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NURSING DIAGNOSIS, OUTCOMES AND INTERVENTIONS FOR PATIENTS IN THE SURGICAL CLINIC OF A UNIVERSITY HOSPITAL

DIAGNÓSTICOS, RESULTADOS E INTERVENÇÕES DE ENFERMAGEM PARA PACIENTES DA CLÍNICA CIRÚRGICA DE UM HOSPITAL ESCOLA

DIAGNÓSTICOS, RESULTADOS Y INTERVENCIONES DE ENFERMERÍA PARA LOS PACIENTES DE LA CLÍNICA QUIRÚRGICA DE UN HOSPITAL UNIVERSITARIO

Mirian Marques Vieira¹, Danielle Martins do Nascimento Oliveira², Marisaulina Wanderley Abrantes de Carvalho³, Maria Miriam Lima da Nóbrega⁴

ABSTRACT

Objective: to identify the diagnoses, the results and the nursing interventions for clients admitted to the surgical clinic of a university hospital. **Method:** an exploratory and descriptive study, of quantiquitative approach, based on the basic needs of Horta, performed at a teaching hospital in João Pessoa (PB), Brazil. The population consisted of 87 patients admitted or carers; of these, 51 were interviewed and in the pre-postoperative. The data were collected from the history of nursing and medical records, for data analysis used descriptive statistics. **Results:** we identified the indicators of human needs affected, which led to 426 nursing diagnosis spread over 88 diagnostic concepts, outlined the results expected and planned interventions. **Conclusion:** it is believed that the findings may collaborate in the identification of the diagnosis/results and nursing interventions, providing a careful, individualized and quality systematic, contributing to positive outcomes in the context of health of surgical patients. **Descriptors:** Nursing Diagnosis; Surgery; Adults.

RESUMO

Objetivo: identificar os diagnósticos, os resultados e as intervenções de enfermagem para clientes hospitalizados na clínica cirúrgica de um hospital escola. **Método:** estudo exploratório descritivo, de abordagem quantiquitativa, fundamentado nas Necessidades Básicas de Horta, realizado num hospital escola em João Pessoa (PB), Brasil. A população foi constituída por 87 pacientes internados ou acompanhantes; destes, 51 foram entrevistados no pré e no pós-operatório. Os dados foram coletados a partir do histórico de enfermagem e prontuário, para análise dos dados utilizaram-se estatísticas descritivas. **Resultados:** foram identificados os indicadores das necessidades humanas afetadas, que levaram a 426 diagnósticos de enfermagem distribuídos por 88 conceitos diagnósticos, traçados os resultados esperados e planejada as intervenções. **Conclusão:** acredita-se que os achados possam colaborar na identificação dos diagnósticos/resultados e intervenções de enfermagem, proporcionando um cuidado sistemático, individualizado e de qualidade, contribuindo para resultados positivos no quadro de saúde do paciente cirúrgico. **Descritores:** Diagnósticos de Enfermagem; Clínica Cirúrgica; Adultos.

RESUMEN

Objetivo: identificar los diagnósticos, los resultados y las intervenciones de enfermería para los clientes ingresados en la clínica quirúrgica de un hospital universitario. **Método:** un estudio exploratorio descriptivo de enfoque quantiquitativo basado en las necesidades básicas de Horta, realizado en un hospital universitario en João Pessoa (PB), Brasil. La población se componía de 87 pacientes ingresados o cuidadores; de éstos, 51 fueron entrevistados en el pre y postoperatorio. Los datos fueron recogidos de la historia de la enfermería y registros médicos, para el análisis de datos utilizado estadísticas descriptivas. **Resultados:** se identificaron los indicadores de necesidades humanas afectadas, lo que llevó a 426 diagnósticos de enfermería repartidas en 88 conceptos de diagnóstico, reseñó los resultados esperados y las intervenciones planificadas. **Conclusión:** se cree que los hallazgos podrían colaborar en la identificación de los diagnósticos y los resultados y las intervenciones de enfermería, proporcionando un cuidado sistemático, individualizado y de calidad, contribuyendo a los resultados positivos en el contexto de la salud de los pacientes quirúrgicos. **Descritores:** Diagnóstico de Enfermería; La Clínica Quirúrgica; Adultos.

¹Nurse (egress), Federal University of Paraíba/UFPB. João Pessoa (PB), Brazil. Email: mirian_mvieira@hotmail.com; ²Nurse, Doctoral Student of Nursing, Graduate Program in Nursing, Federal University of Paraíba/PPGENF/UFPB. João Pessoa (PB), Brazil. Email: danimartins84@hotmail.com; ³Nurse, Master, Doctoral Student of Nursing (egress), Federal University of Paraíba/UFPB. João Pessoa (PB), Brazil. Email: linawac@yahoo.com.br; ⁴Nurse, PhD, Graduate Program in Nursing, Titular Professor, Department of Public Health Nursing and Psychiatry/PPGENF/CCS/UFPB. João Pessoa (PB), Brazil. Email: miriam@ccs.ufpb.br

INTRODUCTION

The implementation of the Systematization of Nursing Assistance (SAE) provides individualized care and guides the decision-making process of nurses in situations of management of the nursing team. The nursing process is the method that organizes and facilitates care; consisting of the following steps: the history, the nursing diagnosis, the care planning, implementation and evaluation of results.¹

The nursing process enables the promotion and maintenance of health, particularly the nursing diagnosis, being one of the main points to appropriate conclusions and interventions. The nurse, through physical examination and history of nursing, is able to identify problems, signs and symptoms that need professional intervention, in order to assist customers in the development of their health improvement.

Nightingale described the nurse who should be able to put the patient in the best possible condition for nature to act; thereby facilitating the laws of nature. He mentions being still able to facilitate the process by changing the environment, internal and external, to better meet the needs of the body, and mind and spirit of patient.²⁻³

In an attempt to find an identity and an own body of knowledge, Nursing has sought to develop terminology that characterize its practice. Several terminologies have been or are being developed in order to enable the documentation, and most of them are related to some phases of the nursing process, highlighting three elements as primary components for the nursing practice classification: nursing diagnoses (client state, problems, needs, capabilities), interventions (actions), and outcomes.

Despite all the efforts performed by the general nursing staff to develop this care, the vast majority have the technical form of domination of those diagnoses, outcomes and routine interventions in their work environment, often the limiting and not seeking the New.

As the use of a theory is possible to determine the focus, goals and care results, enabling an organization of knowledge with the description, explanation and prediction of nursing practice.⁴ This study was based on the Theory of Basic Human Needs of Horta, which has as key health concepts, individual, man and nursing, and points out that the goal of nursing is to be human, watching him in the care of their basic needs, and these are the

ones of nursing. To describe them, explain them, relate them to each other and predict about them, nursing is characterized as a science.⁵

To ensure the continuity and maintenance of the care provided, records of clinical data represent the main vehicle for multi-communication. This information should be objective, clear, complete, so that the members of the healthcare team understand its context and its meaning.⁶

The ICNP[®] consists of an information tool that describes the practice of nursing, providing data that may represent the practice of nursing in health information systems.⁷ Considering the difficulties of deploying the SAE and the nursing process in clinical practice, the complexity of the surgical patient, and understand that the quality of the records facilitate continuity of care asks: Is it possible to identify nursing diagnoses, outcomes and interventions in clients hospitalized in surgical clinic of a hospital school, based on the theory of the basic needs of Horta and the international classification for nursing practice?

This study aims to identify nursing diagnoses, outcomes and interventions in adults hospitalized in surgical clinic of a teaching hospital.

METHOD

This is an exploratory and descriptive study of a quantitative and qualitative approach, developed in the surgical clinic of a teaching hospital situated in the city of João Pessoa/PB, conducted from August 2011 to July 2012. This clinic has been identified as a source of research by getting customers assistance relative complexity with age groups and diverse pathologies requiring individualized care, and shared the experience the surgical procedure. It was a starting point to develop nursing diagnoses, outcomes and interventions using the ICNP[®] 2011 version as a reference in the search and development of the research.

Selected to Surgical Clinic, aiming to be in the process of implementing the systematization of care and has been a research field work related to previous projects,⁸ this clinic was identified, listed nursing diagnoses, outcomes and interventions (terminology of Subsets ICNP[®]) more general, related to common needs to all patients admitted it to health care. Please note that this project has already been approved by the Research Ethics Committee of HULW/UFPB, receiving the protocol N°. 014/08.⁹

At first, we used a medical clinic instrument to collect data on the patient's history, consisting of three main points and its subtopics: 1) physiological needs: Oxygenation Need and Circulation, Need for Hydration and Nutrition, Elimination of Need, Need for Mucocutaneous Integrity, Regulation Need for Sleep and Rest Need, Need for Body Care, Exercise and Activity Need/Locomotion/Body Mechanics/Motility, Need Shelter and Housing, Sexuality Need; 2) Psychosocial Needs: Security Need, Need Communication, Knowledge, Gregarious, Self-Esteem, Self Concept and Self-realization; and 3) Psycho-Spiritual Needs: That did not own subtopics. In this instrument, there were some limitations not get some information regarding the surgical clinic, but that could be adapted to this patient. In addition to this instrument adopted, the patient's diagram was used to obtain more information, and when these were not enough, searches were made directly with the patient in question and if that was not able to answer the charge or the team nursing completed the required information.

For a better search in becoming valid the plan adopted and to set standards in nursing diagnoses, outcomes and interventions for the patients of Surgical Clinic used beyond the ICNP® 2011 and the book of “Nursing Diagnosis, outcomes and interventions for hospitalized clients in clinical units of HULW/UFPB using the ICNP®”, which was developed with the participation of nurses and nursing faculty members who work in the area

looking for cross knowledge adopted during the training and experience in the same field of research.

In view of the ethical principles of research, participants in this study were clear about the research and signed an informed consent (TFCC).

RESULTS

The data were collected with 51 patients in Surgical Clinic of HULW/UFPB. The instruments were numbered and the variables contained in them were encoded and inserted into individual databases.

According to the information obtained from the collected data, the following characteristics were observed, with respect to sex, 26 (50.98%) were male and 25 (49.02%) female; with respect to age group: 9 (17.64%) were between the ages of 16 and 40 years old, 24 (47.05%) was aged 41 to 60 years of age, and 18 (35.29%) aged over 60. Regarding education, 6 (11.76%) are Illiterate, 22 (43.13%) have Incomplete Elementary School, 1 (1.96%) Complete Elementary School, 4 (7.84%) Incomplete High School, 9 (17.64%) Complete High School, 3 (5.88%) Incomplete Higher Education and 6 (11.76%) did not report the Schooling. With respect to the origin, 40 (78.43%) were from their residences, 7 (13.72%) from other hospitals, 2 (3.92%) from other sectors of the same hospital, and 2 (3.92%) of housing/prison.

Table 1. Distribution of nursing diagnosis/outcomes identified in Internal Surgical Clinic of patients by basic human needs. João Pessoa (PB), Brazil, 2012.

Need	n	%	ND more frequent	n	%
Immune regulation	2	2,3	Risk for infection	34	38,6
Emotional safety	7	7,9	Anxiety	27	30,7
Sleep and rest	3	3,4	Sleep and rest impaired	27	30,7
Vascular regulation	4	4,5	High blood pressure	22	25,0
Physical activity, body mechanics, motility and locomotion	4	4,5	Walking impaired	19	21,6
Cutaneous-mucosa	10	11,4	Impaired skin integrity	14	15,9
Nutrition	7	7,9	Slimming	13	14,8
Elimination	11	12,5	Constipation	12	13,6
Body care	3	3,4	Body hygiene impaired	11	12,5

The indicators of the instruments led to identification of 19 affected basic human needs. These indicators provide subsidies for the development of 426 statements of nursing diagnoses, range over 88 diagnostic concepts, with an average 4.84 diagnoses per patient, as shown in Table 1.

It is noted in the table above that the most prevalent diagnoses in surgical patients were the risk of infection, anxiety, sleep and impaired rest, high blood pressure, impaired ambulation, impaired skin integrity, weight loss, constipation and impaired bodily hygiene. For nursing diagnosis/outcomes there were developed nursing interventions which

will be presented in the table below for the four most common diagnoses. There were identified 19 basic human needs with 88

nursing diagnoses arranged in these categories are the most frequently shown in Figure 1 considering the frequency <10 ND.

Nursing Diagnosis (ND)	Nursing Interventions
1. Risk for infection N= 34	Assess the nutritional status. Evaluate catheter insertion sites for hyperthermia. Controlling the fluids and electrolytes. Keep airway permeable. Monitor temperature and respiratory rate. Monitor signs and symptoms of wound infection. Supervise the skin. Guide how to early ambulation. Check the location of the surgical incision after each bandage. Use appropriate aseptic techniques after each bandage.
2. Anxiety N= 27	Questions of the patient in relation to treatment. Establish trust with the patient. Encourage the patient to report of your anxiety. Monitor the emotional state of the individual. Offer a calm and pleasant environment. Offer psychological support. Provide information about the diagnosis, treatment and prognosis. Provide well-being.
3. Sleep and rest impaired N= 27	Assist the patient in control of daytime sleep. Discuss with the patient/family comfort measures, sleep monitoring techniques and changes in lifestyle. Teach the patient relaxation technique. Monitor the sleep pattern and amount of hour's overnight stays. Observe the physical conditions (sleep apnea, airway obstructed, pain/discomfort). To offer a calm and a safe environment
4. High blood pressure N= 22	Raise awareness of the importance of stress reduction. Teach stress reduction techniques. Stimulate physical activity moderately. Explain the importance of the non-use of tobacco. Monitor blood pressure. Monitor fluid balance. Monitor the presence of dyspnea, fatigue. Guide the patient about the importance of communication to any chest discomfort. Guide patient/family about modification of risk factors (quit smoking, diet and exercise) as appropriate. Guide as to the importance of reducing salt in the diet. Guide as to the home. Guide how to moderate workouts. Supervise the ingestion of diet.

Figure 1. Distribution in descending order of frequency < 20 of nursing diagnosis/outcomes, identified in Internal Surgical Clinic patients and their nursing intervention. João Pessoa (PB), Brazil, 2012.

DISCUSSION

The lack of practice of systematization of nursing care is still common today. Professionals have difficulties in identifying nursing diagnoses, outcomes and interventions to seek to standardize the language in the development of practices in health institutions, because the care provided depends on appropriate tools to present information to the multidisciplinary team and especially the nursing staff aiming to better care with the client.

In this context, Nursing has sought to overcome obstacles and challenges, as has been trying in practice to identify nursing diagnoses, outcomes and interventions for clients, which has been the subject of different looks in scientific practice, but standardizing the care vision.

Nursing, as a science and a profession that deals directly with human beings, needs to assist the patient in all its complexity. For this, one must have technical and scientific base, recognizing the theories to guide their practice and individualize and systematize care, with a view to promoting health and recovery from illness.

In the complex process of providing nursing care to surgical patients, it is positioned by the nurse, who develops his professional practice making use of tools, such as the nursing process, to facilitate the care and promote the dissemination of a language to be used in clinical practice.

About the specific characteristics of the surgical patient, it is understood that the nursing process makes it possible to improve the quality of patient care, being an individualized method, planned, evaluated

and mostly continuous, since it covers the preoperative, intraoperative and postoperative surgical experience of the patient.¹⁰

The surgical patient is a person who has been or will be subjected to surgery, elective or emergency, for the treatment of a disease. The hospital, the surgery, the anesthetic procedure and the fear of death cause changes in the life of the patient and his family, which can result in stress. In this context, surgery, either elective or emergency, is a complex and traumatic event. It is the therapeutic procedure for a number of pathophysiological conditions that can be life threatening. Nursing may contribute greatly to reduce or minimize the suffering and anxiety experienced by providing information about pre and postoperative care, removing doubts, ensuring safety by identifying the human needs that are affected, and collaborating to solve problems.

Considering the specific characteristics of the surgical patient, it is the nurse and the multidisciplinary team who join efforts to achieve the improvement of nursing care quality. Using the nursing process in care practice, it means being willing and have the capacity to care for. Caring means choosing to do what is necessary to help others. This means focusing on what's best for the client, respecting his values, his beliefs and his individuality and stay involved in the care process. In this context, be able to take care requires professional he understands himself and others.

Among the nursing diagnoses identified in this study, the diagnostic prevailed: Risk for infection, anxiety, sleep and rest impaired and high blood pressure, respectively.

The risk for infection may be related to invasive procedures and trauma mechanical tissue, related to the surgery, the nurse will require the following precautions: Maintain universal precautions; Evaluate the dressing; Maintain aseptic technique; Keep accurate record of infused substances; Change dressings; Monitor signs and symptoms associated with local and systemic infections; To evaluate the drainage system; Monitor the patency of the catheter, attend to any difficulty drainage; Monitoring the color and the amount of drainage; Empty the collection device and monitor the skin and examine the area around the insertion of the catheter.¹²

Anxiety is considered a diagnosis often observed in all surgical patients, either preoperatively or postoperatively, the concern with surgery (diagnosis, treatment and hospitalization). It can directly influence the

postoperative recovery; nursing, therefore, needs to have a comprehensive approach, given to the prevention of post-surgical complications and offering emotional support to patients and the family.¹¹

This feeling can be observed due to the change of environment, the distance from the family, the change in health status, to referring to the recovery uncertainties, the inability to maintain daily activities and dependence to perform activities of daily living.

The need for sleep and rest impaired in surgical patients, the inability to sleep and feel rested is a common complaint during hospitalization, the main causes of the lack of "intimacy" with the environment, pain, discomfort, reliance and self-control feelings of loss, fear of death, fear of surgery and anesthesia, it will be the nursing staff enable a therapeutic environment to drive the patient to adequate sleep and rest.¹²

Nursing diagnosis identified increased blood pressure may present secondary to pain, anxiety related to hospitalization, or is already present in the patient history. Nurses must be performing cardiac monitoring and blood pressure, performing guidelines to reduce stress, rest guide, guide on the importance of reducing low-sodium diet, and carry out strategies to reduce trauma.¹²

The nurse should work with the patient and family, to ensure understanding of care guidelines, considering the physical, psychological, social, cultural and spiritual aspects in order to provide individualized, quality care to this clientele.

The nursing diagnoses/ outcomes and interventions identified in surgical patients in this study have the higher purpose facilitate critical philosophy and professional decision-making and contribute to a systematic practice necessary to give visibility to nursing while science.²

Throughout the research, there were found some difficulties in the data collection phase, since the hospital went through some striking commands, privatization measures, publications in the hospital scrap media, it has also undergone some renovations, nursing record insufficient information about the care and the strike finally struck. It worked with few patients in the surgical clinic, so it was necessary to include patients who were in Internal Medicine, and were in preoperative or postoperative period, in addition to meeting the study inclusion criteria. Another factor that contributed to the scope of data collection was the coming of patients in the

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Hospital Santa Isabel the same municipality, for surgical wing of HULW/UFPB. Still, some patients showed indifferent because they are long hospitalization and/or long seeking alternatives to the same pathology and not agreed to participate in the study, and respected their rights.

CONCLUSION

The Nursing Process has represented the main methodological tool for systematic performance of professional practice, its use in clinical practice allows nurses to promote and organize care, and document professional practice.

At the end of this study it was possible to assure that the completion of data collection steps (Nursing History) and development of nursing diagnoses, outcomes and interventions, provided means to carry out an assessment of the quality of care provided to the patient, allowing the systematization assistance. The use of a theory to guide nurses' practices favors to look at the human being holistically, in order to attain positive results in his care.

It is hoped that the nursing interventions outlined for nursing diagnoses identified in this study for the surgical patient may qualify the practice of nursing professionals, stimulate new research, given the difficulty and the need to incorporate the SAE in the workplace.

This study examined how in the field of practice, the work process of nursing, combining scientific knowledge to the technique. It was possible to better understand the user, from the history of nursing by which collected data on his health condition, which contributed to the visualization of care played by the nursing staff.

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Corresponding Address

Mirian Marques Vieira
Universidade Federal da Paraíba
Rua Empresário João Rodrigues Alves, 270
Bairro Jardim São Paulo
CEP 58051-000—João Pessoa (PB), Brazil