ABSTRACT

Objective: to apply the nursing process based on the theory of Paterson and Zderad, in the humanistic theory of Paterson and Zderad, because it is possible to visualize the option of choosing and obtaining the health of the assisted individual. Descriptors: Nursing Process; Models of Nursing; Humanism.

RESUMO


RESUMEN

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CLINICAL CASE REPORT ARTICLE

APPLICATION OF THE THEORY OF PATERSON AND ZDERAD AS SYSTEMATIZATION OF NURSING CARE

APLICACIÓN DA TEORIA DE PATERSON E ZDERAD CONFORME A SISTEMATIZAÇÃO DA ASSISTÊNCIA DE ENFERMAGEM

APLICACIÓN DE LA TEORÍA DE PATERSON Y ZDERAD SEGÚN LA SISTEMATIZACIÓN DE LA ASISTENCIA DE ENFERMERÍA

Andréa Tayse de Lima Gomes¹, Jéssica Naiara de Medeiros Araújo², Milena Freire Delgado³, Luciane Alves Lopes⁴, Dayane Jéssyca Cunha de Menezes⁵, Allyne Fortes Vitor⁶

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Introduction

The Systematization of Nursing Care (SNC) is a methodology for organizing and systematizing care, based on the principles of the scientific method. It has as main objectives to identify situations of health-disease and the need for nursing care, and support the promotion interventions, prevention, recovery and rehabilitation of the individual, family and community.1,2

The Nursing Process (NP) consists of a set of steps systematized and interrelated, aimed at organizing and planning the care for human beings. It consists of five stages: data collection or historical nursing (prepared from anamnesis); nursing diagnosis; action planning; implementation of planned actions and evaluation of results. Although is considered as a guiding element of nursing care, the NP is still in the process of implementation in health institutions.3,4

In order to satisfy the need to standardize the language, different classification systems have been developed in nursing, as the Nursing Interventions Classification (NIC), the Nursing Outcomes Classification (NOC) and NANDA-I, among others.1,7,9

The NOC was developed with the purpose of classifying the results and modifiable indicators to the nursing care, NANDA-I consists in the classification of nursing diagnoses (ND) and NIC allows to plan interventions according to the traced diagnoses.7,9 It is highlighted the recommendation that the NP is based on a nursing theory, recognizing the need for a common way of thinking in order to guide the same way to do.

To list the diagnoses is not enough to know how to apply the SNC developed through steps. It is also necessary that the professional have familiarity with the ND and sensitivity to suit the needs of the patient, viewing it as a unique and individual being.2,10 Therefore, in this study was selected the humanistic theory of Paterson and Zderad whose focus is the provision of care, while respecting the uniqueness and the decisions of each individual. The above theory was constructed from the professional experiences based on experience in nursing, and has as its focal view the existentialism and man's ability to adapt to new situations as well as to interact with each other.11

This existentialism is reported in theory as an experience obtained throughout their lives, from human knowledge. The authors show to the human being as a being with skills of self-awareness, freedom and responsibility, phenomena that mark their identity. Despite the man being single, its relations with other beings will also assist in this process of self-knowledge.12

In this study, the outlined methodologies by Paterson and Zderad were applied, all based on “Phenomenological Nursing”, which has been implemented in five phases: (1) preparing the nurse to come to know; (2) the nurse knows the other intuitively; (3) the nurse knows the other scientifically; (4) the nurse synthesizes in a complementary manner the known realities; (5) multiple internal succession to the paradoxical unity. Generally, the multiple and paradoxically occur simultaneously.13

The theory in question is considered dynamic, innovative, responsible and brings the specificity of the human being, which is existence. Thus, man is inserted into the world with competence to develop the command of their actions and seek the meaning of their existence. Given the above, one can understand the Humanistic Nursing as an experienced dialogue between based interaction on discussion of the nurse and the patient, with the goal of achieving inter-human relationship (coming-to-be) of care, i.e, is the self knowledge and knowledge of the other, keeping updated the individuality of each one.14,6

It is in this aspect that realizes the importance of getting to know the patient through dialogue, try to understand their fears and opinions and, through respect, accept their decisions even if it is not favorable for the possibility of healing. For this, we sought to develop and apply the Paterson and Zderad Theory in care in an inpatient care unit in a university hospital in Natal/RN. This was selected because he refused to perform surgery after having witnessed the immediate patient bed beside post-surgical time, besides the fact that the patient has a strong fear of old age and depend on the family.

Knowing that the NP is a way to assist the patient integral and individually, the aim of this study was to apply it based on the Theory of Paterson and Zderad in SNC and in its Classification Systems NANDA-I, NIC and NOC.

Method

This study is part of a broader research about the evaluation of the health status in patients under treatment in hospital clinics. This is a case study with a qualitative descriptive approach, taking as reference the
Gomes ATL, Araújo JNM, Delgado MF et al.

Theory of Paterson and Zderad when seeking to develop the NP using taxonomies NANDA-I\textsuperscript{17}, NIC\textsuperscript{18} and NOC\textsuperscript{19} in an inpatient cardiology unit in a university hospital in Natal/RN.

An instrument for collecting data was constructed based on the NANDA-I\textsuperscript{17} and in its domains: Perception and Cognition, Self-perception, Roles and Relationships and Coping/Stress Tolerance. The Therapeutic Relationship topic was adapted from an instrument used in a similar study.\textsuperscript{20}

A second instrument, called Mini Mental Adaptation of Folstein Mini Mental Status Examination, with the aim of checking the level of orientation of the research participant was applied.

The nursing results used for daily evaluation in this case were based on NOC\textsuperscript{19}, containing indicators ranked by scores according to the patient’s condition, being 1 - insufficient knowledge related to the lack of exposure and the lack of familiarity with information resources, evidencing by improper behaviors (apathetic and agitated) and verbalization of the problem.

FROM*: Nursing Diagnosis

Application of the theory of paterson and zderad...

no one, 2 - limited, 3 - moderate, 4 - substantial and 5 - extensive.

The information contained in this study were previously submitted and approved by the Ethics Committee in Research, of the opinion paragraph 121.028/12 and CAAE: 07614812.6.0000.5537, as the basic precepts of Ethical and Legal Aspects of Scientific Research, established in Resolution No. 466/12 of the National Board of Health.\textsuperscript{21}

The results will be presented in figures.

RESULTS

According to the clinical history of the patient, four care planes were listed according to the taxonomies of NANDA-I\textsuperscript{17}, NIC\textsuperscript{18} and NOC\textsuperscript{19}, as the needs of the same during accompaniment, obeying the principles of the theory of Paterson and Zderad.

<table>
<thead>
<tr>
<th>Domain: Perception and cognition</th>
<th>Indicator</th>
<th>Actual</th>
<th>Expected</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific disease process</td>
<td></td>
<td>2</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Risk factors</td>
<td></td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Disease effects</td>
<td></td>
<td>1</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Usual course of the disease process</td>
<td></td>
<td>2</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Potential complications of the disease</td>
<td></td>
<td>1</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Benefits of disease control</td>
<td></td>
<td>1</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Sum</td>
<td></td>
<td>8</td>
<td>27</td>
<td>27</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Actual</th>
<th>Expected</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of the procedure</td>
<td>1</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Knowledge of the risks and potential complications</td>
<td>1</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Sum</td>
<td>2</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

Means of the implementing of the selected interventions, the solution of ND was reached, measured by analysis of the indicators extracted from the NOC. About this, the NOC results “Knowledge: the disease process” and “Pre-preparation procedure” had the sum of the indicators, respectively, 8 and 2 and an expected sum of 27 and 10. The range of the goal was observed after the implementation of interventions (NIC) and review of the results, as shown in figure 1.

In the second care plan (Figure 2), the resolution of ND “Willingness to decision-making power evidenced by willingness expression to increase the participation in health choices and expression of willingness to increase the power of decision”\textsuperscript{17,212} was obtained through the application of interventions, selection and re-evaluation of indicators. Thus, the result “Personal autonomy” had as initial sum of 6 and was expected 15, which was successfully achieved.

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*DE: Nursing Diagnosis

Means of the implementing of the selected interventions, the solution of ND was reached, measured by analysis of the indicators extracted from the NOC. About this, the NOC results “Knowledge: the disease process” and “Pre-preparation procedure” had the sum of the indicators, respectively, 8 and 2 and an expected sum of 27 and 10. The range of the goal was observed after the implementation of interventions (NIC) and review of the results, as shown in figure 1.
**Domain: Self-perception**

**FROM**: Willingness to power increased decision evidenced by expression of willingness to increase the participation in health choices and expression of willingness to increase the power of decision.

**Result - Personal Autonomy**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Actual</th>
<th>Expected</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Declaration of personal preferences</td>
<td>2</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Participation in decisions about health care</td>
<td>2</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Expression of satisfaction with life choices</td>
<td>2</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td><strong>Sum</strong></td>
<td>6</td>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>

**Interventions - Clarification of values**

- To create an atmosphere of acceptance, without judgment;
- To encourage the patient to consider the issues;
- To use appropriate questions to assist the patient to reflect about the situation and what personally matters;
- To help patients to prioritize values;
- To ask questions and clarifications thought-provoking and provide something to think about;
- To encourage the patient to make a list of what is and what is not important in life and the time spent for each activity;
- To create and implement a plan with the patient to tries choices;
- To evaluate the effectiveness of the plan with the patient;
- To help the patients to define alternatives and their advantages and disadvantages;
- To involve actively the patient in their own care.

**Figure 2.** Application of SNC based on NANDA-I, NIC and NOC classification systems in the Self-perception domain as the basic human needs domains that comprise the NANDA-I. Natal (RN), Brazil, 2013 *FROM: Nursing Diagnosis*

Regarding to the ND “Anxiety related to death, evidenced by discussions about the subject “death”, uncertainty about the prognosis and observations relating to death, as evidenced by reports of negative thoughts related to death and dying and reports of feelings of powerlessness as to the dying process” 206 (Figure 3) was not solved even after applications of interventions, as demonstrated by the revaluation of outcome indicators “Acceptance: state of health”. By applying the daily assessment related to the care plan, the initial sum of the indicators was 11, the expected after the interventions was to achieve a sum of 29, however, it was achieved a total of 16. Which means not getting the expected results, i.e., applied interventions in accordance with the part listed diagnostic were not effective enough to solve the raised problems.

**Domain: Coping / Stress Tolerance**

**FROM**: Anxiety related to death, related to discussions about the subject “death”, uncertainty about the prognosis and observations relating to death, as evidenced by reports of negative thoughts related to death and dying and reported feelings of impotence about the process of die.

**Result - Acceptance: State of health**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Actual</th>
<th>Expecting</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognition of the reality of the health situation</td>
<td>2</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Demonstration of positive self-consideration</td>
<td>1</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Adaptation to changes in health status</td>
<td>2</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Peace demonstration</td>
<td>2</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Health care making decisions</td>
<td>3</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Reported feeling that life is worth</td>
<td>1</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td><strong>Sum</strong></td>
<td>11</td>
<td>29</td>
<td>16</td>
</tr>
</tbody>
</table>

**Interventions - Reduction of anxiety**

- Use calm and quiet approach;
- To clarify expectations according to the patient’s behavior;
- To explain all procedures, including the sensations that the patient may have during the procedure;
- To try to understand the patient’s perspective in relation to the feared situation;
- To offer real information about diagnosis, treatment and prognosis;
- To encourage the family to stay with the patient, as appropriate;
- To listen to the patient carefully;
- To create an atmosphere that facilitates trust;
- To encourage expressions of feelings, perceptions and fears;
- To identify changes in the level of anxiety;
- To determine the patient’s ability to make decisions;
- To observe verbal and nonverbal signs of anxiety.

**Figure 3.** Application of SNC based on classification systems NANDA-I, NIC and NOC framed in the domain Coping/Stress Tolerance as the domains of basic human needs that comprise the NANDA-I. Natal (RN), Brazil, 2013 *FROM: Nursing Diagnosis*

The last plan of care, which ND was “Hopelessness related to the deteriorating of physiological condition, prolonged stress and prolonged restriction of activity, evidenced by lack of involvement in care, lack of initiative and verbal indications (hopeless content)” 206 (Figure 4) has also not been resolved. As observed by the revaluation of the indicators, which corresponds to the results NOC “Hope” and “Will to Live”, the original sum was verified of 4 and 3, it was expected to reach 16 and 11 and was achieved 6 and 3, respectively.

**Domain: Self-perception**

*FROM: Hopelessness related to the deteriorating of physiological condition, prolonged stress and prolonged activity*
The Classification Systems (NANDA-I, NIC and NOC) allowed to the guidance of actions, thus favoring the communication process, the union of data to facilitate care planning and, crucially, gave scientific care applied.

Initially, the presence of ND “Knowledge deficit related to lack of exposure and lack of familiarity with information resources, as evidenced by improper behavior (apathetic and agitated) and verbalization of the problem” was notably with reference to dissatisfaction regarding the information deficit by professionals about their health status and procedures applicable to their health-illness condition.

The lack of knowledge means not missing, but poor in quantity and quality, which is not able to support decision making and carrying out actions safely. Among others, the lack of knowledge about the disease is a key that can cause the patient not to adhere to treatment, however simple it may be.22-3

Dialogue is the essence to the process of healing in the humanistic theory, an event called by the theoretical as the “coming-to-be”, focusing on nursing care to relieve pain and symptoms, given concomitantly with biopsychosocial and spiritual needs, respecting beliefs, values and individual needs.14

In the hospital environment is important to promote a therapeutic relationship in order to understand the patient, family and/or community as an individual. For this it is essential to listen to the customer and have sensitivity to understand and respect the particularities found in every person. The essence of this individuality can be seen through the experiences of each human being, i.e. each person has a particular point of view of life's events, and through that build their opinions and beliefs.24 In this context, the humanistic nursing gives the right to customer choice. As proposed by this theory, the nurse points out the favorable and unfavorable possibilities and, from there comes the patient's autonomy in choosing, thus showing another feature of the theory, which consists in the power of individual choice regarding the conduct its treatment.13

This possibility is an important tool to optimize nurse-patient interaction through respect, i.e., should not overlap the will of a (nurse) to the will of another (client), regardless of the consequences of the opinions to be the best for the patient or not.

Nurses should understand the anxiety displayed by the patient and seek comfort them, since sometimes just the fact of having a professional to supply safety, it is sufficient for the relief of symptoms. The family must also be supported at this time and oriented on the best way to experience it, being encouraged to participate in the recovery process of their loved one.25

The plan of care, which ND is anxiety related to death, reflects the value of the power of patient choice, which according to the theory of Paterson and Zderad should be respected and considered, because as perceived, not only depends on the actions of health professionals but, above all, the knowledge and experiences lived by the individual, which directly influence how the individual deals with his health-disease process in choosing the same. These feelings and emotions are reported through verbal and non-verbal interaction between the caregiver and the care receiver, concerning the relationship “me-you” proposed by humanistic theory. This relationship has established itself in a unique way and brings particular expertise of each team member and thereby assists in the process of seeking to be-better, even in the death-dying process.13,15,24

Hopelessness is a subjective state in which an individual does not see alternatives or
personal choices available or sees limited alternatives, being unable to mobilize energy to their own advantage and also in social interaction.26

Through the use of SNC, it was noticed that nurses can provide an appropriate and individualized assistance to a patient with the needs identified here. Nursing diagnoses reflected the health status/condition of the hospitalized individual, then allowing an individual and integral care through scientific basement.1,27 In this regard, the SNC allows nurses to organize care fully and individually, however, gaps were perceived that may preclude the general implementation of the nursing process, among these can cite: lack of time, theoretical knowledge, tools and resources, among others.8

CONCLUSION

It was observed that the applicability of the theory fits the specified case, as Paterson and Zderad argue and show that the patient along with the team that’s assisting, should actively participate in the health-disease process, seeking curative and/or palliative possibilities to achieve a better quality of life and death. It is up to the nurse, the verbal and nonverbal patient interaction (relation “me-you” proposed by humanistic theory), to realize the anxiety, feelings and emotions displayed by him and seek to comfort him. In addition to including the family in treatment, respecting their opinions and clarifying any questions.

It is important that the nurse become familiar with the patient’s needs and understand what their limitations and difficulties in order to elaborate the plan of care to assist the patient in its entirety in the most appropriate manner. Studies have shown that poor knowledge of the patient can be addressed by nursing through the care system as a tool that, through previously planned interventions may include the patient in decisions, thereby facilitating interaction and implementation of treatment by the patient.

SNC allows nurses to organize care in full, humanized and individualized, however, gaps that may hinder the implementation of the nursing process were perceived as: lack of time, theoretical knowledge, tools and resources, among others. Thus, it is concluded that the application of the instruments grounded in the theory of Zderad and Paterson, SNC and in taxonomies NANDA-I, NIC and NOC was very useful for observing the state of mental health and bio-psychosocial of the patient.

Knowing that the essence of the theory is the dialogue between professionals and patients (Therapy Relationship), we found that the implemented interventions, selected in NIC based on dialogue, were relevant to the determination of nursing diagnoses (NANDA-I) and obtain the expected results according to NOC. Although some ND have not been solved, the obtained results fit the concepts of humanistic theory of Paterson and Zderad, because it is possible to visualize the select option and the health obtain (quality of life and death) of the assisted individual.

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