Original Article

# Social representations of systematization of nursing care in the perspective of nurses who take care of children

*Representações sociais de enfermeiros que cuidam de crianças sobre a sistematização da assistência de enfermagem*

*Representaciones sociales de la sistematización de la asistencia de enfermería en la perspectiva de enfermeros que atienden niños*

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## ABSTRACT

**Objective:** To know the Social Representations of nurses who care for hospitalized children about the SNC.
**Method:** Qualitative, descriptive and exploratory study based on the Theory of Social Representations, carried out in May 2015, with 45 nurses attending children from school hospitals in a city of Mato Grosso. The data has been collected through an interview and analyzed using Alceste software.
**Results:** Two thematic axes have been found, the first one refers to the dimension of the knowledge, locating the time and space of the SNC concept formation. The second points out the dimension of the practice, describing the dynamics of care in clinics and the daily difficulties.
**Conclusion:** The representations of the knowledge dimension do not seem sufficient to anchor the practice of care, pointing out the existence of important discrepancies between the representations, that is, between the valuation of knowledge and the quality of the daily practice.
**Keywords:** Nursing. Nursing process. Child care.

## RESUMO

**Objetivo:** Conhecer as Representações Sociais de enfermeiros que cuidam de crianças hospitalizadas sobre a SAE.
**Método:** Estudo qualitativo, descritivo e exploratório com base na Teoria das Representações Sociais, realizado em maio de 2015, com 45 enfermeiros que assistiam crianças de hospitais-escola de um município do Mato Grosso. Os dados foram coletados por meio de entrevista e analisados com o auxílio do *software* Alceste.
**Resultados:** Foram encontrados dois eixos temáticos, o primeiro refere-se à dimensão do conhecimento localizando o tempo e o espaço de formação do conceito de SAE. O segundo assinala a dimensão da prática, descrevendo a dinâmica assistencial nas clínicas e as dificuldades cotidianas.
**Conclusão:** As representações da dimensão do conhecimento não parecem suficientes para ancorar a prática assistencial, apontando a existência de importantes discrepâncias entre as representações, ou seja, entre a valoração do saber e a qualidade do fazer cotidiano.
**Palavras-chave:** Enfermagem. Processo de enfermagem. Cuidado da criança.

## RESUMEN

**Objectivo:** Conocer las Representaciones Sociales de enfermeros que cuidan de niños hospitalizados sobre la SAE.
**Método:** Estudio cualitativo, descriptivo y exploratorio basado en la Teoría de las Representaciones Sociales, realizado en mayo de 2015, con 45 enfermeros que asistían a niños de hospitales-escuela de un municipio de Mato Grosso. Los datos fueron recolectados por medio de entrevistas, y analizados con la ayuda del software Alceste.
**Resultados:** Se encontraron dos ejes temáticos, el primero se refiere a la dimensión del conocimiento localizando el tiempo y el espacio de formación del concepto de SAE. El segundo señala la dimensión de la práctica, describiendo la dinámica asistencial en las clínicas y las dificultades cotidianas.
**Conclusión:** Las representaciones de la dimensión del conocimiento no parecen suficientes para anclar la práctica asistencial, apuntando la existencia de importantes discrepancias entre las representaciones, o sea, entre la valoración del saber y la calidad del hacer cotidiano.
**Palabras clave:** Enfermería. Proceso de enfermería. Cuidado del niño.

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## INTRODUCTION

Care composes the nursing language and, viewing it as a way of being, relational and contextual, it characterizes itself as the only truly independent action of the nurse[1]. In order to provide professional autonomy, the act of caring must be organized in a way that respects the singularity of the experience of getting sick and living, and it should mean a set of relationships and interactions among the individuals involved in the process, besides being based on a rigorous systematization[2].

The systematic care gives quality to the results, since it allows the action of help that the patient needs to receive to be particularized, translating the best way of implementation. In this way, when developed competently, they have the objective of favoring the mobilization of the potentialities of the people, in order to provide decent, sensitive, and decisive service to promote, prevent and recover. And in the face of the impossibility of healing, to provide a dignified death by minimizing the human suffering[3].

The study on the Systematization of the Nursing Care (SNC) in Brazil was highlighted only at the end of 1980, when the Decree No. 94,406/87, which regulates the Law No. 7,498/86 of the Professional Nursing Practice in Brazil, reinforced by the Resolution No. 358/2009, of the Federal Nursing Council (COFEN), which deals with the implementation of the SNC, considers that it organizes the work of the professional regarding the method, the team and the instruments, operating the Nursing Process (NP), in order to ensure the quality of the human care throughout the lifecycle[4].

The NP, as a scientific methodology, proposes to organize and to systematize care; it provides subsidies for nurses to recognize changes in the health status of the clients who require interventions. Custom care planning enables the adoption of effective procedures, taking into account the singularity, and guiding the care provided[3].

However, researches indicate the incipience of the SNC implantation in the various levels of complexity in hospital facilities, among them, they mention the need to consider the importance of defining theoretical models, considering the profile, the context and the specific needs of the care to be provided at each stage of life[5].

Thus, regarding the nursing care for the child, it will be necessary to take into account the singularities of childhood, which demand greater complexity, sensitivity and organization of the health professional, who, in turn, should consider the process of growth and development, the anatomical and physiological differences of the organism, the cognitive development of each age group, the process of communication between caregiver and care, as well as the relationships and interrelations among families, teams and children[6].

In addition, it is now necessary to consider that child health care is still in the process of construction and it tracks a paradigm shift from the pathology and child-centered model, to a network construction model, aiming at the inclusion of the family and at the integrality of care[7].

Thus, the care regarding the hospitalized child should be based on a systematized approach, which helps in the routine of family contact, humanizing the hospital environment, and helping in the acceptance and adaptation to the hospitalization condition[7-8]. In this context, nursing professionals must associate special conditions with their care plan, related to the childhood aspects and family life.

The systematic assistance to the child provides support to nurses to institute specific care management instruments, which should favor the provision of individualized care, such as: scales for pain assessment, growth and development monitoring charts, vital signs, control of sensitive losses etc. It also allows the establishment of conducts that enable the construction of indicators that are capable of verifying the insertion of the family in the hospital and the organizational structure of the clinical work process.

In this perspective, it is asked: What are the values, beliefs, behaviors, experiences and meanings assigned by the nurses to the SNC in the care of hospitalized children? In order to answer that question, a study based on the theory of Social Representations (SR) of Serge Moscovici[9] is proposed. The SR are characterized as complex phenomena, concerning the process whereby the meaning of a given object is structured by the subject, in the context of their relationship[9]. In this way, they configure a knowledge of common sense, which is built from the social and individual influence[9-10]. In this study, it is understood that the knowledge of the SR of nurses who care for children on the SNC configures itself as a source for understanding the different links between knowledge and the practice of nursing care assistance provided to children, not only in their technical and scientific issues, but also in aspects related to the construction, reconstruction and exchange of knowledge, which are permeated by beliefs and values.

Hence, the objective of this research was to know the SR of nurses caring for children hospitalized on the SNC. The intention was to stimulate the reflection regarding the importance of a systematic and operational method in the planning of the nursing actions, and to strengthen the proper knowledge of the category, favoring the re-signification of the care practice to the child.

## METHOD

It is descriptive qualitative, exploratory study focusing on the theoretical and methodological substantiation of the approach of the contents of the SR, both in the philosophical reference, as in the method of analysis. It is assumed that this benchmark can contribute to the understanding of the elaboration process and sharing of the common sense knowledge in the sphere of collective productions, located at the interface between the individual and the societal level[9].

The Theory of the SR addresses a symbol that is socially shared by a group and that gives meaning to collective and individual experiences, articulating the practices and contributing to the support of the social identity of the group. These representations guide and organize this social environment, influencing the ways that subjects see, think, know, feel and interpret their way of life[9-10]. In the case of this survey, the subjects are the nurses who work in child care, and the social symbol is the SNC.

The study included nurses who worked in child care at two school hospitals in a city in the state of Mato Grosso. These hospitals are references for child care in the northwestern region of that State and fields of practical instrumentalization for three higher education institutions, with care directed to the Unified Health System (SUS). As research spaces, seven sectors have been selected: pediatrics, neonatal intensive care unit (ICU), pediatric ICU, child care, box, delivery room and surgical center. The data was collected in May 2015.

Inclusion criteria were: nurses who were full and working in the selected sectors for more than six months. The choice of this criterion sought to favor greater contact with the experience and the experience of the professionals in these sectors. Nurses who worked in the sporadic system, that is, covering work shifts with no employment relationship with the institution, have been excluded.

The universe of nursing professionals working in the care of children in the research spaces of the two hospitals was composed of 60 nurses; of these, 53 responded to the inclusion criteria of the research, and 45 agreed to participate.

For the data collection, we have used an instrument composed of two parts: a questionnaire of closed questions, which aimed to identify the profile of the participants; and an interview with a semi structured script, aiming at seizing the contents of the SR composed by the questions: What is your knowledge about the SNC? How and where have you heard about the SNC? Talk about your work routine. Do you use the SNC in your work routine? Talk about the sector routine regarding the SNC. Tell us about your experience with the SNC. Do you believe that the SNC encourages nursing care? In your opinion, what are the aspects that facilitate the implementation of SNC in your daily work?

The interviews happened with previous scheduling, they have been recorded and later transcribed in full. The verbal material has been analyzed using the Alceste software (lexical context analysis through a set of segments of a text), which consists of a software to investigate the distribution of vocabulary.

The program performs a complex descending hierarchical classification, combining elements of different statistical methods, such as segmentation, hierarchical classification and dichotomization, based on reciprocal averages or correspondence analysis[11]. Based on these data, using the SR theory, we sought to identify significant aspects of the topic and the definition of the dimensions that allowed the apprehension of the representations of the set of respondents of the study.

In compliance with the Resolution 466/2012 of the National Health Council, the data has been collected after approval of the research project by the Ethics Committee of the Universidade Estadual de Mato Grosso, under the Opinion No. 1,065,610. The study participants, after agreeing to participate in the study, have signed the Free and Informed Consent Form.

## RESULTS AND DISCUSSION

45 nurses have participated in the study; 29 of them between 22 and 29 years old; 15 f them between 30 and 37 years old; and 2 of them between 38 and 45 years old. As for the gender, 42 of the respondents were female. Regarding their training institution, 28 graduated from a public state institution in the city where the research was conducted, three studied in a public federal institution in the state where the research was conducted, 12 took the course in private institutions in the state of Mato Grosso, and two studied in federal universities not in the state of Mato Grosso. As for titling, it has been observed that 17 had a college level and 28 were specialists. Regarding the duration of the undergraduate studies, it has been observed that 3 of them have concluded it in 4 years, and 39 in 5 years.

### Social Representations of Nurses Caring for Children on the Systematization of Nursing Care

From the content analysis, two thematic axes have emerged, the first one refers to the dimension of the

knowledge about SNC and was composed by class 1. The second axis, called "The Practical Dimension on the Systematization of the Nursing Care", points out to the approximations and distances of the Systematization of the Nursing Assistance in everyday practice. This axis was composed by 4 classes (Unveiling the operational difficulties for the implementation of the SNC), 5 (Actions and relationships for the SNC approach), 2 (Dynamic nursing and operational practices) and 3 (The routine of the nursing care practice), as shown in Figure 1.

At this level of analysis, the group of words with a greater qui square, that is, a greater relevance, allowed the formation of a qualitative analysis in classes, in which we sought to identify significant aspects of the social representations of the SNC[11].

## Axis 1: The dimension of knowledge about the Systematization of the Nursing Care

### *Class 1: The construction and the value of the knowledge regarding the SNC*

The class 1 was composed by the following words: nursing, college, course, actions, SNC, assistance and important. The words "nursing", "college" and "course" marked the place and the moment in which the first relation with the meaning of the systematization of care occurred. The content of the statements indicates and links the undergraduate nursing course as an important and guiding element of this construction, as the extracts suggest:

*My first contact with the SNC was in the nursing course, in college, it was the first time I heard of it. It was in the Nursing Evolution classes, it started talking about the history of nursing from Florence, and by the end of the semester it got to the SNC content. (E9)*

*Since the specific practice subjects, the SNC is mentioned and demanded from students. I come from a family with many nurses, my mother is a nurse, but never before in college had I heard of SNC. (E26)*

In the modern nursing training, knowledge related to the theoretical and philosophical conceptions of the profession, and studies on SAE, are addressed during the graduation period. The process of formation of the professional nurse is strongly based on the transformative vision, based on critical theories that look for their professional qualification, for the exercise of the general and specific competences, besides skills based on the point of view of the student as subject of their own formation process[12-13].

In this scenario, the classroom space plays a very important role for the social integration and consolidation of experiences related to the understanding of the systematized care and its relation to nurses' knowledge/being a nurse. In this environment, the construction of these manifestations, the signification and the resignification of these concepts happens, according to the valuation of the involved subjects[14].

The words "actions", "assistance" and "important" seem to express connection with the construction of the concept of SNC, since their meanings are associated with the basic concept of the method, that is, a set of reflexive actions of

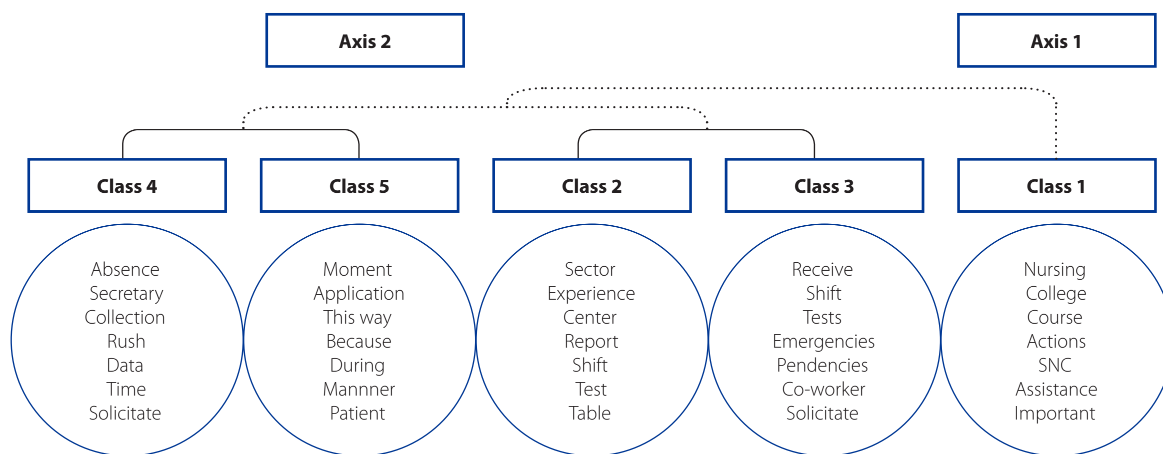


**Figure 1** – Dendogram of the *corpus* of the Social Representations of the Systematization of the Nursing Care (SNC) organized in five classes and two axes

Source: Research data, 2015.

great importance to the actions of nursing[4]. It is possible to infer that the subjects understand the importance of the SNC for nursing as a profession and science, they identify their potential as a method of planning care, and ratify that this activity is exclusive to the nurse.

> *The SNC is the job of the nurse, it is the way to organize care and to provide individualized and humanized care. It is through the SNC that we can evaluate the care we provide and generate actions based on the evidence of what is found. (E15)*

> *I know that SAE should be done for all the clients, it should happen every day of the hospitalization or contact with the client. It is a guidance to our actions. (E14)*

The systematization of care organizes the nursing work, regarding the method, personnel and instruments, this proposal is operationalized through the nursing process[4]. In the content of the speeches, it was possible to understand that the knowledge related to the operationalization of the method is valid. The respondents know the stages of the process, they understand how diagnoses are made and associate the use of the SNC to the quality of care and to reducing risks.

> *It is made up of stages that are interconnected and generate potential to deal with disease conditions and risks. (E22)*

> *The SNC is very important to the daily lives of nursing, it is a way of offering a quality assistance away from the risk and valuing the client. (E26)*

In this scenario, it is confirmed that SRs on SNC are collectively constructed within academic groups, whose participants feed feelings of belonging to a group[14]. The aspects that emerged in this class suggest that the SNC is the medium that favors the quality of nursing care, being an instrument of great importance for the professional practice of the nurse, and it represents the tool that will support the approximation of care delivery, respecting the specificities of the client[15].

In this way, it can be inferred that the SR about SNC evidenced in this axis, indicate that the construction of knowledge and the applicability of the SNC were initially constructed during the nursing graduation. Among the interviewees, there seems to be consensus about the importance of the nursing process for the qualification of care to be provided.

## Axis 2: The Practical Dimension on the Systematization of the Nursing Care

### *Class 2: Practices and operational dynamics of nursing*

In this class, the words "sector", "experience", "center", "report", "shift", "test" and "table" correspond to practical nursing activities, that is, the nurses' work routine, and the way the practices are planned.

> *We do not use SNC in the delivery room, I do not have a SNC-related routine. I generally make my report for each client that is discharged, I try to be very descriptive regarding the actions that happened here, I report all the intercurrences, but we do not have the nursing process in this sector. (E21)*

> *Here in the delivery room it is really tough. I think I used the SNC even during college. I cannot see the difference in my work with or without the SNC. (E6)*

The contents seized in the nurses' speeches emphasize the description of the activities they develop daily, however, without planning. They portray the idea that subjects value more the practices and decisions related to the immediate management of the demands of the sector, without the use of the SNC, probably because they understood that its use would delay the work process.

It is possible that the internal culture of the service directs the daily activities, considering the priority attendance based on the needs of each client. It is verified, therefore, in the content of the speeches, disagreement between the representation expressed in axis 1, which added to the systematized care quality.

Study on the analysis of the SNC implantation process identified that the nursing process, when it is not operationalized, results in a generalized care plan. In this way, it does not matter the individualities and needs of each case, becoming only a bureaucratic activity, centered in the practices of care with the body and not regarding the individual[16].

### *Class 3: The routine of the nursing care*

In this class, the practices and care routines of the fields of study are described, that is, the way in which care is rendered to the clientele. The words that were prominent in the speeches of the subjects were: "receive", "shift", "tests", "emergencies" and "pendencies" - words associated with the speech that approximate the care provided to a strong

mechanistic potential that is little individualized to the needs of the child.

Regarding the practices and routine of the child care sectors, it was possible to understand that there is a great concern of the nurses to attend to the demands of the hospitalization unit and the medical requests. This fact may be linked to the existing culture that the nursing care represents actions aimed at helping medical prescriptions[16-17].

Thus, it can be inferred that the interviewed group maintains behaviors related to the care of hospitalized children that reinforce the old paradigm of care centered in the disease, in the accomplishment of procedures, under medical orders. No mention was made regarding the nursing appointment or specific procedures of pediatric nursing, such as the use of therapeutic toys or the Analog Pain Scale.

*With the team of doctors and residents I receive the call, when there is a nursing student, he/she also participates. I do first the things that have a deadline or which are urgent, then I move on to private activities: I make dressing, probes, pics, then I evolve the children and make the admissions. (E5)*

*I get the call, check the patients' sense, try to organize the space, ask for the necessary exams, make the directions, do the probe-type procedures, dressings, electros, and then go to the patients without stopping. (E40)*

It is observed a great concern in the performance of technical procedures. There is a nurse's involvement in activities that could be delegated to the secretary of the unit or to another team member, such as the scheduling of examinations. Delegating to other members of the team these activities that are not exclusive to the nurse would allow more time for the private activities of the nurse, such as the nursing appointment.

The activities of the shift apparently occur in compliance with the deadlines to be overcome and priority attendance. It was not possible to observe, in the speeches, a medium and long-term care plan. The speeches suggest the prioritization of activities that are essential to run the shift.

The nurses' work process refers, above all, to care focused on technical procedures. Its extension, in order to embrace the professional-client interaction in the historical-social context of the patient's relationship and life becomes a possible project, but, to a great extent, it is still to be constructed[17]. This condition is still intense in the health scenario due to the maintenance of the biomedical model of the healthcare. In this context, the contributions of nursing are characterized as supports of medical practices. They, thus, constitute a complementary work, which reinforces THE medical hegemony, favoring the social recognition of the latter to the detriment of the former[18].

*At the beginning of the shift I check if the whole unit is organized, I divide the offices according to the specialties. I make a check-up, checking if nothing is missing, from light bulbs to the instruments for the medical examinations, and I divide the employees by wings. (E9)*

*I arrive at my shift, look at the surgeries board, schedule the staff for duty, solve the needs of materials and protocols, organize the surgeries. The medical team here is very demanding. (E13)*

In the speeches, misconceptions emerge about the real meaning of care, indicating the need to revise and transform the practice and, consequently, the role of the nursing professional, in the sense of printing a new characteristic to their performance, to guarantee the recognition of the nursing care.

Authentic care occurs when the nursing professionals respond to the needs of their clients and act responsibly, helping them to develop, restore or develop care for themselves in the best possible way. In doing so, patients are not only helped to cope and cope with sickness and disability, but they are also encouraged and empowered to continue their search for human fullness[1].

It was seized that the assistance practices, which emerged in the strata, are far from the discussions in academic spaces. It is noticed that the nursing knowledge is limited to closed discussions in the courses and training programs. The theoretical knowledge dissociated from the practical practice contributes to the perpetuation of the biomedical model and reinforces the social role of nursing as a physician assistant, which damages the social recognition of the nurse[17-18].

Thus, the speeches confirm that the broad view on nursing practices, which the nurse possesses by the competences acquired in the intimate involvement with the patient, while being of necessity, their social nucleus and relations with the environment, become limited and invisible to the process[16,18].

The nursing practice in the research sectors is composed of groups of professionals from different specialties, with different attributions, that converge towards a common goal, which is the well-being of the patient. It was possible to deduce that the principles that guide the child care practices of the nursing team are constituted by the fulfillment of the demands instituted by the medical body for a particular patient.

Another aspect observed in the speeches was the nurses' dissatisfaction with the unfolding of the SNC applicability in the sectors. These ratify the study results in which nurses justified the incomplete completion of the nursing history with the lack of checking the nursing prescriptions by the technicians, and with the allegation of lack of knowledge about the functioning of the nursing process[16].

*Having a specific printed material, which is well divided, helps in the continuity of data collection. But it [SNC] needs to have a bigger space in the institution so it can represent something. Most of the time, it turns into a lot of printed paper on the patient's chart that not even the nursing staff reads. (E34)*

*You know, I even did the SNC, but with time I noticed that I was on my own, writing and no one reading it, the participation of the nursing staff was zero, the technicians did not perform it and the fellow nurses did not read it or give continuity to it. (E7)*

The strata presented approximate the realization of the SNC to a sense of protocol to be fulfilled, obligation, displeasure, boredom and not merit, which are translated into the impediment to its operationalization.

Attitudes of rejection, resistance, disinterest and devaluation of the SNC by the nursing team have also been observed in other studies[16,19-21], and the non-increment of the nursing diagnosis phase[19], and the plurality of forms[21], make their development difficult.

Records are essential elements in the process of human care and, when drafted in a way that portrays the reality to be documented, they allow reflection on each case and communication between the professionals involved in care.

In child care, records should include a history of previous health history, complete physical examination, specific tests for evaluation of the maturation and development of the systems, and the search for malformations[6-7]. Specific printed materials can help in data collection, since the adequacy of the script to each phase of the child development reduces the chances of superficial or incomplete examination, as well as optimize the time of contact with the patient and his family[7].

### Class 4: Unveiling the operational difficulties for the implementation of the Systematization of the Nursing Assistance

In this class, the words "absence", "secretary", "collection", "rush", "data" and "time" are terms that represent conditions that may represent difficult factors in the delivery of systematized care. It is well-known that the quest for quality of care is guided by the organization of care, based on safe behaviors and attitudes, which support appropriate decision making, with adequate offerings of the different resources.

*The lack of time and, sometimes, the reduction of the number of employees. The lack of a specific printed material. The lack of interest of fellow nurses also contributes. (E24)*

*The reduced number of employees. The lack of secretary in the sector, so I need to keep asking the secretaries of other sectors the material I need; when I do not go to the pharmacy or to the central materials store myself. (E2)*

Regarding the manifestations of nurses regarding the weaknesses found in their area of action for the development of SNC, other studies[16-19] show the same anxieties and indicate as a difficulty for the development the great demand for bureaucratic and administrative services, lack of knowledge related to methodology, communication difficulties among the health services, lack of time, reduced staffing, and lack of material resources[16-19].

In the demystification of these fragilities, there is the success or failure to implement the SNC, looking for key factors such as support, collaboration and interest of nursing heads, in addition to the rigorous, constant and systematic preparation of nurses[17]. It is understood that, in this way, it is possible to promote an alliance, approaching the processes of care and administration that allow the constitution of the care managing and managing care[18,20].

### Class 5: Actions and involvement to the approach of the Systematization of the Nursing Care

In this class, the words "moment", "application", "this way", "because", "different", "manner" and "patient", together with the speech fragments, suggest the possible conceptions that the nurses' point out to improve the implementation of the SNC in the care of children in the sectors studied.

The nursing process applied to the child is developed in a continuous, dynamic and individualized way, covering the phases of data collection, diagnosis, planning, implementation and evaluation of the nursing care[6-7,21].

The child is a human being with their own desires, under the tutelage of parents, with particularities linked to this phase of life that must be evaluated in the context of their individuality. This knowledge and the nurses' expanded view for the health-disease process in the childhood help in the approach of the SNC phases.

The following speeches suggest that the collection of data that are specific to the child, in a well-structured and developed way, is the beginning of the applicability of the SNC in the studied sectors.

*A better tool, so that you do not waste so much time applying it, and that brings spaces for collecting information from the child, is the way to use the SNC. The management will need to organize a training, to guide and even make the whole hospital aware of the importance of this new checklist. (E38)*

*To evaluate a child, you need time. For you to have the right time to approach the child and the companion. Often, the emotion of the situation can make it difficult to collect information. Several times you have to go back to the mother to get a response from a system, for example. (E41)*

In the speeches, the importance of collecting complete information for effective nursing care emerges, as well as strengthening the need for initiatives that empower the professional to use specific knowledge and instruments in practice. The hospitalization of children is a stressful factor for all the ones involved, in some cases, as in the chronic conditions of childhood, the hospitalization process can extend for several episodes or months[7]. This child is under the care of professionals who must be qualified to assist them and have sensitivity regarding the most appropriate moment for the inferences with the family.

The quality of the data collected generates potential for coherent nursing diagnoses and correct interventions. To monitor the health status of the child is to ensure that they reach personal and social growth and, for this, it is necessary that the nurse knows and has control of the procedures that integrate the nursing appointment, in order to perform a systematic, orderly, authentic and solicitous care[7,21].

In order to make the changes in the SNC practice to the child healthcare happen, it is necessary that the difficulties related to its operationalization are known by all, that is, the disorganization of the group work, the theoretical ignorance of the professionals about the stages of the process, the disability of the permanent education service, and the reduced number of human resources for its application[20].

Therefore, the SR of this axis shows a greater approximation with the concept of treating by distance from the concept of caring. Nursing care practices are developed according to medical requests. Faced with the daily difficulties for the real implementation of the nursing process, there are weaknesses related to poor knowledge of the methodology, little involvement of the nursing team and lack of material resources.

## FINAL CONSIDERATIONS

The representations of the dimension of knowledge do not seem sufficient to anchor the practice of care, pointing out to important discrepancies between the representations, that is, between the valuation of knowledge and the quality of doing that is developed in the daily routine. Thus, they do not contribute to the construction of a reality that is capable of valuing the practice of the nursing care, since they are not capable of conferring professional autonomy, qualifying care, and implementing the paradigm changes of care required in modernity by pediatrics.

It is highlighted as a limitation of this study the inclusion of only professional nurses, a condition that can limit the understanding of the studied phenomenon and not allow to explore the concepts built by other members of the nursing team, who, in the daily work, contribute to the SR of the care practice.

The results of the study may contribute to the need to rethink the nursing practice, in view of the possibility of expanding the discussions related to systematized care to children. It is possible to invest in training and in the construction of work tools that are specific to this clientele, and that approach the daily demands to the scientific method of work planning.

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