagem: contribuição para o ensino de graduação. Rev Bras Enferm. 2011 jan-fev [cited 2014 jan 07];64(1):106-13. Available at: http://dx.doi.org/10.1590/S0034-71672011000100016.

20. Ministério da Saúde (BR), Fundação Oswaldo Cruz, Agência Nacional de Vigilância Sanitária. Documento de referência para o Programa Nacional de Segurança do Paciente. Brasília: Ministério da Saúde; 2014 [cited 2015 jul 10]. Available at: http://bvsms.saude.gov.br/bvs/publicacoes/documento_referencia_programa_nacional_seguranca.pdf.

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