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ORIGINAL ARTICLE

CLASSIFICATION OF NURSING INTERVENTIONS FOR MEDICAL DISCHARGE PLANNING TO PATIENTS WITH INTESTINAL OSTOMY

CLASSIFICAÇÃO DE INTERVENÇÕES DE ENFERMAGEM PARA PLANEJAMENTO DE ALTA MÉDICA A PACIENTES COM ESTOMIAS INTESTINAIS

CLASIFICACIÓN DE INTERVENCIONES DE ENFERMERÍA PARA PLANIFICACIÓN DE DESCARGA MÉDICA PARA PACIENTES CON OSTOMÍA INTESTINAL

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ABSTRACT

Objective: analyzing the applicability of NIC interventions in preparation for the discharge of patients with intestinal ostomy, from the cross-mapping of interventions proposed by the taxonomy with nursing interventions listed in scientific literature. ***Method:*** a descriptive study carried out from the cross mapping of interventions proposed by the NIC with nursing interventions of the scientific literature. ***Results:*** in the first stage there were identified 58 interventions from 26 studies of integrative review. In the second stage 31 NIC interventions were selected, being mapped 20 with the literature, and of these, nine were mapped only once. The NIC intervention "care with ostomy" corresponded to more literature interventions (n = 22). ***Conclusion:*** the NIC is applicable in planning the discharge of patients with intestinal ostomy; therefore, allows the nurse develop discharge guided plans in a holistic care, aiming to develop the capacity for self-care and a better quality of life. ***Descriptors:*** Nursing Care; Ostomy; Patient's Discharge; Classification.

RESUMO

Objetivo: analisar a aplicabilidade das intervenções NIC no preparo para a alta de pacientes com estomias intestinais, a partir do mapeamento cruzado de intervenções propostas pela taxonomia com intervenções de enfermagem listadas na literatura científica. ***Método:*** estudo descritivo realizado a partir do mapeamento cruzado de intervenções propostas pela NIC com intervenções de enfermagem da literatura científica. ***Resultados:*** na primeira etapa identificou-se 58 intervenções a partir de 26 estudos da revisão integrativa. Na segunda etapa 31 intervenções NIC foram selecionadas, sendo 20 mapeadas com a literatura, e destas, nove foram mapeadas uma única vez. A intervenção NIC "cuidados com ostomia" apresentou correspondência com maior número de intervenções da literatura (n=22). ***Conclusão:*** a NIC é aplicável no planejamento da alta de pacientes com estomias intestinais, pois, permite que o enfermeiro elabore planos de alta pautados em uma assistência holística, com intuito de desenvolver a capacidade para o autocuidado e uma melhor qualidade de vida. ***Descritores*:** Assistência de Enfermagem; Estomia; Alta do Paciente; Classificação.

RESUMEN

Objetivo: analizar la aplicabilidad de las intervenciones NIC en la preparación para la descarga médica de los pacientes con ostomía intestinal, desde el mapeo cruzado de las intervenciones propuestas por la taxonomía con las intervenciones de enfermería que figuran en la literatura científica. ***Método:*** un estudio descriptivo llevado a cabo desde el mapeo cruzado de las intervenciones propuestas por la NIC con las intervenciones de enfermería de la literatura científica. ***Resultados:*** en la primera fase se identificaron 58 intervenciones de 26 estudios de la revisión integradora. En la segunda etapa se seleccionaron 31 intervenciones NIC, 20 asignan a la literatura, y de estas, nueve fueron asignadas sólo una vez. La intervención NIC "cuidados con ostomía" correspondió a más intervenciones de la literatura (n = 22). ***Conclusión:*** la NIC es aplicable en la planificación de la descarga de pacientes con ostomía intestinal, por lo tanto permite la enfermera desarrollar planes de descarga guiada en una atención integral con el objetivo de desarrollar la capacidad para el autocuidado y una mejor calidad de vida. ***Descriptores:*** Cuidados de Enfermería; Ostomía; Alta del Paciente; Clasificación.

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INTRODUCTION

Intestinal ostomy is the opening of an external hole in the gut called stoma, whose purpose is to divert the intestinal transit to the outside.[1] Upon completion of a stoma, the individual may face physical, emotional, social and family maladjustment arising not only from formation of the stoma, but the reason that the resulting, e.g., cancer.[2] It is therefore essential that nurses professionals are aware of the reactions of these individuals, considering the specifics in health care.[3]

In order to improve the professional work of nurses and to meet the needs of each patient, nursing has sought to standardize its language, through the development of ratings systems, which include instruments to describe diagnoses, outcomes and interventions for the nursing care.[4] When a standardized language is used for the practice documentation, one can compare and evaluate the effectiveness of care provided at a plurality of locations, by different caregivers. In addition, the use of standardized language communicates to other professionals the essence of nursing care and help in improving practice through researches.[5]

Among the nursing Classification Systems available, is the Classification of Nursing Interventions (NIC) that, when applied to nursing care, proves to be an effective instrument for point solutions, unifying conduct and ensure effective results to meet the patient needs.[6] The fifth edition of NIC includes 542 interventions organized into seven domains and 30 classes. These interventions can be selected through the taxonomic structure and the essential list of interventions in each specialty.[5]

In Brazil, the standardized nursing terminologies are little used in practice, despite its benefits. However, what is observed, it is often that the records are performed without the adoption of a uniform system that is based on a rating.[7]

To compare the standardized language with the language used in clinical practice has been used to cross-mapping technique,[8] consisting of performing comparisons between terms of systematic and subject to validation form. The cross mapping can be applied for various health terminologies to achieve an appropriate and meaningful exchange of information.[9]

From the cross mapping there can be performed studies which demonstrate that existing nursing data in different locations can be mapped to nursing ratings and thus be adapted to the standardized language. Thus, it is noted that the development of studies that use this tool can be of great value to the implementation of the use of Nursing Classifications Systems in places that still do not use it.[10]

It is justified to carry out this study that seeks to enhance the role of the nurse in preparation for the discharge of patients with intestinal ostomy, from the use of standardized language. It is believed that the results of this research can contribute to a holistic care, based on the autonomy of the individual both in hospitals and in home care in order to always develop their capacity for self-care and consequently improve their quality of life.

The study aims to analyzing the applicability of NIC interventions in preparation for the discharge of patients with intestinal ostomy, from the cross-mapping of interventions proposed by the taxonomy with nursing interventions listed in scientific literature.

METHOD

This is a descriptive study which includes a review of scientific literature to identify nursing interventions related to the increase of patients with intestinal ostomy and compared to the interventions identified in the NIC. To attain the goal, the research presented three steps.

In the first stage held an integrative literature review and to prepare this, the guiding question was “What are the nursing interventions (IE) related to the preparation for increase of patients with intestinal ostomy?” The databases consulted were Medline (Medical Literature Analysis and Retrieval System Online) WEB OF KNOWLEDGE, CINAHL (Cumulative Index to Nursing and Allied Health Literature) and LILACS (Latin American and Caribbean Health Sciences).

The controlled descriptors used were: "nursing care", "ostomy" and "patient discharge". In LILACS database, the same terms were translated into Portuguese. They included articles in Portuguese, English and Spanish, published from January 2000 to August 2014, which addressed IE related to the preparation for increase of patients with intestinal ostomy. Of the 805 references obtained initially there were excluded 679 studies by reading the titles and abstracts. The remaining 126 publications, as shown in

Table 1, there were read in full in accordance with the criteria described, and there were considered of interest 26 articles. These consisted of 58 interventions which were grouped by similarity in 19 thematic categories.

Table 1. A selection of research articles in databases, Medline, WEB OF SCIENCE, CINAHL and LILACS according to inclusion criteria established. 2015. Divinópolis (MG), Brazil.

Databases	MEDLINE	WEB OF SCIENCE	CINAHL	LILACS	Total
References found	485	121	164	35	805
Not related	378	86	87	8	559
Repeated	23	23	35	2	83
Excluded by language	10	1	7	-	18
Excluded for being thesis/dissertation	-	1	-	8	9
Not available via COMUT*	5	-	1	-	6
Excluded for being the annals of events summary	-	1	3	-	4
Previous selection	68	10	31	17	126
Did not presente interventions	56	8	26	10	100
Presented interventions for the discharge	13	-	6	7	26

* Bibliographical Switching Program

In the second stage, the search was carried out from nursing interventions in Nursing Interventions Classification - NIC fourth edition, from the connection chapter NANDA International/ NIC,[11] of the list of interventions for different clinical specialties and refers to the taxonomic structure.

About the Connection chapter NANDA International/NIC[11], interventions were identified from taxonomy of nursing diagnoses proposal for NANDA International (NANDA-I) found in textbooks.[12-4] In the query to the list of interventions for different clinical specialties NIC specialties there were selected: holistic nursing, medical-surgical nursing, gastroenterology, nursing Rehabilitation and Addiction, and finally, refers to the taxonomic structure there was carried out the analysis of the seven domains and 30 classes for the selection of interventions that are related to the phenomenon under study.[5]

The third stage is in the cross mapping to assess the applicability of the NIC taxonomy in developing discharge for patients with intestinal ostomy plans. The interventions identified in the literature (first stage) were compared with the NIC interventions (second stage).

To conduct the cross-mapping, some rules have been established with necessary adaptations to achieve the objective of the study:[10,15]

- Mapping the “meaning” *versus* “words”, not just the words;

- Using the intervention of the descriptor identified in the literature to map the intervention of the NIC;

- Working directed by nursing diagnoses of textbooks to identify interventions in connection chapter NANDA/NIC;

- Searching using the most specific and appropriate NIC interventions;

- Aiming to achieve consistency between the definition of the intervention and the nursing action to be linked;

- Using the title of the most specific NIC intervention;

- Mapping the NIC intervention starting from its title and definition, considering the most appropriate activities;

- Considering interventions that have two or more verbs in different interventions, in order to make two or more operations to the corresponding literature;

- Mapping the verbs "guide", "advise" and "teach" of the literature for activities "monitor" and "evaluate", of the NIC;

- Mapping the verb "encourage" of the literature for activities "encourage" and "assist" of the NIC.

RESULTS

Among the 26 states in the sample, 13 were selected in the MEDLINE, seven in LILACS and six in CINAHL. Regarding the study design, 17 are update articles, seven exploratory descriptive design with qualitative approach and two case studies.

For ends of organization of the 58 interventions reported in the literature, there were grouped by similarity in 19 thematic categories: general behaviors (n = 4); ostomy care (n = 8); self-care (n = 1); information on materials and components (n = 3); emptying

the collection bag (n = 4); exchange ostomy bag (n = 5); application of ostomy bag (n = 3); general guidance on peristomal skin cleansing and ostomy bag (n = 3); odor control (n = 1); guidelines for the caregiver (n = 1); peristoma skin care (n = 3); power of care for patients with ileostomy (n = 3); care about bowel eliminations for patients with ileostomy (n = 3); care related to nutrition (n = 3); hydration-related care (n = 3); psychological support (n = 3); support group (n = 1); physical activity (n = 4) and guidelines for female patients (n = 2).

During the second stage of this research, we sought to appropriate NIC interventions to prepare the discharge of patients with intestinal ostomy and 31 interventions were selected. Of these, 15 are in the behavioral domain and the other in the Basic Physiological domains (n = 6), Saline Complex (n = 4), Family (n = 3), Health System (n = 2) and Security (n = 1).

In the third stage, was held cross-mapping example as shown in Figure 1.

Interventions of the literature		NIC Interventions	
Category	**Actions**	**Title**	**Activities**
Care with ostomy	Guiding the patient that the stoma should have the following characteristics: cherry red color, shiny and moist.	Care with ostomy	Guide the patient to monitor complications, examples: redness on skin and infection; Guide the patient regarding the use and care of the device of ostomies.
Self-care	Stimulating self-care.	Assistance to self-care	Encourage the patient to perform normal activities of daily living according to their level of ability.
Information about materials and accessories	Teaching the patient to choose the most appropriate handbag for his ostomy.	Skin care: topical treatment	Apply ostomy appliance that fits correctly.
Emptying of the collection bag	Providing written information about the emptying of the ostomy bag.	Facilitation of learning	Oferecer materiais educativos para ilustrar informações importantes e/ou complexas.

Figure 1. Nursing interventions for discharge of ostomized patients - example of cross mapping. 2015. Divinópolis MG/Brazil.

In table 2 there were the listed domains, classes and titles of NIC interventions, mapped with the literature.

Table 2. NIC interventions mapped to the literature interventions. 2015. Divinópolis, MG/Brazil.

Domain	Class	Title of the NIC Intervention	Literature Interventions (n)
Fisiological:	Elimination/control skin and wounds	Care with ostomy	22
Basic/		Control of the constipation/impaction	1
Complex		Bowel control	1
		Flatulence reduction	1
	Facilitation of self care		
		Assistance in self-care	2
	Nutritional support	Nutritional counselling	3
Fisiological:	Skin control/ wounds	Care with lesions	7
complex		Skin care: topical treatment	3
		Analgesic administration	1
Behavioral	Risk control	Protection against infection	2
Safety	Patient education	Learning Facilitation	2
		Teaching: disease process	2
	Assistance in coping	Improvement in coping	2
		Improved support system	1
		Sexual counselling	2
		Improving body image	1
Health System	Mediation with the	Discharge planning	2

	healthcare system		
		Environmental control: preparation of home	1
Psychossocial Family	Care along life	Caregiver support	1
	Self-perception	Improvement in self-steem	1
		Total of interventions	**58**

In table 3 there were listed domains, classes and titles of NIC interventions, not mapped with literature.

Table 3. NIC interventions not mapped with the literature interventions. 2015. Divinópolis, MG/Brazil.

Domain	Class	Title of NIC intervention	Literature Interventions (n)
Physiological: Basic Behavioural	Nutritional support	Nutrition control	0
	Assistance in coping	Early orientation	0
		Counselling	0
		Support for decision-making	0
		Promotion of hope	0
		Improvement of self-perception	0
	Patient education	Family planning	0
		Teaching: individual	0
	Improvement in communication	Increased socialization	0
Family	Care along life	Support to family	0
		Promoting family involvement	0

Of the 31 selected NIC interventions, 20 have correspondence with literature, and nine of them were mapped only once: control of constipation/impaction, bowel control, reducing flatulence, administration of analgesics, improved support system, improved body image, support the caregiver, improved self-esteem and environmental control: preparation of home. Already the NIC intervention "care ostomy" the basic physiological domain/complex showed the correspondence with the most literature interventions (n = 22), followed by intervention care lesions (n = 7). It is noteworthy that all interventions literature (n = 58) were mapped with the NIC.

It was also observed that there are 11 NIC interventions that have not been incorporated for the nursing care prescribed in the literature: control of nutrition, early guidance, advice, support decision making, promoting hope, improved self-awareness, family planning: contraception, education: individual, increased socialization, support the family and promote family involvement.

DISCUSSION

Regarding the nursing interventions for discharge of ostomy patients identified in the literature, it is noted that priority was given to care-related: complications that can occur after surgery; providing written information about replacing and empty the ostomy bag at home; teaching about cleaning peristoma skin; stimulating self-care and the search for support groups. These findings can be explained by the fact that the rehabilitation of ostomy patients be the main goal of nursing care. The assistance provided by the nurse seeks the adaptation of the new condition of ostomy patients, and develop skills for self-care, critical process in physiological and social rehabilitation, which helps to significantly improve the quality of life of these individuals.[16]

The NIC intervention "care ostomy" showed the highest correlation with the operations of literature and refers the patient orientation activities as: characteristics that stoma should justify; need to report to the health professional changes; care during bathing; disposal of materials used in the care; monitoring complications; use and care of the ostomy device; exchange and emptying the bag; measurement of stoma; expected changes in the elimination and after surgery. Note, therefore, that most of the studies analyzed refers to nursing care guided problem solving from interventions related to physical and homeostatic functioning of the body, on the other hand, factors causing psychological, emotional and social changes are poorly studied. There are necessary interventions to address emotional support and development of coping strategies.[17]

By analyzing the areas of the mapped NIC interventions, it is seen that nine interventions (45%) belong to the physiological

domain, being this basic/or complex only complex. Thus, there is the tendency of nursing in directing its operations and research in this area for care of the physiological dimension, given the precarious approach of interventions geared to psychosocial aspects. This may also suggest a certain difficulties of nurses to deal with the health problems linked to psychosocial aspects.[18]

Another important finding which also explains the paucity of literature interventions related to the psychosocial dimension, is not mapping ten previously selected NIC interventions, belonging to the Behavioral Domain (73%) and family Domain (18%). The domain addresses Behavioral interventions related to psychosocial functioning that facilitate changes in life style.[5] Since body image is constructed throughout life and breaks down in the presence of a device in the abdominal wall, the person with stoma incorporates a social stigma, ie feels different in front of his family and society, which hinders its own acceptance and adaptation process. Thus, it becomes necessary support from family and significant others, as well as professional service that is able to promote a more rapid rehabilitation and effective front of his new condition.[3,17]

It is known that when using the NIC taxonomy, title and intervention should not be modified; however, activities can be modified or inserted to meet the particularities of each individual.[5] Therefore, when using the NIC in order to support the preparation for discharge from the ostomy patient, the nurse should consider the inclusion of specific activities in the different interventions provided there is consistency with the definition of the intervention proposed by the NIC.

The results also indicated that sometimes the data obtained in the literature corresponded directly to the title and the NIC intervention settings. An example would be the intervention of literature "Helping the patient and the psychological impact caused by the presence of ostomy", which was mapped with the title and definition of the NIC intervention "improvement of coping". Noting that the literature also has large intervention without details of how to perform them, and so the NIC from the set of activities can provide a greater level of detail.

In a study that aims to map out the treatment prescribed by nurses to patients in orthopedic surgery postoperative interventions and activities proposed by the NIC, it was found that the NIC compared to nursing actions in the service presents more detail. One example cited by the authors was the prescribed care "perform changing positions" corresponding to the activity "turn the immobilized patient at least every two hours, according to a specific schedule, where appropriate" regarding the NIC "positioning" intervention.[19] This finding reinforces the idea that to identify the applicability and scope of the NIC to a particular area of care and health services, the path is to conduct research to compare the work of nurses and that taxonomy provides that specificity.

It is important to note that due to early discharge of patients undergoing surgery for formation of stoma, there are many readmissions for complications resulting from inadequate planning of post-discharge care.[20] Thus, it is believed that the discharge plan is an indispensable tool for rehabilitation and autonomy of the ostomy patient, which allows support individualized care, contributing to the reduction of postoperative complications.[3]

After analyzing the mapping of the interventions in this study, it is clear that the NIC will apply for the patients high plan submitted to intestinal ostomy therefore included all the topics mentioned in the literature, and provide targeted interventions to psychological support (n = 10), which have not been mapped. In this sense, it is identified that the NIC may still suggest further possible interventions capable of achieving the nursing team for the discharge of a colostomy patient.

CONCLUSION

The cross-mapping allows us to identify the most selected NIC interventions include interventions found in the scientific literature. Therefore, it is considered that the NIC can be become an important source of information to improve and support the nursing care for patients undergoing intestinal ostomy.

It was also observed that most unmapped NIC interventions are related to psychological support. The making of a stoma causes a series of physiological changes causing the removal from society, which highlights the need for further studies that address the psychological aspects like the emotional support and the development of coping strategies undertaken by nurses, which will provide greater autonomy and security for ostomy.

Also in this aspect, it is important that nursing also need to incorporate the NIC interventions not mapped to their care practice, such as: control of nutrition,

education: individual and increased socialization. You can see a high compatibility between these interventions and the needs required by a colostomy patient, and therefore, nursing will ensure a complete assistance to these patients.

For better applicability of the NIC in preparation for discharge of ostomy patients, we recommend the booklet or booklets that address the identified interventions and mapped in this study in order to improve care and make more efficient educational interventions from the combination of written and oral directions.

As the research limitation, shows the difficulty in using some proposed rules for mapping and the need for additional rules to work mapping interventions.

The study brings a contribution to identify the nursing interventions used worldwide on the discharge of patients with intestinal ostomy, the incentive to use the NIC in developing a high these clients plan, and the need for further research into this topic with approach to the psychosocial needs.

The NIC is an applicable taxonomy in preparing the high plane of patients undergoing intestinal ostomy, compared to the number of mapped interventions, and can support the nurses in the development of high-guided plans in a holistic care, which encourage the autonomy of the individual, to develop the capacity for self-care and a better quality of life.

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