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NURSING PROCESS WITH HYPERTENSIVE PATIENTS IN PRIMARY HEALTH CARE PROCESSO DE ENFERMAGEM COM PACIENTES HIPERTENSOS NA ATENÇÃO PRIMÁRIA EM SAÚDE

PROCESO DE ENFERMERÍA CON PACIENTES HIPERTENSOS EN ATENCIÓN PRIMARIA DE SALUD

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ABSTRACT

Objective: to identify Nursing diagnoses, results and interventions related to hypertensive health behaviors. **Method:** a cross-sectional, quantitative approach, carried out in Basic Health Units with 105 hypertensive patients. Data was collected using a form. The results were organized in an Excel for Windows database, submitted to descriptive statistical analysis, and discussed based on the literature. **Results:** the main Nursing diagnoses, expected results and Nursing interventions were: ineffective health maintenance; the expected result is health seeking behavior and interventions are improvement in coping and improvement of the support system. Change stress syndrome; the expected outcome is psychosocial adjustment: life change and interventions are active listening and promotion of hope. **Conclusion:** Nursing care systematized in the Nursing process allows optimizing care provided to patients. **Descriptors:** Nursing; Nursing Process; Hypertension.

RESUMO

Objetivo: identificar diagnósticos, resultados e intervenções de enfermagem relacionados aos comportamentos de saúde de hipertensos. **Método:** estudo transversal, de abordagem quantitativa, realizado em Unidades Básicas de Saúde com 105 pacientes hipertensos. Coletaram-se dados por meio de um formulário. Os resultados foram organizados em um banco de dados do Excel for Windows, submetidos à análise estatística descritiva e discutidos com base na literatura. **Resultados:** os principais diagnósticos de enfermagem, resultados esperados e intervenções de enfermagem foram: Manutenção ineficaz da saúde; o resultado esperado é comportamento de busca da saúde e as intervenções são melhora no enfrentamento e melhora do sistema de apoio. Síndrome do estresse por mudança; o resultado esperado é adaptação psicossocial: mudança de vida e as intervenções são escutar ativamente e promoção da esperança. **Conclusão:** o cuidado de enfermagem sistematizado no processo de enfermagem permite otimizar a assistência prestada aos pacientes. **Descritores:** Enfermagem; Processo de Enfermagem; Hipertensão.

RESUMEN

Objetivo: identificar los diagnósticos, los resultados y las intervenciones de Enfermería relacionadas con conductas de salud de hipertensos. **Método:** estudio transversal, con enfoque cuantitativo, realizado en unidades básicas de salud con 105 pacientes hipertensos. Datos recogidos a través de un formulario. Los resultados se organizaron en una base de datos en Excel para Windows, sometidos al análisis estadísticos descriptivos, y discutidos con base en la literatura. **Resultados:** los principales diagnósticos de Enfermería, resultados esperados y las intervenciones de Enfermería fueron: Mantenimiento ineficaz de la salud; el resultado esperado es que el comportamiento de búsqueda de la salud y las intervenciones son mejora en el enfrentamiento y mejora del sistema de apoyo. Síndrome de estrés por cambio; el resultado esperado es adaptación psicossocial: cambio de la vida y las intervenciones son escuchar activamente y promover la esperanza. **Conclusión:** el cuidado de Enfermería sistemática en el proceso de Enfermería permite optimizar la asistencia prestada a los pacientes. **Descriptores:** Enfermería; Proceso de Enfermería; Hipertensión.

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INTRODUCTION

Nursing is increasingly establishing itself as science in the scientific community. Its method of solving problems is the Nursing Process (NP). The steps that make up the Nursing Process are: data collection (interview and physical examination); Nursing Diagnoses (ND); planning (results and interventions); implementation (activities) and evaluation that enable the organization of care.

In Brazil, the NP is an activity regulated by the Nursing Professional Exercise Law and is normalized by the Resolution of the Federal Nursing Council (COFEn) nº 358/2009, which deals with the implementation of the Nursing Process in public and private environments, in which professional Nursing care takes place.¹

The classification proposed by the North American Nurses Diagnoses (NANDA-I) is one of the classifications used in the NP to list the Nursing Diagnoses that each patient or community presents. In an integrative review, study with articles on Nursing classification systems, it was found that NANDA-I is the most used classification system in research, reaching a margin of 50%.²

Nursing diagnosis is defined as the "clinical judgment about responses of individuals, families or communities to health problems/actual or potential life processes", providing a basis for the selection of interventions and achievement of results.³: 588

After defining the Nursing Diagnoses, the nurse uses the Nursing Results Classification (NOC), which includes the results that describe the patient's state, behaviors, reactions and feelings in response to the care given.⁵

To define the Nursing interventions, the taxonomy used was the Nursing Interventions Classification (NIC), which includes all interventions that nurses perform for the patients. Each intervention appears in the Classification with a title, a definition, a set of activities to execute them and a fundamental bibliography.⁶

These three taxonomies, NANDA-I / NOC / NIC (NNN), facilitate and rationalize decision-making related to the care to be provided by nurses, as well as basing professional practice on international literature.

Patients with Systemic Arterial Hypertension (SAH) are exposed to several risk factors for various comorbidities, such as renal insufficiency, stroke, heart failure, acute myocardial infarction, and others. When acting in a NP-oriented manner, the nurse

performs the complete evaluation of the care needs that the patient presents, and among these, are the educational care.

The nurse, as a member of the basic health team, has the task of strengthening the patient's knowledge about their condition, since their health behaviors are related to the determinations of changes in lifestyle and this involves decisions that can vary between hypertensive people and suffering from the influence of socioeconomic factors, as well as individual and collective perceptions and experiences about arterial hypertension.⁷

Considering the above, the following question is asked: what are the diagnoses, results and Nursing interventions related to the health behaviors found in hypertensive individuals?

The study is justified from the epidemiology shown in the results of studies such as the Surveillance of Risk Factors and Protection for Chronic Diseases by Telephone Inquiry (VIGITEL), conducted in the capitals of Brazil and the Federal District. In its version of 2013, this study showed that throughout the country, the total percentage of people with arterial hypertension was 24.1%, with (23.6%) higher in females than in males (21.5%).⁸

OBJECTIVE

- To identify Nursing diagnoses, outcomes and interventions related to the health behaviors of hypertensive patients.

METHOD

The study is characterized by being descriptive and cross-sectional, in three Primary Health Care Units (PHCU) in the city of Fortaleza-CE, from February to June 2014. The sample consisted of 105 patients with arterial hypertension, being chosen for accessibility.

The inclusion criteria were: to have a diagnosis of Arterial Hypertension confirmed by a physician; age greater than 18 years, regardless of gender; be aware and able to participate in data collection, verbalizing their needs; and be followed up at the basic health unit for at least one year. The exclusion criterion was to be a carrier of another chronic self-reported disease.

Data collection was carried out in the screening area, through a structured interview form in three parts: the first part contains information about socioeconomic characteristics. The second one refers to the physical examination, where blood pressure was verified, according to the gold standard,

hip and abdominal circumference, weight and height of the interviewee. The third is composed of questions pertaining to health behaviors. Among the thirteen domains present in NANDA-I, four domains were selected: health promotion; activity/rest; coping/tolerance to stress and principles of life, because they are intrinsically linked to health behaviors.

In order to reach ND, critical thinking was used, by grouping objective and subjective data obtained in the data collection.⁴ From the identified Nursing Diagnoses, an expected result and two interventions for each of the NDs were stipulated.

The project was approved by the Research Ethics Committee of the State University of Ceará by Opinion No. 177,060 and the participants were clarified about the research, guaranteed confidentiality of identity and freedom to participate or not and even to give up. All who accepted signed the Informed Consent Form.⁹

The results were organized in an *Excel for Windows* database, submitted to descriptive statistical analysis and discussed based on the literature, such as official documents of the Brazilian Ministry of Health and the guidelines of scientific societies.

RESULTS

Of the participants in the survey, 56.7% were women. The highest prevalence of family income was up to a minimum wage, corresponding to 39% of respondents. Regarding schooling, 28.5% of the participants attended the fifth grade of elementary school.

It was noted that 46.6% of subjects had a diagnosis of hypertension five years ago, but 24.7% were diagnosed more than ten years ago. Considering the time of treatment, 44.5% started less than five years ago, and 23.8% started more than ten years ago. The disease time exceeds five years in a few answers.

In the study, 36.1% had SBP <130mmHg and 59%, DBP <85mmHg. Analyzing the BMI, 25.7%

of the participants were in the ideal weight, 29.5% were overweight and 34.2% were obese. Among those interviewed, 43% said they had some physical activity.

Of the participants, 78% reported sleeping up to twice a day and 65% of them said they slept well at night. However, 53% felt tired during the day and 41% felt drowsy during the day. That is, more of the metadata of respondents say they feel tired and sleepy during the day.

In Domain 1, Health promotion: *Ineffective health maintenance*, belonging to Class 2 - Health control, defined as "Inability to identify, control and/or seek help to maintain health" 3, characterized by lack of interest in improving behaviors related to ineffective individual coping, the expected result was health seeking behavior and the interventions are improvement in coping and improvement of the support system.

SAH caused life changes in 47% of patients. The main feelings about these changes were: sadness (40%), worry (30%), fear (30%), anxiety (22%), anger (13%), depression (11%), physical weakness (10%) and loneliness (6%). The responses showed that the SAH caused changes in the life of the patients.

In Domain 9 - Confrontation/stress tolerance, three NDs were identified: Class 1 - change stress syndrome, defined as: "physiological and/or psychosocial disturbance due to changes from one environment to another" 3; post -trauma, characterized by anxiety, disturbance in sleep pattern, fear, worry, anger, loneliness; related to passive coping is a diagnosis that adapts; the expected outcome is psychosocial adjustment: life change and interventions, actively listen and promotion of hope.

Analyzing the information obtained, the table below, that shows the relationship between Nursing Diagnoses, their defining characteristics and related factors, followed by the expected results and Nursing interventions.

Nursing Diagnosis	Definition	Defining Characteristic	Related to	Expected result	Nursing Intervention
Ineffective health maintenance	Inability to identify, control and / or seek help to maintain health	Lack of interest in improving health behaviors	Ineffective individual coping	Health Search Behavior	Improvement in coping and improvement of the support system
Change Stress Syndrome	Physiological and / or psychosocial disturbance due to changes from one environment to another.	Anxiety, disturbance in sleep pattern, fear, worry, anger, loneliness	Passive coping	Psychosocial adaptation: life change	Active listening and promotion of hope

Figure 1. Description of Nursing Diagnoses (NANDA-I), expected result (NOC) and Nursing Interventions (NIC) applied to responses of hypertensive patients. Fortaleza (CE), Brazil, 2015.

In order for this process to become effective and the established diagnoses, expected results and interventions to be achieved, some Nursing activities were traced back to each diagnosis previously listed.

In the ND Ineffective Health Maintenance, suggest as activities: meetings focusing on health education and encouragement for decision-making; health promotion activities that address changing habits and encourage a healthy lifestyle, such as balanced nutrition, practice of physical activities; avoid smoking and alcoholism, leisure activities.

In relation to the ND of Change Stress Syndrome, the following activities were included: incentive to leisure activities; coping with situations that cause fear and demystification of taboos; orientation about the disease and treatment of SAH; guiding about adjustments of the best times sleep/rest and medication administration; promote support groups for emotional support and manual activities.

DISCUSSION

In agreement with previous studies, the majority of respondents are women, have low schooling and low socioeconomic power.¹⁰⁻³

In dissonance with this study, another study shows that 56% of those surveyed reported more than five years of hypertension.¹⁴ Already in another study, it is reported that the minority of those with a history of hypertension have more than five years of treatment.¹⁵

Other studies show that 45% of the interviewees had greater blood pressure than or equal to 140/90 mmHg, as well as this research.¹⁶⁻¹⁷ As in other studies, most of the interviewees were obese (BMI > 30 kg / m²). 12,18 Data from the Ministry of Health in 2013 show that 51% of the Brazilian population is overweight, with men as the majority, with 54%, and women with 48% .⁸

In a study aimed at analyzing the perception of hypertension on the disease and its treatment, most of the participants did not practice any physical activity.¹⁶ The non adherence to some physical activity is worrisome because, as already observed by a study that investigated The BMI in adult hypertensive individuals, the practice of physical exercises is an important factor of primary prevention, of therapeutic support of several chronic diseases.¹⁹

The Ineffective Maintenance of Health deserves attention of the patient itself, the professionals and the managers. The results involving non-adherence of the normally

indicated treatment, approximate those found in another study with regard to non-pharmacological treatment.²⁰

SAH is the most common consequence of Obstructive Sleep Apnea (OSA). In a study carried out with 380 individuals in São Paulo, it was verified that the risk of the diagnosis of OSA increases by 1.8 times in hypertensive patients.²¹ As described in another study, the use of diuretics and antihypertensive causes the need for emptying of the bladder, regardless of the time, and may affect the night sleep of these patients.²²

The association between emotional disturbances and changes in visceral functions, such as arterial hypertension, is evidenced when the limbic structures responsible for the emotions are activated and produce cardiovascular and respiratory responses.²³

In a study carried out in two cities in Santa Catarina, respondents reported that the main changes were: increased physical discomforts, painful complaints, need for changes in eating habits and continued use of medication.²⁴ Another study showed that the treatment brought negative changes to the lifestyle of hypertensive individuals.²⁵

Although having an ineffective health maintenance, the belief that the diet adopted in the treatment of hypertension is beneficial, is a strong predictor of health behavior, even if the person does not take the necessary actions.²⁶

In a study conducted in a municipality of Rio Grande do Sul, it was noted that eating goes beyond the nutritional act, but represents satisfaction and pleasure. Therefore, changes in the eating habits of hypertensive individuals are difficult.²⁷

A study involving gender and stress manifestation in hypertensive women showed that women are more vulnerable to stress. He also says that the very illness situation can be thought of as generating negative feedback on stress. It also points to the need to implement strategies for coping with stress.²⁸ These findings justify the inclusion of the ND of change stress syndrome and its respective interventions.

Authors of a study carried out in Fortaleza showed that, unfortunately, only after the occurrence of SAH complications, respondents reported favorable lifestyle changes, such as diet and physical activity.²⁹

CONCLUSION

It is noticed that the person in treatment of chronic disease, like Arterial Hypertension,

needs support, teachings, guidelines to carry out the recommended therapeutic program as complete as possible. It is necessary, through health education and qualified listening, to empower patients so that they feel important in the treatment itself.

As a problem for the study, it was identified that there is little research involving Arterial Hypertension and the Nursing Process. The diagnoses, expected results and interventions found clearly show the difficulties faced by people affected by arterial hypertension and who seek treatment and follow-up in the Primary Health Care network. However, the results obtained should support the performance of the professionals of the basic units in which the this study was carried out and used the knowledge produced as a means to improve the approach taken during consultations, especially, in the Nursing consultation to the hypertensive patient, providing the implementation of specific and individualized actions for care.

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Nursing process with hypertensive patients...

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