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RESEARCH

THE APPLICABILITY OF NURSING DIAGNOSIS IN THE FIELD OF CLINICAL MEDICINE: THE EXPERIENCE AT THE UNIVERSITY HOSPITAL

A APLICABILIDADE DO DIAGNÓSTICO DE ENFERMAGEM NO SETOR DE CLÍNICA MÉDICA: A VIVÊNCIA NO HOSPITAL UNIVERSITÁRIO

LA APLICABILIDAD DE LOS DIAGNÓSTICOS DE ENFERMERÍA EM EL CAMPO DE LA MEDICINA GENERALISTA: LA EXPERIENCIA EM EL HOSPITAL UNIVERSITARIO

Aline Affonso Luna¹, Glaucia Valente Valadares²

ABSTRACT

Objectives: To characterize the actions / attitudes of the professional nurse considering the pragmatic use of nursing diagnoses, to discuss the findings as an enterprise for the humane care; propose an instrument for the nursing diagnosis can be registered effectively in their daily work in the infirmary. **Method:** This is a qualitative research, where we used the case study, which covered different methods for data collection, among them: a semi-structured interviews and participant observation. The sample consisted of 10 resident nurses of the nursing program in clinical medicine of a University Hospital studied. **Results:** Data were analyzed, three categories having emerged. **Conclusion:** It is believed that the study is a contribution to the growing discussion of the systematization of nursing care within the research institution and, above all, a win for the customer who is in need of monitoring and care, during his recovery. **Descriptors:** Nursing, Nursing, Nursing Diagnosis.

RESUMO

Objetivos: Caracterizar os atos/ atitudes do profissional enfermeiro considerando a utilização pragmática dos diagnósticos de enfermagem; discutir os achados enquanto empreendimento para o cuidado humano; propor um instrumento para que o diagnóstico de enfermagem possa ser registrado, efetivamente, no cotidiano do trabalho na enfermagem. **Método:** Trata-se de uma pesquisa qualitativa, onde foi utilizado o estudo de caso, sendo abordados meios diferenciados para a coleta de dados, dentre eles estão: a entrevista semi-estruturada e a observação participante. A amostra foi constituída de 10 enfermeiros residentes do programa de enfermagem de clínica médica do Hospital Universitário pesquisado. **Resultados:** Os dados foram analisados, tendo emergido três categorias. **Conclusão:** Acredita-se que o estudo seja uma contribuição para o crescimento da discussão da sistematização da assistência de enfermagem dentro da instituição pesquisada e, principalmente, um ganho para o cliente que esteja necessitando de acompanhamento e cuidados durante sua recuperação. **Descritores:** Enfermagem, Cuidados de Enfermagem, Diagnóstico de Enfermagem.

RESUMEN

Objetivos: Caracterizar las acciones y actitudes de los profesionales de enfermería teniendo en cuenta el uso pragmático de los diagnósticos de enfermería, para discutir los resultados como una empresa para el cuidado humano, proponer un instrumento para el diagnóstico de enfermería se pueden registrar efectivamente en su trabajo diario en la enfermería. **Método:** Se trata de una investigación cualitativa, donde se utilizó el estudio de caso, que abarca los diferentes métodos de recopilación de datos, entre ellos: a las entrevistas semi-estructuradas y observación participante. La muestra constó de 10 enfermeros residentes del programa de enfermería en la medicina clínica, del Hospital Universitario de estudio. **Resultados:** Los datos fueron analizados, tres categorías de haber surgido. **Conclusión:** Se cree que el estudio es una contribución a la creciente discusión de la sistematización de los cuidados de enfermería dentro de la institución de investigación y, sobre todo, un triunfo para el cliente que está en necesidad de cuidado y atención durante su recuperación. **Descritores:** Enfermería, Enfermería, diagnóstico de enfermería.

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INTRODUCTION

This is a study of completion of specialization, made by the nurse, resident in nursing, University Hospital Pedro Ernesto (HUPE), in the area of clinical medicine, where it was revealed from the everyday experience an important gap in that despite the situations related to use of the care system, giving rise to the investigative interest on the said topic.

Thus, it was exactly this intriguing scenario, in the process of training (resident in nursing), I realized a number of important concerns, sharpening me towards the continuous search for associations and correlations, that even in the face of the specifics of the medical clinic, strategies could signal towards the best possible driving work activities, based on the knowledge and practice of nursing, viewing tools available (imaginary) for professional practice.

It is worth to point out that, in this study, the nursing process is understood as a fundamental instrument for the care, being worked in order to provide the best customer service in the hospital, the nurse in supporting decision making in safety delegate functions to your team, sharing knowledge and strengthening relations with the client. Also, the nursing process is an organized way of providing care, being composed of steps that must be previously established, such as data collection, information on nursing diagnosis, planning, implementation of nursing care and ongoing evaluation of the results.¹

Correlating nursing care with the challenges of clinical practice is that the implementation of the Nursing Care System (NCS) is one of the effective ways that nurses have to apply their technical and scientific knowledge and human assistance in support of quality. Therefore, it is addressed in the study as an important J. res.: fundam. care. online 2013. jul./set. 5(3):1-9

organizational ability, from a well-defined theoretical basis for the same effectiveness of practice nurses in its fullness.²

The SAE, although still not be performed in its entirety by nurses, has been gaining ground and establishing itself after COFEN Resolution - 272/2002. It should be the focus for activity private nurse, as well as for use in a continuous and organized the scientific method for identifying situations that underlie the disease process, providing a foundation of nursing care that may contribute to the promotion, prevention, recovery and rehabilitation of the individual, family and community.³

The nursing process has specific characteristics, such as being systematically as follows five steps for obtaining the beneficial results; be dynamic, since the steps carried out can return up to each isolation for checking, evaluation or alteration; be humanized because plans considering the welfare, values and beliefs of the client, and, finally, ending not directed to the achievement of expected results at each step. So, is carefully and systematically, it is for the nursing staff to do it. He focuses on the customer holistically and provides plans for better welfare, minimizing risks and complications from diagnostic traces.⁴

Therefore, its application in everyday practice has significant implications for the nursing profession, for the customer and for the professional, whereas demonstrates concretely the scope of nursing activity, allowing even the visibility of actions, since includes many records. For the customer, it encourages to participate actively in the care, enveloping him in all five phases. For the professional, increases customer satisfaction and improvement, especially being required continuing education. So for better description of the nursing process, each step will be presented separately, identifying their peculiarities.^{4,5}

The research is the first step of the nursing process. This phase begins with the interview and physical examination, where the nurse will collect data for better understanding of the conditions of the customer. So, follow key stages of an investigation, namely: data collection itself; validation (verification) data, organization of data, identification of patterns / test of first impressions; communication and data recording.⁴

The second stage of the nursing process consists of the following research, where the collected data are analyzed and interpreted carefully. To make nursing diagnoses nurses must be able to analyze, judgment, synthesis and perception, to interpret clinical data.¹ Therefore, it is important to highlight the compelling nature of this phase; it requires professional reflection with absolute theoretical basis, and also considering the same experience, which can interfere with the findings by qualitative distinctions.

To trace the diagnosis, it is important to identify whether it is real or possible risk. For this, you need to compare the data of the person with research diagnostic definition, defining characteristics and related factors (risk).⁴ Nevertheless, it could not be stressed, reflections reasonable training for proper application of diagnoses punctuated now, considering that in that implementation occurs and therefore the reflection in action, too, the possibility of improvement and the advent of expertise.

The care planning is the third step of the nursing process and in order to be realized, it is essential to establish priorities among the problems diagnosed. As a result, the care plan is drawn up with the results expected by the client and nursing prescriptions. In this way, it is important to rescue the possibilities, which can be short, medium and long term, as well as regarding the very nature of planning, i.e. strategic, tactical or operational.

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The plan of care, among other aspects, must meet four main purposes: promote communication among caregivers, so humane and logical growth of those involved before care, direct care and documentation, so that there are effectiveness and efficiency in actions; create a record can later be viable in the sense of evaluation, required processes, and to enable research and others; provide documentation needs of healthcare for purposes of reimbursement from insurers.⁴

On the implementation, it is interesting to point out that, at this stage is that the nursing prescriptions actually appear. It is worth highlighting that many errors occur in the understanding of nursing prescription. This is done to meet the specific needs of customers, i.e., those that each client needs according to his uniqueness. Notwithstanding the above, each customer is immersed in a context that is very unique, considering: physical, psychological, social, economic, cultural, and ethical, among many possibilities. It is the customer who is human, therefore, endowed with great complexity.

Thinking of the assessment, this is the fifth stage of the nursing process. Reportedly, among other aspects, the notes recorded in the client record. These records must disclose the professional conduct of nurses and staff, as well as their orientations and actions that involve care. For this, the client must be evaluated daily, in the sense of monitoring replies ducts implemented. Thus, it is possible to observe the picture of the customer and its evolution each day. It is no exaggeration to focus on the criticality of the ongoing assessment, since it can feed back into the process and, so, even bring the process itself.

So after the reflections traced, I present the problem of study (cut for this article): from the point of view of the care system, with emphasis on nursing diagnoses that may influence

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developments in the sense of the act / attitude of the professional nurse, by nursing care?

For the sake of guiding the study were thought the following guiding questions: nurses perform nursing diagnosis in daily activities on the ward? What is the relationship of nursing diagnosis with human care provided by nurses as an enterprise quality?

To continue the investigation, were prepared the following objectives: To characterize the actions / attitudes of nurses considering the pragmatic use of nursing diagnoses; discuss the findings while undertaking for human care; propose an instrument for the nursing diagnosis can be registered effectively in daily work on the ward.

The study is justified because this is timely theme for the role of knowledge in nursing, as well as glimpses facilitators suggest ways to motivate the implementation of the systematization of nursing care at the hospital and to the client primarily emphasizing the use of process nursing as a tool, and how it could not be, nursing diagnosis facing the specificity and individuality of each client.

Therefore, research now points to drawn many possibilities in terms of contributions, since reiterates the importance of thinking about the practice, signaling possibilities. So to speak, the theoretical constructs resulting from this research can feed back to practice, and contribute strongly to discussions in teaching, encouraging people (including students on teaching practice) the applicability consistent and coherent process, as well as nursing diagnoses.

METHODOLOGY

To conduct the study was used as an approach to qualitative research, the case study. Where were worked differentiated means for data collection, among them: a semi-structured interview and participant unsystematic J. res.: fundam. care. online 2013. jul./set. 5(3):1-9

observation.⁶ The case study is a category of research, whose goal is to analyze a drive deep considering its features, the nature and scope of the unit.⁷

The research was conducted in a large university hospital, reference in the State of Rio de Janeiro, specifically in the sector of medicine over a period of two years. Also, as a criterion for inclusion of subjects, established the participation of nurse staffs, nurses and first-year residents. It should be noted that this sector works with ten nurses in the first year, which were the witnesses of the interviews. Specifically, were involved in the study of clinical medicine wards 11/12, 13/14, 15/16 and 17/18 of the institution.

The individual semi-structured interview approach to the nurses consisted of three questions generators, consisting of questions pertaining to the work and development of the nursing process in their respective wards. Importantly, the interviews were conducted in the hospital under study, previously scheduled. Moreover, were recorded and subsequently transcribed verbatim, respecting the anonymity of respondents.

To conduct the study, the project was sent to the Committee of Ethics in Research of the Pedro Ernesto University Hospital, according to Resolution No. 196/96, which concerns the Research Involving Humans, which after analysis, it considered the project (2093 - ZIP / HUPE) able to execute the research phase field. Respondents were given the term of free and informed consent prior to the interview and observation, to permit the research. Only those who participated signed the term.

RESULTS AND DISCUSSION

In the search for greater understanding as to the applicability of nursing diagnosis in the sector of medical clinic at a university hospital, I chose to use the categories. So, I understand the

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following categories: "The challenge in everyday clinical practice: lack of time as a limiting factor," "Revealing the meaning: the systematization of nursing care for nurses", "The applicability of nursing diagnoses: the imaginary of the possible."

"... sees the question of material, bedding, medicine, all the support that we have to make to our team."(E 2)

The everyday challenge in clinical practice: lack of time as a limiting factor

From the similarities of the ideas from the speech, we found that nurses have an understanding of their duties and seek to realize them in favor of exercising good assistance and help to better recovery of client submitted to his care. Refer valuing care system as an interesting practice towards better monitoring of the client.

The answers revealed a mechanized work, based on observation and complaints procedures (physical). Having little time to assess, monitor changes and to develop clinical phases of the nursing process in its entirety. Thus, we must find ways to unlink nursing activities of bureaucratic tasks that should be pursued by other professionals. So, we need to ensure the exercise of professional nursing, since throughout its own history has been continually overwhelmed, taking his time occupied with activities, not always, are in fact and in law your responsibility. It could not be emphasized, the complex daily challenge of nurses when the issue permeates the administration of his own time.

But many were the stories that take responsibility bureaucratic, not more specifically relevant to nursing, as well as the related instance of performance of other services, including: warehouse, maintenance, pharmacy, among others. Fact that signals a certain amount of dissatisfaction, thereby forcing them to the detachment of care, making it difficult to carry out all phases of the nursing process. Following testimony on this issue:

Revealing the meaning: the systematization of nursing care for nurses

In several speeches, the systematization of nursing care was interpreted as the method of creating routines and follow up of clients in their hospitalization. However, none of the approaches we described the phases of the nursing process with total clarity. The associations were restricted interconnections of problems presented by clients with nursing prescriptions. No other phases were emphasized. Below are some excerpts:

"... replaces very labor-intensive administrative services, such as requests to the pharmacy, to warehouse, making things even bureaucratic. That leaves little time for assistance."(E 1)

"... down the copy, take psychotropic leads forwards laboratory tests when there is a need, then later made the administrative, bureaucratic, opening the order book and events, confer permanent material ward, patient report and do report venipuncture we do here. Then I usually do a part of direct assistance ... "(And 5)

"... every patient who enters the ward, we make an admission, makes an evolution, seeing the problems they present so when they come, and so, we already do nursing prescriptions ... "(E 3)

"... there are days that sometimes, no secretary and we end up doing that part of the warehouse and give us material."(E 6)

"And what I mean by systematization of nursing care is all that even. Are you raising the patient's problems, making progress through this evolution, you raise the right issues ... And then you do the prescription."(E 8)

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"The systematization of nursing care, the name says ... huh You will systematize the assistance and care ... You get to follow the patient, prescribing, evolving ... Following step by step ". (E 9)

For nurses participating in the interview, it still looks very new subject matter. They demonstrate difficulty in relating to and following the steps of SAE. In fact, there is a valuation considering the importance of its implementation, but considering its meaning more pragmatic (applicable), is still quite precipitous understanding. This, undoubtedly, considering the actual demand required in daily work.

There is a hospital in mobilization in support of the implementation of the NCS. However, as in other health institutions, it is complex challenge, which requires the search for specific knowledge about the topic, and discussions that make the most effective still imagery into a real possibility. Highlight for activities related to continuing education, empowering people towards a maturity to confront the issue. The following statements:

"We really do not have the proper preparation, I think our college, and my college at least gave me a base as well, but not enough. I do not feel fully prepared because it is a new thing, and in most hospitals, is not something implemented. "(E 5)

"I find it very difficult to perform the systematization of nursing care. There are several steps to follow ... "(E 9)

The applicability of nursing diagnoses: from the imaginary to the impossible

Thinking in nursing diagnosis, it was noticed that the respondents do not perform effectively, that is, especially in terms of records. Highlighting the lack of time in the day-to-day

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nursing, due to work overload already mentioned, also related to the reduced quantity of employees, or the many other tasks for the nurse. Following talks about it:

"It's ... I see my routine in a mechanized, is ... Much work in bureaucratic service, for example, you do not get the call, you make things more workers... "(E 1)

"And so, the applicability of him here at the clinic is more complicated. It is hard to do. "(E 2)

"... I did not apply in my practice because I could not apply eh ... Lack of contingent staff. So actually I do not perform and do not do the nursing diagnosis. "(E 4)

Besides the difficulty in performing daily and evaluate the nursing diagnosis, and do so at admission, although we could perceive, by speaking of nurses in daily work, in moments of conversation on the subject in question, not performing this phase of the process for lack of a methodology and literary references to development of nursing diagnoses, regarding: the titles diagnoses, defining characteristics and related factors.

It is worth noting, one interviewee's speech, in which it declares maintaining the same profile and the model established, considering the biomedical diagnosis, where emphasis is given to the pathology itself, forgetting the individual in their entirety. Consider:

"It's ... I think the nursing diagnosis as a thing in today's medical clinic you do very little, is only based on the condition of the patient, not the signs he shows symptoms, it is even more based on the biomedical model ... This patient may have many other disorders within his family, in the process of his hospitalization, he is away from their community, their family, their jobs. And you, sometimes it does not

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observe another diagnosis, such as anxiety. "(E 1)

already pre-determined, is the risk of impaired skin integrity related to not changing position . So that you sometimes intuitively prescribe nursing care based on diagnosis. "(E 9)

As shown in the sections above as well as from the analysis of the diary, it was observed that when nurses prescribe even turn up for the pathology of the client itself. It's much more noticeable concern in meeting the care needs to account for the medical diagnosis. This is a reflection of the hegemonic paradigm established based on biomedical yet. Here's an interesting excerpt:

"... without knowing the truth, we are all the time doing the nursing diagnosis."(E 5)

"You are introduced to the patient with lupus making use of steroids and you sometimes do not have time to talk with the patient, identify other things, other complaints. You are restricted only to the scientific diagnosis of the patient based on his doctor. "(E 1)

Watching the professionals who took part in the survey in the daily routine, are perceived numerous nursing diagnoses that are made. But these same professionals, when asked whether perform, do not answer that. The nursing diagnosis is done in a way so automatic, that they do not realize it.

At the time of approaching the same applicability in day-to-day regarding the use of nursing diagnosis, some lines were similar, which indicate the diagnosis as a mental process, i.e. implement actions based on clinical trials that thought quickly but without effective registration. So do not share information associated with nursing diagnoses with the multidisciplinary team (in records or in any other form), for how to conduct the approach proves to be implicit and hidden, i.e., not enough to actually be written. The sections below address this:

The absence of effective records performed by nurses leave the false idea that they were not developed with the client. With that, the nurse does not guarantee the visibility with respect to its performance, because even though it has examined, diagnosed, planned, implemented and evaluated; appears little in terms of records.

"We handle and resolve soon, and we made the diagnosis. Of course we looked for a solution before had a problem ... "(E 7)

In this way, it is still sensitive diagnostic applicability of the same. Not only the difficulty of running, thinking about the logic of the established work routine, but also by the difficulty of communication, even within the profession itself (dialogue pairs). This leads to loss of important information to streamline care and improve quality of care. The following statements:

"You think about a diagnosis, you do not report it and you prescribe a plan of care that is also not ruled in diagnosis." (E 10)

"... continuity in care that there should not exist, why not have a printed form, has no means of communication with the team, does not have an instrument for systematization. "(E 10)

"We do not do write, we sat gathered in order to raise the issues." (E 8)

"Intuitively we are planning on nursing diagnosis, for example, changing positions is a way for you to be careful prescribing, but based on a diagnosis

CONCLUSION

It was confirmed by the results of a process nursing fragmented, which implies loss of continuity. Moreover, notoriously difficult to achieve the nursing diagnoses, justified by large

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workload (bureaucratic reasons and few people in nursing). Still, it is worth noting that in the reflective character, diagnoses are often made (they thought), however, not even considering the organization with respect to the securities diagnoses, defining characteristics and related factors.

During the research, from the frequency of specific diagnoses with link to the profile of the clientele, it was possible to develop an instrument for daily practice; highlighting the main titles diagnoses actually seized the context of clinical medicine (Figure 1). To build such an instrument used as a reference to literary Classification of Nursing Diagnoses NANDA Taxonomy II specifically, because it has been previously addressed in the development of research and find greater affinity.⁸

As such, it is believed that the study is a contribution to the growth of the SAE discussion within the research institution and especially a gain for the client who is in need of monitoring and cares during his recovery. The challenge is maintained and, extending the discussion of the subject in the category, may become applicable matter. However, you cannot detach the application process, as well as nursing diagnoses, a logic work more wholesome, with respect to the physical, material and human resources for the collective care, as well as its safety.

Another aspect that should be punctuated it is the continuous quest for knowledge and in this sense, the development of a knowledge / increasingly endowed with expertise. In this perspective, we must think of the dynamic qualification of health professionals, both as regards the category itself, when the focus is nursing, but also when the reflection of the health work and raised in the union and meeting actions, involving many other professionals. Thus, it is not J. res.: fundam. care. online 2013. jul./set. 5(3):1-9

enough that nursing and nurses know the process and diagnostics, it is necessary that the other workers of the health team are sensitized about the goals and intentions, which in the first instance, is to promote a caring and dignified with customer hospitalized.

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