● **Original article**

SOCIAL REPRESENTATIONS ON SYSTEMATIZATION OF CARE TO HOSPITALIZED CHILDREN

Carolina Sampaio de Oliveira[1], Moema da Silva Borges[2]

ABSTRACT: The present study aimed to obtain insight on the core of social representations of nurses who provide care to children on the Systematization of Nursing Care. This is an exploratory and descriptive study of a qualitative nature, focused on the theoretical-methodological foundation of Structural Approach, applied to the Theory of Social Representations, and data was collected in May 2015. Participants were 45 nurses caring for children in two university hospitals in the state of Mato Grosso. An interview based on the word association test was administered and then analyzed using software Evoc 2000. The results showed that the words "care", "nursing" and "organization" were the most frequently mentioned and therefore, are likely to be the central core of social representation.
DESCRIPTORS: Nursing assistance; Nursing care; Child health. Child care; Humanization of care.

REPRESENTAÇÕES SOCIAIS SOBRE SISTEMATIZAÇÃO DA ASSISTÊNCIA À CRIANÇA HOSPITALIZADA

RESUMO: A pesquisa teve como objetivo conhecer o núcleo central das representações sociais dos enfermeiros que prestam assistência à criança sobre a Sistematização da Assistência de Enfermagem. Trata-se de estudo exploratório-descritivo de natureza qualitativa, com enfoque na fundamentação teórico-metodológica da Teoria da Abordagem Estrutural da Teoria das Representações Sociais, com coleta de dados em maio de 2015. Participaram do estudo 45 enfermeiros que atuavam no cuidado à criança em dois hospitais escola do estado do Mato Grosso. Aplicou-se uma entrevista utilizando-se a técnica de Associação Livre de Palavras que foi analisada com auxílio do *software Evoc* 2000. Os resultados revelam que os termos "cuidado", "enfermagem" e "organização" foram os mais frequentemente evocados figurando como o provável núcleo central da representação social.
DESCRITORES: Assistência de enfermagem; Cuidados de enfermagem; Saúde da criança; Cuidado da criança; Humanização da assistência.

REPRESENTACIONES SOCIALES ACERCA DE LA SISTEMATIZACIÓN DE LA ASISTENCIA AL NIÑO HOSPITALIZADO

RESUMEN: Investigación cuyo objetivo fue conocer el núcleo central de las representaciones sociales de enfermeros que atienden a niños en lo que se refiere a la Sistematización de la Asistencia de Enfermería. Es un estudio exploratorio y descriptivo de naturaleza cualitativa, con énfasis en la fundamentación teórica metodológica de la Teoría del Abordaje Estructural de la Teoría de las Representaciones Sociales. Los datos fueron obtenidos en mayo de 2015. Participaron del estudio 45 enfermeros que tenían como oficio el cuidado al niño en dos hospitales de enseñanza del estado de Mato Grosso. Fue utilizada entrevista por medio de técnica de Asociación Libre de Palabras, la cual fue analizada con ayuda del *software Evoc* 2000. Los resultados muestran que los términos "cuidado", "enfermería" y "organización" fueron los evocados con más frecuencia, presentándose como probable núcleo central de la representación social.
DESCRIPTORES: Asistencia de enfermería; Cuidados de enfermería; Salud del niño; Cuidado del niño; Humanización de la asistencia.

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[1]Nurse. PhD student in Nursing.Nursing Professor at Universidade do Estado de Mato Grosso. Cáceres, MT, Brazil.
[2]Nurse. PhD in Health Sciences.Professor of the Postgraduate Program in Nursing of Universidade de Brasília. Brasília, DF, Brazil.

Corresponding author:
Carolina Sampaio de Oliveira
Universidade do Estado de Mato Grosso
Av. São João S/N - 78200-000 - Cáceres, MT, Brasil
E-mail: carolinasampaio@unemat.br

● INTRODUCTION

Nursing care comprises the actions of competent care provided by nurses and aims to promote the potential of people, in order to humanizethe process of living and dying[1]. For this purpose, we use a work organization model based on knowledge that systematizes actions, allowing critical thinking and safety, called Systematization of Nursing Care (SNC), especially operated by the Nursing Process (NP) [2].

The SNC proposes to organize the work of the nursing team at all levels of health care, providing the patient, the family or the community with a comprehensive, customized and humanized practice, which also confers to the nursing profession greater efficiency, autonomy and planning of care based on scientific aspects. It may represent the beginning of a transformation in thenursing role as a result of a cultural change [3].

Therefore, the implementation of systematized care forhospitalized children is an indispensable planning tool, since the peculiarities of childhood demand greater complexity, sensitivity and organization in nursing assistance [4].

Care to hospitalized children should consider their process of growth and development, anatomical and physiological characteristics and cognitive development, the communication process between caregivers and care recipients, and the relationships and interrelationships between families, healthcare teams and children [5].

The use of SNC in clinical pediatrics enables nurses to systematize assistance and direct care to these patients within their sphere of competence [2].

Understanding how nurses perceive and establish ties with this scientific method, how the concepts are constructed, reconstructed and strengthened on a daily basis, is of utmost importance to identify the investments and stimuli necessary to positively influence the development and application of SNC in childcare.

It is expected, therefore, that care is improved and social representations (SR) of the professional practice deserve more consideration. It is known that Social Representations result from daily interpersonal communications that contribute to the formation of conducts. Therefore, to represent something is more than to describe or reproduce it. It alsoinvolves rebuilding and modifying something through human exchanges, interactions and experiences [6].

Thus, Social Representation (SR) can be defined as an organized and structured set of information, beliefs, opinions and attitudes, arranged in two systems: the central core and the peripheral system, that form one double system where each part has a specific and complementary role [7].

The central system or core is related to collective memory, is a result of the analysis ofthe life history of a given group and its experiences, which corresponds to its historical, social and psychological bases. It gives meaning, consistency and stability to the representation, checking the stability of character representation, and exposes resistance to change of a particular group [7].

The peripheral system is responsible for the updating and contextualization of the representation, allowing its adaptation to the speech[7]. Thus, the elements of the peripheral system are more alive, more concrete and have great mobility. Although the peripheral system does not define Social Representation, it effectively contributes to its organization [8].

In view of the above, the objective of this study was the central core of the Social Representations about the SNC for nurses caring for hospitalized children. It is intended to stimulate the reflection on the importance of the use of SNC as a systematic and operational method in the planning of nursing actions, as well as to strengthen the knowledge of this professional occupation, favoring the re-signification of the practice of childcare.

● METHOD

Descriptive and exploratory study of a qualitative nature focused on the theoretical and methodological basis of Structural Approach applied to the Theory of Social Representations, by Jean-Claude Abric [7].

Participants were 45 nurses caring for children in two university hospitals in the state of Mato Grosso. These hospitals provide care under the Unified Health System (SUS), are reference hospitals in pediatrics and are affiliated with three higher education institutions. It should also be stressed that these two hospitals have been implementing SNC since 2000.

The study was conducted exclusively in units thatprovided care to children, namely: pediatrics, neonatal intensive care unit (NICU), pediatric ICU, emergency childcare, box, delivery room and operating room.

The inclusion criteria werenurses performing their activities in the units selected for this study and who have been working there for more than six months. Length of professional experience was considered valuable here. Nurses who worked sporadically in the unit were excluded. In total, 56 nurses performed their activities in those units, with an average of four nurses per setting.

Data was collected in May 2015, through interviews in a separate room in the hospital, after previous contact with each participant.

Two instruments were used. The first instrument consisted of questions aimed to help establishing a profile of the participants and the second instrument supported the use of the word association test: the induction expression "Systematization of Nursing Assistance" was presented to the participants and they were then asked to produce or classify, in order of priority, three words, expressions and/or adjectives that came tomind.

The data were transcribed and analyzed with the aid of software Evoc 2000. The words most frequently evoked were likely to be the central core of the representation. In turn, the least frequently evoked words would form the peripheral system of representation [9].

Thus, the use of software Evoc 2000 allowed to delimiting the probable central core and peripheral system based on the following double standard: frequency and order of evocation of the words. Following the crossing of the frequency and evocation standards, the relevance of the associated elements (words, phrases and expressions) for the inductor term was defined. These results are presented in a diagram with four quadrants organized in two axes. The vertical axis includes the frequency of evocation, while the horizontal axis contemplates the order of evocation [9].

The upper left quadrant of the diagram shows the most relevant elements regarding the order of evocation, with a significantly high frequency (central core). The upper and lower right quadrants of this diagram contain the less relevant words regarding their role in the representation structure, although they are significant in their organization (peripheral system) [9].

Data was collected after approval of the research project, on May 14, 2015, by the Research Ethics Committee of Universidade Estadual do Mato Grosso, under statement no 1,065,610. After agreeing to participate in the study, the participants signed the Informed Consent Term.

● **RESULTS**

After application of the inclusion and exclusion criteria, the study sample consisted of 45 nurses, whose profile was as follows: 29 respondents were aged 22-29 years; 15 were aged 30-37 years and two were aged 38-45 years old. Regarding gender, 42 respondents were female and three were male. As for the institutions where they took their nursing courses, 28 nurses attended a state institution in the city of Cáceres; three attended afederal institution in the state of Mato Grosso, 12 studied in private institutions in the state of Mato Grosso, and two attended federal universities outside the Mato Grosso. Seventeen (17) nurses were graduate nurses and 28 were specialists. Regarding the time spent in graduation, three participants completed the course in 4 years and 39 in 5 years.

Analysis of the corpus obtained with the evocations of the 45 participants in the two university

hospitals, revealed that, in response to the inductor term "Systematization of Nursing Care", 135 words were evoked and of these, 13 terms were selected. by the software, with anaverage order of evocation of 2.0. The evocations whose frequency was lower than 3 were ignored, and the average frequency was eightevocations. Thediagram presented in Figure 1 was the result of the combined analysis of these indicators (frequency and order of evocation).
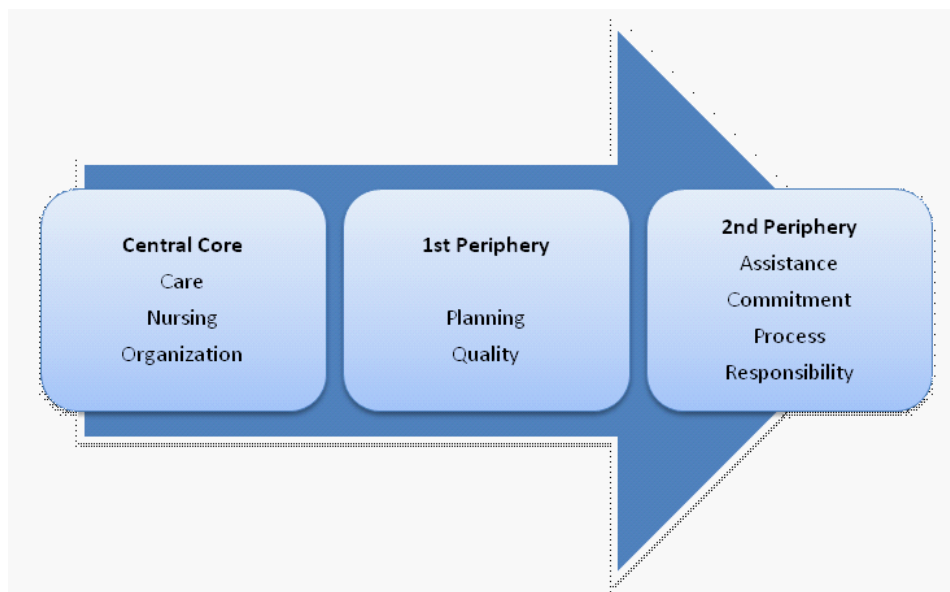

Figure 1 - Main terms evoked by respondents after stimulation with inductor term "Systematization of Nursing Care". Cáceres, MT, Brazil, 2015

The peripheral system of this representation is formed by two peripheries formed by words that organize the representation of the central core. The words of the first and second peripheries follow the mode or speech at the time of data collection. It was found that these speeches were formed by words whose significance was attached to the characteristics designed to form the ideal profile of the contemporary nursing professional, which highlight the benefits of the use of systematized care.

Analysis of the results of the word association tests shed light on the values, beliefs and practices of the participants, with identification of the terms that formed the probable central core (upper left quadrant) of this representation and of the peripheral system (upper and lower right quadrant) (Table 1).

Table 1 - Distribution of social representations for the inducing stimulus Systematization of Nursing Care. Cáceres, MT, Brazil, 2015

* AOE	<2.0			≥2.0		
Average Frequency	Central core	F **	rang †	Peripheral elements 1	F	Rang
	Caution	17	1,765	Planning	8.	2,5
	Nursing	10	1,6	Quality	17	2.059
≥8	Organization	13	1.538			
	Contrast elements	F	Rang	Peripheral elements 2	F	Rang
3≤	Science	5	1,2	Assistance	4	2
	Humanization	3	1,667	Commitment	4	2
<7	Obligation	3	1,667	Process	4	2,5
				Responsibility	3	2

* Average order of evocations; ** frequency of evocations; † Distribution of evocations.

● **DISCUSSION**

Stimulated by the inductor expression "Systematization of Nursing Care", the subjects immediately evoked the following words: care, nursing and organization. These words obtained the highest frequencies of evocation, indicating the elements that compose the central coreof this representation and reflect the dimension of nursing actions for these professionals, that is, they translate the understanding of organized care as the object of nursing work.

The term "care" obtained a higher frequency of evocation, being probably the central nucleus of the social representations about SAE.

Nursing care is universal, multidimensional, and unique and must consider the social, economic and cultural systems of those involved. Thus, the nursing performance is comprised in a zone of intercession between care and treatment. Although care and treatment can be mistaken with the application of a technique, they are in fact the result of a set of actions based on the laws governing health, with which they are mistaken, because they are of the same nature and essential, both for maintenance and repair of life [10].

Therefore, nursing care can be defined as a set of actions developed by nursing professionals to individuals in need of such care (10). This term reinforces the concept of nurse, expressing the object of the nursing profession.

For many years the greatest concern in childcare was the cure of the disease. Currently, a comprehensive and holistic healthcare model is being implemented, which considers the particularities of children and involves the participation of their families, through the creation of support networks [11].

Under this new approach, nursing care should promote and restore the physical, mental and social well-being of children, without neglecting the important role played by their families, and in compliance with the pertinent legislation [12-13].

Therefore, when care is considered the possible central core of the social representation of the SNC, the participants recognize that care is one of the core competencies of nursing professionals that requires more than the knowledge of technical procedures: it involves commitment to the patients to promote humanized and comprehensive care, aimed to relieve pain and promote well-being [14].

The word Nursing was the second response to the stimulus, and was also a possible term associated to the central core of the Social Representation of the SNC, with a frequency of presentation equivalent to ten (10). It should be stressed that modern nursing is largely based on a humanistic model and its professional practices were historically marked by the strong influence of the religious spirit, military organization, the principles of the social division of labor and, more recently, by the search for self-knowledge [15].

The nursing profession is regulated in Brazil by Law 7.498/ 86, and is composed of three professional occupations with specific functions that are consistent with the care complexity levels and the amount of time spent in training of each occupation [16]. The several responsibilities involved in this profession include technical procedure skills, addressing personal characteristics such as leadership, humanization, managerial competence and innovation and the development of good personal relationships [17].

The care provided by nurses to the children also involves the participation of family members and the healthcare staff. This dynamics is necessary to ensure better integration, interdependence, cohesion and competence in action [13-14].

Thus, contemporary nursing combines the ideal art-science of care, enabling actions that favor a comprehensive and humanized care, strengthening the links between feeling-knowing-doing [15]. Thus, nursing proposes a global approach of the individual, establishing itself as a practice of comprehensive care.

The third word related to the formation of the central core of this representation was the "organization". Given that care is the mark and the core of nursing assistance we must understand that to care, it requires tools and methodical processes, or else, organization, in order to make sure that the

outcome of the basic action is comprehensive and effective.

The actions routinely performed by nurses must be focused on the quality of care, in order to comprise the care and management dimensions of this practice. A responsible care action involves assessment and planning of all aspects of a particular intervention, i.e. the organization of care, through the use of a particular method based on scientific knowledge [18].

Regarding the three most frequently evoked words "care", "nursing" and "organization", which composed the central core of this representation, they are congruent and converge to the inductor term of this study: Systematization of Nursing Care ".

Concerning the representation of the central core, i.e., the one that is resistant to changes, it can be inferred that the analyzed representation reflects the basic premise of the nursing practices proposed by several references to the area. That is, nursing is a profession that requires an organizational model to manage the various resources necessary for the development of care.

Therefore, SNC in childcare is a theoretical archetype for a comprehensive care practice, ensuring those professionals' actions are scientifically consistent, tailored to the needs of the children and their families.

The peripheral system of this Social Representation is formed by two peripheries. In the first periphery (upper right quadrant), the terms "planning" and "quality" concern the dimension of care assessment and express a positive view of nursing care. The terms evoked are very close to the central core, since their frequency and order of evocation are close to the average of the group.

The peripheral system contains dynamic elements that can be more easily updated. It is related to individual characteristics and to a specific context [6]. Then, it can be inferred that the concepts of planning and quality are essential to the central system, that is, systematized care depends on planning and leads to quality.

The word "planning" has been frequently evoked, reinforcing its importance in the development of nursing care.

The manifestations of the evoked words are in line with the essential root of the term "Systematization of Nursing Care" and strengthen the importance of this term for the development of nursing care to children. The terms that emerge in the first periphery are respectively means and response to the development of care.

Care planning is provided by law [16]. Nursesare responsible for planning care because planning allows diagnosing the needs of the client, develop appropriate care prescriptions, direct the supervision of staff performance and assess the results [3,19].

Therefore, care planning generates care quality. Quality can be observed and measured when care planning is based on scientific, individual and collective experiences, as well as on permanent construction and reconstruction of processes [3,5].

Thus, SNCis an important tool in care management, providing the basis for care planning, from the implementation of manuals of standardsand standardization of procedures to theimplementation of the nursing process (NP) [5,18].

The words that emerge in the second periphery (lower right quadrant), "care", "commitment", "process" and "responsibility", organize the Nurses' Social Representation about SNC, supporting the central core of the representation, which is care. This quadrant contains words that involve aspects related to the individual's attitudinal dimension, suggesting these are important requirements for the exercise of care.

The words "care" and "process" establish a proximal relationship as a path to be followed, that is, the dynamics and strategies that strengthen the process of application of SNC to care.

The nursing practice focused on children requires direct and indirect care actions. Direct actions are related to the operational aspect of care - conditions related to care prescription and development.

Indirect actions are related to the caregiver's profile, and involve individualization of care based on the commitment of these professionals to ethical and moral values, their perception on the Child and Adolescent Statute, knowledge of policies that support children's rights and, above all, the commitment and responsibility in the care process.

The contrast zone (lower left quadrant) corresponds to words that were evoked and related to the central core, though with average order of evocations and low distribution values. Regarding the inductor term "Nursing Care Systematization", the words "science", "humanization" and "obligation" indicate a positive evaluation of SNC.

The systematization of nursing care through rigorous scientific evidence reveals nursing as a science. The implementation of SNCin the nursing care humanization strategy impacts the hospital environment, associating scientific advances in the area to the customer's particularities, permeating the care process with humanistic attitudes [19].

However, in this quadrant, the word "obligation" associates the development of systematized care with a negative trend, suggesting the nursing work process and the autonomy of the nursing professional might need to be strengthened by the methodology of the SNC.

● **FINAL CONSIDERATIONS**

The results suggest that the central core of the social representations of the nurses who participated in the study is closely related to the concept of Nursing Care Systematization and is represented by care itself.

The central and peripheral cores are consistent with the methodology of organization and systematization of care, based on the principles of the scientific method of Nursing Care Systematization, which seek to guide the organization model, in order to manage the various resources necessary for the development of care.

According to the evocations of the nurses, the centrality "nursing care" provided to children cannot dispense with organization, planning, quality, commitment, responsibility and consideration ofthe procedural action.

It should be stressed that the implementation of Nursing Care Systematization in the care of hospitalized children contributes in a positive way to the effective reception of children and their families during hospitalization. The importance of understanding of care as a nurse's praxis and of the improvement of scientific knowledge as a strategy for expanding professional autonomy is perceived.

Although aware that this kind of investigation may not lead to conclusive results, we hope that the present study will contribute to the clarification of this important construct of the Nursing science.

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