

HEAD NURSES' UNDERSTANDING OF THE NURSING PROCESS¹

Marcília Rosana Criveli Bonacordi Gonçalves*

Wilza Carla Spiri**

Erika Veruska Paiva Ortolan***

ABSTRACT

This study aimed to understand the Nursing Process in the perceptions of the nurse's managers. The methodology adopted was a qualitative approach named phenomenology, referencing the structure of the situated phenomenon. For data collection we used focused interview. The participants were defined during the study, resulting in nine statements. After careful review of the statements revealed the following topics: Instrumentalization of the systematisation of nursing care (SNC); Feelings of the nurse's managers in the development of SNC and the Management process and the SNC. Hence, the terms management and care should not be opposed but complementary. This approach allows to us understanding that the purpose of management is to provide care. However, there is dichotomy of these actions, care, often exercised by technicians and nursing assistants, and management exclusively by nurses, setting it apart from its main purpose, the management of care.

Keywords Nursing Process. Qualitative research. Practice management. Nursing

INTRODUCTION

The operationalisation of the Nursing Process is present in Brazilian nursing legislation as an exclusive responsibility of nurses. These professional people take responsibility for nursing care, being involved by, and committed to, such care, also having a holistic view of the patient, creating a link of mutual respect and trust. All the members of the team shall be taken on as parties jointly responsible for the planning of all interventions as implemented.

The terms Nursing Process and Systematisation of Nursing Care (SNC) are often considered as synonymous, both by many authors within specialised literature and by the participants in this research study; nevertheless, for many authors, one factor that distinguishes between them is the Nursing theory which backs them up^(1,2). However, Ruling No. 358/2009 of the Federal Nursing Council (COFEN)⁽³⁾ establishes that the Nursing Process and SNC are different concepts.

In this study, we shall consider them as similar and shall use the terminology of SNC, as the issue has been thus considered by the participants in this survey. However, it was the term Nursing Process that has become known and used by nurses throughout the world.

We therefore observe a need to pass judgement about which answers given by the patients seeking nursing care require a methodological instrument to guide such care, which is the Nursing Process, while SNC leads us to organize work with regard to method, human resources and materials, thus providing the implementation of the Nursing Process.

It is essential to consider that SNC is an instrument that qualifies care and which needs to be backed up by a theoretical reference, have the involvement of a team, encouraged and stimulated, as well as appropriate technical, scientific and human resources, and also the construction of nursing care protocols, actions that are characteristic of the management work process⁽¹⁻⁵⁾.

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*Nurse. Ph.D. Department of Nursing at Botucatu Medical School - Universidade Estadual Paulista "Júlio de Mesquita Filho" – UNESP (FMB-UNESP), Botucatu (SP), Brazil. Email: marcilia@fmb.unesp.br.

**Nurse. Adjunct Professor, Department of Nursing at Botucatu Medical School - Universidade Estadual Paulista "Júlio de Mesquita Filho" – UNESP (FMB-UNESP). Vice-coordinator of the Graduate Program in Nursing - Academic Master and Doctorate. Botucatu (SP), Brazil. Email: wilza@fmb.unesp.br

***Doctor. Adjunct Professor, Department of Surgery and Orthopedics, Botucatu Medical School - Universidade Estadual Paulista "Júlio de Mesquita Filho" – UNESP (FMB-UNESP). Head of the Department of Surgery and Orthopedics. Botucatu (SP), Brazil. Email: epaiva@fmb.unesp.br

We also highlight the importance of this methodological and care tool for the process of management, as it contributes towards health care for the general population, for the documentation of the care thus provided and also promotes visibility, value and professional recognition.

The success of professional people in the implementation of this working tool depends on technical, scientific and human knowledge in caring for the patient, meaning that the professional person needs to think carefully, focus on results, and also be involved in a constant process of construction and enhancement^(1-4, 6-7).

Studies have shown the importance of acknowledging the Nursing Process and adopting it as part of professional practice, even though this approach is by no means unanimous^(1-2,4).

Studies(1,3-4,6) stress that the Nursing Process is a methodological instrument to organize and systematise care, based on evidence, which makes the profession more solid and also makes it easier to supervise, appraise and monitor results, as well as monitoring and managing the quality of the care thus provided, providing security both for the patient and for professionals from the health system.

However, nurses face challenges for the implementation of the Nursing Process in their daily activities, as they face demands in the management process which make them feel overloaded, thereby moving away from care duties⁽⁶⁻⁸⁾.

Considering the relevance of this issue for the nurse, and with the perspective of getting to know its meaning, based on the participants who experience this practice, the question we now ask is: What is the real meaning of systematisation of nursing care, for head nurses?

In view of this, we carried out this research study with the main purpose of understanding the Nursing Process, from the standpoint of the head nurse.

METHODOLOGY

For this study, we have adopted a philosophy based on phenomenology, which is a philosophical theory and research method to understand the subjective world of head nurses, which means the experiences they have been

through, associating the meaning which they assign to such knowledge⁽⁹⁾.

Even though there are many philosophers who present their own views regarding phenomenology, in this research study we used that proposed by Merleau-Ponty⁽¹⁰⁾, which brings the philosophical idea of phenomenology. To represent it as a method, we searched the support of Martins⁽¹¹⁾, who synthesises phenomenology in three moments: description, reduction and understanding.

Description also considered three elements: perception, conscience, and the subject. This involves the selection of participants who can better share the essence of their experiences regarding the phenomenon of interest.

For this reason, first of all we have tried to listen to statements from participants about how they understand the nursing process as part of their daily routines. Next, phenomenological reduction selected which fragments of the description were considered essential, a process which involved the identification and selection of the essential parts of the description, thus discerning the essence of the key words of each participant, the "significance unit" in each phrase.

In the third stage, phenomenological understanding included interpretations of researchers regarding the essence of the reduced significance unit in each phrase, or the new significance unit as constructed by the researchers.

During the understanding phase, the researchers may assign new significance units for subthemes and main themes, seeking similarities, differences and idiosyncrasies between the new units of meaning, thereby making it possible to understand the phenomenon of execution of the Nursing Process in the daily work routine of the head nurses.

Thus, the region of perplexity of the present research study has been set by the situations experienced by head nurses and also their understanding of the systematisation of nursing care, as part of their daily work routine.

Out of the twelve head nurses, nine were included in the study, as one did not have sufficient experience in the position (three years) while another two were on a special sabbatical period (*licença prêmio*), taken in the period set by the authors as the period for interview.

The nine remaining nurses, who participated in the study, were working as head nurses at the Internment Units of the Clinicas Hospital in the São Paulo State countryside, and all had the same assigned duties and were responsible for the same functions, both on the administrative side and regarding care services within the hospital context, as they were the only nurses in the respective sectors that were associated with the same Technical Service Department, having been in the job for over three years, and experienced the phases both before and after the implementation of the Nursing Process at the institution.

In this way, the sample was taken as intentional, and they answered the same guiding question: "As the Head of the (Nursing) Section, how do you see yourself carrying out SNC in your daily work routine?"

For the execution of the present study, we decided to use the technique of the focused interview, considering that the informants are presential subjects of facts of interest, and also because there is one single theme here addressed.

The researcher posed the question about their problem, remaining alongside the person researched. The interviewee spoke freely, without any kind of intervention or influence, having been guided only at the times when the interviewee moved away from the original theme, exploiting his or her experiences under specific conditions.

For the researcher it was necessary to eliminate the researcher's own thoughts, experiences and prejudices, especially when aspects concerning affectiveness and experiences came about, considering that the researcher had good intentions towards the participants, and also as it was important to pay attention to all the reports, as these allowed the attainment of the goals as proposed, through the understanding of the phenomena under study.

The interviews were arranged in advance and held on the date and time, and at the place, proposed by the participants and according to their individual availabilities, without any outside influence, being recorded on audio media for later transcription. Each interview took approximately 45 minutes. Based on the explicit statements of the participants, we tried to shed light on the phenomenon, seeking their understanding.

To proceed with the analysis of the statements as collected, the statements were transcribed and then read, seeking the meaning of the essence of relevant units, expression of the meanings, assigning themes and interpreting the speeches, in search of points of agreement and disagreement, and also idiosyncrasies of the units of significance and the synthesis of these units to arrive at the structure of the phenomenon, in a move to achieve the understanding thereof.

One statement presented some contradictory ideas, and in this case the participant was requested to re-read the material for revalidation, obtaining this person's consent to maintain the originality and ingenuity of this person's discourse.

In short, the procedure used for each statement was the following: 1. Ideographic analysis, which involves listing, transcribing, and then close and analytic Reading, to grasp the general gist, and with later readings to seek the essential content of the phenomenon as researched; 2. Nomothetic analysis, which means seeking the general idea as a means to grasp the essentiality and thus unveil the phenomenon; 3. As the last phase, a synthesis with the integration of all this essentiality.

In this way, we could envisage the subjective world of the subjects that were researched in this study and also the scope of the phenomenon and its different perspectives, thus offering other approaches from the standpoint of head nurses, with regard to the operationalisation of the Nursing Process in their daily work routine.

The development of the study complied with national and international standards for ethics in research involving human subjects, and the Project was duly approved by the institution's Research Ethics Committee under No. 526/2007.

RESULTS NA DISCUSSION

The nurses included in the survey were between 30 and 55 years old. The period during which they had worked as managers of the internship units ranged from three years and two months to eighteen years, and the time since completion of the undergraduate course ranged from three years and six months to twenty-five years.

After a careful analysis of the statements, three basic thematic areas were revealed: Instrumentalisation of the SNC (Stages, Strengths and Challenges of SNC); Feelings of professional

people in the development of SNC; and Management process and SNC, this last one being addressed in this paper.

The Management Process and SNC

Management, considered as one of the dimensions of the work process in the nursing field, is implemented on a private basis by the nurse, and is largely based on the historical status of the labour force in nursing, whose main characteristic is the technical and social division of this profession.

However, the management process in nursing, which essentially comprises technical, scientific, ethical, political and educational dimensions, is also based on management rationality, which emphasises the classic theories of classical, scientific and bureaucratic administration which have had a strong influence on the work carried out by this profession.

The participants have revealed that they have had difficulty in carrying out the nursing process, due to the overload of assignments that are part of the management process, to be carried out in their daily routine, such as: participation in meetings; drawing up rota systems for work assignments; preparation of reports, among others, and justified their detachment from care activities with excuses of lack of time and shortage of human resources.

In this way, the bureaucratic model presents itself. Its main characteristics are the hierarchical structure, a definite role for each professional person, and regulatory standards. The division of labour and acknowledgement of excellence in execution of tasks and services seek greater reward and professional people, in most cases, end up giving greater priority to rules than to the patient. This means that the nurses take on a role which is much more based on bureaucratic issues and red tape, as they see themselves as the only professional person to carry out the processes of management and care, considering the shortage of human resources^(2,4,7-8,12-3).

The bureaucracy used in the Nursing area can be shown by two different prisms, one favourable, involving the definition of the roles of the different professional, generating motivation and boosting creativity; and the other unfavourable, when rules and regulations become more important than people's satisfaction, resulting in empirical, mechanical and repetitive attitudes, which prevents

efficiency and effectiveness of the organisation, as the nurse becomes a specialised technical professional, being nothing more than someone who just carries out routines and institutional protocols⁽⁷⁻⁸⁾.

Another aspect that is considered to be a negative side to bureaucracy comprises actions such as excess formality, succinct nursing records, and endless meetings taken up by the nurses on carrying out their roles as managers⁽⁷⁻⁸⁾:

[...] impossible to carry out [...] bureaucratic tasks, the SNC [...] large quantity of bureaucratic tasks [...] a table full of papers [...] many demands [...] of the institution itself [...] (I-6, 7)

[...] difficult for someone here in the administration department to carry out bureaucratic tasks, and the head nurse gets overloaded [...] the administrative load is very large [...] (IV-2).

[...] mission impossible, because we do not have an HR department [...] we are the only people to do everything [...] management and care [...] (V, 6)

[...] there are many bureaucratic tasks [...] the nurse gets overloaded [...] (VI-2).

[...] the management of the nursing area has many functions [...] and there is also the management side [...] (VII-2).

[...] administrative problems [...] you need to stop what you are doing and try to solve something else [...] it keeps me busy [...] (VIII-3)

The management functions carried out by the nurse often get confusing and distant from the patient, leading to experiences with conflict and uncertainty, thereby interfering with the quality of care and stressing that some actions could be delegated.

The nurse does not take on management of care as they should, which means using his or her administrative knowledge, involving the patient and also the other professional staff, regarding both care and management. This fact has a direct influence on the nurse's care routine, and diverges from what is expected of the nurse's action for direct and indirect care, as the nurse has not realised that management of human resources, processes and tools draws the nurse away from the patient^(8,14-5).

The nurse carries out his or her work torn between the processes of management and care, a clear expression of the division of labour. The

nurse delegates care to the other members of the nursing team, and thus moves away from the core concept that management is a tool for the process of care, confirming that the nurse's actions flow towards management of nursing care.

The management of nursing that guides the provision of care is no longer considered as its means activity^(8,12,15).

According to Brazilian nursing legislation, it has been stated that the assessment of nursing care services is an exclusive duty of the nurse. For this reason, aspects such as planning, organisation, co-ordination and execution of the activities of the nursing team become essential.

In this way, the nurse, on moving away from care activities, justifying the challenges experienced on grounds of overload of activities together with lack of time, forgets that the operationalisation of the Nursing Process, an instrument that aids decision-making, considers theoretical references and ethical issues which are part of management, meaning that it is paramount that professional people active in these segments be aware of such aspects^(8,13).

Planning is, after all, a method of action, considered as an ongoing process which is very important in the process of labour management. Therefore, the nurse takes responsibility for communication, as an essential part of his or her administrative activities, as also the planning of the daily routine to be able to effectively control the time wasted with bureaucratic overload, thus avoiding the possibility of taking on irrelevant situations and other situations that are emotionally sapping. Good planning helps to tackle lack of satisfaction and also demotivation, and helps the reduction of costs, bringing greater productivity^(4,8,12-3).

[...] there is a lot of paperwork [...] a load of activities with papers [...] (II-4).

[...] I feel there is lack of planning on my part [...] I do a lot more administrative tasks than care provision [...] it takes my time, instead of the SAE [...] (III-2).

[...] I manage to cope with the administrative tasks [...] these are little things that take up a lot of my time [...] (V-6).

[...] the administrative part [...] I have placed in second place [...] (VIII-3).

[...] the administrative part, I leave it all to the afternoon [...] (IX-4).

On thinking about the points considered by the participants, we can see that they had not identified their targets or priorities, as they had shown that they did not have time at the start of their day, to conduct the daily planning of their activities. Thus, they did not know how to manage their time for the execution of the most important tasks in their professional lives, such as the operationalisation of the Nursing Process.

Here we also highlight the fact that management activities are closely linked to the very roots of our profession, where high value was given to the power of status and also the domination between those who command and those who carry things out, enforcing the fragmentation of care.

The way in which the participants in this research study address the management function has been associated with relations of dependence, where there is a search for: material and human resources, stock control, preparation of rosters for different activities, supervision of interventions made by members of the team, fragmentation of activities and impersonality. However, any demonstration of creativity on the part of head nurses is largely disabled, which, in turn, causes demotivation and frustration^(7,12,15).

On analysing the resistance that the participants have shown, against integrating the work of the management area with patient care in their daily activities, and also in conducting an analysis from the viewpoint of integrality between services, care, research and teaching activities, and its role as articulator within the system, we feel that this resistance as mentioned could have originated in the lack of articulation between the teaching nurse (also the supervisor of curricular work placements) and the person responsible for the internship unit during the undergraduate course in Nursing, which has shown clear consequences in professional life, as the teaching activities give little emphasis to the management side of the profession, leading to a distorted view by those leaving the course, confirming that the shortcomings of the teaching of undergraduate nurses has a negative effect on the quality of training and on exercising the Nursing profession^(12,16).

We believe that this situation leads those nurses who are active within a hospital environment to

seek awareness of other models of management in Nursing and in the health sector, to overcome the fragmentation of work arising from the Taylorist and Fordist management models. In addition, the nurse is well aware of his or her visibility and value created by the important position that he or she occupies within work process in the health sector^(4,12-4).

We also see that it is essential for the nurse to seek knowledge in order to make decisions, as there are many factors which interfere to make the nurse more secure to combine the management work with that of patient care, including: the qualification process, working conditions, professional posture, and difficulties enforced by the daily work routine^(1,8,16-8).

We recommend that the nurse should implement some favourable strategies as part of his or her work routine, with the general scope being that of better time management, between the processes of management and care, thereby making the best possible use of time to enable the execution of the Nursing Process, including: the implementation of care protocols; the adoption of electronic prescriptions, the use of facilitation as an approach for the construction and support of practical change, so that this professional may understand, and also be aware of, his or her multiple roles. It is also important that this professional person develops his or her skills and competences, so he or she may better carry out the roles as assigned^(5-7,17-8).

FINAL CONSIDERATIONS

On seeking understanding of the Nursing Process by the head nurses, the theme category refers to the Management Process and SNC, considering that the nurse carried out his or her work in two distinct processes: that of caring and that of managing, without even realising that

management is effectively the tool for the process of caring. Indeed, the nurses have given an important connotation to the management activity, justifying such an activity based on compliance with demands set by the institutions, which could be enhanced or even delegated to other professional, and also mentioned the shortage of human resources, which leads to lack of time for the operationalisation of the Nursing Process. However, the implementation of care protocols, electronic prescriptions, and permanent education to develop and enhance scientific and technical skills, would be strategies that could favour the head nurse in his or her daily routine.

The nurse moves away from care actions, delegating such actions to other members of the nursing team, even though the Nursing Process considers the theoretical references based on ethics, while time management could be strengthened by daily planning for the development of essential activities.

The specialised literature highlighted that the terms management and care, while in opposition, also are complementary to each other and are even close to each other. This complementariness allows understanding that the purpose of management is to provide care; however, it has been ascertained that, on many occasions, there is a dichotomy within the care process. Therefore, quite often the care action is provided by nursing assistants and technicians, while management is the exclusive responsibility of the nurse. In this way, the management process detaches the nurse from his or her main responsibility, which is that of management of patient care.

In the light of this fact, it is essential that these issues should be the subject of thought on the part of nurses for seeking autonomy based on technical, scientific, communicative, ethical and political knowledge and awareness.

HEAD NURSES' UNDERSTANDING OF THE NURSING PROCESS

ABSTRACT

Este estudo teve como objetivo compreender o Processo de Enfermagem na perspectiva do gerente de enfermagem. O método adotado foi a abordagem qualitativa na vertente da fenomenologia, segundo a estrutura do fenômeno situado. Para coleta de dados, empregou-se entrevista focalizada com os participantes que foram definidos no decorrer do estudo, perfazendo nove depoimentos. A análise dos depoimentos revelou os temas: Instrumentalização da Sistematização da Assistência de Enfermagem (SAE); Sentimentos dos profissionais no desenvolvimento da SAE e o Processo gerencial e a SAE. Nesse artigo, o recorte foi o tema Processo gerencial e a SAE. Esse tema desvelou que os termos administrar e cuidar se opõem, complementam-se e se aproximam, permitindo compreender que a finalidade da gerência é propiciar cuidado. Entretanto, há uma dicotomia no processo assistencial: o cuidado é frequentemente exercido pelos técnicos e auxiliares de enfermagem e o

gerenciamento, exclusivamente pelo enfermeiro, o qual afasta-se de seu propósito principal, o gerenciamento do cuidado.

Palavras-chave: Processos de Enfermagem. Pesquisa qualitativa. Gerenciamento da prática profissional. Enfermagem.

COMPRENSIÓN DE LOS ENFERMEROS GERENTES SOBRE EL PROCESO DE ENFERMERÍA

RESUMEN

Este estudio tuvo como objetivo comprender el Proceso de Enfermería en la perspectiva del gerente de enfermería. El método adoptado fue el abordaje cualitativo en la vertiente fenomenológica, según la estructura del fenómeno situado. Para la recolección de datos, fue utilizada entrevista focalizada con los participantes que fueron definidos a lo largo del estudio, totalizando nueve relatos. El análisis de los relatos reveló los temas: Instrumentalización de la Sistematización de la Atención de Enfermería (SAE); Sentimientos de los profesionales en el desarrollo de la SAE y el Proceso gerencial y la SAE. En este artículo, el recorte fue el tema Proceso gerencial y la SAE. Este tema reveló que los términos administrar y cuidar se oponen, se complementan y se aproximan, permitiendo comprender que la finalidad de la gerencia es propiciar cuidado. Sin embargo, hay una dicotomía en el proceso de atención: el cuidado es frecuentemente ejercido por los técnicos y auxiliares de enfermería y la gestión, exclusivamente por el enfermero, el que se aleja de su propósito principal, la gestión del cuidado.

Palabras clave: Procesos de Enfermería. Investigación cualitativa. Gestión de la práctica profesional. Enfermería.

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Corresponding author: Marcília Rosana Criveli Bonacordi Gonçalves. Faculdade de Medicina de Botucatu – UNESP, Departamento de Enfermagem, Distrito de Rubião Júnior, s/n. Anexo H – Prédio Vermelho – 1º andar, Botucatu/SP/Brasil. CEP: 18.618-970, Telefone: (14) 3880 1326, E-mail: marcilia@fmb.unesp.br

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