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ORIGINAL ARTICLE

UNDERSTANDING OF THE NURSE AS AN ARTICULATOR OF PREVENTIVE MEASURES OF ULCERS BY PRESSURE AT THE INTENSIVE CARE UNIT

COMPREENSÃO DO ENFERMEIRO COMO ARTICULADOR DE MEDIDAS PREVENTIVAS DE ÚLCERAS POR PRESSÃO NA UNIDADE DE TERAPIA INTENSIVA

ENTENDER EL ENFERMERO COMO ARTICULADOR DE LAS MEDIDAS PREVENTIVAS DE ÚLCERAS POR PRESIÓN EN LA UNIDAD DE CUIDADOS INTENSIVOS

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ABSTRACT

Objective: to identify the understanding of the nurse as articulator of preventive measures of ulcers by pressure. **Method:** a qualitative study, done by semi-structured interviews with nurses working in the ICU of a private hospital in Curitiba/Paraná/Brazil. For analysis, we used the technique of Content Analysis. The study had the research project approved by the Ethics Committee in Research, Protocol n. 350/2011. **Results:** there were structured the following analytical categories: 1) The scenario of the process of nursing work and the working conditions of nursing; 2) The challenge of building of preventive awareness; 3) A change of decubitus as a key element in the prevention of pressure ulcers, and 4) The care technology versus technicality in the prevention of pressure ulcers. **Conclusion:** the perception of the nurse as an articulator of preventive measures of pressure ulcers presents several challenges. **Descriptors:** Nursing; Prevention; Pressure Ulcer.

RESUMO

Objetivo: identificar a compreensão do enfermeiro como articulador das medidas preventivas de úlceras por pressão. **Método:** estudo qualitativo, realizado por meio de entrevista semiestruturada, com enfermeiros que trabalham na UTI de um hospital privado em Curitiba/PR/Brasil. Para a análise, foi utilizada a Técnica de análise de conteúdo. O estudo teve o projeto de pesquisa aprovado pelo Comitê de Ética em Pesquisa, Protocolo n. 350/2011. **Resultados:** foram estruturadas as seguintes categorias analíticas: 1) O cenário do processo de trabalho do enfermeiro e as condições de trabalho da enfermagem; 2) O desafio da construção da consciência preventiva; 3) A mudança de decúbito como peça-chave na prevenção das úlceras por pressão; e 4) A tecnologia do cuidado *versus* o tecnicismo na prevenção das úlceras por pressão. **Conclusão:** a percepção do enfermeiro como articulador das medidas preventivas das úlceras por pressão apresenta diversos desafios. **Descritores:** Enfermagem; Prevenção; Úlcera por Pressão.

RESUMEN

Objetivo: identificar la comprensión del enfermero como articulador de las medidas de prevención de las úlceras por presión. **Método:** estudio cualitativo, realizado mediante entrevista semi-estructurada con enfermeros que trabajan en la UCI de un hospital privado en la ciudad de Curitiba/Paraná/Brasil. Para el análisis, se utilizó la técnica de análisis de contenido. El estudio tuvo el proyecto de investigación aprobado por el Comité de Ética en Investigación de Protocolo n. 350/2011. **Resultados:** fueron estructuradas las siguientes categorías analíticas: 1) El escenario del proceso de trabajo del enfermero y las condiciones de trabajo de enfermería, 2) El desafío de la construcción de la conciencia preventiva, y 3) Un cambio de decúbito como un elemento clave en la prevención de las úlceras por presión, y 4) La tecnología del cuidado *versus* el tecnicismo en la prevención de las úlceras por presión. **Conclusión:** la percepción del enfermero como articulador de las medidas de prevención de las úlceras por presión presenta varios desafíos. **Descriptores:** Enfermería, Prevención, Úlceras Por Presión.

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INTRODUCTION

Pressure ulcers are conditions that may be present in patients with health problems of the different specializations and, therefore, permeate professional nursing practice in their various fields.¹ For the *National Pressure Ulcer Advisory Panel (NPUAP)*¹, pressure ulcers (PU) are characterized as lesions of the skin and / or underlying tissue, usually over a bony prominence, as a result of the pressure forces and this combination torsion. These are skin lesions of rapid onset, acute and affecting all age groups, both sexes, on a hospital or at home. Therefore, justifies the importance of the study of such issue since the nurse is a pillar of support in the prevention of this involvement.²

As the guide recommendations for prevention and treatment of pressure ulcers, edited by NPUAP (2009)², some factors are important in preventing these events, among them stands the risk assessment for the development of these lesions, nutritional assessment, the evaluation of factors affecting perfusion and oxygenation; daily assessment of the skin; alternating supine position and, choosing an appropriate support surface that aids in mobility and comfort. Thus, it is vital to recognize the epidemiology of these diseases in the health institutions. In a study conducted for three consecutive months in a Brazilian university hospital.³ were identified in 39,8% incidence of pressure ulcers, varying according to the hospital studied, and 41% in the intensive care unit. In another study, also conducted in a university hospital, the prevalence of PU in the ICU was 66,67%.⁴

As an extension of the appearance of these lesions can highlight the rising costs assisted, increased morbidity and mortality. Faced with this, prevention becomes an important foundation in planning patient care under-risk of developing PU. Thus, prevention efforts aim to prevent the triggering stimulus could harm the person causing disease; minimizing morbidity and mortality.⁵ That said, it is important to reflect on the work of nurses, especially in intensive care units (ICU), whose purpose is also the maintenance and restoration of health conditions of individuals critical, demanding this professional proficiency in making clinical decisions scientifically.^{6,7}

For the development of these processes work, nurses use skills such as observation, communication, teamwork, negotiation, creativity, among others, with the focus on ensuring the quality of care. Such tools are

required to act in the prevention of PU, with the nursing staff and the multi professional team, with a view to reducing the incidence of these lesions in the intensive care units.⁸ Preventive measures have not always been incorporated to the extent necessary to the practice of nurses and advocates that only part of the knowledge on the topic is used by professionals. They are described as causal factors of this behavior, the lack of material resources, the high workload and motivation; explaining the theoretical and technical knowledge alone is not sufficient to cause behavioral changes.⁹

Thus, there is need for nurses perceive their role as articulator of preventive measures of PU. The nurse, as a leader of the nursing staff, is responsible for managing the care, favoring the choice of best practice care to be employed for the hospitalized patient. Given this role, the nurse must be a protagonist in the articulation of strategies for the prevention of PU.¹⁰

According to Law nº 7.498, of June 25th, 1986: "It is privately nurses to the direct care provided to clients with severe risk of death, and greater technical complexity and requiring scientifically-based knowledge and ability to make immediate decisions".¹¹ Among these patients, we highlight the ICU patients and those at risk of developing pressure ulcers. Since the evaluation of these patients and the treatment of these injuries involve highly complex technical procedures, is of fundamental importance, the engagement of nurses in planning, implementation and evaluation of preventive measures aimed at better quality care.

Complementing the theme, it is noteworthy that according to Article 1 of Chapter 1 of Resolution COFEn n.240/2000, the "nursing is a profession committed to human health and the community. Acts in the promotion, protection, restoration of health and rehabilitation of people, respecting the legal requirements of nursing".¹² Thus, preventive actions should guide the practice of nursing care, leaving the nurses providing direct care to patients, the application of preventive measures directed at patients at risk of developing pressure ulcers.

In this scenario, it is also important to discuss about the legal implications, as regards the non-completion of the planning and implementation of preventive actions directed to this condition. This practice can not characterize neglect, understood as passivity or inaction, when the nurse does not plan to care nor does so inadequately¹¹. Thus, nurses should develop actions for prevention

of pressure ulcers, reducing negative impacts that these lesions can cause to the patient, society and their profession.¹³

Given the above, the question guiding this study is: how nurses understand their role as articulator in preventive measures of pressure ulcers?

OBJECTIVE

- To identify the understanding of the nurse as articulator of preventive measures of pressure ulcers.

METHOD

Article compiled from the monograph << Prevention of pressure ulcers from the perspective of nurses in an intensive care unit >> presented to the Undergraduate Program in Nursing at the University Tuiuti of Paraná/UTP; Curitiba-Paraná, Brazil; in 2011.

A qualitative study realized in the Intensive Care Unit (ICU), adult, of a private general hospital in Curitiba-PR, which has 24 beds. The subjects were nine nurses, from a total of 14 professionals. It was used as inclusion criteria: being a nurse of the sector scenario study, take up the case and sign a term of informed consent.

The construction of the data occurred during the months of August and September 2011, after the project was approved by the Ethics in Research Committee under protocol number 350/2011. We used semi-structured interviews guided by an instrument composed of four open questions:

- 1) In your opinion, what is the role of the nurse in the prevention of pressure ulcers?
- 2) What are the strategies used by you and your staff for the prevention of pressure ulcers?
- 3) In your opinion, what points do you think could be improved in the prevention of pressure ulcers?
- 4) In your view, what are the challenges faced by nurses in the prevention of pressure ulcers?

After transcribing the speeches, the data were subjected to content analysis, following the steps of pre-analysis, data exploration and treating the results.¹⁴ After the content analysis yielded the following categories:

- 1) The setting of the process of nursing work and the working conditions of nurses.
- 2) The challenge in building awareness of preventive.
- 3) The position change as key in building awareness of preventive.

- 4) The technology of care versus the technician model of care in the prevention of UP.

From the emergence of the categories, there were discussions grounded in the literature to inform debate and examples contained in the reports were coded, in order to maintain the anonymity of participants.

RESULTS AND DISCUSSIONS

- **The scenario of the process of nursing work and the working conditions of nursing**

In the speech of the subjects, showed aspects related to the work process of the nurse involved in the coordination of preventive measures related to pressure ulcers.

The work occurs through processes described as a transformation of an object determined in a given product by means of human intervention which it employs to carry instruments.¹⁵ It should be noted here that the object is about what about what works, ie, what can be modified by the agent (human) with the use of instruments (tangible or not) in the search for a particular purpose or product.

As it relates to the process of nursing work articulated to prevention of pressure ulcers, stood out in the speech of subjects: a daily assessment of the patient's skin, the need for improvement in their academic studies, the search for knowledge and, the necessity of reducing the incidence of these injuries to the fulfillment of institutional goals, aiming to maintain the quality of nursing care.

Regarding the daily assessment of the patient, the practice is incorporated in the work of nurses, as the following narrative:

[...] Evaluate the patient daily [...] seeing the places where is more likely to have the appearance of ulcers, encourage change in position, changes provide comfort [...] (Nurse 3).

The speech demonstrates compliance with the international recommendations ¹ for prevention of worsening in question, in which the judicious evaluation of skin is referred to as fundamental practice. It reinforces the importance of daily examination of the patient's skin, looking for signs of redness and identifying patients at greater risk for developing these lesions. In this context, it may also be necessary to increase the frequency of inspection by any deterioration in overall condition of the individual.¹

Regarding the training, participants cited the need to improve the knowledge related to

pressure ulcers constructed in academic trajectory of the nurse and also the ongoing pursuit of knowledge for the prevention of this condition, as evidenced in the following cuts:

[...] I think first is to understand, understand about it right? [...] I say to myself, because often people leave university without the slightest notion of the importance of the nurse for the prevention mainly. It is to understand the physiology and pathology [...] also understand how to treat [...] (Nurse 8).

I actually learned to care a bit. What I know about pressure ulcer was reading course and searching for the service I required it (...) especially in intensive care. I actually think it is quite the same, we must seek knowledge. (Nurse 8).

Congruent with the statements of the participants, the school has an important part in professional training, but there are difficulties in the process of building knowledge, being necessary to continuously improve this lineup.

Since the prior knowledge about the actions of UP prevention is paramount for the implementation of preventive practices such factor influencing the quality of care. In this context, the appearance of UP is an important indicator of the quality of care and for prevention to be made with quality; professionals should have knowledge about these lesions. Also in this sense, it is noteworthy that health institutions have used strategies to increase the quality of care, in order to reduce its incidence and associated morbidity, indeed consonant with the narratives of respondents.

There are several tools for monitoring, tracking and maintenance of quality of care indicators. One of these indicators is the quality certification proposed by the National Accreditation Organization, called Hospital Accreditation, which aims to improve the quality of healthcare services proposed.¹⁶ For the achievement of this certification, it is important to establish and follow goals for quality assurance assistance, organizing the structure and care processes adopted in line with the established standards.

Corroborating this idea, the study participants mentioned the need to achieve goals to improve the quality of care, preventive attitudes correlate with this theme. In the institution where the study was conducted, there are established quality programs, which converge on this topic, as this statement:

[...] Accreditation hospital is one of the points that we have to meet [...] make our

part of the accreditation, we have goals to achieve. So we are also concerned with prevention. We got many improvements to it. (Nurse 7).

The certification assessment by hospital accreditation process is positive in improving the care provided to patients, since it establishes increasing levels of quality. It is noteworthy that the standardization of the evaluation procedures has, over the years, evolving and improving the identification of criteria, indicators and standards increasingly significant for various hospital services. Thus, confirming the need for achieving goals to improve the quality of care, which includes reducing the incidence, prevalence and morbidity associated with pressure ulcers.

With regard to the working conditions of nurses showed up in the speech aspects such as: lack of specific materials for the care of patients at-risk of developing sores; need assistance of a committee of nurses in order to assist in prevention and treatment of wounds and, the burden of work. These aspects are highlighted as challenging to consolidate the implementation of preventive practices, as the following narrative:

I think better working conditions; better beds, which go higher, better working conditions for employees, issue chair so they can mobilize more patient, better equipment, better access to special dressings for prevention. (Nurse 3).

Thus, the quality of care provided to treat wounds is proportional to the conditions that the professional has to assess and intervene in factors involved in the healing process, without of course disregarding the professional knowledge on the subject.¹⁷ Currently there are many products and tools for the use of healthcare professionals for the prevention and treatment of UP, but their use does not necessarily imply the improvement of healthcare quality, exactly the lack or insufficient access to such resources.²

Allied to this, it is important to the individual and collective professional development of nurses in this theme. In the sense of community, no need of a preparation for group work. Then it reinforces the importance of creating opportunities for experiences in the development and growth of people through self and others.¹⁸

Some institutions structure specialized groups in order to improve their work processes in relation to the prevention and treatment of wounds, as exemplified in this statement:

Structuring the service really! A committee of active healing (...) because on paper

alone does not solve. Have to have a committee that evaluates dressing, which teaches mainly because we often know what to do, is not within 24 hours of the service. Also, stay on top of that doubt, that the whole team speaks the same language as regards prevention, treatments imposed (...) caller, how to do things, plan, establish protocols, discuss clinical cases and not run procedures. (Nurse 8).

It is noteworthy that even with group structure specialized nurse's role is ensuring the implementation of preventive actions to UP. However, as complicating the consolidation of preventive practices related to UP highlights the work overload, as this excerpt from a statement:

[...] For the prevention of ulcers I think the important position change right? That always gives to improve [...] has a part where the nursing staff just crashing a lot [...] often [...] sometimes for lack of professional, sometimes the team is overloaded. (Nurse 2).

Concerning the workload, in a study of organizational stressors, twenty two nurses (73,3%) cited work overload; covering overhead activity itself, patient demand, the fold of shifts the excess students to stage the tiring work, demand excessive requirements, and a few days off, so factors directly related to work overload.¹⁹

Incorporating even with what has been narrated by the subjects, it is emphasized that nursing faces a heavy workload, both quantitatively, the responsibility for more than one hospital, and qualitatively, by the complexity of human relationships, as is the case of nurse relationship / client, nurse / health professional, nurse/family²; a fact that cannot be disregarded when thinking about a better consolidation of preventive practices.

• The challenge in building preventive awareness

In this category, respondents reported issues related to: the need to strengthen preventive awareness on the part of the health team; stigmas related to the implementation of preventive measures in patients and critics, the challenge of enhancing the perception of the nurse as articulator participatory prevention UP.

Concerning the need for improvement in the consolidation of a preventive awareness of pressure ulcers on the part of the health team, respondents demonstrated that this has much to be improved and strengthened, as these accounts:

Improving prevention in itself [...] using preventive measures [...] to make the

technicians understand this importance because he actually did not think the position change is important [...] to make the technicians may be adhering to these measures. What we see here is that even some nurses adhere others do not [...] others prefer not to get involved because they do not really like wounds [...] other thing is that we are trying to create a commission dressings nursing technicians for them to participate and take more interest, thus making better care [...] (Nurse 5).

Inside the service I think (...) does not improve, but I think the approach is to strengthen, I think everyone actually has this care, at least where I worked in the services and work (...) but I think the approach to strengthen is the most important. (Nurse 8).

Health professionals are aware that their attitudes towards prevention are essential because they condition their behavior interventionist prevention. However, although aware of their role, they need to have behaviors consistent with their own attitudes, ensuring the credibility of these claims.

We emphasize that the construction of preventive awareness in general is really hard and the use of preventive measures requires new learning, especially with changing habits, which the professionals have difficulty dealing with the need to reformulate continuing education programs, aimed for prevention.²⁰

It should discuss another aspect that was demonstrated in the narratives, that is the challenge of enhancing the nurse's role as articulator of preventive measures against the nursing staff, but in a participatory manner and not just delegating care.

Consistent with the literature, we show that the nurse plays a key role in care management outside his team, as these speeches:

I think the nurse is articulating the preventive measures of pressure ulcers [...] is he who assesses the patient when she at risk for developing it [...] it guides nursing technicians to perform preventive measures I think that's [...] (Nurse 4).

You be the example. I think this is the first challenge that we have. From there your team follows you, because you are the flagship [...] (Nurse 7).

The responsibilities assigned to the nurse care management directed at the prevention of UP needs more awareness. The awareness of this responsibility cannot happen in isolation scientific technical context, because there is an involvement of the nurse and the patient to be careful. Thus, it is necessary for nurses to assume a leadership role with the

team participating in prevention of tissue damage.

The nurse should take the role of manager of the activities in the workplace, for it is necessary to develop their skills, both scientific and practical, which includes the use and display of materials and equipment that are renewed and modified continuously. It is understood, therefore, that the nurse should include in their daily administrative activities, care, education and research.²¹

Consistent with this idea, it is emphasized that the role of nurses is essential gear in a health institution. To exercise leadership, the professional should contribute to an enabling environment for executing activities. This professional coordinates the nursing staff, and therefore need to develop these skills, conveying security decision making.²²

• The position change as a key part in building preventive awareness

This category was relevant in the interviews, the realization of the position change as a foundation and conduct fundamental in the setting of prevention of UP, subsequent passage:

In convergence with the speeches, it is noteworthy that the position change is even an important measure for the prevention of UP¹. Repositioning should be performed to reduce the duration and magnitude of the pressure on vulnerable areas of the body.

In this sense, the idea that prevention of UP should be part of the institutional routine is paramount, as the treatment of injuries bring high costs and many morbidities. In the process of prevention should perform the regular position change within two hours.³

In contrast, subjects describe some challenges in implementing the practice of changing positions, among them: the difficulty in complying with this technique every two hours, as exemplified herein speech:

When the patient is critical we cannot mobilize it too, that's the biggest difficulty. (Nurse 9).

The frequency of changing position of the patient should be performed according to their clinical condition. If the patient does not respond as expected, one should reconsider the frequency and methods for its realization, for the position change may also give the patient comfort, dignity, and improved maintenance of the individual's functional capacity.¹

Justified so that the position change should also be performed in critically ill patients, always seeking the decubitus greater patient acceptance, according to their clinical

conditions, thus preventing the development of UP.

The technology of care versus care model technicality preventing this category of UP, were highlighted in the reports of the subjects, aspects related to the care model technicality that permeate the work of nurses, disrupting their role in the prevention of UP.

As the core of this issue, it is important to reflect on a management model focused on the practice of care, which will include new management practices, supported by innovative and differentiated use of various types of technologies.²³

It is understood that technology is defined as a set of actions, which include methods, procedures, techniques, equipment and other instruments, applied scientific knowledge, involving various knowledge and skills involving the what, why, and for whom how to do.²⁴

This concept, when applied to nursing care, can be understood as a set of knowledge (scientific and empirical) systematized in a constant process of innovation, which are applied by the nursing professional in their work process, to achieve a specific goal.²⁵ Thus, the technology cannot be seen as something concrete, but as a set of actions aimed at improvement in care through health practice. It also shows how knowledge and skills with the resources within a system, with the goal of increasing efficiency and rationality of applied technology.²⁶

Henceforth, it is noteworthy that there are different types of technology that permeate the health work, namely: the soft, lightweight hard and hard.²⁶ The lightweight technologies are characterized as relations, such as the management of the work process, the last light, it demonstrate how structured knowledge to operate the work process, as is the case of the specialties in the study setting can be described and the stomatherapy; harsh, distinct from the others because they represent equipment, materials, standards, organizational structures. However, making a point against these concepts, the findings in this study, it is emphasized that the subject, refer to the technology of care for the prevention of UP, reporting only will hard technology, with a focus on special covers designed the prevention of skin lesions, as observed in the speech:

What I see is the following: if the patients want to, for example, a hyperemia [...] you can already see some curative preventive huh? [...] Can you use (refer to the product brand) when it is indicated. (Nurse 1).

You must install hydrocolloid plate before opening the wound. (Nurse 6).

Given the reports, it is emphasized that technological innovations favoring the improvement of care, but is careful to use the technology, and when there is the understanding that achievement points up toward a nursing care more efficient, effective and convergent to requirements of being careful.²⁷ Otherwise, it is necessary to rethink the care model adopted.

In line with this theme, when seeking reflection about prevention of diseases such as UP, one can understand that the management of that standard of care, involves much more than the use of hard technologies, since this planning should encompass light technology and light rough.

Still regarding the technologies harsh, participants cited the importance of using adjuncts in the prevention of UP, namely inputs recommended to aid in the prevention of this harm¹, as is evidenced below.

Use air mattress, but this symbol is not changing position! The air mattress will only help, it is a means, it is an aid to the nurse and the technician (Nurse 7).

Always use the cushions, providing relief of pressure on bony prominences (Nurse 3).

In line with what has been narrated, has some preventive recommendations established by nurses in their daily practice to avoid the UP, internationally recommended 1 are: caring for tissue integrity, the use of emollients for moisturizing the skin, positioning the patient in the bed, the use of support surfaces; corroborating with the narratives.²⁸

Also in this category are some challenges to be faced in the correct use of hard technology in-patient risk of UP, as the use of scientific literature basing clinical decisions, since it is possible to identify narratives molded techniques and repeated behaviors and seized, based on the practical experience of a collective, not reflecting the scientific consensus, creating shades of preventive behavior, diverging from the theme that permeates the literature, as noted in the speech below.

It has to do with massage and friction (refer product name), with a moisturizing effect to be! Type only spend "cream", do a massage to activate circulation, does not work. (Nurse 6).

This placement differs from the related literature, since one must not perform body massage by rubbing the skin, under risk of tissue injury. It is recommended the use of

emollients for skin, thereby reducing the risk of tissue damage.

Complementing the theme, and all care and to assess the risk for PU development, evaluation and standardization of skin care, assessment of nutritional status should also be considered.¹

Therefore, it is noteworthy that for the realization of care technology aimed at the prevention of UP, is necessary to articulate care models that do not contemplate visions technicians. In this context, management processes are needed that incorporate attitudes, knowledge and actions of rational order and order of sensitivity as well as the connection between entanglement and the care and manage; these attitudes that are part of a new paradigm of nursing that is being built today.²³

CONCLUSION

The theme of UP is wide scope and can be investigated from various aspects that permeate professional nursing practice. In this study, the placement of the subject while articulating the preventive measures of this disease are present through various narratives that highlight positives of this consciousness. However, it is emphasized that these ideas are permeated by challenges, among them, the constant need to combine nursing care quality conditions of the labor process in the intensive care unit.

As for the positives in these perceptions, the study highlights the risk assessment for the development of UP and daily assessment of the patient's skin in the ICU, as item important in preventing this disease, and the changing position foundation of paramount importance in this scenario.

The subjects demonstrated knowledge about the prevention of PU, but the lead opposite team and for their interaction with it, as an active member in this context, should be strengthened to improve the quality of preventive care. It is believed that a strategy to be implemented in the study environment is to make efforts to educational practices with a view to undress and share empirical glimpse the prevention of PU as an indicator of quality of care. It is known that for the prevention of PU is of great importance to the continuous pursuit of scientific knowledge that underlies the decisions and clinical trial, an item that was strongly evidenced in the narratives.

Far from remedying discussions about the action of the nurse in preventive practices UP is expected that this study will stimulate

reflections of nurses and the top management of health institutions for the process of nursing work is adequate and, therefore, allows one quality care. Furthermore, to arouse the interest of this professional category for permanent search of scientific knowledge that can extend the ballast of his work in this issue, as well as promotes awareness of staff towards effective preventive awareness.

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