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RESEARCH
Nurse’s perception on nursing care in the in recovery room postanesthesia

ABSTRACT
Objective To describe the perception of nurses on the nursing care provided to the patient and analyze how the care provided in the post-anesthetic recovery influences the clinical-surgical patient's condition. Methods: This is a descriptive study conducted with 07 nurses working in the post-anesthetic recovery room of an emergency and emergency hospital in the municipality of Teresina-Piauí. It was carried out by means of semi-structured interviews, in the months of March and April 2012. Results: It revealed 3 categories: perception of nurses about the care in the post-anesthetic recovery; practices of intensive care in the post-anesthetic recovery and nursing care and patient safety. Conclusion: It is concluded that nursing care is perceived as important and which influence the recovery and surgical safety of the patient, in addition, it shows the existence of practices of intensive care, but such practices are expressed by technical actions and routine. Descritores: Nursing in the recovery room, Nursing care, Social perception.

RESUMEN
Objetivo: Describir la percepción de los enfermeros sobre el cuidado de enfermería prestado al paciente, y analizar cómo el cuidado prestado en la sala de recuperación pós-anestésica influye en el cuadro clínico-cirúrgico del paciente. Métodos: Se trata de un estudio descriptivo de 07 enfermeras que trabajan en la unidad de cuidados post-anestésicos de un hospital de urgencia e emergencia del municipio de Teresina-Piauí, realizado por medio de entrevista semi-estructurada, en los meses de marzo y abril de 2012. Resultados: Se evidenció 3 categorías: percepción de enfermeros sobre el cuidado en la sala de recuperación pós-anestésica; prácticas de cuidados intensivos en la sala de recuperación pós-anestésica; y cuidado de enfermería e seguridad del paciente. Conclusión: Concluye que el cuidado de enfermería es percibido como importante y que influye en la recuperación y en la seguridad quirúrgica del paciente, además, evidencia la existencia de prácticas de cuidados intensivos, por lo tanto estas prácticas son expresadas por acciones técnicas y rotineiras. Descritores: Enfermería en sala de recuperación. Cuidados de enfermería. Percepción social.
Nursing is a globally recognized profession by its care. The care includes performing technical procedures coupled with attitudes consistent with humanistic principles of respect, responsibility and dignity. The great challenge of this profession for this century is to insist on the practice of care to the human being as a basic premise, as a form of professional development.

Within the conceptions of researchers on the subject, perioperative nursing should be based on a systematic process and planned with a series of integrated steps. Perioperative is an umbrella term that incorporates the three phases of the surgical experience: pre-operative (before surgery), trans-operative (during surgery) and postoperative (after surgery).

Corroborating this question, other researchers on the topic divide the perioperative period in: pre-operative period, it is understood from the decision-making of the surgical intervention until the moment that the patient is received in the surgical center (CC); perioperative period, which starts when the patient is admitted in the CC until forwarded to the Post Anesthetic Recovery (PAR); and immediate postoperative period, which extends from the admission in the Post-Anesthetic Recuperation Unit (PACU) until the first 24 hours after surgery.

According to the Ministry of Health, the Collegiate Board Resolution, CBR, no. 307 November 14, 2002, the PACU belongs to the physical plant of CC and therefore must possess the same architectural characteristics related to floor, walls and electrical installations. Must have at least two beds with 0.8 m distance between the bed and the wall, except the distance between the headboard and the wall, which should be 0.6 m, J. res.: fundam. care. online 2013. dec. 5(6):104-114

Based on these facts, the following questions are relevant: what is the perception of nurses about the nursing care provided to patients in the PACU? Nursing care performed in the PACU (immediate postoperative period) can contribute to the patient's safety? To answer the questions, the following objectives were set: to describe the nurses' perception of nursing care provided to patients in PAR and analyze how the nursing care provided in the PACU influences the clinical-surgical patient's condition.
This is a descriptive study with a qualitative approach, with 07 nurses as the subjects. They work in the PACU in a specialized hospital in emergency services and emergency of the municipality of Teresina - PI.

For the selection of subjects of research the following inclusion criteria were adopted: the nurse should act in the hospital institution in statutory regime, because the researchers understand that the nurse with statutory scheme of work have greater familiarity with the dynamics of the service and to accept to participate in the research by expressing-if by signing the free and informed consent term.

And the criterion for exclusion are listed out that the professional acted in character substituting another professional, because this, the temporary condition of service, tend to have less experience with the dynamics of the service, was also excluded professional who was on vacation or leave during the data production period.

Data collection was carried out in the months of March and April 2012 by means of the technique of the semi-structured interview, guided by a script consisting of two parts, namely: part I, which aimed to profile the nurse, and part II, which consisted of open-ended questions that aimed to understand the perception of the respondents. The speeches of the subjects were recorded and then transcribed with organization and classification of reports being submitted to Bardin’s content analysis.

From the content analysis emerged three analytical categories that were named as follows: perception of nurses about the care in the PACU; practices of intensive care in the PACU; nursing care and patient safety.

It is worth pointing out that the research followed the ethical precepts of Brazilian legislation that involves the implementation of scientific research with human beings, under resolution 196/96. Thus, the search was initiated after being approved by the Ethics Committee of the Federal University of Piauí with CAAE 0477.0.045.000-11 and authorized by the Research Ethics Committee of the hospital with protocol number 25.

Characterization of the research subjects

The study participants were female; this demonstrates that the Brazilian nursing continues being a profession practiced predominantly by women, a fact that has been occurring over the course of its history. They range between the ages 26 and 30 years. This evidences a strong presence of young adults in full operation and professional force.

As For the time elapsed between the end of the graduate program in Nursing and the moment of the interview three nurses had between 0 to 5 years of training three had between 5 and 10 years of training and a had more than 10 years of training.

With respect to the maximum professional titration study revealed that, all the interviewees had specialization. Thus, this information shows that the participants are anxious to acquire new knowledge as a way of complementing the acquired in undergraduate studies and to offer a better quality service.
Madeira MZA, Costa CPV, Sousa LEN et al.

To complete the characterization of the subjects that constitute this study, it was examined whether the time working in PACU, on this occasion it can be seen that four nurses had a period between 1 to 3 years and three subjects presented a time greater than 3 years of work in that sector.

Analytical Categories

Perception of nurses regarding the care in the PACU

This category sought to show and discuss how nurses perceive the nursing care provided in the PACU. During the analysis process, it was found that nursing care is perceived by interviewees as important and that influence in the recovery of patients undergoing anesthesia and surgical procedure, as in the following testimonies:

I understand that nursing care should be well evidenced because it is very important, I try to do the patient assessment several times in the first hour after surgery so that implementation of the nursing care and care that is effective. (Deponent 1)

[...] nursing care greatly influences the complete recovery of the patient without complications or damage process, it is clear that the success of a post-operative conditions also depends on the patient's health, age and other factors, but the nursing care when well done and executed as needed by the patient, and helps in recovery from surgery plus gives professional satisfaction. (Deponent 3)

In his speech the deponent 1 it is inferred that the nursing care of the surgical patient are important, especially in the first hour after surgery and such care should be effective. Therefore, it is evident the relevance of executed care to individuals subjected to a surgical anesthetic procedure.

Upon analyzing the speech of deponent 3 it notes that several factors interfere with the success of the post-operative period, but the same emphasizes that the implementation of nursing care according to the needs of the client influence in a significant way in the recovery process of the individual undergoing the surgery.

Deponent 7 highlights in their speech the effectiveness of nursing care in the recovery process of the surgical patient. Therefore, it is perceived that the care provided by nursing staff to patient profile that becomes key enabling an improvement in the clinical and surgical condition. The PAR period is judged critical and the nursing care should be fundamental and guided in the development of nursing activities already planned since the departure of the patient from the operating room until the time of their discharge from the PACU. In this case, the observation must be constant until the vital functions are fully stabilized.

In this perspective, when the patient is transferred from the surgery room for the post-
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overall I try to do everything possible so that the patient has no complaints and is always monitored and try to do my best. (6 Deponent)

However, despite the factors mentioned, the speeches also show that the patient is released from the recovery room only with a stabilized clinical condition.

The reality evidenced in this study can also be visualized by study of a group of researchers from the thematic, which revealed that the demand for bureaucratic activities and administrative action is intense in units closed, and therefore end up requiring significant time from the nurse. For this reason, the same seem to be away from direct care to the patient, prioritizing the provision of materials and equipment for the above-mentioned unit.

Thus, it is emphasized that the issue of planning, forecasting, provision of materials, standardization of procedures, documentation are important, but should be considered with the intrinsic competence of the nurse in caring. Therefore, it is worth mentioning that the nurse should perform management functions so that the interventional side will happen in its fullness.

Intensive care practices in the PACU

During the analysis and construction process this analytical category it was found that the care developed in the PACU is classified as meticulous, which is intensive, but that restricts the technical and mechanistic actions.

[...] as the patient arrives at a open door hospital, we have to receive the patient, only that the times there is no availability in

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expressed as the product of technical, routine actions.

Based on this perspective, care is not only restricted to a technical action in order to perform a procedure, but should encompass the sense of being, which must be expressed in the form of attitude, because it is relational.5

However, it is noted by testimony that the “sense of being” of care is discarded and not reported, once the care is reported as technicist, mechanical and synonym of monitoring.

The exercise of care has an intrinsic ability to articulate knowledge, powers and decisions, but there is the risk of reducing even the development of techniques, as can be seen in CC in which the nursing team appropriates practices by failure in delimitation of their knowledges.12

In this line of thought, the speeches 3 of the interviewees and 4 confirm the complexity of nursing care performed in the recovery room, according to the statements below:

[...] the patient is monitored, we see oxygen saturation, there are patients on mechanical ventilation who need a closer care by the nurses, there is the bed bath, dressings, because the sickest patients who were not here to stay, and end up staying we even carry out ICU care [...] (Deponent 3)

We count on patients staying there, but they need to ICU vacancy, but often they don’t have vacancy at the time, so they end up staying in the room and need care such as a bath, oral hygiene, and all the that is done in the ICU and we don’t have this vacancy, these patients receive such care there for 1 or 2 days, sometimes even more as needed. (Deponent 4)
Madeira MZA, Costa CPV, Sousa LEN et al.

In this context, theoretical reveal that the classification of the degree of dependence on nursing care in a post-anesthetic recovery unit is between intermediate and semi-intensive care, being the vital signs, locomotion, body care, nutrition and hydration and elimination the critical indicators of care with higher scores and who have contributed substantially to this classification.

The patients classified with intensive care requirements are of invasive hemodynamic monitoring, ventilator support, measurement of urinary output and drainages of probes and drains, among other activities.

Through the speeches of the deponents above, it is observed that there are patients in the PACU that require intensive care and the indicators specified by the same that contribute to such classification are monitoring, ventilator support, vital signs and body care.

Upon applying the evaluation instrument for the nursing workload called Nursing Activities Score (NAS) in the PACU, it was concluded that despite the nursing care provided to patients in PAR and the patient in the ICU is different. It is possible to trace them among themselves due to the characteristics of nursing activities developed in the immediate postoperative period as surveillance of respiratory pattern and hemodynamic, level of consciousness, of positioning in bed, the verification of the conditions of catheters, drains, probes and dressings.

In another approach on this issue, it has become apparent that the nursing workload per patient in the post-anesthetic recovery unit is influenced by the time of permanence of the patient and the size of the surgery. Knowledge of these factors by the nursing staff can direct the human and technological resources for the care of those patients who require intensive care.

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In addition to being reported as intensive, it can be inferred from the statements that the care practices are seen as actions, work activities performed in everyday life, in which the care is designed only as assistance and for this reason, the care practices are expressed by technical actions and routine.

Nursing Care and patient safety

In this category sought to consolidate the relationship between the nursing care performed in the PACU and surgical safety of the patient.

 [...] we have received the patient and monitor, we fully appreciate the vital signs, and we evaluated the level of consciousness, to evaluate the sensitivity, drains, probes [...]. In the recovery room is precisely that, evaluate the patient in the immediate postoperative period by preventing and intervening in surgical complications as well as evaluate the recovery from anesthesia, this will depend on whether it is general, if it is a spinal anesthesia, or is blocking. Then we evaluate, for certain types of anesthesia the patient recovers quickly and we adapt the care to the type of anesthesia that the patient received. (Deponent 2)

 [...] when the patient arrives, I identify the type of surgery that took place to learn the type of anesthesia that he was subjected, because from there the people will already be aware, we will predict how they will behave. We need to know the risks of an immediate post-operative period, being the main points: pain, bleeding, the patient may become depressed, low saturation, then everyone has to always keep an eye on them. Are administered analgesia, providing
comfort to the patient, identifying the risks of bleeding, e.g., multiple trauma patient often comes to the recovery room and was not well sorted out there makes a craniotomy or drainage a hematoma and is not evaluated the drain, or not looked for a possible internal bleeding, then the nurses have to remain monitoring them. (Deponent 6)

From the speech analysis of deponent 2 it is learned that the nursing care performed in the recovery room influences on patient safety, a time that these at the same time that prevent probable post-operative complications can help reverse the clinical condition of the patient affected by some surgical complication.

Deponent 6 emphasizes the importance of the nurse know the possible complications in the immediate postoperative period and act effectively. Thus, it is inferred that the conduct of this professional directly interferes in the surgical patient safety.

In this context, it is understood that the safety of the patient in the post-operative period depends on procedures and nursing interventions backed by practical knowledge and scientific and sitting in behavior, attitudes and habits in insurance implementation of care, avoiding the occurrence of complications, which in most cases results from the high complexity inherent to anesthetic-surgical procedure.15

The deponents quoted above reveal the importance of a proper tracking based on scientific knowledge to prevent complications in the immediate post-operative period.

During the immediate postoperative period, the patient is at their maximum point of endocrine and metabolic changes, requiring a safe and effective evaluation. Such assessment is translated by scientific knowledge of nurses in relation to risk factors associated with the anesthetic-surgical procedure and those associated to the actual patient.

[...] I am very careful, I appreciate the recovery from surgery, the dressing of the FO, to know the risk of bleeding, I observe the probe or drain, the circulatory and respiratory pattern, the risk of hypothermia, for which the post-operative period is free of complications and free of omissions on the part of the nursing team. (Deponent 1)

When a patient arrives, I appreciate very much for identifying which type of surgery they had and what anesthesia, because then I'll already know more or less how it will evolve and what types of complications they may have, in addition, I will assess the level of consciousness, see the responsiveness from him, the drain, the probe, the dressing. I look for in the patient some sign of complication or start it as pain, hypothermia, bleeding so that I can effectively act [...]. (Deponent 5)

In accordance with the anesthesia and the type of surgery, we will know how the patient will evolve, I as a nurse already note the level of consciousness, breathing, drains, surgical dressing, pupils, if they are reactive to painful stimuli, the verbal stimuli, for which the post-operative period is more secure with less complications. (Deponent 7)

The speeches of deponents 1, 5 and 7 reinforce the idea that the actuation of the nursing staff should be directed to prevent possible surgical complications such as also speak of safe and effective manner through complication that the patient can present in the immediate post-operative period.

In this perspective, the patient safety is part of the criteria to ensure quality in the care
Madeira MZA, Costa CPV, Sousa LEN et al. provided. Therefore, it is necessary to adopt measures aimed at the reduction of errors and adverse events in health care services, especially in places such as surgical center, which conducts misleading, can have disastrous consequences. 16

Such assertion is convergent when taking as a basis the statements quoted above, in which the interviewees reveal the concern with the safety of surgical patients in PAR with the objective of making the post-operative period and more secure with less acts of omissions on the part of the nursing team.

In the PAR period, a nursing evaluation is performed to highlight, the patient’s vital signs, type of surgery and anesthesia, complications, existing conditions of dressing, presence of drains and losses. 17 Such aspects are reported by interviewees as relevant and the observance of the same influence on surgical patient safety.

Upon exposures made, showing that such behaviors are performed by interviewees 1, 2, 5, 6 and 7 reaffirming the concern of interviewees with the safety of the patient and the consequent success of the post-operative period.

Conclusions

Care is perceived by interviewees as important and that when well executed very great influence on the recovery of patients submitted to surgical anesthetic procedure. However, it reveals that the same does not occur as recommended by the literature due to several factors such as overcrowding, lack of sector equipment and bureaucracies.

However, despite these factors, the speeches show that the patient is released from the recovery room only with their clinical condition stabilized, J. res.: fundam. care. online 2013. dec. 5(6):104-114

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