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KNOWLEDGE REGARDING THE NURSING PROCESS IN THE HUMAN MILK BANK

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ABSTRACT

Objective: to analyze nurses' knowledge regarding the nursing process as an instrument for Nursing Care Systematization in the Human Milk Bank.

Method: descriptive, exploratory, qualitative study carried out in the second quarter of 2015 in seven Human Milk Banks in the State of Espírito Santo. With this perspective, nine nurses working in the health service were interviewed. The data were submitted to thematic content analysis.

Results: the nursing process can be considered an organizer of work in the context of the Human Milk Bank. Such everyday knowledge and knowledge of the applicability of the nursing process needs to be an assumption in order to support the actions of nurses in the Human Milk Banks.

Conclusion: the analyzes indicated that the nurses' work and activities must be based on a scientific methodology, however there is a fragmentation in the effectiveness in the steps of the nursing process. It is necessary to elaborate an instrument that enables the implementation of the Nursing Assistance Systematization, through the nursing process instrument.

DESCRIPTORS: Nursing processes. Nursing care. Human milk bank. Breastfeeding. Professional practice.

SABERES SOBRE PROCESSO DE ENFERMAGEM NO BANCO DE LEITE HUMANO

RESUMO

Objetivo: analisar os saberes dos enfermeiros sobre o processo de enfermagem como instrumento da Sistematização da Assistência de Enfermagem no Banco de Leite Humano.

Método: estudo descritivo, exploratório, qualitativo, realizado no segundo trimestre de 2015 em sete Bancos de Leite Humano do Estado do Espírito Santo. Com essa perspectiva foram entrevistadas nove enfermeiras atuantes no serviço de saúde. Os dados foram submetidos à análise de conteúdo na modalidade temática.

Resultados: o processo de enfermagem pode ser considerado um organizador dos trabalhos, no espaço do Banco de Leite Humano. Tais saberes no cotidiano e o conhecimento da aplicabilidade do processo de enfermagem necessitam ser um pressuposto para sustentar as ações dos enfermeiros nos Bancos de Leite Humano.

Conclusão: as análises indicaram que o trabalho do enfermeiro deve estar embasado em uma metodologia científica, mas há uma fragmentação na efetivação das etapas do processo de enfermagem. Faz-se necessária a elaboração de um instrumento que possibilite a efetivação da Sistematização da Assistência de Enfermagem, mediante o instrumento processo de enfermagem.

DESCRIPTORIOS: Processos de enfermagem. Cuidados de enfermagem. Bancos de leite humano. Aleitamento materno. Prática profissional.

SABER SOBRE EL PROCESO DE ENFERMERÍA EN EL BANCO DE LECHE HUMANO

RESUMEN

Objetivo: analizar el saber de los enfermeros sobre el proceso de enfermería como instrumento de la Sistematización de la Asistencia de la Enfermería en el Banco de Leche Humano.

Método: estudio descriptivo, exploratorio y cualitativo realizado en el segundo trimestre del 2015 en siete Bancos de Leche Humano del Estado de *Espírito Santo*. Con esa perspectiva se entrevistaron nueve enfermeras actuantes en el servicio de salud. Los datos fueron sometidos al análisis del contenido en la modalidad temática.

Resultados: el proceso de enfermería puede ser considerado como un organizador de los trabajos en el espacio del Banco de Leche Humano. Los conocimientos en lo cotidiano y en la aplicabilidad del proceso de enfermería necesitan ser un presupuesto para defender las acciones de los enfermeros en los Bancos de Leche Humano.

Conclusión: los análisis mostraron que el trabajo del enfermero debe estar basado en una metodología científica, pero hay una fragmentación en la realización de las etapas del proceso de enfermería. Es necesaria la elaboración de un instrumento que posibilite la realización de la Sistematización de la Asistencia de Enfermería mediante el instrumento de proceso de la enfermería.

DESCRIPTORES: Procesos de enfermería. Cuidados de enfermería. Bancos de leche humano. Amamantamiento materno. Práctica profesional.

INTRODUCTION

The process of systematizing arose in the early days of nursing, with the precursor of the profession, Florence Nightingale, who organized health care in her writings, contributing to the advancement of the nursing profession at the time. With this came the strengthening of the theoretical bases in the professional exercise of know-how and how to do it and resulted in a methodological tool that corroborates this need, known as the nursing process (NP).¹⁻²

The word systematize is understood in nursing as a method that aims to organize the processes and, in turn, to use methodological tools so that the praxis is the best for the scope of work in which it is applied or used. The word process means an action that expresses the continuity in the accomplishment of a certain activity: prolonged and continuous act; in which there is a constant sequence, set of actions.³

In this sense, NP is the dynamics of systematized and interrelated actions, which enables the organization of nursing care. In addition, it represents an ethical and humanized problem-solving approach that addresses a person's health care and nursing needs, indicating a direction for possible interventions. Therefore, the Systematization of Nursing Care (SNC) is conceptualized as a method of providing care to obtain satisfactory results in the implementation of care, with the objective of reducing complications during treatment, in order to facilitate the adaptation and patient recovery.³⁻⁶

The use of this method requires critical thinking the professional, who should be objective focused and results oriented in order to meet the needs of the patient and his family; requiring constant updating, skills and experience, being guided

by ethics and standards of conduct. Therefore, it is a way of exercising the nursing profession with autonomy based on the technical-scientific knowledge in which the category has been developing in the last decades, and increasing the visibility and professional recognition.⁷⁻⁸

It is worth noting that in Brazil, the most well-known and followed model for the implementation of the NP was the one proposed in 1979 by Wanda de A. Horta, in which he proposed the following phases: nursing history, nursing diagnosis, care plan, nursing prescription, nursing evolution and nursing prognosis. However, its application in clinical practice has since undergone modifications that often mischaracterize its use.⁹

The Human Milk Bank (HMB) is a specialized center, obligatorily linked to a maternal and/or children's hospital, responsible for the promotion, protection and support of breastfeeding, and lactation production, collection, selection, classification, processing, quality control and distribution, with the commercialization of the products distributed by it being prohibited. It is a non-profit establishment, with the sale and purchase in the acquisition and distribution of its products being prohibited. The work in HMB is characterized by its support to breastfeeding, a developing area where the nurse is included because he or she is a professional whose profile is that of educator and caregiver.¹⁰

From this perspective, according to the scientific literature, systematized work benefits both the patient and nursing. Therefore, it is possible to affirm the importance of the NP instituted in the HMBs, due to the whole care cycle with the donation, collection and reception, processing, repackaging and distribution that occurs in this health

service, and to the fact that the work developed and performed by the nurse in this location is an established process, and that therefore guarantees safety.^{9,11}

Therefore, the nurses' performance to the detriment of their professional practice is governed by several laws, among them, Resolution n. 358, dated October 15th, 2009, by the Federal Nursing Council (COFEN), which establishes the implementation of SNC in all health care units that provide nursing care, with the following steps: 1) data collection; 2) nursing diagnosis; 3) nursing planning; 4) implementation; and 5) nursing assessment. It is important to mention that the study was based on the five SNC stages advocated in the aforementioned resolution.⁴

However, even with the commitment and efforts on behalf of COFEN and the entire professional class, it is known that, although it was introduced in Brazil in the 1970s, a huge gap between the production of knowledge and its applicability in the nurses' daily practice still persists. Therefore, the performance of scientific studies is necessary which aim for the implementation of the NP to perform SNC in the healthcare services, guaranteeing the autonomy of the nurse and the effectiveness of the systematization of health care.^{5,9}

The research question sought to understand how knowledge regarding SNC, by means of the NP instrument, has mobilized the nurses' work in the HMB. The analysis of the knowledge on this subject requires the attention of the nurses, with the purpose of promoting a scientific work methodology in the HMB service coming from the professional practice as a process of care. Thus, we reaffirm that the objective of the study in focus was to analyze nurses' knowledge regarding the nursing process as an instrument of the Nursing Assistance Systematization in the HMB.

METHOD

A descriptive, exploratory study with a qualitative approach, considered appropriate for the research objective, as it seeks to reveal the perceptions of subjective data of individuals in order to contribute to the expansion of knowledge of the nursing area in relation to NP as an effective instrument for SNC.¹²

The study was performed between May and November 2014 in the seven health institutions of the State of Espírito Santo, which had HMB services, three were located in the city of *Vitória*, one in *Vila*

Velha, one in *Serra*, one in *Colatina* and one in *Cachoeiro de Itapemirim*.

In order to select the study participants, the following inclusion criteria were used: nurses who had six or more months of experience in HMB, training in breastfeeding, and being involved in coordination, supervision or care. Exclusion criteria included those who were on vacation, leave of any kind, away for health treatment, nuptials during the aforementioned period. After the invitation to participate in the study, nine of 11 nurses working in the existing HMBs in the State were selected, according to the inclusion criteria. For the collection of data, semi-structured interview scripts were used referring to nurses' knowledge regarding NP. All statements were recorded on digital apparatus, with prior authorization from each participant and each interview had an average duration of 40 minutes. The interviews were later transcribed in full and organized in individual files by the researcher in order to ensure the reliability of the reports/statements.

Thematic content analysis was used to analyze the data collected in the interviews. According to this proposal, the analysis is carried out in three different poles, constituting a specific guide, explained as follows: 1) pre-analysis; 2) exploration of the material; and 3) treatment of results, inference and interpretation. In the case of this research, semi-directive interviews were used. Two successive or overlapping analysis phases were proposed, the structural decipherment, centered on each interview and the thematic transversality, focused on the set of interviews, that is to say, on thematic repetitions. This process made it possible to highlight the thematic units, and then to analyze them according to the proposed objectives.¹³

In accordance with Resolution n. 466/2012 of the National Health Council, the study was approved by the Research Ethics Committee of the Faculty of Medicine of the *Universitário Antônio Pedro* Hospital of the Fluminense Federal University, under Opinion n. 978,444 dated 03/06/2015, with the following CAAE: 27224214.9.0000.5243. All the hospitals authorized the execution of the study in the respective HMBs by means of a declaration of authorization from the general management of the institutions, accepting the opinion issued by the Ethics Committee. In the research, the interviewees had their voluntary participation guaranteed by the anonymity and the secrecy of the information with the use of an alphanumeric code (E1 ... E9).

RESULTS

The participant profile consisted of nurses between 30 and 51 years of age. Work experience time ranged between one and 26 years. Working time in HMB ranged from seven months to 21 years. As for the *latosensu* post-graduation only one declared that they did not have any specialization training, eight interviewees reported possessing specialization training in the following areas: breastfeeding, family health, emergency and health audit. Among them, one had a *strictosensu* master's degree in healthcare. Out of all the interviewees, five participants performed only one position (only exercising one position or coordination in the HMB), three had two positions between the coordination of the HMB, nursing and care coordination of the Neonatal Intensive Care Unit; and one exercised three distinct positions (coordination of the HMB, maternity and NICU).

The data analysis allowed the emergence of a thematic category that revealed the nurses' knowledge regarding the studied object: "Organization of the nursing process in the Human Milk Bank", which was deployed in the subcategories: "The organizational process of the nursing service in the Human Milk Bank: a challenge for the nursing process" and "The fragmentation of the knowledge of the applicability of the nursing process in the Human Milk Bank".

Organization of the nursing process in the Human Milk Bank

The nurses showed some disagreements regarding the nursing process. Care assistance based on a methodological tool of its own is not well understood due to the automatism in the actions in the HMB. The routine behaviors, to which the nurses were submitted, were understood based on the understanding that the regulations governing this specialized center were being complied with.

The organizational process of the nursing service in the Human Milk Bank: a challenge to the nursing process

The participants' statements referred to the organization of the nursing process. Therefore, attention should be paid to the statements in order to understand the sustainability of the nursing organizational process. For the participants, the NP is an "organizing" action for nursing activities: *The process you're talking about is as a whole, is it not?*

Regardless of being SNC? I think the nursing process, is an organization of its activities (E8).

For some participants, there is no clarity about the concept of the NP: [...] *I can't remember what the nursing process is [...]* (E6).

However, regarding the understanding of the NP, as follow-up care and attention to the patient, the interviewees revealed the continuity of the nursing care action in the actions in the BLH [...]: *because of this follow-up. You can follow it in a practical way and in a sequential way at the same. I think the process is a matter of routines (E5).*

The fragmentation of the knowledge of the applicability of the nursing process in the Human Milk Bank

The NP consists of stages considered interdependent and interrelated. The analyzes cover this integrated perspective of the process, however, it was sought to highlight the uniqueness of each stage. In the interviewees' understanding of the applicability of this methodological tool, it indicates that the principle of integrality and interdependence of the stages that compose it were not obvious in the interviewees' statements.

Moreover, when questioned about the steps of the nursing process in an isolated but not decontextualized way, and how the data collection, the first step of the EP, was performed, data analysis indicated that in the surveyed HMBs, forms are filled out for milk donor registration, the nurse's diary and the attendance sheet. Generally, this document is filled out when it is the hospitalized mothers, but its use is limited or simply focused on the client's complaint or for some need of the baby: [...] *in the nurses' diary, I ask about everything there, what is important for the patient [...]* (E3); [...] *we have a file that the customer fills out (E8).*

Complaints are listened to during a quick interview, and after the questions are asked, they will or will not explain what led the client to seek care.

It is interesting to note that some participants limited themselves to completing only one file or passed on this task to the client/user of the service; others did not collect data, delegating this activity to the nursing team.

Regarding the knowledge about the nursing diagnosis, the second stage of the NP, the bureaucratic work of the interviewed nurses in the HMB should be considered in the analysis due to lack of fulfillment of this step, since they are not acting

directly in the patient care. One can question: why didn't you diagnose? Also, the nurses' statements were identified as the understanding that there is no need to elaborate this diagnosis in the service where they work: [...] *no. I don't diagnose, I just do the evolution and the prescription, do you understand?* (E3). They also reported that they do not elaborate ND for the use of non-nursing diagnoses: [...] *in reality, we work here with diagnoses that are not so specific to nursing* (E8).

Regarding nursing planning, the third stage of the NP, which was not completed by the interviewed nurses must be considered in the analysis this step, since they are not directly working with patient care: [...] *at the moment I am not doing assistance, so I'm not planning so much assistance activities* (E8). The planning becomes fragmented due to time demands, since it is impossible to predict the demand of the HMB or the routine related to the processing of the donated milk. Therefore, the assistance action itself cannot be considered as something to be determined, as the nurses reported: [...] *at the moment I am not attending, so I am not planning much assistance activity [...]* (E8); *we already have a daily routine. The client arrives, you do the interview, you read her history and then you give the best care for that situation [...]* (E6). Planning has also been reported as something that came from scheduling, from the routine planned and prescribed in the HMB technical manual: [...] *planning really occurs through scheduling for the HMB* (E5).

In nursing implementation, the fourth stage of the NP, the statements of the participants revealed that there is no systematic record of the procedure prescribed by the nurse: *I just didn't do anything in writing like that ... (thinking) no instrument, because I do not have one, but to talk to us... (thoughtful) and say: today we will do such thing [...]* (E1) The interviewees revealed that the actions are done at that time and that they consider the implementation as practical: [...] *my implementation is my own practice, what we will do or the nurse is to be able to determine what type of care she needs* (E5).

Another aspect that was also significant in this study was the interviewees' statements, in which there is no clear understanding about nursing assessment, the fifth stage of the NP, nor is it clearly explained as one of the stages of the nursing process. There is a fragmentation of this knowledge on the part of the nurses in relation to the work conduct as part of the team. This assessment is related to the organization and management actions undergone by the nurses in the HMB: [...] *we evaluate in meetings. We*

sit, talk, right!? *If we have to change something, we talk in teams* (E6). This stage is observed by the nurses. However, they may not relate it to the other stages of the nursing process: [...] *evaluation... I ... through evolution I see what the patient needs the most and I try to solve it* (E4), and the evaluation occurs at the end of the process of care and patient care, as it was reported: [...] *before starting to act? I evaluate what I have been able to achieve* (E9).

DISCUSSION

The concept of NP was used in this study as a tool that makes SNC possible in the HMB, with all its specificities. It is possible to understand that the actions of the nurse in the HMB are not restricted to "primary health care", since it is a daily practice in which a set of techniques is required which, based on a holistic conception of nursing actions/work, involve the scientific knowledge of their profession.¹⁴

The organization of nursing knowledge produces results which when measured, broaden the knowledge and improve the quality of care. In addition, the organizational process allows for greater contact between nurses and clients/patients, which favors the creation of connections and improved care in specific areas.^{8,11}

As an organizational process, NP is able to offer support to the development of interdisciplinary and humanized methods/methodologies of care, that is to say, the organization of work, according to the phases of its flow. It also implies defining the nature and type of work to be carried out, from the theoretical-philosophical basis: the type of professional required, techniques, procedures, methods, objectives and material resources for the production of care. Its application in health institutions presents positive aspects such as, safe planning, execution and evaluation of nursing behaviors, individualization of care, visibility and autonomy for nurses, reduction of hospitalization time and, consequently, resource savings.²

Some authors highlight the lack of knowledge of what NP really is, its stages and poor professional training, as intervening factors in the operationalization of NP in the various health services in which nursing is present. They also suggest that the management team of the institution should be provided with resources and investments for the qualification of health professionals, so that there is an increase in the quality of care and, consequently, benefit to the population, in this case, the mothers and infants of the HMB, as well as for the nursing

team itself and the other professionals who make up the multidisciplinary team.¹⁵⁻¹⁷

Other authors of scientific literature reflect on nursing education, and highlight that the fact that this training remains focused on the biomedical/Cartesian model and the lack of a theoretical and philosophical framework makes the practice fragmented in relation to the phases of the NP. It is known that professional recognition results from the search for knowledge which, in turn, generates a scientific authority; in it, the nurse is included. It is in the midst of efforts for this recognition that SNC cannot be understood as a "ready prescription", and it is necessary for the team to understand the importance of structured permanent education in order to understand the process as critical and reflective knowledge for care.^{9,14,18-19}

Regarding nurses' knowledge about NP as an instrument of the Systematization of Nursing Care in the Human Milk Bank, the stages of this instrument are unique and deserve to be observed. The first stage of the NC, the nursing data collection, also known as a nursing history and investigation, is described as a deliberate, systematic and continuous process, carried out with the aid of varied methods and techniques, whose purpose is to obtain information about the person, family or community and their responses at a given moment in the health and disease process.^{4,20}

According to the interviewees' statements, the complaints of the women attended at the HMB are listened to during a quick interview, and afterwards, questions are asked which will or will not explain why the client sought care. Thus, it is possible to infer that these superficial actions, or simply the lack thereof, can disqualify nursing work as a scientific body, since the omission of an essential component to the NP makes the subsequent actions difficult as well as the development of the other stages.

The first stage is composed of data that comes from a dynamic and organized process that incorporates three basic actions: systematic data collection, selection and organization of data and the documentation of them in an accessible and available way for continuous monitoring. Subjective data are collected through a client/patient interview or a reliable source; and the objective data can be obtained through the result of the physical, laboratory and imaging exams, as well as the medical records.²⁰

The study participants did not indicate a systematization of the data collection, nor an organization of this information that would dialogue with the perspective of this first stage of the NP, confirming

that the analyzes indicate a fragmentation of this knowledge, resulting in the restrictive use of this phase of the process.

Regarding the second stage of the NP, the nursing diagnosis is considered as a process of interpretation and grouping of the data collected in the first stage, culminating with the decision making on the nursing diagnosis concepts that represent, more accurately, the responses of the person, family or human collectivity at a given moment in the process of health and illness; and which form the basis for the selection of actions or interventions with which it is intended to achieve the expected results.⁴

The expression 'nursing diagnosis' was introduced by Wanda Horta in the 60's, and is considered synonymous with nursing problems. At present, the focus of care is the whole person, or the extent of their well-being and self-fulfillment. At this stage, not only the problems, but the risks and the strengths / positives, are used by the nurse in order to reach the nursing diagnoses.^{9,20-22}

It is believed that in nursing actions related to breastfeeding, the use of the nursing diagnosis in attendance to the binomial, can allow a more targeted and effective assistance when being performed in a systematized way. Therefore, it is worth noting that the diagnosis cannot be an isolated phase of the whole care process, but should be used with the objective of directing the nursing action to a resolution or intervention. The elaboration of this diagnosis requires the nurses' intellectual, interpersonal and technical skills in order to allow the identification of priorities in care, and indicating the precise approach in nursing interventions.²²⁻²⁴

The importance of nursing diagnosis is precisely in the ability of nurses to use clinical judgment to understand the collected data, which enable nursing interventions and allow the achievement of positive health outcomes. Nursing care without this diagnosis impedes the evolution of the NP and entails the fragmentation of nurses' performance and impedes the SNC, which means that in healthcare institutions where nurses do not use the nursing diagnosis, or use without concern for accuracy, the invisibility of its role as diagnosticians may still exist.^{15,22}

The third stage of the NP, nurse planning, is characterized by the determination of the expected results; and the actions or interventions that will be performed based on the responses of the person, family or community at a given moment in the health and illness process identified in the nursing diagnosis stage.^{4,20}

The lack of the nursing planning stage in the HMB was evident in the statements. Nurses often face a bureaucratic practice in their daily routine and, as a consequence, it generates work overload and incorporates activities in a mechanized way, with loss of stimulation and motivation, which makes it vulnerable to errors.²⁵

In general, it is observed that this practice actually compromises the evolution of the nursing mother and infant in regards to the care that is performed in the third stage of the NP. It is important to rethink the practice of the nurse in the HMB in order to provide adequate assistance through the exercise of the technical and scientific attributions inherent to the profession.

It is essential that in the planning of health care, nurses take the information and life habits of the nurse as well as the entire sociocultural context into account. There should also be a search for contributing or interfering factors for planning in order to succeed in women's health and the concept. In view of what has been shown, through the statements of the participants, there is a "lack" of planning of nursing actions. Even if there is no continuous demand, it is necessary to follow the health conditions of the nursing mother and the infant, with the exercise of the third stage, with the purpose of health, intervening in the problems arising from breastfeeding, either in the health service or in a home visit, as planning is part of NP, and also guarantees the effectiveness of the fourth stage, related to the prescription of nursing care.²³

The fourth stage of the NP, nursing implementation, deals with actions or interventions determined in the nursing planning stage. The best way to implement care is to direct the nursing prescriptions in order to solve the patient's problems and to meet the health care needs they present. Written elaboration is required, that is to say, the systematic registration of the procedure prescribed by the nurse, so that he/she or other nursing professionals can implement these actions.^{20,22}

The routine provided in the operating manual, prevention and control in the HMB does not relieve nurses from this implementation, but perhaps they have not yet effectively realized the importance of their understanding of nursing care, because nursing prescription, in the stage of implementation of actions, has a direct impact on the previous and subsequent stages, in order to intervene in the health problems of the nursing mother and the infant. However, in order for this to be feasible, it is necessary to understand the importance of the

nurse's activities in the implementation of SNC in the HMB service.

The fifth stage of NP, the nursing assessment, which is nothing more than the deliberate, systematic and continuous process of verifying changes in the responses of the person, family or human collectivity at a given time of the disease health process, to determine whether actions or nursing interventions achieved the expected result; and verification of the need for changes or adaptations in the stages of NP.^{4,20}

The nursing evaluation based on the participants' speeches occurs throughout the process of nursing care, during their stay in the HMB or in the maternity ward. However, it is indicated that there is no relation between the evaluation procedure and the other stages of the NP.

Effective use of the NP by the nurse is attributed with the need for skills and the ability to apply them. In addition, it requires a solid knowledge of the sciences and theories, not only of nursing, but of other disciplines, motor skills, intelligence, technical, scientific and creative knowledge. Therefore, the dynamics in a multiprofessional team, performed in the HMB, tends to cause the nurses not to perceive the necessity of the evaluating instrument regarding their performance, since there is indicative of an automation of the procedures executed in this area.²⁶

It is undeniable that nursing evaluation is perhaps one of the most elaborate stages in the implementation of the NP, since it requires the nurse to perform the exact implementation of each previous stage. This is a stage in which the nurse evaluates the effectiveness of the care plan soon after providing care, as in the care of the external public.²⁰

In the case of the HMB, permanent nursing evaluation related to the care plan, shifts, in-patient nursing in the maternity ward and HMB processes is required. It also needs to be focused on the work processes, such as registration of donors, pumping, transport, storage and pre-storage of human milk (HM), selection of HM including examinations, processing or pasteurization, storage, equipment maintenance, general records, microbiological control of pasteurized HM, as well as the health care of the worker and hospital infection control. This assessment may be carried out by comparing the services offered by the program or by intervention with predetermined criteria and norms depending on the intended results.¹⁴

Thus, the recognition of the NP as a process that organizes the nursing service in the various spaces in which the nursing team works is a great

advantage for its implementation to take place. Some organizational factors can also be highlighted such as: policies, norms and service objectives and other objectives of day to day life, as well as attitudes, beliefs, technical skills and competencies, which may hinder the applicability of this process when moving it from theory to professional practice.²⁷

Therefore, it becomes necessary for the nurse to understand this work tool not only as a fulfillment of bureaucratic actions but as a promoter of strategic actions with the involvement of the nursing mother and the infant.

The impossibility of the researcher being included into the interviewees' daily lives is presented as a limitation of the study, which in turn reverberated in the data analysis. In this sense, new studies can be carried out, based on methodological procedures that contemplate the direct observation of nurses' work practice, their formal / informal tools and procedures, including perspectives of other professionals who collaborate with the actions developed in the HMB.

CONCLUSION

In order for the SNC methodology to become effective in the HMB, it is necessary to contemplate the choice of nursing theories that support the prevention, protection, promotion and support of exclusive breastfeeding and the donation of human milk, through observation and application of the NP and its phases. This creates a holistic view of the nursing action in the care of the mother-baby binomial and their families, assisting and grounding the methodological procedures implemented in the HMBs.

Given the considerations of the thematic analysis in focus, the challenge that permeates the professionals' performance, with respect to the nurses working in the HMBs, is verified. These analyzes indicated a fragmentation in the implementation of the stages of the NP. According to the interviewees' statements, after the data collection, when this actually does occur, other nursing procedures or nursing prescriptions are initiated, without observing the stages of diagnosis, planning and implementation of nursing. The "nursing evaluation" stage, according to the analyzes, is effective, in some cases, especially in the patient/client follow-up/care.

Thus, it is based on the perspective of nursing consultation. The nursing team will be able to know the social environment, customs and spirituality of the nursing woman and, thus, nursing can use such

data for priority nursing diagnoses, thus outlining the goals which need to be achieved, corroborating the implementation of the NP in the HMB. Thus it is possible to use the systematics of taxonomies, such as Nanda International, in the judgment of nursing diagnoses, as it corresponds to the full exercise of technical, scientific and human knowledge of nurses in order to have sustained planning of nursing actions.

Nursing planning, according to the data analysis, is fragile in the nurses' performance in the HMBs of *Espírito Santo*, and can be performed according to the perspectives of the NP. In this case, there is an indication to use a foundation from the Nursing Outcomes Classification (NOC), since such classification is projected on nursing actions and allows the setting of goals for the achievement of results, based on systematic observation, aiming at subsequent nursing interventions in the HMB.

Nursing implementation, the fourth stage of the NP, is supposed to allow a unique language of nursing interventions/prescriptions, whose actions in the HMB can/should be guided by the use of the Nursing Intervention Classification (NIC). In this case, the nurses will be able to guide the interventions with the binomial, in order to assist in the supply of milk to the NB in the NICU, as well as to resolve doubts regarding the procedures at the time of pumping breastfeeding and relactating, if required.

In the nursing assessment stage, data analysis indicated fragmentation and even failure to observe this procedure in the HMB. When it did occur, it was focused only on the general aspects of breastfeeding or the actions of the team in the HMB. In the case of the NP, evaluating also means having feedback on the resolution of nursing diagnoses through effective nursing interventions/prescriptions. Therefore, the implementation of the fifth stage of the NP is indicated as a presupposition, following the survey of new nursing diagnoses that may arise.

It is necessary that there is an instrument that the nurses working in the HMB can use, making NP effective for SNC to be implemented in this work space. In view of the above, it is an instrument that can assist the nurses working in HMB, as well as supporting the initial training of those who need to use the HMB in order for them to base their actions in the different areas of action, with the HMBs are also being included in this role of possibilities, based on the use of methodologies based on nursing theories and committed to the improvement in the attention to SUS users, or in any other area of women's health.

In summary, systematizing depends on recognizing the specificities of nursing work and the importance of a theoretical framework accumulated throughout the existence of this profession, as well as the need to continue to produce new knowledge that supports the quality of health care/population. Therefore, the NP in the HMB implies awareness of indispensable knowledge in the nursing practice. In addition, it develops attitudes and procedures that qualify patient/nursing care and promotes actions to consolidate public policies which support breastfeeding. Regarding the recommendation for new researches, this study suggests the following as possibilities/necessities: the implementation of the nursing process for the implementation of the SAH in the HMB, through the elaboration of an instrument that completes the steps of the nursing process.

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