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NURSING DIAGNOSIS OF SCHOOL ADOLESCENTS

DIAGNÓSTICOS DE ENFERMAGEM DE ADOLESCENTES ESCOLARES

DIAGNÓSTICO DE ENFERMERÍA DE LOS ADOLESCENTES ESTUDIANTES

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ABSTRACT

Objective: to analyze the diagnostic profile of adolescents. ***Method:*** methodological type study, developed in the city of Redenção/CE, with 114 adolescents aged between 12 and 19 years from public schools. For the appointment of nursing diagnoses, we used the NANDA-I. ***Results:*** the most prevalent nursing diagnoses were acute pain (46%), imbalanced nutrition: more than the body's requirements (21%), willingness to improved nutrition (17.5%), impaired dentition (11.4%) and sedentary lifestyle (10.5%). ***Conclusion:*** through this study we realize the importance of the use of nursing diagnoses in the school environment, as it allows to identify human responses that stage, and plan health promotion activities according to the real needs of adolescents. ***Descriptors:*** Nursing; Adolescent; School.

RESUMO

Objetivo: analisar o perfil diagnóstico de adolescentes escolares. ***Método:*** estudo do tipo metodológico, desenvolvido no município de Redenção/CE, com 114 adolescentes na faixa etária entre 12 e 19 anos de uma escola pública. Para a nomeação dos diagnósticos de enfermagem, foi utilizada a NANDA-I. ***Resultados:*** os diagnósticos de enfermagem mais prevalentes foram de dor aguda (46%); nutrição desequilibrada: mais do que as necessidades corporais (21%); disposição para nutrição melhorada (17,5%); dentição prejudicada (11,4%) e estilo de vida sedentário (10,5%). ***Conclusão:*** por meio deste estudo, percebe-se a importância da utilização dos diagnósticos de enfermagem no ambiente escolar, uma vez que permite identificar respostas humanas dessa fase, e planejar ações de promoção à saúde conforme as reais necessidades dos adolescentes. ***Descritores:*** Enfermagem; Adolescente; Escola.

RESUMEN

Objetivo: analizar el perfil diagnóstico de los adolescentes. ***Método:*** estudio de tipo metodológico, desarrollado en el Municipio de Redenção/CE, con 114 adolescentes de entre 12 y 19 años de escuelas públicas. Para el nombramiento de los diagnósticos de enfermería fue utilizada NANDA-I. ***Resultados:*** los más frecuentes diagnósticos de enfermería fueron dolor agudo (46%), desequilibrios de la nutrición: más que el cuerpo necesita (21%), disposición para mejorar la nutrición (17,5%), personas con problemas de dentición (11,4%) y sedentarismo (10,5%). ***Conclusión:*** a través de este estudio nos damos cuenta de la importancia del uso de diagnóstico de enfermería en el entorno de la escuela, ya que permite identificar las respuestas humanas de esta fase, y planificar acciones de promoción de la salud como las necesidades reales de los adolescentes. ***Descriptores:*** Enfermería; Adolescente; Escuela.

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INTRODUCTION

The nurse when he/she takes on the Systematization of Nursing Assistance (SAE) provides a space for expression / funding needs, contributing to the resolution of issues of competence and coordination with other sectors, professional or support structures.[1]

The establishment of the Nursing Diagnosis (ND) is an exclusive assignment of nurses and their implementation, and provides better conditions for planning and qualification offered care, improves communication among nurses and between them and the multidisciplinary team, which contributes to the development of the profession.

The nursing diagnosis is defined as a process of thought or a word or phrase used to communicate an idea - a nominal category or diagnostic name.[2] Thus, the development of nursing diagnosis is performed by identifying the specific needs of the patient, and these specific needs still depend on the age range.[3] The identification of these diagnoses serves as a basis for nursing interventions, contributing to the process of implementation and hence to the quality of care.

Brazilian nursing has advanced in research in relation to the nursing process both in teaching and in the implementation and applicability. However, some health institutions have not yet adopted this method of assistance, as the theoretical and practical knowledge of nurses about this has shown itself to be poor.

Knowing the diagnostic profile of specific populations such as adolescents is important for the development of community practice, and a goal for nursing, since the production of knowledge that underlies the process of care provides, nurses, important tools to its action with safety.

The development of nursing diagnoses is of great relevance instruments for patient care in the health sector by providing subsidies so that the nurse can act in their care plan. Thus, to know the main nursing diagnoses in specific populations provides greater chances of targeted and individualized interventions.

Adolescence is understood as an extremely important period in the process of growth and human development in different psychobiological, psychosocial and psychospiritual changes that occur, resulting in specific needs for this phase of life.[4] Knowing the profile of nursing diagnoses in this age group makes it possible to identify the main problems affecting this population, and from their results, set goals. This allows not only increasing scientific knowledge about the need to use a standardized language and enable planning improvements from the identified needs.

The universal and equal care of health actions should take into account several relevant aspects that determine the health-disease process in different stages of the life cycle of social groups. It is very important that there is differentiation in the capture of this data so that it can determine the unique needs of each customer. The lack of knowledge about the characteristics of adolescence hinders proper identification of their needs, generating lack of information to family members, professionals and the adolescent itself.[1]

The nurse is a key professional in prevention, promotion and recovery of health, being one of the people responsible for creating the link between adolescents and services. Thus, it is essential that it integrates the welfare issues with competence and capacity, making a more efficient, full and resolute service.[5]

The identification of nursing diagnoses is not a simple task. Moreover, it is not successfully performed also due to the low adherence of the professionals and even the hospital itself to work with the nursing process. Regarding the professionals, it is clear there is a certain rejection, being justified, often, by the lack of time.[6] As for health institutions in these, in most cases, management is carried out by professionals with other formations and have no knowledge about the nursing process, and lack of former employees who did not get to have access during their training, thus hindering its implementation.

Thus, this study aims to analyze the diagnostic profile of adolescents.

METHOD

Methodological type study, held in a public school in the city of Redenção/CE. The study included 114 adolescents aged between 12 and 19 years. The inclusion of study participants took from the expression of interest of the students; students belonging to all classes were invited to participate.

Data was collected using an instrument containing 13 fields of Taxonomy II of NANDA-I, the Nursing System Diagnostics [7] classification and included a roadmap for physical examination.

For the collection of anthropometric data (weight and height) an anthropometric scale with metal rod was used, with 150 kg capacity

(kg) and accuracy of 100 grams (g). To check the blood pressure, adopted the recommendations of the Brazilian Guidelines of Arterial Hypertension[8], in which the choice of cuff was made after the measurement of the circumference of the teens arm with non stretchable tape, at the midpoint between the acromion and the olecranon. Thus, we used aneroid sphygmomanometer and cuffs of 6 cm width, 6.5 cm, 8 cm, 9 cm, 10 cm, 11 cm, 12 cm and 13 cm, binaural stethoscope, and used the diaphragm to the hearing of Korotkoff sounds.

The gathering was held in the school environment, in which a room was available; the atmosphere was calm and it was possible to ensure the privacy of adolescents.

The application of the instrument and physical examination were done individually, guaranteeing and respecting the information given by each student. Initially applied to the interview instrument, and then a physical examination was performed.

The judgment or clinical reasoning of nurses is the central core of the diagnostic process. The main characteristics of diagnostician mention the clinical and scientific knowledge, clinical experience and cognitive development.[9] From thinking strategies, based on practical experiences, knowledge and values, the professional evaluates the significance of the information on your client, establishes relationships between the data and names the phenomenon. It is, then, diagnostic.[10]

The preparation process and the diagnostic inference followed the steps: collection, interpretation / grouping of information and appointment of the categories. The step of gathering information involved the search and evaluation of historical and physical examination.[11] After this stage, the data was interpreted and grouped. This interpretation includes inference processes, judgment and reasoning. The last phase (appointment of the categories) is the name of the information into diagnostic categories.[11] In the diagnostic inference process, the clinical histories were assessed by the researcher and advisor. The consensus between the two was the criterion to accept the formulated nursing diagnoses.

For the appointment of nursing diagnoses, the North American Nursing Diagnosis Taxonomy II Association was used as a reference.[7] This taxonomy was chosen because it is known worldwide and used in clinical nursing practice, it has been translated and adapted in several countries.[12]

For analysis of some parameters (age, sex and education) we used the Epi Info version 3.5.2 software.

The research project was approved by the Ethics Committee of the University of International Integration African-Brazilian Lusophone - UNILAB under number opinion 19567613.0.0000.5576.

RESULTS

The study included a total of 114 participants aged 11 to 19 years of both sexes of a public school in the city of Redenção/CE. The results are presented in Table 1:

Table 1. Distribution of participants according to gender, age, and education Redenção/CE-2014.

Variables	n	%
Gender		
Male	55	48,2
Female	59	51,8
Education (grade)		
Sixth	16	14,0
Seventh	11	9,6
Eighth	8	7,0
Ninth	79	69,3
Age (years)		
11	4	3,5
12	16	14,0
13	12	10,5
14	38	33,3
15	29	25,4
16	10	8,8
17	1	0,9
18	2	1,8
19	1	0,9
20	1	0,9
Total	114	100,0

In table 1, it was found in relation to gender a higher prevalence of females with 51, 8%; the age of higher prevalence among schoolchildren was 14 years old with 33,3%, followed by 15 years with 25.4% and 12 presenting a percentage of 14%. Regarding education, it was found that most part of 90 years (69.0%), followed by 60 years (14.0%).

Nursing Diagnostics (title)	n	%
Acute pain	53	46
Imbalanced nutrition: more than body requirements	24	21
Willingness to improved nutrition	20	17,5
Teething impaired	13	11,4
Sedentary lifestyle	12	10,5
Behavior prone to health risk	8	7
Willingness to increase communication	6	5,3
Constipation risk	5	4,4
Poor knowledge	5	4,4
Dysfunctional family processes	4	3,5
Insomnia	4	3,5
Unbalanced nutrition risk: more than body requirements	4	3,5
Willingness to increased fluid balance	4	3,5
Impaired home maintenance	3	2,6
Loneliness risk	3	2,6
Unstable blood sugar risk	1	0,9
Situational low self-esteem Risk	1	0,9
Impaired home maintenance	1	0,9
Impaired physical mobility	1	0,9
Anxiety	1	0,9
Ineffective protection	1	0,9
Impaired religiosity	1	0,9
Interrupted family processes	1	0,9
Disturbance in body image	1	0,9
Situational low self-esteem	1	0,9
Impaired skin integrity	1	0,9

Figure 1. Distribution of participants according to the identified nursing diagnoses. Redenção/CE-2014.

In figure 1, it was found between the diagnoses provided by adolescents the higher prevalence of acute pain was 46%, followed by imbalanced nutrition: more than 21% body requirements, provision for improved nutrition 17.5% dentition impaired, sedentary lifestyle and health behavior prone to risk respectively 11.4%, 10.5% and 7%.

Related factors	n	%
Damaging agents (biological, chemical, physical, psychological)	53	46
Excessive intake in relation to the metabolic needs	20	17,5
Ineffective oral hygiene	13	11,4
Lack of interest	12	10,5
Negative attitude towards health care	5	4,4
Physiological factors	5	4,4
Changes in food intake	5	4,4
Inadequate understanding	4	3,5
Excessive intake in relation to physical activity	4	3,5
Insufficient intake of fiber	4	3,5
Lack of ability to remember	4	3,5
Psychological factor	3	2,6
Broken sleep	3	2,6
Lack of interest in learning	2	1,8
Multiple stressors	2	1,8
Poor eating habits	2	1,8
Food intake	2	1,8
Inability to solve problems	2	0,9
Dysfunction food standards	1	0,9
Skeletal muscle damage	1	0,9
Smoking	1	0,9
Environment	1	0,9
Significant other loss	1	0,9
Physical factors	1	0,9
Ache	1	0,9
Substance abuse	1	0,9
Exchange of roles in the family	1	0,9
Stress	1	0,9
Inadequate coping skills	1	0,9
Rejection	1	1,8
Mechanical factors	1	0,9

Figure 2. Distribution of participants according to factors related to nursing diagnoses. Redenção/CE-2014.

In figure 2 it can be seen in relation to factors related to diagnosis, the most prevalent was represented by damaging agents (biological, physical and psychological) (46%), followed by excessive ingestion in relation to the metabolic needs (5 %) ineffective oral hygiene (11.4%), and lack of interest (10.5%).

Defining Characteristics	n	%
Verbal report of pain	53	46,0
Choose a daily routine without exercise	12	10,5
Eating in response to external stimuli	11	9,6
Cavities in the crown	9	7,9
They cannot act to prevent health problems	8	7,0
Expressed desire to improve nutrition	7	6,1
Eating regularly	7	6,1
Bad teeth care	7	6,1
Consuming adequate food	6	5,2
Expressed knowledge about healthy food choices	5	4,5
Eating in response to internal stimuli other than hunger	5	4,4
Verbalization of the problem	5	4,4
Report difficulty staying asleep	5	4,4
Sedentary lifestyle	4	3,5
Difficulty falling asleep	4	3,5
Good turgor tissue	3	2,6
Alcohol abuse	2	1,8
Critical and growing conflicts among family members	2	1,8
Adequate intake for daily needs	2	1,8
Lack of food	2	1,8
Expressed knowledge about healthy choices of liquids	2	1,8
Dysfunctional eating pattern	2	1,8
Changes in satisfaction with family	2	1,8
Cavities in the root of the teeth	2	1,8
Express feelings	1	0,9
Expressed little difficulty with the prescribed treatment regimen	1	0,9
Family members overloaded	1	0,9
Slow motion	1	0,9
You can not achieve a complete sense of control	1	0,9
Fidgeting	1	0,9
Difficulty adhering to the prescribed religious beliefs	1	0,9
Decreased frequency	1	0,9
Attitude to food consistent with the health goals	1	0,9
Drug Abuse	1	0,9
Changes in communication patterns	1	0,9
Verbal abuse of father	1	0,9
Lack of interest in food	1	0,9
Reports of feelings that reflect an altered vision of their own body	1	0,9
Destruction of the skin layer	1	0,9
Impaired communication	1	0,9

Figure 3. Distribution of participants according to the presence of the defining characteristics. Redenção/CE-2014.

In figure 3, it is seen in relation to the main defining characteristics for diagnostic of verbal report of pain with a percentage of 46%, choose a daily routine without exercise (10.5%), eating in response to external stimuli (9,6%), cavities in the crown (7.9%), cannot act to prevent health problems (7%), expressed desire to improve nutrition (6.9%) and presence of bad teeth (6,1%). The other characteristics showed a lower percentage, being those listed above the most prevalent among teenagers.

Amount of individual diagnostics	Total of students (%)
1	43
2	33,3
3	18,4
4	4,4
5	1,8

Figure 4. Relationship number of students x number of diagnosis presented. Redenção/CE-2014.

In Figure 4, it appears that 43% of adolescents had at least one diagnosis, 33.3% had two diagnoses, 18.4% had three diagnoses, and 4.4% of the adolescents had four diagnoses, and only 1.8 % presented five diagnoses.

DISCUSSION

The development of nursing diagnoses involves a set of steps for its implementation, which is composed of defining characteristics and related factors. The defining features are a set of signs and symptoms that ensure the

presence of a particular diagnosis. Based on steps: collection, interpretation/grouping of information and appointment of categories[11], it was possible to identify the nursing diagnoses present in school adolescents.

In the findings, as the nursing diagnoses, related factors and defining characteristics was identified a higher prevalence in the diagnosis of acute pain in 53 (46%), which is related to harmful agents (biological, physical, chemical), and defining characteristic represented by verbal report of pain. Both had the same percentage of diagnosis. During data collection, the main complaint of students was the headache, often related to noise at school, and others could not identify the cause abdominal pain was also one of the aspects reported by adolescents. When we investigated the frequency of pain, many reported having come about three months ago and appearing at least two to three times a week. A major problem identified on this diagnosis was in relation to self-medication; many reported use of pain killers and often do not seek a health service to try to identify the cause.

The diagnosis of imbalanced nutrition: more than body requirements was present in 24 (21.0%) of adolescents, and the related gorging factor in relation to the metabolic needs was the most prevalent (17.5%). It was found as the related factors when investigating the eating habits, excessive consumption of processed and salty foods, especially during the morning and afternoon; not having an adequate standard and do not follow schedules; consume more than necessary for their metabolic needs. The main defining characteristics that were presented were eating in response to external stimuli, 11 (9.6%) eating in response to internal stimuli other than hunger 5 (4.4%), for example, anxiety, and also style sedentary life with 4 (3.5%). It was identified from the findings a risk factor for obesity, dyslipidemia, hypertension, because in addition to having an inadequate diet, they do not exercise very often.

Although most teens make effective diagnosis in this study, it was also possible to identify the diagnosis of health promotion available to improve nutrition with 20 (17.5%) being characterized by expressing desire to improve nutrition and eat regularly, both with a percentage of 6.1% (7). It was identified during the interview in relation to the investigation of eating habits specific to this group an adequate intake of fruits, vegetables, eating on regular schedules, and express a good knowledge of health care.

Another gift diagnosis was impaired dentition (11.4%), with the main factor related to the ineffective oral hygiene, also with a percentage of 11.4% (13), the main defining characteristics for this diagnosis was the presence of cavities in the crown with 9 (7.9%), damaged teeth 7 (6.1%) and root cavities of the tooth 2 (1.8%). The identification of related factors and defining characteristics was possible to be found from the interview and physical examination. Being identified as main factors related to ineffective oral hygiene were made during anamnesis some questions the frequency of brushing teeth, flossing, going to the dentist. In the diagnosis of impaired dentition, it was reported that many know about the care of oral hygiene, however, they did not practice in their own carelessness.

A study of 21 adolescents about nursing diagnoses were identified similar results in the diagnosis of impaired dentition, where their findings in the diagnosis showed a rate of 26.9%, compared to our study (11.4%). It was through the results and target audience are teenagers, the diagnosis of impaired dentition is one of the prevalent and common diagnoses in this age group.[13]

Sedentary lifestyle was also a fairly common diagnosis among students (10.5%), and were primarily related to lack of interest. This can be characterized as a lack of interest from teenagers to physical activities. The teenagers reported participating only in physical education classes at school, and on account of participation influencing the frequency. The boys during questioning said they do not like physical activities, showed they prefer to stay at home playing video games and girls watching TV or on the internet. The prevalent characteristic for this diagnosis was to choose a daily routine without exercise (10.5%). It was noticed from the above why many teens have come presenting health problems: inadequate food and lack of exercise as part of their daily lives, thus contributing not only to current changes and future.

An interesting finding of the study was the diagnosis of health in behavior prone to risk (7.0%) being related to factors such as negative attitude towards health care (4.4%). In this aspect it is highlighted the lack of adolescent care of their own health, even knowing the risks and the importance of caring for it: poor diet, sedentary lifestyle, lack of routines testing, modesty in girls still present in the gynecological examination. As a defining characteristic can be detached cannot act to prevent health problems (7.0%).

Some even being told in school and family about the importance of a change in the standard of living with healthy eating habits and exercise, prefer to keep the same lifestyle.

Moreover, despite representing a small percentage diagnosis of poor nursing knowledge was present in five adolescents (4.4%), which itself is related mostly to lack of capacity to remember with four (3.5%) and two (1.8%) due to lack of interest in learning. This defining characteristic was prevalent verbalization of the problem with five (4.4%). This diagnosis was possible from the use of the collection instrument containing specific questions. They asked the teenagers which their ability to store information in memory and learning new things. Teens reported having difficulties memorizing the contents passed on in the classroom, and for the lack of interest highlighted not liking to study and feel no interest in going to school.

In a study also conducted research on nursing diagnosis in the school environment were identified similar findings.[14] Was the case of the diagnosis "lack of knowledge", present in five schools, and "sedentary lifestyle" in nine participants; the latter was very close to the number found in this study, that identified this diagnosis in 12 subjects.

It was noticeable that the results in the identification of nursing diagnoses in all adolescents investigated, and also identified the adolescents with more than one diagnosis.

In a study on the validation of nursing diagnoses for teenagers, one was identified as major needs: the psychobiological followed by the psychosocial and spiritual. The physiological needs include (sleeping, resting, feeding, elimination, hormone regulation, physical activity). By comparing these with the findings of the present study, it appears that they resemble, for the most prevalent diagnoses were related to biological changes as the diagnosis of acute pain, nutrition, sedentary lifestyle. In psychosocial needs is highlighted learning, health education, anxiety, where we as a diagnostic deficient knowledge, behavior prone to health risk.

It was noticed, based on the diversity of diagnoses presented by adolescents in the study, the need for validation of a systematic tool for specific population, where they can focus on their real needs. This fact is borne out in a study on the creation of a systematic instrument of nursing care for hospitalized patients,[5] the authors state that the lack of knowledge about the characteristics of adolescence hinders proper identification of their needs, generating lack of information to family members, professionals and the adolescents themselves.

In a study of a nursing process in family health was emphasized that a diagnosis effectively outlined favors the development of concise and resolute assistance plan.[15] In addition, a harmonious relationship between diagnosis/prescription/implementation would be crucial to achieving the goals and welfare, consequently, positive nursing evaluation.[16]

CONCLUSSION

Through this study, the importance of use within the school environment, nursing diagnoses, part of the nursing process. They could be perceived as paramount significance instruments for specific population, because it offers a broader understanding of the main problems faced by adolescents, and thus with the school community, family and health professionals think of the health promotion goals focusing on their real needs.

It is worth noting that the nursing care as well as providing a holistic and appropriate care, still favors adolescents to understand their needs. It is perceived to study the lack of research regarding the theme, highlighting the importance of further studies in this line of research, which is possible through the results, trace intervention goals and health promotion. It is the knowledge and scientific improvements that enable the academic community set goals to improve the population's health quality, one of the essential tools for nursing.

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