



ACUPUNCTURE AS A TECHNOLOGY FOR INTERVENTION TO NURSING DIAGNOSIS

ACUPUNTURA COMO TECNOLOGIA PARA INTERVENÇÃO AOS DIAGNÓSTICOS DE ENFERMAGEM

LA ACUPUNTURA COMO TECNOLOGÍA DE INTERVENCIÓN PARA EL DIAGNÓSTICO DE ENFERMERÍA

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ABSTRACT

Objective: to identify the nursing diagnoses that can be prevented through acupuncture. **Method:** a descriptive and exploratory study of a quantitative approach developed by Delphi method in electronic modality, with 30 nurses experts in acupuncture and nursing diagnoses. The study was conducted between November 2011 and July 2012. The data received statistical treatment and were shown in tables, then discussed with the literature. **Results:** we identified 20 nursing diagnoses in the perspective of Taxonomy II of the North American Nursing Diagnosis Association International, of different classes and domains. **Conclusion:** Acupuncture can be applied as a care technology to a set of interventions to nursing diagnoses. **Descriptors:** Acupuncture; Nursing Diagnosis; Nursing.

RESUMO

Objetivo: identificar diagnósticos de enfermagem passíveis de intervenção por meio da acupuntura. **Método:** estudo descritivo-exploratório, com abordagem quantitativa, desenvolvido pelo método Delphi, na modalidade eletrônica, com 30 enfermeiros expertises em acupuntura e diagnósticos de enfermagem. O estudo foi realizado no período de novembro de 2011 a julho de 2012. Os dados receberam tratamento estatístico e foram apresentados em tabelas, em seguida, discutidos com a literatura. **Resultados:** foram identificados 20 diagnósticos de enfermagem na perspectiva da Taxionomia II da North American Nursing Diagnosis Association International, de diferentes classes e domínios. **Conclusão:** a acupuntura pode ser aplicada como tecnologia de cuidado ao conjunto de intervenções aos diagnósticos de enfermagem. **Descritores:** Acupuntura; Diagnóstico de Enfermagem; Enfermagem.

RESUMEN

Objetivo: identificar los diagnósticos de enfermería que se pueden prevenir a través de la acupuntura. **Método:** este es un estudio descriptivo y exploratorio con enfoque cuantitativo, desarrollado por el método Delphi en formato electrónico con 30 enfermeras con experiencia en diagnósticos de acupuntura y de enfermería. El estudio se realizó entre noviembre de 2011 y julio de 2012. Los datos fueron tratados estadísticamente y presentados en tablas, a continuación, discutidos con la literatura. **Resultados:** se identificaron 20 diagnósticos de enfermería en la perspectiva de la Taxonomía II de la North American Nursing Diagnosis Association International, de diferentes clases, y dominios. **Conclusión:** la acupuntura puede ser aplicada como una tecnología para el cuidado a un conjunto de intervenciones a los diagnósticos de enfermería. **Descriptores:** Acupuntura; Diagnóstico de Enfermería; Enfermería.

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INTRODUCTION

Acupuncture (AP) is a therapeutic modality of traditional Chinese medicine (TCM), which consists of inserting needles into specific points on the body, called acupoints, in order to promote (re) energy balance in the quest for recovery or maintenance of health.¹ This technique addresses dynamic and a comprehensive way the man and the health-disease processes that are exposed over the life cycle and can be developed alone or integrated with other therapeutic resources for the promotion of health.^{2,3}

From Eastern origin, developed in ancient China based on two distinct philosophical conceptions: Taoism and Confucianism, and systematically organized over the centuries.² In the West, by presenting reliable aspects in the light of scientific concepts of the dominant model, had greater acceptability among the therapeutic too TCM, with development of studies and research on the effects measured using scientific techniques such as the measurement of peptides, enzymes, neurotransmitters and brain imaging, a fact that allowed its displacement an empirical context and doubtful relevance to a more scientific position consistent with the dictates of modern science.^{2,4}

In Brazil, although its application and development take place more than half a century, it became more visible in the last decade from discussions increment about the development of health practices to up the shares in attention to human health, in order to answer questions for which the dominant model no longer alone presents answers.^{3,5} Since then consolidated in the Unified Health System (SUS) as a complementary therapy practice multidisciplinary although passed by representative bodies pressures of the medical category be developed exclusively as a medical specialty. Its development within the SUS, recommended by the National Policy of Complementary and Integrative Practices (PNPIC), presented in care payment perspective, considering the being and the universe as indivisible elements and active in the health-disease process.^{1,3}

What is sought through the AP and other complementary and integrative health practices (PICS) proposed in PNPIC is the transcendence of the orthodox care through complementarities with use of a totalizing care that promotes health in biopsychosociospiritual aspects.^{3,6,7}

Nursing by systematized models of care also seeks the development of this totalizing

perspective. The nursing diagnoses understood as a clinical trial process the responses of individuals, family or community health problems, real vulnerabilities and life processes or potential extend the vision for health interventions and in theory are the bases for the scope of care that can be developed using methods and orthodox techniques or complementary health.⁸

Acupuncture for nursing diagnoses intervention is indicated as a possibility in some studies⁷; however, there are still incipient those who indicate that nursing diagnoses are subject to interventions by acupuncture and which taxonomic class they belong.

Given the differences in diagnostic languages used by nurses and their taxonomic organizations, fell to investigate this research which nursing diagnoses are subject to intervention by the AP from the opinion and expertise of experience in nursing diagnoses and acupuncture.

OBJECTIVE

- To identify nursing diagnoses that can be prevented through acupuncture.

MÉTHOD

This is a descriptive and exploratory study of a quantitative approach, developed by Delphi method through the electronic modality. This method seeks a consensus of opinion of a group of experts about a complex problem, occurring interactively, by questionnaires or surveys that circulate in the form of rounds in an electronic insert.

The search for this consensus occurs in a systematic way in which experts also called experts, experts or judges, conduct the trial of information provided by the researcher from the research problem and/or their goals.⁹

It is especially recommended when you do not have data on the subject in vogue or they may not be designed for the future with security in the face of expected structural changes in determining factors of future trends.^{10,11}

Experts are selected from their competence and production in the area to which it intends to investigate. There is no minimum or maximum recommended number of specialists in the method and establishment of sample calculations for its definition. This number is set by the researcher in the face of their research problem and availability of experts in the study area. It should be, however, as well as experience in the subject, to consider in the selection of participants,

Pereira RDM, Alvim NAT.

the language and common culture, in order to avoid different interpretations by different social perceptions.^{9,10}

The selection of participants should consider a percentage of abstention variation and loss of ten to thirty percent, and then the quantity of participants should be designed considering this percentage.⁹

It has set a maximum of three rounds and a total of 30 nurses (n = 30) from different regions of the country, as the study subjects, divided into two distinct groups. Group A was composed of fifteen (n = 15) experts in nursing diagnoses and group B of fifteen (n = 15) specialists in acupuncture.

The subjects were selected on the database *Plataforma Lattes*, of the National Council for Scientific and Technological Development (CNPq), from the close reading of their resumes and check their academic-scientific production and experience in the study according to the criteria inclusion and exclusion previously defined.

Inclusion criteria were: be registered in the *Plataforma Lattes* of CNPq database, preferably have stricto sensu nursing education (Masters or Doctorate), broad sense training in acupuncture (only for group B); have academic ties in higher education institutions and/or research institutes have academic-scientific production in the systematization of nursing care/nursing diagnosis/ acupuncture and/or act professionally in the acupuncture field for more than two years.

The adopted exclusion criteria were health professionals from areas other than nursing; production or professional experience not related to the research areas; do not use the electronic and digital media for meeting and correspondence with the researcher.

For its realization an online research platform was developed through an information technology company that managed the transferring process to researchers the results reports. In this platform each subject selected accessed its area with login and password seeing the propositions to be answered.

The study followed the requirements of Resolution N° 196/96, repealed by 466/12 of the National Health Council/Ministry of Health that deals with research involving human subjects, having been approved by the Ethics Committee of the Anna Nery School of

Acupuncture as a technology for intervention...

Nursing/The Hospital School São Francisco de Assis-UFRJ, under opinion N° 087/2011.

RESULTS

The study was conducted from November 2011 to July 2012. During this period there was a decrease of 27% (n = 8) the number of participants, however, without compromising the results with a view to the selection considered a security index technical thirty percent (30%) according to the recommendations for implementation of the method.

Each round had a minimum of 30 and a maximum of 60 days from the date of opening access. Over the three rounds, the participants were invited to express their opinions from their experiences and studies, which identified which nursing diagnoses are subject to intervention by the AP and which are the most appropriate taxonomic language.

At the end of each round, the answers were synthesized by researchers from the reports generated by the platform's managers online.

A report with full preservation of identity returned to participants through the research platform and through individual email, seeking the assurance of anonymity. This would prevent the occurrence of bias produced from the induction of opinion of this or that diagnosis/taxonomic language in the face of a certain expertise recognized positioning and peer notorious knowledge in knowledge area.

Upon completion of the third round, the nursing diagnoses and taxonomic language (mentioned by the experts) with higher level of agreement than seventy-five percent (75%) were classified with the approval of consensus by the participants.

When it comes to taxonomy, four categories of responses were presented by the participants: None; North American Nursing Diagnosis Association International (NANDA-I); Diagnoses of the International Classification for Nursing Practice (CIPE); All types (table 1).

Table 1. Taxonomical categories referred to by round up to reach the consensus between experts. Rio de Janeiro, 2012.

Group of Experts/Answer	1 st round		2 nd round		3 rd round	
	n	%	n	%	n	%
Group A - Experts in Nursing Diagnosis						
None	1	10	0	0	0	0
NANDA-I	9	70	8	80	8	80
CIPE	1	10	1	10	1	10
All types	1	10	1	10	1	10
Group B - Nurses Specialists in Acupuncture						
No type	1	7	1	7	1	7
NANDA-I	10	72	11	79	11	79
CIPE	1	7	1	7	1	7
All types	2	14	1	7	1	7

At the end of the three rounds, the taxonomy language of NANDA-I was the most pointed out by the experts, with consensus level of eighty-six percent (86%), considering the participants in both groups. In this perspective, we identified twenty nursing

diagnoses related by experts as amenable to intervention with acupuncture. Diagnoses that followed the statement of the taxonomic language NANDA-I were categorized according to the percentage of the consensus achieved and are presented below (Table 2).

Table 2. Nursing diagnoses susceptible to intervention by acupuncture. Rio de Janeiro, 2012.

Nursing Diagnoses (Taxonomy II NANDA-I 2009-2011)	n	%
Acute pain	20	83
Chronic pain	20	83
Body mobility impaired	20	83
Risk for electrolytic imbalance	18	75
Disposition for improved nutrition	02	8
Altered nutrition: intake over the normal needs	16	67
Altered nutrition: intake below the normal needs	14	58
Nausea	19	79
Diarrhea	18	75
Constipation	12	50
Anxiety	20	83
Insomnia	20	83
Fatigue	20	83
Elimination of impaired urine	06	25
Impaired skin integrity	04	17
Intolerance to activity	20	83
Spiritual anguish	13	54
Field of Energy disturbed	09	37
Sexual dysfunction	03	12
Ineffective breastfeeding	03	12

DISCUSSION

The data show that, although other classification systems/taxonomic language can be considered the most appropriate as the opinion of experts is the NANDA-I, it was found that the same for those in the academic research focuses on the use of other classification typologies, such as the CIPE, the agreement on the NANDA-I job was well accepted.

Among those who did not join the consensus, it was observed that at some point scored in their opinions the possibility of its statement, but because of little or no use of this in their practical experience and studies, strongly stressed condition as an essential point for reaching consensus, it is likely that their statement has been abandoned.

Experts in acupuncture demonstrated relevant theoretical basis for discussion in the field of nursing diagnoses, indicating it as well as the best option. It is believed that this has

given up in the face of the close relationship between the spread of this in the academic and professional environment of Brazilian nurses, although their use is still not used by all.

NANDA-I is the diagnostic classification system most publicized and used by nurses worldwide. In Brazil its use in academia to promote education, research and care underlies the development of critical and reflective thinking for decision making in clinical nursing practice.¹²

All the diagnostics listed by the experts were reference to the classification of taxonomy NANDA II-I and were checked for their fields, and classes diagnostic indicators, i.e., the defining characteristics, and the related factors or of risk.

The nursing diagnoses belong to the domains perception/cognition, safety/protection and growth/development and their classes were not mentioned.

Diagnoses belonging to the areas of nutrition, activity and rest, coping and stress tolerance were the most frequent, as well as those of the health promotion field, a fact already pointed out in other studies using the PICS and nursing diagnoses.⁷

CONCLUSION

This study, in the face of categorization performed, allowed us to expand the discussion about the possibilities of the application of acupuncture in the group of nursing interventions in an integrated health perspective care in many situations the health-disease process; however, it is necessary to reflect about some key aspects set out in the light of opinions expressed by the study participants.

Acupuncture as interventional method to nursing diagnoses should be a result of the use of the Nursing Process/Systematization of Nursing Assistance (PE/SAE). It is known that not all nurses and health services use in their daily practice which can behold a limiting or even derail the choice of acupuncture as a possibility of intervention to nursing diagnoses.

Another relevant aspect for reflection, also referred to the views expressed, relates to the systematic approach adopted by acupuncturist nurses for diagnostic identification and therapeutic guidance interventions TCM/AP, called the method of the eight principles. The use of this AP's own method is provided to experts. Despite the PE/SAE, there are experts who cannot use it, which would not generate the identification of possible nursing diagnoses to be considered for intervention in the development of therapeutics, preventing its usefulness.

Even with these constraints, it cannot be denied in light of the consensus established by the expertise of the area, the use of AP as a therapeutic resource for intervention to own nursing diagnoses.

It is noteworthy that the nursing diagnoses presented here, were not tested in practice, even if the reading and study of its defining characteristics and associations will allow us to infer that everyone can in fact suffer this type of intervention.

Once listed, the diagnostics will now reflect and describe, through new studies and researches, which results are obtained through this type of intervention, its advantages and disadvantages when compared to other methods and their effectiveness in a proposal of integral care.

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Pereira RDM, Alvim NAT.

Acupuncture as a technology for intervention...

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