ORIGINAL ARTICLE

VALIDATION OF ICNP® NURSING RESULTS FOR ASSISTANCE TO PATIENTS IN THE POSTPARTUM PERIOD
VALIDAÇÃO DE RESULTADOS DE ENFERMAGEM DA CIPE® PARA A ASSISTÊNCIA À PACIENTES NO PERÍODO PÓS-PARTO
VALIDACIÓN DE RESULTADOS DE ENFERMERÍA DE CIPE® PARA LA ASISTENCIA A PACIENTES EN EL PERÍODO POST-PARTO

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ABSTRACT
Objective: to validate the ICNP® Nursing Results, in the context of nursing care for women in the postpartum period. *Method*: methodological study, with 12 nurses Obstetrics experts, professors and assistants of the Federal University of Paraíba and Lauro Wanderley University Hospital. *Results*: there were 30 (85.71%) statements of ICNP® Nursing Results validated for nursing care for patients during the postpartum period. *Conclusion*: the study showed that the validated statements reflect the needs of patients in the postpartum period, and can guide the nursing care quality. *Descritores*: Nursing; Validation Studies; Postpartum Period.

RESUMO
Objetivo: validar afirmativas de Resultados de Enfermagem da CIPE®, no contexto da assistência de enfermagem às mulheres no período pós-parto. *Método:* estudo metodológico, com 12 enfermeiros *experts* em Enfermagem Obstétrica, docentes e assistenciais da Universidade Federal da Paraíba e Hospital Universitário Lauro Wanderley. *Resultados*: foram validadas 30 (85,71%) afirmativas de Resultados de Enfermagem da CIPE® para a assistência de enfermagem às pacientes durante o período pós-parto. *Conclusão*: o estudo mostrou que as afirmativas validadas refletem as necessidades das pacientes no período pós-parto e poderão orientar a assistência de enfermagem com qualidade. *Descritores*: Enfermagem; Estudos de Validação; Período Pós-Parto.

RESUMEN
Objetivo: validar afirmativas de Resultados de Enfermería de CIPE®, en el contexto de la asistencia de enfermería a las mujeres en el período post-parto. *Método:* estudio metodológico, con 12 enfermeros *experts* en Enfermería Obstétrica, docentes y asistenciales de la Universidad Federal de Paraíba y del Hospital Universitario Lauro Wanderley. *Resultados*: fueron validadas 30 (85,71%) afirmativas de Resultados de Enfermería de CIPE® para la asistencia de enfermería a las pacientes durante el período post-parto. *Conclusión*: el estudio mostro que las afirmativas validadas reflejan las necesidades de las pacientes en el período post-parto, y poderán orientar la asistencia de enfermería con calidad. *Descritores*: Enfermería; Estudios de Validación; Período Post-Parto.

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INTRODUCTION

The postpartum period is the period within the pregnancy-puerperal cycle in which all involutive manifestations after birth, gradually happen.[1] At this stage, care for women should be organized on the method, personnel, and instruments, characterizing the Systematization of Nursing Assistance (SAE), which is done by applying the Nursing Process (NP), a methodological instrument composed of successive and interrelated steps. This gives the nursing ability to identify, understand, describe, explain and even predict how the customer responds to the problems of the health-disease. It is notable in health services to absence of the use of NP, as well as the difficulty of its implementation.[2]

The International Classification for Nursing Practice (ICNP®) is a nursing, uniform, universal coverage language, which makes up the various classifications developed over the decades, facilitating and improving patient care, in addition to promoting the contribution of the nurse in the multidisciplinary team[3]. From it, the professionals can establish diagnoses, interventions and nursing results to any patient. However, it is possible to check in the literature that works on results are based on the NOC (Nursing Outcomes Classification), which is based on the diagnoses of the NANDA - North American Nursing Diagnosis Association.[4]

The lack of uniformity in the language of the records of Nursing Diagnoses and results generates an impediment in data aggregation, interpretation, and synthesis of information on the effects of interventions and nursing practice[4]. It is worth noting that clinical disagreements, defined as discrepancies between actual situation of the patient and the interference made by the professional, brings assistance and insufficient and poor quality care, given that the evaluation process of the nurse allows the modification or termination of interventions when necessary generating less burden on services at the expense of unsuccessful actions.[4,5]

Thus, the available literature shows the importance of validation and states to check whether a diagnosis is clinically valid meaning to assess whether it is the patients´ behaviors and characteristics.[6] Thus, the use of a classification for Nursing Results (NR) as well as validation, is of great importance, as enabling to visualize the impact that nursing care is being provided, evaluating the effects of interventions, and highlighting the importance of its use in nursing practice.[7] It is in this context that the fifth stage of the nursing process is observed – assessment. This step is valid when the interventions proposed in the plan of care show the Nursing Results expected. However, even if the job results in the evaluation of assistance has begun for five decades, the literature in the field is still scarce regarding validated NR.[4]

The cases of the most common validation studies aim to perform the content validation of the defining characteristics of certain diagnostic features. However, this method can also be performed to validate the focused interventions and Nursing Results.[8]

Being understood as important for nurses to use a common scientific language, and a legitimate professional practice and made systematically organized; and considering in particular the importance of these aspects of nursing in the health of women, this study aims to validate ICNP® Nursing Results, in the context of nursing care for women in the postpartum period.

METHOD

The study is a methodological type, defined as one that is planned to analyze the validity and reliability of instruments to measure constructs used as variables in the research[9], or analyze potentially useful concepts in clinical practice, in the case in support nursing the woman in the puerperal period. It is characterized by a quantitative and qualitative approach, considering opinions and information translating them into numbers to classify them and analyze them and involving the dynamic relationship between the interpretation of the phenomena and the attribution of meaning.[10]

This study was approved by the Research Ethics Committee under N° 0272/13 CAAE protocol: 03526113.6.0000.5188 and Resolution 466/12.[11] The place of the study was the University Hospital Obstetric Clinic Lauro Wanderley/CCS/UFPB in the city João Pessoa - PB. The population consisted of professors and assistants Nurses of the UFPB (Federal University of Paraíba) and HULW (Lauro Wanderley University Hospital), and the sample was composed of 12 experts, with 08 nursing assistants and 04 professors of obstetric nursing, after signing the Terms of Consent. The first stage of the study was the selection of the 35 statements of Nursing Diagnoses (ND), potentially applicable in assisting the non-pathological puerperal period, identified in a study previously done[12] and the construction of Nursing Results (NR) of

Olegário WKB, Fernandes LTB, Medeiros CMR.

the CIPE® version 2.0 for each diagnostic statement.

In the second stage, there was a semantic analysis of NR to verify the theoretical connection with the definition that was intended to measure. Participants were asked to judge each of these items based on the definition used by ICNP®. Given that the most current version of ICNP® has restricted the definition of terms, it was necessary to seek assistance in earlier versions for the judges to mark whether understood or not the definition in question. At this stage, eight assistant nurses participated, considered experts for having more than four years in care in obstetrics. For this validation stage, the following decision items were defined:

1. To keep the item if there was understanding of the statement.

2. To modify the item, if there was no understanding of the statement by nurses since it attended a theoretical coherence among its arguments and the definition of ICNP® Version 2.0 (2011).

In the third stage, it was proceeded to validate the content, following criteria widely used by calculating the concordance index (CI) of the Evaluators. There were 05 other affirmative diagnostics and results added as confounders to avoid directionality in the answers: Dyspnea - breathlessness absence of infection in the surgical wound - infection absence of the surgical wound, Nausea - Nausea absence, high blood pressure - normal blood pressure and cervical dilation pain - cervical dilatation improved pain, which, not content expressed specifically related to normal postpartum period, bringing the number of 40 Nursing Results. Four participating professors were asked to judge each of the items based on the nursing care to postpartum women, to mark whether they agreed or disagreed with the statements of Nursing Results ICNP® Version 2.0 (2011) presented, expressing items identifiable in practice nursing care to mothers. It was calculated for each item, the CI among evaluators. Following widely used criterion, items with an index of agreement among evaluators items with index $\geq$ 0,75 were kept.

RESULTS

The first stage was responsible for the construction of the Nursing Results based on ICNP® Version 2.0, according to the pre-selected and updated diagnostic in this study.

The second stage corresponded to the semantic analysis. For Nursing Results, the following terms have changed: For "Effective

exclusive breastfeeding" it was suggested "Effective Exclusive mother´s breastfeeding" justified a matter of conceptual coherence.

For the result "completed breastfeeding", it was suggested "effective Breastfeeding." For the result "improved appetite", it was suggested "good appetite." For the result "No constipation", it was suggested "Constipation absence." For the result "normal urinary elimination", it was suggested "satisfactory urinary elimination." For the result "improved ambulation", it was suggested "satisfactory ambulation." For the result "current exhaustion in improved postpartum period", it was suggested "current exhaust absence in the postpartum period." For the above-mentioned changes, the participants argued that "for consistency with the technical language used in the everyday practice of obstetric care" items should be changed.

For the result "effective self-care", it was suggested "effective body hygiene." For the result "Self-hygiene vulvar region effective", it was suggested, "Hygiene vulvar region effective." These modifications were justified by the argument that "the permanence of the term expresses a redundancy."

For the result "No risk of infection at the surgery", it was suggested, "decreased the risk of infection at the surgical site." For the result "No risk of bleeding in the postpartum period", it was suggested, "decreased the risk of bleeding in the postpartum period." For the result "No risk of infection", it was suggested, "Risk of infection decreased." For the result "No risk of impaired mother-child bond" it was suggested "risk of decreased committed mother-child bond." The results modified the terms "reduced risk [...]", it was justified by the fact that there is exposure to the risk of infection during the postpartum period.

For the result "normal surgical wound", it was suggested "clean surgical wound externally." For the result "improved current breast fissure", it was suggested, "current breast fissure healed." For the result "improved current breast engorgement", it was suggested "missing breast engorgement." For the result "Presence of knowledge about milking breast milk", it was suggested "proper knowledge about milking breast milk." For the result "No spiritual distress". It was suggested "improved spiritual distress." These results have changed founded for the consistency and suitability to practice in everyday practice in midwifery.

The third and final stage were responsible for calculating the CI. The results showed that 18 (51.42%) results reached CI = 1.0; 12 results (34.28%) achieved a CI = 0.75; 03

Olegário WKB, Fernandes LTB, Medeiros CMR.   **Validation of ICNP® nursing results for assistance…**

results (8.57%) reached CI = 0.50; and 02   (5.71%) results reached a CI = 0.25

Selected/updated Nursing Diagnoses (ICNP® Version 1- 2007) *	Nursing Results built (ICNP® Version 2 - 2011)	Nursing Results "Modified" by the semantic analysis (ICNP® Version 2 - 2011)	"Updated" Nursing Results CI (CIPE® Version 2013)	
Effective breastfeeding	Effective breastfeeding	Effective breastfeeding	Positive breastfeeding	1,0
Committed exclusive breastfeeding	Effective exclusive breastfeeding	Effective exclusive mother is breastfeeding	Effective exclusive breastfeeding	1,0
Knowledge absence of milking breast milk	Presence of knowledge about milking breast milk	Adequate knowledge of milking breast milk	Adequate knowledge of milk the breasts	1,0
Low level of knowledge about breastfeeding	Expected level of knowledge about breastfeeding	Expected level of knowledge about breastfeeding	Adequate knowledge about breastfeeding	1,0
Low level of knowledge about the clinical status of the newborn	Expected level of knowledge about the clinical status of the newborn	Expected level of knowledge about the clinical status of the newborn	Adequate knowledge about the health condition of the newborn	1,0
Low level of knowledge about self-care with the surgical wound	Expected level of knowledge about self-care with the surgical wound	Expected level of knowledge about self-care with the surgical wound	Adequate knowledge about the care of the wound	1,0
Low level of knowledge about self-care with breasts	Expected level of knowledge about self-care with breasts	Expected level of knowledge about self-care with breasts	Adequate knowledge about regimen breasts care	1,0
Low level of knowledge about caring for the newborn	Expected level of knowledge on the care of the newborn	Expected level of knowledge on the care of the newborn	Adequate knowledge of care of the newborn	1,0
Low level of knowledge about family planning	Expected level of knowledge about family planning	Expected level of knowledge about family planning	Adequate knowledge about family planning	1,0
Ambulation committed in the postoperative period	Improved ambulation	Ambulation satisfactory	Effective ambulation	1,0
Current exhaustion in the post-partum period	Current exhaustion in improved post-partum period	Current exhaust absence in the postpartum period	Current exhaust absence in the postpartum period	1,0
Fatigue operates in the postpartum period	Fatigue operates in improved in the post-partum period	Fatigue operates in improved in the post-partum period	Missing fatigue/fatigue improved in the postpartum period	1,0
Normal surgical wound	Normal surgical wound	Surgical wound externally clean	Effective wound healing	1,0
Current breast engorgement	Current breast engorgement improved	Missing breast engorgement	Breast engorgement absence	1,0
Low blood pressure	Normal blood pressure	Normal blood pressure	Effective blood pressure	1,0
Compromised resting	Compromised resting	Improved resting	Positive compromised resting	1,0
Maternity/ parenting risk Committed	No maternity/paternity risk committed (Parenting)	No maternity/paternity risk committed (Parenting)	Effective parenting	1,0

Olegário WKB, Fernandes LTB, Medeiros CMR.   **Validation of ICNP® nursing results for assistance...**

(Parenting)				
Sleep committed	Improved sleep	Improved sleep	Adequate sleep	1,0
Normal anxiety	Improved normal anxiety	Improved normal anxiety	Improved anxiety	0,75
Breastfeeding interrupted	Breastfeeding completed	Effective breastfeeding	Positive breastfeeding	0,75
Appetite committed	Appetite improved	Satisfactory appetite	Positive appetite	0,75
Committed Self-hygiene vulvar region	Effective Self-hygiene vulvar region	Effective Hygiene vulvar region	Effective Self-hygiene vulvar region	0,75
Compromised body self-Hygiene	Effective self-hygiene	Effective body self-hygiene	Effective self-hygiene	0,75
Committed self-esteem	Improved Self-esteem	Effective breastfeeding	Positive breastfeeding	0,75
Current constipation	No constipation	Absence of constipation	Improved constipation perceived	0,75
Postpartum uterine pain	Postpartum uterine pain absence	Postpartum uterine pain absence	Postpartum pain absent	0,75
Edema (specify the degree and location)	No peripheral edema in the legs	No peripheral edema in the legs	Absent of peripheral edema	0,75
Current breast fissure	Current breast fissure improved	Current breast fissure healed	Missing mammary Fissure	0,75
Risk of infection at the surgery place	No risk of infection at the surgical place	Decreased risk of infection at the surgical place	Low risk of infection in the surgical wound	0,75
risk of bleeding in the postpartum period	No risk of bleeding in the postpartum period	Decreased risk of bleeding in the postpartum period	Low risk of post-partum bleeding process	0,75

Figure 1. Nursing Results constructed selected by ND in a previous study; modified by semantic analysis and validated fully and potentially applicable to practice on women health in the postpartum period.

From the results of the study, it was decided to consider **_"fully applicable to the practice of women health in the postpartum period,"_** the statements of Nursing Results with a CI ≥ 0,80, that is assuming that always there is a woman in the postpartum period, which meets the clinically considered normal standards, meaning that these **"will"** be identified. Concerning those with a CI ≥ 0.70 and <0.80, they were considered **_"potentially applicable to practice on women health in the postpartum period,"_** assuming that whenever a woman in the postpartum period, that meets the clinically considered normal standards, they **"may or may not be"** identified. The other statements that obtained a CI <0.70 were disregarded.

Selected/updated Nursing Diagnoses (ICNP® version 1-2007) *	Nursing Results built (ICNP® Version 2 - 2011)	Nursing Results "Modified" by the semantic analysis (ICNP® Version 2 - 2011)	"Updated" Nursing Results CI (CIPE® Version 2013)	CI
High urinary elimination	Normal urinary elimination	Satisfactory urinary elimination	Effective urinary elimination	0,50
Risk of infection	No risk of infection	Decreased risk of infection	Low risk of infection	0,50
Mother-child bond risk compromised	No risk of mother-child bond compromised	Decreased risk of mother-child bond compromised	Improved mother-child bond	0,50
Current spiritual anguish	No spiritual anguish	No spiritual anguish	Effective spiritual condition	0,25
Impaired communication	Effective communication	Effective communication	Effective communication	0,25

Figure 2. Results nursing constructed selected by ND in a previous study; modified by semantic analysis and not validated for practice on women health in the postpartum period.

There were 30 (85.71%) statements of ICNP® Nursing Results validated for the nursing care for patients during the postpartum period.

DISCUSSION

The term validation can be understood as a promising and important factor for research on the classification systems as a whole.[13]

The nursing results are taken as the state of certain nursing diagnosis after the completion of Nursing Intervention.[14] Therefore, to evaluate the effect of nursing care, the identification of patient results sensitive to this care being a key element[4]. In developing the Nursing Results of ICNP® terms axis focus and judgment are used, added or not to the terms of five other axes.

Bibliographical study of the systematic review of the literature type sought to point out the most frequently discussed issues in research articles through the databases LILACS and MEDLINE, internationally, which had the theme Nursing Care Results. The authors noted that in the last decade, no national study was found, suggesting the shortage in the country of studies assessing the nursing practice results, making a notable contribution to the health team. There were 10 articles selected, in which 90% dealt with the NOC classification, generating the hypothesis of lack of knowledge of professionals regarding the use of ICNP[15]. In the literature in general and those related to ICNP®, there is a shortage of studies that legitimize the use of terms and methodologically properly validated.

Several methods and techniques have been used in validation studies. Among them, Fehring method was used to validate the Nursing Diagnoses, ended up being incorporated into the validation of Nursing Interventions and Nursing[14].

A study in Korea to identify the Nursing Results included within the Nursing Outcomes Classification - NOC - which is more sensitive to evaluate nursing Korean hospitals, such as patient care quality control measure used the Delphi technique, with a sample of 230 nurses. The study showed that the five NR more useful for the evaluation of nursing in hospitals were "Status of vital signs", "Knowledge: Infection Control", "Pain Control", "Safety Behavior: Fall prevention" and "Status of infection."[16]

Other research using the same technique, based on the NANDA taxonomy identified Nursing Results for the diagnosis "risk for infection," "risk control," "Detection of risks," "Skin Integrity," "Wound healing in the first intention" .[17]

Another study[7], validated from Consonance Index, NR of NOC for surgical patients to the risk of infection - the most common in the three study nursing services. There were eight Nursing Results validated "Knowledge: infection control" (CI = 0.95); "Risk control: infectious process" (CI = 0.91); "Wound Healing: second intention" (CI = 0.89); "Wound healing: first intention" (CI = 0.85); "Knowledge: procedure (s) treatments" (CI = 0.85); "Immune state" (CI = 0.83); "Tissue integrity: skin and mucous membranes" (CI = 0.83); "Risk control: sexually transmitted diseases (STDs)" (CI = 0.81). NR "Knowledge: infection control" was the NR with the highest score in the study, however, in this study the NR: "decreased infection risk" has not been validated by achieving CI = 0.50.

For mother-infant binomial, the authors listed diagnosis "deficient knowledge of mothers to take care of the child" and as Nursing Results for the actions had "adequate knowledge of the progenitor to take care of the child", similar to NR validated in this study with CI = 1.0 "adequate knowledge about care of the newborn." Regarding the mother-child bond, three studies were identified in the diagnosis "mother-child bond harmed" building the NR "Bond Mother/Son Preserved" (CI = 0.90), "Strengthening link between the carrier and caregivers (child and mother)" and "Link improved mother-child"[6,18-9], the latter identical to the proposed for validation, however, it has not been validated by experts.

Given that the positive Nursing Diagnoses can be considered as NR considered for the negative ND, it was identified in two previous studies several positives of ICNP®, which in this study were validated as NR. One of the studies prepared Diagnostics/Nursing results for women in labor and identifying mothers: "Effective Breastfeeding" and "clean surgical wound"[12] both validated in the current research for their diagnosis "committed exclusive breastfeeding" and "normal surgical wound" as "Exclusive breastfeeding effective" and "effective wound healing" reaching CI = 1.0. The other[6] used the methodology of content validation through the CI for the prenatally with the ND presented below achieved a higher rate than 0.80: "Adequate Breastfeeding" (CI = 0.87)"; "Normal Blood Pressure" (CI = 0.90); "Adequate Elimination Urinary" (CI = 0.92) 23, the first two were validated as NR "Positive breastfeeding" and "effective blood pressure" (CI = 1.0) and was

not validated "effective urinary elimination" (CI = 0.50).

Validation study based on CIPESC® (International Classification of Nursing Practice in Community Health)[6] validated the ND "Full Mamas" (CI = 0.85) and "Full Nipples" (CI = 0.85) and another study (2013)[26], cataloged for the diagnosis "Trauma nipple (fissures) discreet" the NR "Absence cracked nipples" in relation to these terms has been validated by experts participating in the current study "absent breast fissures" (CI = 0.75).

With regard to diagnostics, "committed Sleep", "committed ambulation in the postoperative period," "current fatigue in postpartum period" and "current breast engorgement" were related in the literature NR: "mobility level"; "Locomotion"; "Sleep"; "Improved Fatigue" and "absent breast engorgement"[3-17,20] similar to NR legitimated with CI = 1.0, "Adequate sleep," "effective ambulation", "absent Fatigue/Fatigue improved postpartum period" and "breast engorgement of absence."

The diagnosis of pain can affect both ambulations as the self-care ability of an individual. Thus, interventions to promote good NR for diagnosis contribute to the improvement or no emergence of others. Thus, the expected results in the literature were: "Pain Control," "comfort level," "Control of symptoms," "reduced pain," "pain improved" from[17-21], in which validated the NR "absent postpartum pain" (CI = 0.75).

With regard to self-care, three validation studies enabled to observe the application of four results of the NOC classification: "Self-care: activities of daily living"; "Self-care: bath"; "Self-care: hygiene"; "Self-care: Oral Hygiene" for OF NANDA "Self-care deficit: toilet/bath", allowing monitoring the evolution of medical patients, surgical, critical and Total Hip Arthroplasty (ATQ)[21]. In two of them, there were used the methodology of the CI and the other the Alpha Crombrach. One one study, it was identified CI of 0.80 to 24 indicators for the same nursing results above NOC. It should be noted that the NOC includes the results describing the condition and the patient's reactions in response to the care provided. Each result has a label, a definition and a list of indicators that describe the client, caregiver or family[22]. Another study calculated the alpha Cronbach to assess the internal consistency between the first and second observation of patients with the highest level of significance or equal to 0.05 with all those NR of NOC validated[21]. Moreover, the last study validated the four NR

described with CI of 0.83 and NR pain level with CI = 0.81 for the diagnosis of NANDA above; this diagnosis was the second most frequent in services study[7].

The ICNP® studies regarding the diagnosis of "self-care" and "Hygiene" bring as expected results: "preserved oral hygiene," "improved self-care," "attitude about self-care" and "adequate self-care"[6-20,23]. Thus, validated the NR: "effective self-hygiene vulvar region" and "effective self-hygiene" with CI = 0.75 by the judges.

The effective ambulation is a Nursing Result that significantly interferes with the emergence of the risk diagnosis of constipation in the puerperal period. Therefore, many authors cite NR expected focused on "Constipation" as "intestinal elimination," "Adequate Intestinal Elimination" "Hydration," "absent constipation" and "decreased constipation"[6,17,20,23-4] by updating these terms to the ICNP® 2013 was validated with CI = 0.75 NR "Constipation perceived improved."

Nutrition in the postpartum period may be adversely affected by various factors, such as fatigue, beliefs, interference from third parties, among others, and the appetite may increase or decrease, before it can be expected as a result of diagnosis "committed appetite" "nutritional status: intake of food and liquids", "proper food intake", and "food intake increased or decreased"[6,12,17]. In this context, the NR "positive appetite" was validated with CI = 0.75 when the same show the evaluation of the client's needs about the increase or decrease in food intake related to the diagnosis in question.

For the diagnosis of "Edema", it was found in the literature results as "liquid balance," "reduced fluid retention," "Liquid volume decreased"[12,24,25]. Therefore, the Nursing Result "absent peripheral edema" was validated (CI = 0.75).

In the field of psychosocial need, the diagnosis of "Anxiety" was found in previous studies on the Systematization of Nursing Assistance, which were established as expected results: "Anxiety Control," "Combat," "reduced anxiety" and "decreased anxiety "[17,23,25]. Thus, that the NR "improved anxiety" was validated (CI = 0.75).

This study showed that there is a continuing need to study and update under ICNP® already existing. For this, it is necessary that nurses use in the practice of SAE using a Classification System. These validation processes potentially strengthen and consolidate practical nursing improved

and consistent, in case the nursing care to women in the puerperal period.

CONCLUSION

Nurses have documented the results of their operations for decades, but the lack of a common language and associated measures for the results prevents the aggregation of data, analysis, and synthesis of information on the effects of interventions and nursing practice.

Given the above, it is clear that the validation of such content served to meet the need for reaffirmation of construction studies of the results in the literature. The use of these assertions may represent an improvement in care, once validated ICNP® Nursing Results reflect the real needs of patients in the postpartum period, and could guide a positive quality nursing care.

Limitations of the study are given in relation to the characteristics of the sample of experts, based on the proposed by Fehring difficult to obtain in the Brazilian reality, lack of interest of some members of the nursing team to contribute to the systematic deficiency of knowledge to deal with this method work, the delay in returning and the difficulty some nurses in completing the instrument, carrying out group discussions with clinical nurses, as during the working environment is difficult enough reserves to do so. It is expected that future research will continue to include the validation of internationally to make known Nursing Results, factors that interfere or not the applicability of the systematization of nursing care in health services, as well as for building standardized obstetric language.

This study validated 30 ICNP® Nursing Results for nursing care for patients during the postpartum period. It is expected that it can support the practice of obstetrics and other works about the study object.

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