

SOFTWARE THAT QUALIFIES NURSING CARE FOR PEOPLE WITH HYPERTENSION IN PRIMARY HEALTH CARE

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ABSTRACT

Objective: to report the path taken for the process of qualifying nursing care for people with hypertension based on the conceptual model of knowledge translation.

Method: this is a participatory experience report developed together with Primary Health Care nurses and managers in a city in Rio Grande do Sul from 2020 to 2023. The stages occurred according to the assumptions of Knowledge Translation – Knowledge to Action Cycle. The categories of analysis of the experience were grouped considering the Knowledge to Action Cycle, as follows: 1. Departure: Knowledge construction; 2. Path: Taking action; 3. Arrival: Software prototype for qualifying nursing care for people with hypertension.

Results: software construction was identified as a knowledge tool for qualifying nursing care. The selection, planning and implementation process was carried out entirely in a participatory manner with the target audience, Primary Health Care nurses, enabling the creation of a software that meets professionals' and managers' needs, constituting a technological innovation.

Conclusion: the study demonstrated the feasibility of producing technological innovation in a participatory manner, strengthening and qualifying nursing as a profession, being useful for future researchers who choose to intervene in health services in search of improving quality of care.

DESCRIPTORS: Nursing. Quality improvement. Nursing process. Technology. hypertension.

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SOFTWARE QUE QUALIFICA A ASSISTÊNCIA DE ENFERMAGEM ÀS PESSOAS COM HIPERTENSÃO NA ATENÇÃO PRIMÁRIA À SAÚDE

RESUMO

Objetivo: relatar o caminho percorrido para o processo de qualificação da assistência de enfermagem a pessoas com hipertensão arterial com base no modelo conceitual da Tradução do Conhecimento.

Método: relato de experiência desenvolvido de forma participativa, junto aos(as) enfermeiros(as) e gestores da Atenção Primária à Saúde de um município do Rio Grande do Sul, de 2020 a 2023. As etapas do estudo ocorreram conforme os pressupostos da Tradução do Conhecimento – Ciclo do Conhecimento à Ação. As categorias de análise da experiência foram agrupadas considerando o Ciclo do Conhecimento à Ação, sendo: 1. Partida: Construção do conhecimento; 2. Percurso: Partindo para a ação; 3. Chegada: Protótipo de *software* para qualificação da assistência de enfermagem a pessoas com hipertensão.

Resultados: identificou-se como ferramenta do conhecimento para qualificação da assistência de enfermagem a construção de um *software*. O processo de seleção, planejamento e implementação foi integralmente realizado de maneira participativa com o público-alvo, enfermeiros(as) da Atenção Primária à Saúde, possibilitando criar um *software* que atenda às necessidades dos profissionais e gestores, constituindo-se em uma inovação tecnológica.

Conclusão: o estudo demonstrou a viabilidade de produzir inovação tecnológica de forma participativa, fortalecendo e qualificando a enfermagem como profissão, sendo útil para futuros pesquisadores que escolham intervir nos serviços de saúde em busca da melhoria da qualidade da assistência.

DESCRIPTORIOS: Enfermagem. Melhoria de qualidade. Processo de enfermagem. Tecnologia. Hipertensão.

SOFTWARE QUE CALIFICA LA ATENCIÓN DE ENFERMERÍA A PERSONAS CON HIPERTENSIÓN EN LA ATENCIÓN PRIMARIA DE SALUD

RESUMEN

Objetivo: informar el camino recorrido hacia el proceso de cualificación de la atención de enfermería a las personas con hipertensión arterial a partir del modelo conceptual de traducción del conocimiento.

Método: relato de experiencia desarrollado de manera participativa con enfermeros y gestores de Atención Primaria a la Salud en un municipio de Rio Grande do Sul en el período de 2020 a 2023. Las etapas del estudio ocurrieron de acuerdo con los supuestos del Ciclo de Traducción del Conocimiento – Ciclo del Conocimiento a la Acción. Las categorías de análisis de experiencias se agruparon considerando el Ciclo Conocimiento a Acción, siendo: 1. Inicio: Construcción de conocimiento; 2. Curso: Tomar acción; 3. Llegada: Prototipo de software para cualificar la atención de enfermería a personas con hipertensión.

Resultados: la construcción de software fue identificada como una herramienta de conocimiento para la cualificación de la atención de enfermería. El proceso de selección, planificación e implementación se realizó íntegramente de manera participativa con el público objetivo, los enfermeros de Atención Primaria de Salud, permitiendo crear un software que responde a las necesidades de los profesionales y gestores, constituyendo una innovación tecnológica.

Conclusión: el estudio demostró la factibilidad de producir innovación tecnológica de manera participativa, fortaleciendo y calificando a la enfermería como profesión, siendo de utilidad para futuros investigadores que opten por intervenir en los servicios de salud en busca de mejorar la calidad de la atención.

DESCRIPTORIOS: Enfermería. Mejoramiento de la calidad. Proceso de enfermería. tecnología. Hipertensión.

INTRODUCTION

Hypertension (HT) is the leading risk factor for cardiovascular disease and death. It is known that more than 50% of cases of cardiovascular disease and 17% of deaths in general in the Americas are attributed to HT¹. In Brazil, there has been a growing increase in the number of people with HT. In 2008, 19.9% of the population reported the diagnosis, which means more than 26 million Brazilian adults aged 18 or over. In 2013, 21.3% reported the diagnosis, accounting for more than 31 million Brazilians with HT, and, in 2019, 23.9% were diagnosed with the disease, approximately 38.1 million Brazilian adults. The prevalence of HT is more significant among women, older adults, people with low levels of education, and residents of the South and Southeast regions².

This reality in the country implies an increase in the demand for primary health services, with real chances of negatively impacting quality care. Moreover, Brazil has faced difficulties in financing the Brazilian Health System (SUS – *Sistema Único de Saúde*) in recent years, as there are not enough financial resources for public health, which has a significant impact on the low quality of health services³. Therefore, there is a lack of transformative policies and interventions in health services to improve care for people with HT, especially in Primary Health Care (PHC) settings.

The World Health Organization (WHO) considers it essential to ensure that institutions representing PHC professionals who carry out prevention, diagnosis and treatment are competent in HT control strategies¹. Providing comprehensive care and multidisciplinary work is essential to reduce morbidity and mortality and, above all, to promote health for adults with HT. In this context, nurses must promote self-care, strengthen educational actions and contribute to the empowerment of people in establishing habits that ensure adherence to the necessary health care⁴.

In the Brazilian context, nursing is highly represented among health professionals and stands out in monitoring people in all life cycles. With regard to health care for people with HT, researchers have revealed that nursing care can contribute to a better health status of people diagnosed with HT in PHC, requiring strengthening the Nursing Process in the care of chronic conditions⁴.

In this context, it is essential to qualify nursing care by recognizing the importance of translating technical-scientific knowledge into tools, processes and materials, promoting the articulation of practices and knowledge, innovations and use of technologies⁵. Knowledge translation is a dynamic, interactive process that encompasses the synthesis, exchange and application of knowledge by the actors involved to optimize the advantages of global and local innovation in health systems and the improvement of the population's health⁶.

In order to qualify nursing care for people with HT in PHC settings, it is necessary to use this conceptual model, which aims to incorporate the best evidence into the daily routine of health services, contributing to the planning of actions, choice of the most assertive treatment or guidance for professionals to make their clinical decisions⁷.

This report is justified by the importance of expanding means of positive transformation of health services, integrating researchers and professionals, and conducting science in the field of nursing with a commitment to improving health care. There is a certainty that simply disseminating knowledge at the end of a study does not guarantee that it will be applied in nurses' clinical practice. The gap in how to incorporate knowledge and technologies into practice makes researchers interested in theoretical frameworks that seek to bring scientific evidence closer to clinical practice. Thus, this study aimed to report the path taken for the process of qualifying nursing care for people with HT based on the conceptual model of knowledge translation.

METHOD

This is an experience report, developed from 2020 to 2023, carried out in a municipality with a population of 283,676 inhabitants, according to estimates from the *BI Saúde* portal, with PHC coverage of 55.12%, since december 2023, the number of Units has increased to 35 and, in total, 47 municipal nurses have been trained in the protocol that guides nursing consultations for people with hypertension and diabetes ⁸.

The search for quality nursing care for people with HT occurred based on the assumptions of Knowledge Translation – Knowledge to Action Cycle^{9–11} in the development of participatory research¹². Thus, the knowledge creation phase was initially considered, which encompasses the investigation of existing knowledge, synthesis of knowledge and knowledge tools/products.

Problem identification was the triggering question for the first phase of research, emerging from the research and extension activities related to the theme of HT in PHC settings, developed by the research group to which the authors are linked. Meetings and dialogues were also held with PHC management and nurses to align on the problem, in addition to research with the target audience, PHC nurses, on the Nursing Process implementation for people with HT. To this end, an electronic instrument (Google Forms) developed by the researchers and validated by the service management was used, which covered 30 questions about the Nursing Process and HT, obtaining 15 responses.

Synthesis of knowledge was based on a literature review, which included studies from national and international data sources as well as official documents such as guidelines, Ministry of Health notebooks and protocols from the Regional Nursing Council. For the knowledge tool/product construction phase, a partnership was established with the information technology technical team, composed of professors and students from undergraduate and graduate courses in information systems, which made it possible to build the knowledge tool that seeks to qualify nursing care for people with HT in PHC.

It should also be added that some stages of the Action Cycle occurred simultaneously with the tool construction, such as adaptation to the local context and barrier/facilitator assessment for use of knowledge, taking into account the analysis of the target audience's responses, compliance with the municipal protocol, the moments of analysis and discussion for the feasibility of implementing health technology in the municipality's PHC services.

The study was approved by the Research Ethics Committee (REC) in January 2021, under Opinion 4.496.474. The categories of analysis of the experience were structured as follows: Departure: Knowledge construction; Path: Taking action; Arrival: Software prototype for qualifying nursing care for people with HT.

The report on screen describes how the integration of research and service occurred, which was made possible by the development of the phases of the model mentioned above and illustrated in Figure 1. It should be added that the research is also based on the assumptions of Continuing Education in Health (CEH), given that PHC nurses' needs and challenges were considered, directing them towards the knowledge tool developed.

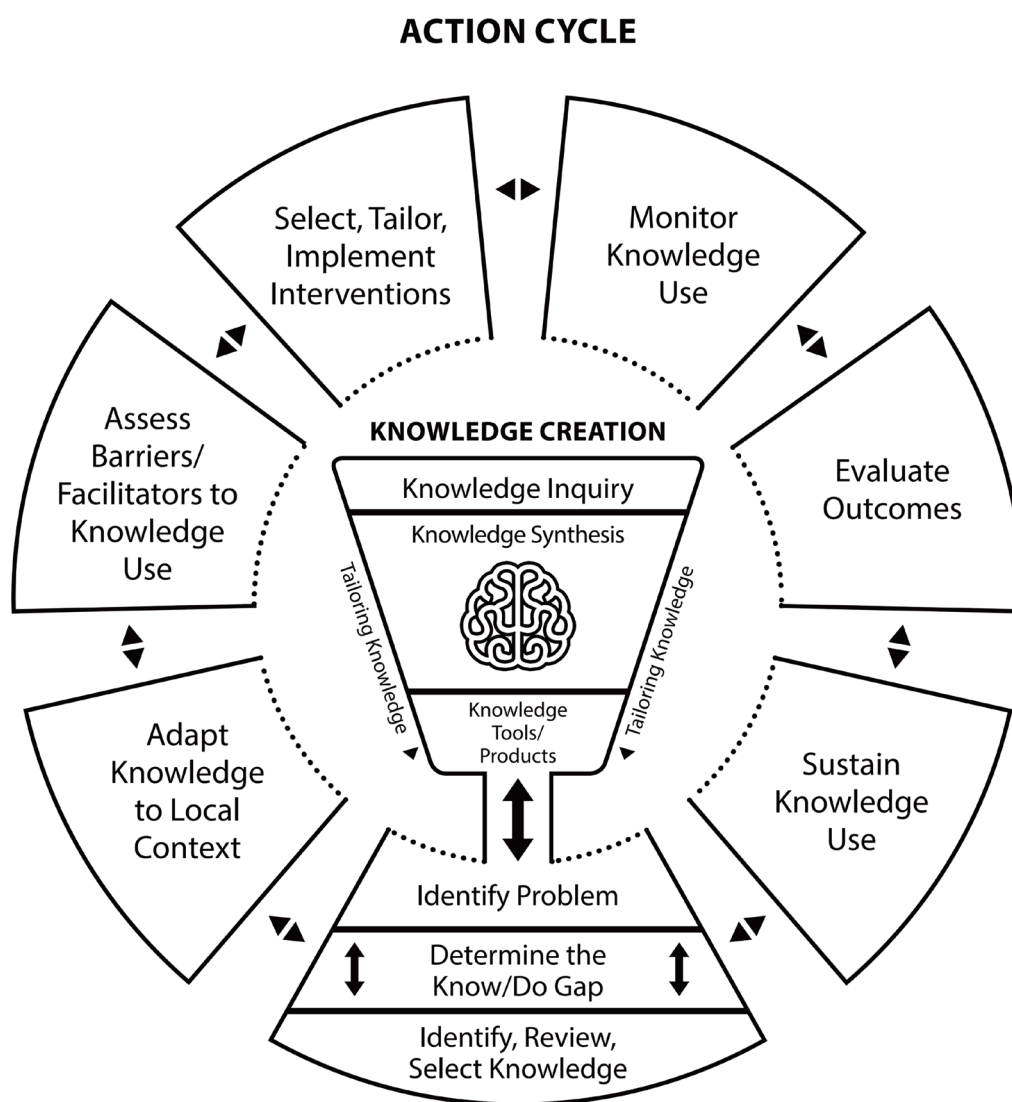


Figure 1 – Knowledge Translation Conceptual Model – Knowledge to Action Cycle.
Source: Vieira ACG, Gastaldo D, Harrison D, 2020¹⁰

RESULTS

The path taken in search of qualifying nursing care for people with HT was a long one, which is demonstrated in the following categories:

1) Departure: knowledge construction – this category describes how the knowledge tool was defined (construction of a support technology, software) that aims to qualify nursing care for people with HT. Thus, the first approaches to the theme, the process carried out to verify existing knowledge in the research scenario and synthesis of knowledge from scientific publications in national and international literature were described.

2) Path: taking action – here, the need to adapt the knowledge produced to the local context is clarified, taking into account the barriers and facilitators for using the knowledge according to managers' and nurses' perception. In this regard, the target audience's experiences and opinions regarding software use as support for PHC nurses in caring for people with HT were valued.

3) Arrival: Software prototype development – the goal of building the software is considered to have been achieved, making a technology viable that meets PHC nurses' needs and, at the same time, can guide safe clinical practice with a scientific basis. The software features were considered in this category.

Departure: knowledge construction

The delimitation of the study phenomenon occurred based on knowledge production by the Care, Health and Nursing Research Group – Center for Teaching, Research and Extension of Care Practices in Health Scenarios (PraCCeS), linked to the *Universidade Federal de Santa Maria* Graduate Program, which has been developing investigations and actions on chronic non-communicable diseases (NCDs) for over 15 years, with an emphasis on HT and diabetes, mainly in PHC settings.

PraCCeS is made up of professors and students from undergraduate and graduate nursing courses as well as PHC nurses, with around 15 studies related to HT and PHC¹³⁻¹⁴. Furthermore, extension activities have been developed, such as courses, health actions in territories with people with HT and professionals as well as teaching material production.

The integration of teaching and service through research and extension activities has revealed some challenges for nursing care for people with HT in PHC settings. Among the challenges, the following stand out: people with HT levels who have not been screened, people already diagnosed who do not receive adequate treatment, and difficulties for nurses to monitor users with HT in their area of coverage.

Thus, the entire process of building knowledge about nursing care qualification for people with HT was carried out with managers based on systematic meetings with researchers. Furthermore, the Municipal Health Department has a committee of nurses responsible for developing protocols in PHC, and in a meeting and sharing with PraCCeS, the importance and need for strategies that contribute to caring for people with HT and Nursing Process implementation were reinforced. Thus, a consensus was reached on the knowledge tool to be developed, which consisted of software construction to support care for nurses. In view of this, the main actors who should be involved in the work process qualification considering CEH were managers, professionals and educational institutions¹⁵. Furthermore, it contemplates the collaborative way of conducting research, including people who will make decisions, knowledge users and those who work to produce evidence that will be consumed and used in health services¹⁶.

This participatory construction also enabled nurses to critically reflect on their routine care for people with HT, in addition to valuing professionals' prior knowledge and strengthening partnerships. These are advantages also elucidated by other researchers who developed technologies based on the conceptual model of knowledge translation¹⁷⁻¹⁸, which enabled the exchange of knowledge with the people who use it, being, in the present experience, nurses, translating scientific evidence into clinical and care practice⁹.

This path of rapprochement and integration with nurses was also based on the assumptions of CEH, since professional qualification proposals must be guided by the demands and needs identified by professionals in the exercise of their practices. Knowledge production needs to be based on sharing, discussions and analyses of real problems, based on investigations, thus directing towards alternative solutions^{15,19}. Furthermore, the importance and difference of considering knowledge users in the process of knowledge tool investigation, definition and structuring is recognized, valuing what

is necessary and relevant for them, reducing the gap between scientific research and healthcare practice²⁰.

Hence, based on the information collected, it was possible to infer that professionals recognized the importance of the Nursing Process as well as the training and tools that assist in its use. However, they encountered barriers to its implementation in daily life, such as the lack of a culture of systematization and periodic CEH activities, in addition to the lack of time due to the numerous demands. Similar results were revealed in previous research²¹. Another study that explored nurses' perceptions of the Nursing Process addressed the need and importance of appropriate tools for conducting and implementing care practice, considering, mainly, diagnoses and the systematic use of a terminology classification^{22–23}.

Regarding HT, all of them provided nursing care to people with HT, but they understood as difficulties the accumulation of administrative and assistance functions, the difficulty in identifying users with HT, problems with the computerization system and users' interest mainly in medical appointments, and also the adversities experienced during the pandemic. As facilitators, they identified nursing autonomy, communication between teams and professionals, ease of access to care, training and support from management. Thus, it can be stated that the most relevant characteristics of the context, as cited by international researchers, were valued in this study, such as characteristics of health professionals, organizational culture, organizational readiness for change, work structure, professional role, access to resources and political climate²⁴.

From synthesis of knowledge, considering the literature review, it was possible to identify the main existing technologies and their contributions to caring for people with HT. Technologies to guide people with HT stood out, classified, for the most part, as educational technologies, in addition to technologies used to check blood pressure and monitor the measured values. Thus, a knowledge gap was perceived regarding the production of technologies aimed at qualifying nursing care, based on CEH, and that meet the service's needs²⁵. It should be added that the researchers contributed to developing the municipal nursing protocol for caring for people with HT and diabetes, which was being developed by the management and target audience. All of this trajectory and production culminated in structuring the software content with the purpose of offering support to nurses and qualifying nursing care for people with HT. By using knowledge translation, it is possible to explore in a decisive way the main barriers, facilitators and coping mechanisms when overcoming a problem^{26,16}.

Path: taking action

The knowledge tool defined to contribute to the process of qualifying nursing care for people with HT was the software, and all the characteristics, resources and content of this technology were defined together with the target audience and managers. This integration process (researchers and target audience) required more time and availability to formulate and reformulate the tool, considering the real needs and important aspects for the service. This way of conducting research, contextualized and participatory manner, becomes challenging; however, it is the possibility of producing evidence consistent with the problems of the "real world"²⁷. Thus, the possibilities of the computerization system of the PHC service, the operating system already used, the internet connection as well as the format that would be viable for daily use were discussed and analyzed, defining a technology in desktop software format, with individual installation in each PHC unit.

Concerning the content, it was structured based on the Nursing Process stages, considering synthesis of knowledge of scientific evidence, resolutions, manuals and protocols, in addition to adapting to the service's reality, for instance, using a standardized system of terms and concepts implemented in the local context by the International Classification for Nursing Practice (ICNP). In Brazil, technologies to support the Nursing Process are in a broad development process, according to the findings of a scoping review. However, the majority of the production of these technologies is focused on teaching, unlike the present research, which focuses on care²⁸.

It is worth mentioning that the research team was with the PHC nurses in the training sessions carried out by the Municipal Health Department management for using the nursing protocol in the care for people with HT and diabetes, an opportunity in which the software proposal was presented and discussed with all the actors involved. Moments like this reinforce the importance of CEH and the difference in the work process, since qualifications and improvements only occur based on identified demands and acceptance and understanding of the various dimensions that involve the health/disease process¹⁹.

Some aspects of the Action Cycle that have already been described are reiterated, such as adaptation to the local context and barrier/facilitator assessment for use of knowledge, taking into account the analysis of the target audience's knowledge, compliance with the municipal protocol, and the moments of analysis and discussion for the feasibility of implementing health technology. It is worth noting that planning and intervening in health services based on the conceptual model of knowledge translation means recognizing the dynamism of the development of actions and that the two components of the conceptual model of knowledge translation, such as knowledge creation and action cycle, are composed of phases that can occur sequentially, simultaneously or alternately¹¹.

Arrival: software prototype development

The software is structured into four main screens. The first, the login screen, is intended for registration upon first access, which will be carried out by a nursing professional, with information about the entire team. This screen also contains information about the production, research and technical teams as well as the main guiding references and supporters for construction.

The second screen displays the main menu, with the following options: 1. Search for user – individual report/perform subsequent service, which considers users already registered, enabling the analysis of previous service, with the description of an individual report, which can be printed (or saved), in addition to performing a next service; 2. Register new user/start Nursing Process – first service, being necessary to register for this option before the first appointment, using information about name, date of birth, Brazilian ID card number (CPF – *Cadastro de Pessoa Física*) and National SUS Card, sex, community health worker responsible for the coverage area. Immediately after registration, this option will direct them to the first appointment.

The other option on the main menu is the Nursing Process Guide, which provides information for the first navigations in the software, where all the information for knowledge and understanding of the technology is displayed. Finally, the Consolidated Users option provides reports of all registered users, classifying them according to cardiovascular risk, selecting users with high cardiovascular risk, for instance. It should also be added that there is the "help" option, which provides general guidelines on navigating the software, and the top bar with the four main options for functionality, such as the main menu, guide to Nursing Process, Nursing Process performance and exit.

The Nursing Process Guide option directs to the third main screen of the software, which includes all Nursing Process stages. The Nursing Assessment option covers information about the interview, clinical assessment (physical examination and laboratory tests, HT screening, anthropometric data and cardiovascular risk stratification performed using the Framingham Scale) and nursing diagnoses that are structured according to the ICNP®, more specifically according to the ICNP® Terminology Subset for people with HT in PHC. It is worth noting that the diagnoses are organized according to Wanda de Aguiar Horta's Theory of Basic Human Needs, a theory adopted to guide the Nursing Process in this software. Thus, there are three options related to Basic Human Needs: psychobiological, psychosocial and spiritual. By selecting each of these options, the nursing diagnoses, expected outcomes and interventions according to each need are presented.

For the stages of nursing planning, nursing implementation and nursing evolution, explanations about each one are described according to Resolution 736 of 2024 of COFEN²³. It is noteworthy that, for the provision of the service itself, only screens with fillable fields are considered, such as laboratory tests, clinical assessment, cardiovascular risk calculation and nursing diagnoses. In this way, it is possible to optimize the time in using the software as well as in providing service to users.

It is observed that this experience produced a technological innovation in the field of nursing, understanding that innovations, in order to be accepted, require specific characteristics that promote in the people who adopt them the recognition of favorable and qualifying transformations in daily life in various contexts. In this perspective, the target audience identified the software, from the beginning of this experience, as a transformative technology, because it facilitates and qualifies nursing care. In addition to this, the attributes of compatibility, complexity and experimentation were present in the software development process²⁹.

Considering the continuity of the Action Cycle, according to the conceptual model adopted, it is worth noting that the technology will be validated with the target audience and nursing and information technology professionals during the implementation process, enabling another technology assessment. Consequently, new barriers and facilitators will be identified, as well as new adaptations and adjustments, which reiterates the dynamic and simultaneous process of knowledge construction and action. Afterwards, it will be made available free of charge for the service management. Considering action monitoring and sustainability, it will be necessary to objectively coordinate those responsible for defending the technology implementation in the municipality³⁰, and other studies will be carried out later on the impact of the use of a knowledge tool on indicators of care for people with HT.

CONCLUSION

The greatest value of this report lies in the importance and perceptibility of how to develop research that aims to transform nursing care's reality, with a view to improving the quality of health services. To this end, the conceptual model of knowledge translation and the CEH frameworks were fundamental in thinking about what to do, with whom to do it, and how to do it, to improve nursing care for people with HT. Given the experience, it is possible to affirm that teaching-research-service integration is fundamental for a successful health intervention. Moreover, it is pleasurable and gratifying for researchers to know that their work will make a positive difference in health care and will be useful in nurses' clinical practice. It must also be pleasurable for nurses who were the target audience and managers involved in this study to benefit from a technological innovation product also designed by them, with the guarantee of functioning and applicability in their local work context.

REFERENCES

1. Campbell NRC, Schutte AE, Varghese CV, Ordunez P, Zhang XH, Khan T, et al. São Paulo call to action for the prevention and control of high blood pressure: 2020. *J Clin Hypertens* [Internet]. 2019 [cited 2024 Feb 20];21(12):1744-1752. Available from: <https://doi.org/10.1111/jch.13741>.
2. Julião NA, Souza A, Guimarães RRM. Tendências na prevalência de hipertensão arterial sistêmica e na utilização de serviços de saúde no Brasil ao longo de uma década (2008-2019). *Ciênc Saúde Coletiva* [Internet]. 2021 [cited 2024 Feb 20];26(9):4007-19. Available from: <https://doi.org/10.1590/1413-81232021269.08092021>.
3. Tomasi E, Pereira DC, Santos AV, Neves RG. Adequação do cuidado a pessoas com hipertensão arterial no Brasil: Pesquisa Nacional de Saúde, 2013 e 2019. *Epidemiol Serv Saúde* [Internet]. 2022 [cited 2024 Feb 20];31(2):e2021916. Available from: <https://doi.org/10.1590/S2237-96222022000200005>.
4. Mota BAM, Lanza FM, Cortez DN. Efetividade da consulta de enfermagem na adesão ao tratamento da hipertensão arterial sistêmica. *Rev Salud Pública* [Internet]. 2019 [cited 2024 Feb 20];21(3):e370291. Available from: <https://doi.org/10.15446/rsap.v21n3.70291>.
5. Bezerra IMP, Machado MFAS, Duarte AS, Costa EAP, Antão JFL. Communication in the Educational Process Developed by Nurses: Technology in health analysis. *Saude Transf Soc* [Internet]. 2014 [cited 2024 Feb 20];5(3):42-8. Available from: <http://incubadora.periodicos.ufsc.br/index.php/saudeetransformacao/article/view/2448/3994>.
6. World Health Organization (WHO). Bridging the “Know-Do” Gap Meeting on Knowledge Translation in Global Health [Internet]. 2005 [cited 2024 Feb 20]. Available from: <https://www.measureevaluation.org/resources/training/capacity-building-resources/high-impact-research-training-curricula/bridging-the-know-do-gap.pdf>.
7. Ferraz L, Pereira RPG, Pereira AMRC. Tradução do Conhecimento e os desafios contemporâneos na área da saúde: uma revisão de escopo. *Saúde em Debate* [Internet]. 2019 [cited 2024 Feb 20];43(Spec 2):200-16. Available from: <https://doi.org/10.1590/0103-11042019S215>.
8. Secretaria Municipal de Saúde. Relatório Anual de Gestão 2023 [Internet]. 2024 [cited 2024 Oct 03]. Available from: <https://santamaria.rs.gov.br/arquivos/baixar-arquivo/conteudo/D29-2755.pdf>.
9. Graham ID, Logan J, Harrison MB, Straus SE, Tetroe J, Caswell W, et al. Lost in Knowledge translation: Time for a map? *J Contin Educ Prof* [Internet]. 2006 [cited 2024 Feb 10];26(1):13-24. Available from: <https://doi.org/10.1002/chp.47>.
10. Vieira ACG, Gastaldo D, Harrison D. How to translate scientific knowledge into practice? Concepts, models and application. *Rev Bras Enferm* [Internet]. 2020 [cited 2024 Feb 10];73(5):e20190179. Available from: <https://doi.org/10.1590/0034-7167-2019-0179>.
11. Straus SE, Tetroe J, Graham I. Defining knowledge translation. *CMAJ* [Internet]. 2009 [cited 2024 Feb 10];181(3):4. Available from: <https://doi.org/10.1503/cmaj.081229>.
12. Guariente MHDM, Berbel NAN. A pesquisa participante na formação didático-pedagógica de professores de enfermagem. *Rev Latino-Am Enfermagem* [Internet]. 2000 [cited 2024 Feb 10];8(2):53-59. Available from: <https://doi.org/10.1590/S0104-11692000000200009>.
13. Oliveira G, Schimith MD, Silva LMC, Cezar-vaz MR, Cabral FB, Silveira VN, et al. Fatores de risco cardiovascular, saberes e práticas de cuidado de mulheres: possibilidade para rever hábitos. *Esc Anna Nery* [Internet]. 2022 [cited 2024 Mar 05];26:1-9. Available from: <https://doi.org/10.1590/2177-9465-EAN-2021-0281>.

14. Wickert DC, Dallegrave D, Silva LMC, Mello MCVA, Piexak DR, Schimith MD. Integrative and complementary practices in health, nurses' profile and care provided to people with hypertension: A mixed study design. *Rev Latino-Am Enfermagem* [Internet]. 2023 [cited 2024 Mar 05];31:1-14. Available from: <https://doi.org/10.1590/1518-8345.6287.3916>.
15. Jesus JM, Rodrigues W. Trajetória da Política Nacional de Educação Permanente em Saúde no Brasil. *Trab Educ Saúde* [Internet]. 2022 [cited 2024 Mar 05];20:e001312201. Available from: <https://doi.org/10.1590/1981-7746-ojs1312>.
16. Banner D, Bains M, Carrol S, Kandola DK, Rolfe DE, Wong C, et al. Patient and public engagement in integrated knowledge translation research: Are we there yet? *Res Invol Engag* [Internet]. 2019 [cited 2024 Jul 04];5:8. Available from: <https://doi.org/10.1186/s40900-019-0139-1>.
17. Uema RTB, Shibukawa BMC, Rissi GP, Rodrigues BC, Felipin LCS, Higarashi IH. Construção de um *bundle* para alívio da dor na punção arterial nortado pela Tradução do Conhecimento. *Esc Anna Nery* [Internet]. 2022 [cited 2024 Mar 05];26:e20220181. Available from: <https://doi.org/10.1590/2177-9465-EAN-2022-0181pt>.
18. Ribeiro PL, Cherubim DO, Padoin SMM, Paula CC. Creation and validation of a visual educational technology content for lactation physiology learning. *Rev Bras Enferm* [Internet]. 2020 [cited 2024 Mar 05];73(6):e20190564. Available from: <https://doi.org/10.1590/0034-7167-2019-0564>.
19. Ceccim RB, Feuerwerker LCM. O quadrilátero da formação para a área da saúde: ensino, gestão, atenção e controle social. *Physis: Rev Saúde Coletiva* [Internet]. 2004 [cited 2024 Mar 05];14(1):41-65. Available from: <https://doi.org/10.1590/S0103-73312004000100004>.
20. Schmidt CR, Barwick M, Lorenzini E. Translation and cross-cultural adaptation of the knowledge translation planning template for the Brazilian context. *Texto Contexto Enferm* [Internet]. 2023 [cited 2024 Jul 04];32:e20230116. Available from: <https://doi.org/10.1590/1980-265X-TCE-2023-0116en>.
21. Spazapan MP, Marques D, Almeida-Hamasaki BP, Carmona EV. Nursing process in primary care: Perception of nurses. *Rev Bras Enferm* [Internet]. 2022 [cited 2024 Mar 05];75(6):e20201109. Available from: <https://doi.org/10.1590/0034-7167-2020-1109>.
22. Michelon JM, Backes DS, Costenaro RGS, Ilha S, Lunardi VL, Zamberlan C. Processo de enfermagem direcionado a recém-nascidos de uma maternidade de risco habitual: percepções de enfermeiras. *Texto Contexto Enferm* [Internet]. 2023 [cited 2024 Mar 05];32:e20220197. Available from: <https://doi.org/10.1590/1980-265X-TCE-2022-0197pt>.
23. Conselho Federal de Enfermagem (COFEN). Resolução nº 736, de 17 de janeiro de 2024. Dispõe sobre a implementação do Processo de Enfermagem em todo contexto socioambiental onde ocorre o cuidado de enfermagem [Internet]. 2024 [cited 2024 Mar 05]. Available from: <https://www.cofen.gov.br/resolucao-cofen-no-736-de-17-de-janeiro-de-2024/>.
24. Squires JE, Hutchinson AM, Coughlin M, Bashir K, Curran J, Grimshaw JM, et al. Stakeholder perspectives of attributes and features of context relevant to knowledge translation in health settings: A multi-country analysis. *IJHPM* [Internet]. 2022 [cited 2024 Jul 04];11(8):1373-90. Available from: <https://doi.org/10.34172/IJHPM.2021.32>.
25. Oliveira G, Schimith MD, Primo CC, Marafiga VA, Puhl GS, Wickert DC. Tecnologias voltadas para a hipertensão arterial sistêmica: análise documental da produção de conhecimento no Brasil. *Res Soc Develop* [Internet]. 2021 [cited 2024 Jul 04];10(1):e19010111624. Available from: <https://pdfs.semanticscholar.org/4adc/106b706447c18468062e40d908807b077e8e.pdf>.
26. Garcia AKA, Conchon MF, Pierotti I, Zampar EF, Fonseca LF. Barreiras e facilitadores no manejo da sede pré-operatória do paciente queimado à luz do Knowledge Translation. *Rev Esc Enferm*

USP [Internet]. 2021 [cited 2024 Jul 04];55:e03764. Available from: <https://doi.org/10.1590/S1980-220X2020039803764>.

27. Lorenzini E, Banner D, Plamondon K, Oelke N. A call for knowledge translation in nursing research. *Texto Contexto Enferm* [Internet]. 2019 [cited 2024 Jul 04];28:e20190104. Available from: <https://doi.org/10.1590/1980-265X-TCE-2019-0001-0004>.
28. Chiavone FBT, Paiva RM, Moreno IM, Pérez PE, Feijão AR, Santos VEP. Tecnologias utilizadas para apoio ao processo de enfermagem: revisão de escopo. *Acta Paul Enferm* [Internet]. 2021 [cited 2024 Mar 05];34:eAPE01132. Available from: <https://doi.org/10.37689/acta-ape/2021AR01132>.
29. Silva TIM, Braz PR, Cavalcante RB, Alves M. Diffusion of innovations theory and its applicability in research studies on nursing and health. *Texto Contexto Enferm* [Internet]. 2022 [cited 2024 Mar 05];31:e20210322. Available from: <https://doi.org/10.1590/1980-265X-TCE-2021-0322>.
30. Cassidy CE, Flynn R, Campbell A, Dobson L, Langley J, McNeil D, et al. Knowledge translation strategies used for sustainability of an evidence-based intervention in child health: A multimethod qualitative study. *BMC Nursing* [Internet]. 2024 [cited 2024 Jul 04];23:125. Available from: <https://doi.org/10.1186/s12912-024-01777-4>.

NOTES

ORIGIN OF THE ARTICLE

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There is no conflict of interest.

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