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INTEGRATIVE REVIEW ARTICLE

THE COMPLEXITY OF THE SITUATIONS-PROBLEMS IN CUSTOMERS SUFFERING FROM ACUTE CORONARY SYNDROME: INTEGRATIVE REVIEW

A COMPLEXIDADE DAS SITUAÇÕES-PROBLEMA EM CLIENTES ACOMETIDOS DE SÍNDROME CORONARIANA AGUDA: REVISÃO INTEGRATIVA

LA COMPLEJIDAD DE LAS SITUACIONES- PROBLEMAS EN CLIENTES CON SÍNDROME CORONARIO AGUDO: REVISIÓN INTEGRADORA

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ABSTRACT

Objective: to analyze studies of nurses about the complexity of nursing care through situations-problems in clients with acute coronary syndrome. **Method:** an integrative review, held in LILACS, IBECs, MEDLINE, SciELO and Cochrane Library database with the following **research question: how the studies published in online databases have addressed the theme of complexity in nursing care practice?** The sample consisted of 23 articles. In data analysis, descriptive statistics and content analysis were used. **Results:** Articles selected for analysis addressed the issue through the complexity degree of dependency on nursing care and the time spent by the staff for their achievement. **Conclusion:** there was a need for further studies in order to detect situations-problems in the evaluation of the complexity of the situation on the hospitalized client. **Descriptors:** Nursing; Acute Coronary Syndrome; Nursing; Nursing Assessment and Classification.

RESUMO

Objetivo: analisar estudos realizados por enfermeiros sobre a complexidade do cuidado de enfermagem através de *situações-problema* em clientes com síndrome coronariana aguda. **Método:** revisão integrativa, realizada nas bases de dados LILACS, IBECs, MEDLINE, Bibliotecas Cochrane e Scielo, com a seguinte questão de **pesquisa: como os estudos publicados em bases de dados online têm abordado o tema complexidade dos cuidados de enfermagem na prática assistencial?** A amostra foi composta de 23 artigos. Na análise dos dados, utilizou-se a estatística descritiva e a análise de conteúdo. **Resultados:** os artigos selecionados para a análise abordaram o assunto complexidade através do grau de dependência em relação ao cuidado de enfermagem e o tempo dispendido pela equipe para a sua realização. **Conclusão:** verificou-se a necessidade de aprofundar estudos com a finalidade de detectar as *situações-problema* na avaliação da complexidade relativa à situação do cliente hospitalizado. **Descritores:** Enfermagem; Síndrome Coronariana Aguda; Cuidados de Enfermagem; Avaliação em Enfermagem e Classificação.

RESUMEN

Objetivo: analizar estudios realizados por enfermeros sobre la complejidad del cuidado de enfermería a través de *situaciones-problema* en clientes con síndrome coronario agudo. **Método:** revisión integradora, realizada en las bases de datos LILACS, IBECs, MEDLINE, Bibliotecas Cochrane y Scielo, con la siguiente pregunta de la investigación: **¿cómo los estudios publicados en bases de datos online tienen abordado el tema complejidad de los cuidados de enfermería en la práctica asistencial?** La muestra fue compuesta de 23 artículos. En el análisis de los datos, se utilizó la estadística descriptiva y el análisis de contenido. **Resultados:** los artículos seleccionados para el análisis enfocaron el asunto complejidad a través del grado de dependencia en relación al cuidado de enfermería y el tiempo tomado por el equipo para su realización. **Conclusión:** se verificó la necesidad de profundizar estudios con la finalidad de detectar las *situaciones-problema* en la evaluación de la complejidad relativa a la situación del cliente hospitalizado. **Descritores:** Enfermería; Síndrome Coronario Agudo; Cuidados de Enfermería; Evaluación en Enfermería y Clasificación.

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INTRODUCTION

Cardiovascular diseases are the main cause of morbidity and mortality in developed countries and they remain being the leading cause of death in Brazil, responsible for almost 32% of all deaths and constituting the third leading cause of hospitalizations in the country. Its incidence increases in various regions of the world, especially in large urban centers and industrialized countries. Acute coronary syndrome (ACS) covers cases of unstable angina and acute myocardial infarction and in 2009, it was responsible for 7% of all deaths. It is worth mentioning the high, direct and indirect cost, for the National Health System (SUS).¹ There is therefore the need for an integrated action to reduce these rates.

Increased longevity and changes in lifestyles due to technology and industrialization are factors that contribute to these rates to considerably rise², still adding to the increased sedentary lifestyle, obesity, levels of blood pressure and smoking.

Care is the essence and the work of nursing, having important role in the treatment, recovery and direct clients education to patients hospitalized in coronary care units. In their everyday life, the nurse through care, promotes recovery and well-being of clients in the guidelines for disease prevention, treatment of symptoms and family support.

In care, it is observed that several factors are difficult for the care provided by nurses, who are often involved in administrative activities and more complex. Thus, the guidelines made during their hospitalization, there are not all aspects necessary to help in their recovery. These guidelines are not based on *levels* of complexity of situations-problems³ that, somehow, could facilitate evaluation of the nurse to the individual needs of each client.

The *situations-problems* can be triggered by the coronary disease through the signs and symptoms, by nursing care provided to the customer during hospitalization, by the environment, by the customer interaction family-nursing staff, among others. In its structure, they involved: characters, duration of events and space/environment (with changes, updates, *transience*, *implications*, *adaptations*, *disability*). "Situations of nursing are all human situations, in the sphere of professional action, no matter the space-time dimension in which they are nor existing distinctions in assisted people."³ The situation

of nursing and its complexity level can be perceived in the nurse-client meeting.³

Usually the nurses when provide care, they manifest difficulties in determining appropriate behaviors to the specific conditions and affected aspects, or in the complexity *levels* - lower, middle and higher - in situations involving problems of hospitalized clients.³

Given the problematic issue, we developed the following guiding question: how studies published in online databases have addressed the theme of complexity in nursing care practice?

OBJETIVE

- To analyze studies by nurses on the complexity of nursing care *through situations-problems* in clients with acute coronary syndrome.

METHOD

This is a descriptive study of the literature review, aiming to gather and synthesize results of research on a particular topic being a tool to deepen the knowledge about the research topic, allowing the synthesis of several published studies and general conclusions regarding a particular area of study.⁴

To survey of articles, five steps were composed: elaboration of the guiding question: how studies published in *online* databases have addressed the theme of complexity in nursing care practice? Then, there was: searching or sampling in the literature; data collection; critical analysis and evaluation of the content of the included studies and discussion and synthesis of the results.

Full text articles published were searched in the Virtual Health Library (VHL/BIREME) at the website <http://www.regional.bvsalud.org>, to meet the work already done on this topic to support the topic addressed. The following Health Keywords (DECS) were used: Nursing, acute coronary syndrome, nursing care, nursing assessment and classification. To the consultation, the following databases were selected - General Health Sciences - LILACS, IBECs, MEDLINE, Cochrane Library and SciELO. The time frame was 10 years (2003-2013). The journals in which the articles were found available in full were: Acta Paulista of Nursing, Anna Nery School of Nursing Magazine, Brazilian Journal of Nursing, Latin American Journal of Nursing, Journal of the USP School of Nursing.

In the next step, occurring from 08/02/13 to 11/30/13, the following inclusion criteria were established: full articles in Portuguese, English and Spanish, available for free in databases and studies of the type exploratory, descriptive research and critical reflection. The exclusion criteria were: articles not related to the topic and text not available in full. We chose to adopt the Boolean operator and therefore it exposes only articles containing all keywords typed by limiting the scope of the search.

The keywords “nursing and syndrome” acute coronary were employed, and 84 articles were found. With the application of filters, 34 were selected and after reading the summaries, it was found that one was relevant to the proposed topic. In a new search,

keywords 'acute coronary syndrome and nursing care' were tested and eight articles were found. However, after reading the summaries, it was found that they did not meet the inclusion criteria. Other combinations were tested with the keywords mentioned above, however, it was found that the identified articles had already been found in previous searches. We opted then to do a new research and include the keyword 'nursing assessment and classification', which, in combination with 'nursing and nursing care', 163 articles were found and after reading the summaries, we found that 23 were relevant to the topic, as shown in the flowchart below:

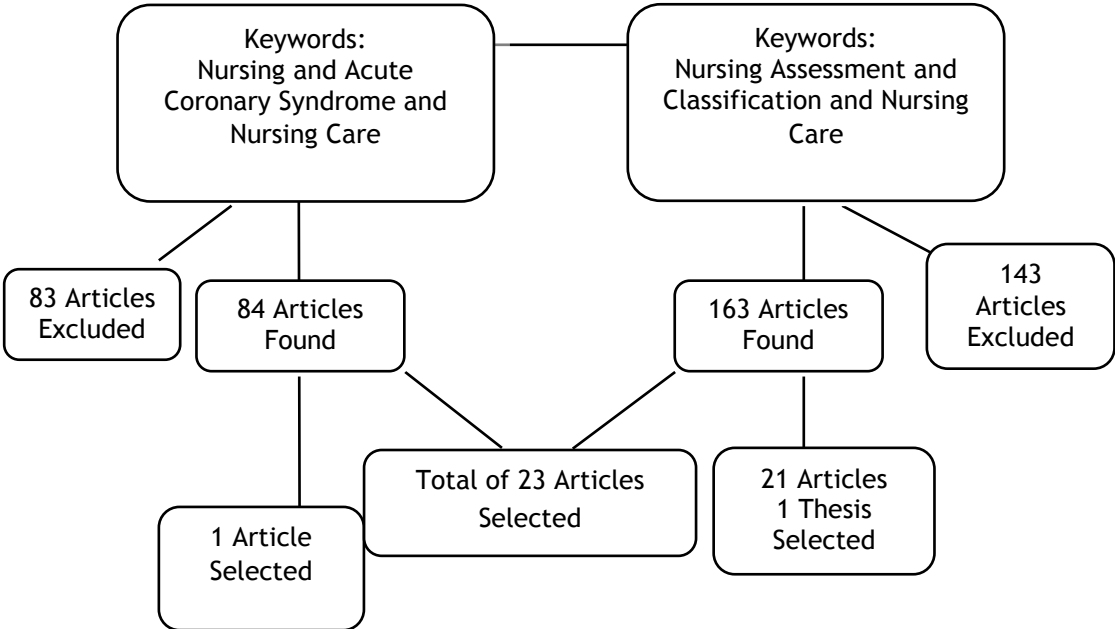


Figure 1. Flowchart of article selection.

In the third step, the selected articles were read in full and a form containing the information was used: title, author, main objective, type of methodology, sample, subject, main results and conclusions in order to make their assessment. In the classification of studies according to methodological quality and bias of articles, level 4 in all selected was considered, i.e., non experimental studies

such as descriptive, qualitative research or case studies.⁴

RESULTS

The selected studies were addressed in different ways in relation to the method: descriptive (62%), reflexion article (4%), literature review (17%), report study (4%), transverse (9%) and observational (4%), as Figure 1:



Figure 2. Most prevalent types of study in the year 2003 to 2013.

The 23 selected texts in the review were analyzed and are presented in the table below

from the type of article type of study, journal and year of publication.

Article Title	Type of Study	Journal	Year
Variability in the complexity level of patient care to the nursing team. ⁵	Exploratory-descriptive study	Rev. latinoam. enferm.	2009
Patient classification system in psychiatric nursing. ⁶	Descritivo exploratory study	Rev. Esc. Enferm. USP.	2008
Patient classification system: construction and validation of an instrument. ⁷	Descritivo exploratory study	Rev. Esc. Enferm. USP.	1998
Patient classification system: identification of patient care profile of the hospitalization units HU-USP. ⁸	Exploratory-descriptiv study	Rev. latinoam. enferm.	2005
Patient classification system: proposal to complement Fugulin et al. ⁹	Literature review	Rev. latinoam. enferm.	2007
Patient classification system as a management instrument in Intensive Care Units. ¹⁰	Descriptiv study	Rev. Esc. Enferm. USP.	2007
Analysis of the construct validity of the instrument for patient classification proposed by Perroca. ¹¹	Exploratory study	Rev. latinoam. enferm.	2004
Classifying patients instrument: users' opinions and analysis of indicators of care. ¹²	Descriptive research	Rev. Esc. Enferm. USP.	2008
Using patient classification system and methods of dimensioning of nursing staff. ¹³	Descritive exploratory study	Arq. ciênc. saúde.	2007
Number of hours of nursing care in the intensive care unit for adults. ¹⁴	Observational	Rev. Esc. Enferm. USP.	2007
Dependence level of care: patients in hospital of high complexity. ¹⁵	Descriptive transverse	Esc. Anna Nery Rev. Enferm.	2012
On nursing situations and their complexity level - lower, middle and higher - in hospital care practice. ³	Critical Reflexion	Esc. Anna Nery Rev. Enferm.	2010
Complexity level of care among patients in an inpatient facility. ¹⁶	Descritive study	Rev. bras. enferm.	2012
Characterization of care profile of adult patients from an emergency room. ¹⁷	Study case	Rev. bras. enferm.	2010
Patient classification system: application of a validated instrument. ¹⁸	Exploratory descriptive study	Rev. Esc. Enferm. USP.	2002
Patient classification system in home care. ¹⁹	Literature Review	Acta paul. enferm.	2006
Classification of patients seen in a hemodynamics unit according to the level of dependency on nursing care. ²⁰	Transverse Study	Acta paul. enferm.	2008
Dimension of the nursing staff in a teaching hospital. ²¹	Descriptive, transverse study	Rev. Esc. Enferm. USP.	2006
Newborns classification instrument according to the level of dependence on nursing care. ²²	Descriptive study	Acta paul. enferm.	2005
Development and content validation of the new version of a instrument for classifying patients. ²³	Descriptive study	Rev. latinoam. enferm.	2011
Assessing the level of dependency of patients in the orthopedic ward of a teaching hospital. ²⁴	Descritive study	Rev. eletrônica enferm.	2011
An approach for patient classification and nurse staffing in nigerian hospitals: a concept paper. ²⁵	Descriptive study	International Journal of Nursing	2012
Patient Classification Systems. ²⁶	Descriptive study	HealthLeaders Media	2011

Figure 3: Texts selected by title of article, type of study, name of the journal and year of publication. Niterói-RJ-2013.

The studies included in the review are mostly written by nurses who work in hospitals. It was observed that articles written by Fugulin and Perroca addressed the issue of Patient Classification System (PCS), through individualized nursing care since its construction, application, reliability evaluation and analysis in the sphere of management and dimension calculation of

people. These studies were based on the level of dependence on clients related to the nursing team and it is essential as an instrument of administrative practice, for the purpose of decision making in the allocation of nursing staff.⁷⁻¹¹

The instrument developed by Fugulin et al.⁵ addresses nine areas of care that are assessed in five categories or levels of care complexity:

minimum care, intermediate, high dependency, semi-intensive and intensive care. In the second version of the instrument, there was readjustment in the classification and *layout*, as it assigns a score to each of the nine areas of care. Several studies addressing this issue have been developed, with the application of this instrument validated in different areas, with the objective to classify customers based on individualized care provided by nursing staff, as follows:

1) Minimum Care: stable customers from the point of clinical and nursing view, physically reliant on the fulfillment of basic human needs;⁷

2) Intermediate care: stable customers in the clinical point of view and nursing that require medical and nursing assessments, partially dependent in nursing actions to meet the basic human needs;

3) High Dependency Care: Chronic customers, stable under the clinical point of view, requiring medical and nursing assessments, but with total dependence of nursing actions to meet the basic human needs;

4) Semi-intensive care: recoverable customers without imminent risk of death, subject to unstable vital functions that require nursing care and ongoing specialized medical;

5) Intensive Care: serious and recoverable customers with imminent risk of death, unstable vital functions that require nursing care and specialized medical.

These instruments were built considering 13 critical indicators: Mental State and Level of Consciousness, Oxygenation, Vital Signs, Nutrition and Hydration, Motility, Locomotion, Body Care, Eliminations, Therapy, Health Education, Behavior, Communication and Integrity mucocutaneous being applied to hospitalized clients to be validated.⁷

The latest version of this instrument is called a Patient Classification System: proposal to complement the Fugulin et al instrument, where three areas of care were added: a) tissue integrity mucocutaneous/commitment;. b) Healing and c) time taken to perform healing. However, it follows the same parameters for the classification of customers. The authors emphasize that the addition of these care areas allows the instrument to be suitable for identifying different clients, especially in surgical units.⁹⁻¹⁸

In studies conducted with the application of this instrument of PCS, the complexity is related to the need level of the customer,

through the volume and intensity of resource consumption and determining the course on the care. Thus, it identifies the activities and procedures performed and the time consumed by the nursing staff.⁵⁻¹⁶

In a study conducted at a tertiary hospital of high complexity, customers were categorized in medical-surgical unit admission and care complexity and level of dependency and their needs in nursing. Sometimes, it was revealed a high level of dependency of hospitalized clients with significant sample of individuals in need of care, high dependency and semi-intensive, requiring a different staff to meet the complexity of care and demonstrating that the nurses team have difficulties to provide care for serious customers.¹⁵

The application of these instruments in a sector of the intensive care unit does not denote the complexity of critical customer, which can not always be actually scaled by the proposed instruments, which unfortunately limits its use. One reason, for example, would be that the instruments are extensive and complexity of hospitalized patients could be related to the agility of the professionals, because time is critical for effective nursing care.¹⁰

Another study addressed the issue by pointing out that, in recent years there has been a change in the complexity of care customer profile and the growth of the elderly population with chronic health problems such as cardiovascular, as one reason. Thus, the classification levels of care complexity becomes vital, not only to reassess the demand for people providing assistance, but to identify other aspects of the demand for care that vary according to seasonality that these customers require.¹⁶

In a study conducted in inpatient units, clinical customers when compared to surgery, showed more stability in the level of care complexity in relation to the demand of the nursing staff through evaluation of procedures performed and the time spent by nursing staff, contributing to the planning actions directed to this clients.⁸ Also from these units, the instruments were applied in the hemodynamics units, in emergency rooms, in home care and psychiatric units, which highlighted the need for adaptation of the characteristics of each customer.

In newborns customers, the reconstruction of the instrument for classification according to the level of dependence was conducted, based on individualized nursing care needs. The need to reformulate the content was proved, in order to highlight some specific

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nursing procedures for these patients and the use of equipment that had not been contemplated, as well as the inclusion and exclusion of others considered relevant, clinical validation is still needed instrument to verify its applicability in healthcare practice.²²

DISCUSSION

Some observations on these instruments when applied in various areas of nursing, showed limitations in assessment of clients to the nature of the care provided and not specifically address issues that may interfere, positively or negatively, in the contingency and duration of nursing care performed.

Nursing care based on situations-problems presented and their level of complexity were not addressed in these studies, and could attend the customer more broadly, considering their needs and knowledge forward to the experience of the disease, the factors related to their life, their job, their family, emotional problems, among others.

Understanding the situations for their nursing levels of complexity may be related to the capacity for reflection and competence of nurses in identifying customer problems and also the logical ability to join them (problems) in a situational context (environment, client, family and others) so that the nurse can *think/reflect*, describe the situation and then develop an appropriate resolution for a specific situation plan of care.³

With these considerations, the nurse developing a plan of care must be attentive to situations of each client, which may be presented in different ways, and that necessarily are not directly related to the disease, which may directly interfere in healthcare practice, in the treatment and recovery of the customer.

In nursing care to clients affected with chronic diseases, many factors may be evidenced during the hospitalization period, with different degrees of complexity and can interfere with their treatment and recovery. Thus, it is necessary to detect the *situations-problems* of clients, guide them from the level of complexity during the hospitalization period, promoting the interaction between nurse and client-family to assist in understanding and importance of continued treatment after discharge.

However, several factors may contribute or hinder this interaction, making it necessary individualized treatment, with different interventions that may benefit the recovery of hospitalized patients. It is for the nurse to

understand the needs of each client and their levels of complexity in relation to those factors which may or may not clearly posted, and thus interfere with the approach of the nurse to the client during care.

CONCLUSION

Related studies in this review addressed the issue complexity, the level of dependence on customers in relation to nursing care provided and the time spent by staff for their achievement, assisting in the workload of staff and delivery of nursing staff.

No studies were found in literature about clients with acute coronary syndrome and application of classification instruments in coronary care units, requiring further studies in order to detect situations-problems in the evaluation of the complexity of the situation on the hospitalized client. In customers suffering from acute coronary syndrome requiring hospitalization, we find situations that may contribute or hinder the actions and nursing care in order to establish a situational approach in care. The guidance provided by nurses from the level of complexity for clients with coronary involvement, can be a useful instrument in nursing care to prevent relapse and readmission in hospitals.

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