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DEVELOPMENT PROCESS OF A PROTOCOL FOR NURSING HUMANIZED CARE TO THE USUAL-RISK CHILDBIRTH[1]

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ABSTRACT
The use of protocols based on current scientific evidence subsidizes the promotion of a qualified assistance and promotes greater therapeutic efficacy to discourage harmful and ineffective interventions. In this sense, the present article aimed to describe analytically the methodological process of developing a clinical protocol for the Obstetrical Nursing beside the usual-risk childbirth in a Pre-partum/Partum/Postpartum unit. This is a qualitative study, which used the convergent care research as methodological framework. Data were produced between August and December 2015, from the achievement of eight groups of Convergence registered with field diary and footage. The analysis followed the steps of: seizure, synthesis, theorizing and transfer, and the results were organized into two axes: the Organizational one, which included the formalization and the planning of the process and the Operating axis, which included the search for scientific evidence, the consensus, the preparation and the final writing of the protocol. The development of this tool allowed the dialog, professionals' reflection on decision-making, their updating for Evidence-Based Practices and establishment of a consensus, in order to level care practices, making them safer and competent.

Keywords: Protocol; Nursing; Obstetrics; Humanizing Childbirth; Group Structure.

INTRODUCTION

Over the years, the assistance to childbirth has changed because of institutionalization of this event and the increasing introduction of interventions, sometimes unnecessary. Thus, the delivery is no longer a natural process; it has become pathological and the woman, instead of protagonist, has becomethe object of medical assistance(1).

In the hegemonic obstetric model, called technocratic paradigm, the professionals' practice bases especially on the use of ascending technologies for diagnosis, treatment and care of the body, from a reading of the anatomo-functional needs, which disregards relational, cultural, social and emotional aspects of pregnant women and their families(2). In summary, this construction culminated in excessive medicalization of childbirth and its naturalization.

When confronting the current model, scholars of the subject(1-3) highlight the need to build a new paradigm for the assistance to childbirth, which appreciates the broad needs and characteristics of every woman's health; considers birth as a natural and physiological event;proposes the thrifty and appropriate use of technologies and interventions; values feminine autonomy and encourages the insertion of the nurse-midwife (NW) in care, as well as other workers to compose a multiprofessional team.

This new way of care does not require removing the institutional setting, the medical professional or even the use of technologies, especially those whose scientific evidences have shown positive effects. Nevertheless, it represents modifications required in the face of unfavorable developments, such as the high rates of maternal and infant morbidity and mortality, increasing rates of cesarean surgery and the dissatisfaction of women and their families with the received assistance.

Therefore, it is imperative to analyze and act collectively in the scenario of naturalized (un)care at

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delivery and birth, in order to provide institutional conditions and techniques to change work processes, with a view to qualify the attention to ensure modes of humanized and integral care to women, children and families[4].

In this sense, this research considered that the deployment of clinical protocols is an important management strategy for coping with problems related to childbirth services, especially if constructed collectively with the professionals involved in it.

The proposal of developing a clinical protocol for usual-risk childbirth in Pre-partum/partum/postpartum (PPP) emerged from the experience of one of the researchers, who also acts as a nurse-midwife in this scenario.This demand was shared by the other nurses linked to the unit, who identified the need to propose collectively a direction for the care work to pregnant women, since their concern was to offer a homogeneous assistance to the usual risk childbirth that valued good practices aimed at care humanization.

The use of protocols based on current scientific evidence subsidises the promotion of a qualified assistance that reduces the variability of health care, assists in the integration of work teams, interactive and ethical processes, and in diagnostic accuracy, and promotes greater therapeutic efficacy to discourage harmful and ineffective interventions[5].

For developing the desired tool, together with a scientific research, the methodological framework of the Convergent Care Research (CCR), since it allows the simultaneous development of research and practices to achieve social growth[6].

This type of research maintains a close relationship with the health care practice throughout its process and aims to develop a knowledge that mobilizes the improvement in the research area. It requires the researcher's immersion in the field where assistance is offered, in the course of the investigative process[6].

Thus, this study emphasizes the methodological aspects of the application of this peculiar research modality, not only for its technical-scientific potential and possibility of work organization, but also for its opportunity of collective, participatory and reflectedconstruction. Thus, this study aimed to describe analytically the methodological process of developing a clinical protocol for the Obstetrical Nursing beside the usual-risk childbirth at a PPP unit.

Despite various protocols and guidelines published to guide clinical practice, the preparation of these tools varies methodologically. However, ill-defined and inefficient methodologies compromise their applicability by the multidisciplinary team and may result in assistance failures[5].

This study aims to subsidize health professionals and services to develop instruments for guidance from their healthcare practices in a collaborative, feasible and appropriate way for the characteristics of services from different realities.

METHODOLOGY

This is a descriptive study with a qualitative approach, which used the Convergent Care Research as a methodological framework[6]. This article has addressed one of the axes, treated in a most comprehensive survey, which examined the collaborative construction of a humanized nursing care protocol for usual-risk childbirth, focusing on methodological aspects of the forward process, in the expectations of the involved professionals and in the results achieved with this experience.

The present study was developed in the PPP unit of a midsized University Hospital, essentially public, located in Cuiabá - Mato Grosso, considered a reference for high-risk obstetric care in this municipality. This unit was inaugurated in 2014 with the entry of obstetric nurses to act in birth assistance. The unit has three beds and performs an average of 45 normal deliveries per month.

All active nurses from the PPP unit participated in the survey. They were all specialists in obstetrics, totaling six professionals who fulfill a 36-hours weekworkload distributed into day and night shifts, in the direct assistance to usual-risk childbirths, and shared with the medical team in high-risk childbirths. Data production occurred in the period from August to December 2015, from the achievement of eight Groups of Convergence (GC) intended for the protocol preparation. These small groups, formed by nurses, obstetricians and researchers, propitiated the development of the research concomitant with the introduction of changes in health care practice[6].

Data were recorded by usinga field diary and footage. The video recordings were transcribed in chronological order and the analysis of the results was performed in four processes: seizure, synthesis, theorizing and transfer[6].

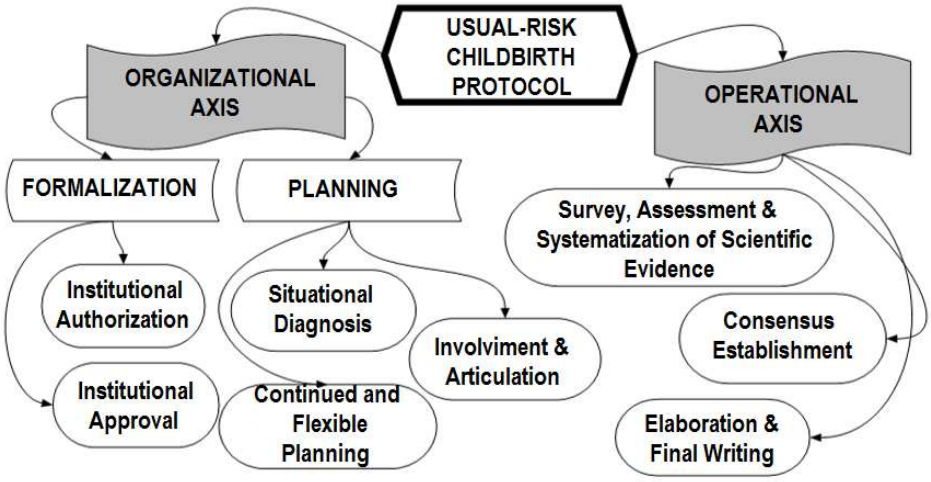
The research project obtained the consent of the institution under study and approval from the Research Ethics Committee of the University Hospital Júlio Muller of the Federal University of Mato Grosso (Opinion 1,302.939/2015). The participants were

previously informed about the research objectives and formalized their acceptance to participate by signing the Informed Consent Form and the authorization to use information and images.

RESULTS

The results of this study show the path followed to prepare a protocol for the care to usual-risk childbirth at a PPP unit subsidized by the CCR methodological framework. The process of designing, preparing and approving this tool was didactically organized into two thematic axes (Figure 1), detailed below.

Figure 1. Steps to prepare a protocol for usual-risk childbirth care.



Fonte: Authors.

Organizational axis

This axis comprises the administrative, bureaucratic and ethical aspects involved in the process of elaboration of the clinical protocol demanded by the hospital management. It is divided intoproposal formalization and action planning.

Proposal formalization

Theprocess of preparing the protocol occurred by consultation with head office room of the hospital under study, with a view to obtaining formal institutional commitment to produce an assistantial tool concurrently with the research completion. At this moment, the management team received information on the project matrix, where the proposal of this study was inserted, which received favorable manifestation.

Then, the hospital management provided the physical space for group meetings and, after negotiation among NM, researchers and managers, the nurses working in the PPP received some days off as an incentive to participate in the study, which demonstrated institutional support for the collective construction of the protocol.

At the end of the process, the institutional protocol traveled a path for its consideration according to the norms of the institution, which established the evaluation commission. The objective of this procedure was to obtain approval to initiate the implementation of the document in the unit.

Action planning

The planning phase comprised the step of surveying local health care needs and organization of the groups.

First, the matrix project was presented and discussed with the NM as a collective proposal, with a view to raising awareness among them and encourage participation in the whole process collaboratively.

After consideration of the proposal and consent of the NM, the researchers entered the PPP unit in order to perform a situational diagnosis of the unit.This step allowed identifying problems relating to the physical structure and restriction of space in the unit; absence of criteria defined for occupation of hospital beds; lack of autonomy of the NM in the assistance to usual-risk childbirth; presence of interventionist practices customarily performed by the medical team, among others.

The insertion of the researchers in the unit allowed proximity and trade with the NM and favored the creation of bond, which got stronger in the course of the meetings. In this way, it allowed knowing the group better and understanding their desires, anxieties

and expectations regarding the care to the usual-risk childbirth in the PPP.

From the immersion of researchers in the field, the main problems of the unit and the issues defined as priorities for discussion in GC were listed, with a view to building anursing assistantial tool for delivery and childbirth humanization.In this way, a timeline for the achievement of the GC was organized jointly, which comprised eight pre-established meetings, with flexible schedule, according to the participants' needs and distribution of the subjects to discuss, defined a priori in one subject per meeting.

Operational axis

This axis addresses the operationalization of the procedures organized for implementing the GC and preparing the care protocol.

The GC aimed at promoting exchanges between the researchers and the NM, in order to discuss the main scientific evidence about the pre-defined themes and provide a consensus about the practices to include in the protocol, considering the current literature, the local reality, as well as the potential and limits of each professional.

In this way, the researchers conducted systematic search based on national and international data and other sources that enable access to scientific evidence, Ministerial and Nursing Professional Council's publications, in order to gather updated and reliable recommendations.

After completing the bibliographic search, the process of selecting scientific studies started, classified according to the level of evidence in: high, moderate, low and very low. Thus, the GC only used the evidence with a high degree of reliability for discussion and consensus.

The consensus established in the previous meeting were soon resumed at the beginning of the subsequent meeting and practices which had not been agreed in common by the group were discussed again in order to ensure that most NMwere favorable to collective decisions.

At the end of eight meetings, the researchers performed the final writing of the protocol from the established consensus. The procedures for the assistance to the usual-risk parturient were not restricted to clinical aspects, but also considered relational aspects, such as reception, bond, dialog, privacy, among others.After this step, the protocol was sent for the NM's consideration and, after their approval, the institutional administrative procedures for its implementation began.

Discussion

Currently, the assistance to delivery and childbirth in Brazil coexists with two opposite realities: one that reflects the absence of appropriate technologies and another with the excessive use of inappropriate technology. This is mainly due to non-adherence to protocols based on scientific evidence for the management of pregnancy and delivery by health professionals[7].

For preparing the tool proposed by this study, the CCR was chosen as theoretical-methodological framework to enable the convergence between theory and practice of care. In this investigative modality, the idealization of the proposed research in conjunction with the intervention is called design phase and consists in conceiving the research problem and the theoretical-methodological procedures that will support it[6]. In this study, this phase involved the researchers, the NM and hospital administration, which recognized the need for constructing anassistance protocol aimed at childbirth, authorized the research development and gave institutional support.

Recognizing care deficiency, needs and priorities is possible only through reflection and reasoning of workers and managers. In this way, it is necessary to possess skills to analyze the unit's progress, in order to identify the strengths and gaps in the service[8].

Overcoming the raised weaknesses assumes planning and health professionals' involvement and, in order to do so, the hospital administration's support becomes essential[8]. The management'ssupport in this study was essential for the collective construction of a tool that would describe the care practice, and thus recognized as required by both professionals and managers.

The negotiation of the proposal by researchers, managers and NM allowed granting days off for the participants, and the provision of physical space, in order to offer conditions for performing the GC, demonstrating that the process of changing reality is not an individual job, but collective[6].

For establishing this construction group, in addition to recognizing the needs, it is priority to characterize and specify the local needs. Thus, the situational diagnosis is a tool that assists surveying problems and constructing strategic and collaborative planning, in order to enable the development of actions directed to the problems found[9].

This instrument consists of recognizing the actual situation of an institution, and allows identifying problems and needs with the aim to propose

interventions that may lead to improvements in services and processes[9]. In this sense, as the researchers conducted visits to the PPP unit for the realization of the situational diagnosis, it was possible to identify problems and needs that provided a basis for reflection in the GC.

The adoption of GC as a strategy for developing the protocol for the usual-risk childbirth contributed greatly, because it allowed sharing experiences and technical-scientific knowledge, facilitated by the affectionate and cordial relationship established between the NM and the researchers' group.

The human being is a sociable individual that lives according to group relationships. The people gathered in groups have greater capacity in communicative and interactive dimension. There are several types of groups and the difference between them is their purpose[10]. The quest for conquering these objectives enables the involvement and interaction between people, due to the reciprocal influence that each individual exerts on the other, which can result in the production of new meanings and goals[10].

In this perspective, the CCR method of small groups of convergence aims at bringing the search of care practice and has been used with success, since it allows the participants' socialization and reflection on the problems, goals and common goals, with the aim of promoting the transformation of reality of nursing care[6]. This collaborative process also existed during the planning of the activities of the GC, because, sometimes, it was necessary to resume it in order to tailor it to the needs emerging from the group.

This continuous and flexible planning in the elaboration process of the protocol can be designed as Situational Strategic Planning, a method that considers the performance of different actors in the social game, therefore, it is a process flexible to many changes of reality while seeking to achieve goals and objectives, which implies the constant adaptation to every concrete circumstance in which it is practiced[11].

Similarly, the search for updating of scientific evidences translates into an important step for the planning of assistance and updating of practices, once the scientific evidence refers to the information obtained by means of a scientific investigative process with the necessary methodological rigor[12].

Thus, the evidence-based practice (EBP) has been a strategy recommended for the qualification of clinical and managerial practices by various professional categories in the health area, particularly with regard to medicine and nursing. In general, the definition of EBP comprises four steps: 1) identification of the research problem or issue; 2) search for evidence; 3) critical evaluation of evidence; 4) determination of the intervention based on the use of the best evidence found[12].

The search and critical analysis of scientific evidence is a strategic step in preparing protocols, since the selection of the best studies on the theme is fundamental for the construction of consistent tools[13] that enable the provision of quality health care, the containment of unnecessary spending, the appropriate use of technology and better visibility of the profession to demonstrate the scientific bases of assistance[14].

The elaboration of an assistance protocol proposed by this study used the principles of EBP as a guiding framework for collective decision-making processes, which gave quality to the produced tool. However, in addition to the best scientific evidence, the routine of nurses, obstetricians, the physical structure of the unit, the human and material resources available at the institution, the local reality and perspective of the users of the service were considered. These aspects were considered during the group discussions and the definition of consensus was crucial to ensure the protocol development as feasible.

The textual elaboration of the protocol occurred judiciously and based on the consensus concluded in a collaborative way. Considering the different ways of presenting the contents of a protocol[15], in this experience, the recommendations were organized into text, once, in the authors' understanding, the use of flowcharts would give greater emphasis to clinical aspects.

After the protocol's final writing, an institutional administrative path determined by the hospital management, for its consideration, began. Thus, in addition to the validation by the team involved in the elaboration, the superior administrative instance's approval was essential, in order to make it official institutionally and certify it about its content and validity[13]. Such procedures are necessary to ensure that the hospital administration recognizes and legalizes the conductsestablished in the instrument.

One of the limitations of this study is the absence of data relating to the protocol consideration by the Professional Nursing Council and its official deployment in the service, due to the bureaucratic and lengthy process of institutional officialization that followed after the research ended.

FINAL CONSIDERATIONS

This study allowed describing the process of preparing a protocol for the care to the usual-risk childbirth that counted with the participation of the NM from a service.

The most important contributions of this process are the institutional support and authorization; the collaborative, continued and flexible planning of actions; and the leveling of behaviors by establishing a consensus based on reliable scientific evidence and on ethical and humanized principles.

When considering local specificities and the NM's professional experience in the unit, the proposed preparation process allowed reflecting on the work processes, as well as on the appropriate use of technologies in health, so that the protocol is not restricted to the biological aspects of attention, but also considered the relational, the sociocultural and the emotional repercussions of the parturient.

In this context, GC is important as a methodological strategy for preparing protocols, since it enables the dialog, the professionals' reflection on the decision-making, their updating to the EBP and the establishment of a consensus, in order to level care practices, making themsafer and competent.

The methodological process shared here for the elaboration of an assistance protocol resulted in a product recognized as qualified to guide the practices of the unit and helped to ensure the practicality and feasibility of the instrument.

PROCESSO DE ELABORAÇÃO DE PROTOCOLO PARA ASSISTÊNCIA HUMANIZADA DE ENFERMAGEM AO PARTO DE RISCO HABITUAL

RESUMO

A utilização de protocolos elaborados a partir de evidências científicas atuais subsidia a promoção de uma assistência qualificada e promove maior eficácia terapêutica ao desencorajar intervenções nocivas e ineficazes. Nesse sentido, o presente artigo objetivou descrever analiticamente o processo metodológico de elaboração de um protocolo assistencial para atuação da enfermagem obstétrica junto ao parto de risco habitual em uma unidade de Pré-parto/Parto/Puerpério. Trata-se de um estudo qualitativo, que utilizou como referencial metodológico a Pesquisa Convergente Assistencial. Os dados foram produzidos entre agosto e dezembro de 2015, a partir da realização de oito Grupos de Convergência registrados com diário de campo e filmagens. A análise seguiu as etapas de apreensão, síntese, teorização e transferência e os resultados foram organizados em dois eixos: o Organizacional, que compreendeu a formalização e o planejamento do processo e o eixo Operacional, que incluiu a busca por evidências científicas, os consensos, a elaboração e a redação final do protocolo. Considera-se que a elaboração desta ferramenta permitiu o diálogo, a reflexão dos profissionais sobre as tomadas de decisões, a atualização destes para Práticas Baseadas em Evidências e o estabelecimento de consensos, a fim de propiciar o nivelamento das práticas assistenciais tornando a assistência mais segura e competente.

Palavras-chave: Protocolo; Enfermagem; Obstetrícia; Parto Humanizado; Estrutura de Grupo.

PROCESO DE ELABORACIÓN DE PROTOCOLO PARA ATENCIÓN HUMANIZADA DE ENFERMERÍA AL PARTO CON RIESGO HABITUAL

RESUMEN

La utilización de protocolos elaborados a partir de evidencias científicas actuales auxilia la promoción de una atención calificada y promueve mayor eficacia terapéutica al desalentar intervenciones nocivas e ineficaces. En este sentido, el presente artículo tuvo el objetivo de describir analíticamente el proceso metodológico de elaboración de un protocolo asistencial para la actuación de la enfermería obstétrica junto al parto con riesgo habitual en una unidad de Preparto/Parto/Puerperio. Se trata de un estudio cualitativo, que utilizó como referencial metodológico la Investigación Convergente Asistencial. Los datos fueron producidos entre agosto y diciembre de 2015, a partir de la realización de ocho Grupos de Convergencia registrados con diario de campo y rodajes. El análisis siguió las etapas de: comprensión, síntesis, teorización y transferencia y los resultados fueron organizados en dos ejes: el Organizacional, que incluyó la formalización y la planificación del proceso y el eje Operacional, que añadió la busca por evidencias científicas, los consensos, la elaboración y la redacción final del protocolo. Se considera que la elaboración de esta herramienta permitió el diálogo, la reflexión de los profesionales sobre las tomas de decisiones, la actualización de estos para Prácticas Basadas en Evidencias y el establecimiento de consensos, a fin de propiciar la nivelación de las prácticas asistenciales volviendo la atención más segura y competente.

Palabras clave: Protocolo; Enfermería; Obstetricia; Parto Humanizado; Estructura de Grupo.

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