82 - THE PERCEPTION OF THE NURSING PROFESSIONAL FACING THE PROCESS OF DIAGNOSIS IN CLINICAL PRACTICE

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INTRODUCTION

According to the law of the Professional Practice no. 7.498/86 and the Resolution no. 358/2009 from the Nursing Federal Council, one of the functions of the nurse is to perform the nursing consultation, which is a private act, and aims to evaluate the patient clinically, as well as to establish a planning of nursing assistance from the diagnosis evinced by the patient, family or community (BRAZIL, 1986, COFEN, 2009).

The systematization of nursing assistance is an essential tool for the nursing professional practice, which allows them to reinforce their professional identity, through action, thus valuing the job (NEVES and SHIMIZU, 2010).

Throughout nursing history, the systematization of nursing assistance has gone many ways until the elaboration of positions, laws and/or resolutions that really defined the function of the nurse (COFEN, 1986; COFEN, 2009).

Therefore, the Resolution in the art.1st emphasizes that: “The nursing process should be done deliberately and systematically in all environments, public or private, where the nursing care happens” (COFEN, 2009, p.02).

The Resolution also makes clear that the nurse can lead, execute and evaluate the Nursing Process/Nursing Consultation, performing exclusively the nursing diagnosis of the clients involved, as well as prescriptions (COFEN, 2009).

The Nursing Consultation is an exclusive attribution of the professional nurse, a tool of prime importance in the practice of assistance, which has benefits for the patient, who is evaluated individually aiming to detect the problems evidenced, facilitating the implementation of proper nursing care (OLIVEIRA et al., 2012).

Before this context, the Resolution 358/2009 in the art. 2nd highlights the organization of the nursing process that is divided into five steps interrelated, interdependent and recurrent, which are: collecting data, nursing diagnosis, planning, implementation and evaluation (COFEN, 2009:01; TANNURE AND GONÇALVES, 2008:13).

The nursing diagnosis uses a standard language, which facilitates the communication among the health team in the clinical practice; it has basic information which allow the professionals to think over the daily practice during the nursing assistance (NEVES, 2010; CHAVES, 2009).

According to Carpenito (2002, p. 33) the nursing diagnosis is “a clinical judgement about the answers of the individual, the family or the community to the health problems/vital, real or potential processes”.

Thus, Neves (2010), corroborates that it is utterly important that the nurse follows the nursing diagnosis step to identify the alterations/problems found in the patient, allowing the prescription of care based on the patient's needs.

The general objective of this study was to verify the perception of the professional nurse before the diagnosis process, as well as the specific objectives were to investigate the knowledge regarding the importance of the nursing diagnosis under the nurse's point of view, verify what abilities are necessary so that the professionals perform the nursing diagnosis, identify the difficulties and perspectives lived by the nurse before the application of the nursing diagnosis in the clinical practice and think over the professional practice aimed at nursing diagnosis.

MATERIALS AND METHODS

This is a field, exploratory and qualitative research. The field search “aims to clear doubts or obtain information and knowledge about problems for those one seeks the answer or the search for confirmation for hypotheses brought up and, finally, the discovery of relations among phenomena or the facts themselves and their respective explanations” (BASTOS and KELLER, 2013, p. 55). On the other hand, the exploratory research seeks to describe not well-known problems found in a background (RUIZ, 2013).

In order to collect data a structured interview was used, which contained six open questions regarding the performance clinical assessment of the patient based on the nursing consultation identifying the diagnosis evidenced, the importance of the diagnosis step, the concept of nursing diagnosis according to the professional's knowledge, the objective of the nursing diagnosis in the clinical practice, the difficulties and perspectives lived in practice before the diagnosis process and the abilities necessary to have a proper nursing diagnosis under the professional's point of view.

That interview was used in July, 2014. The sample of the participants was composed by 35 nurses that work for a hospital institution in the city of Cascavel – PR.

The interviewee approach was done after a previous contact to check their interest and availability to participate in this search.

In order to keep their identity safe and in secrecy, acronyms were used, such as: E1, E2, E3, E4, E5 and E6 and so on.

After collecting data, the information was described and analyzed through the qualitative research and content analysis following the methodologic referential proposed by Bardin. That was organized into categories and validated with the pertinent literature.

According to Medeiros (2012) the qualitative research offers the possibility of comprehending the process or the operation of a range of situations and/or experiences lived, regarded as a study that creates results or findings which are not quantified or which are not specific from any procedure, besides, allowing the comprehension of cultural and social facts and the interaction among the subjects in a determined place.

Those people were told about the secrecy and privacy, as well as the objectives of the search and its contributions for knowledge, thus signing an informed consent (TCLE). To do so, the ethical precepts in the Resolution 466/2012 which establishes the guidelines and rules for research involving human beings were followed.

The data collection was done after the approval of the research by the Ethical Committee of Universidade Paranaense – UNIPAR - , following Consolidated Statement no. 396.68.

RESULTS AND DISCUSSIONS

The content analysis is a method of systemic investigation, where the content of the messages is organized, codified into categories or subcategories, and at last, analyzed through techniques of analysis of the communications (BARDIN, 2009).

This way, the research was divided into two categories, described like this: Category I: The professional nurse's performance regarding the nursing diagnosis in the clinical practice and its importance. Category II: Execution of the diagnosis process in the clinical practice. Thus, the categories were subdivided, attributing to category I subcategory I.I – Knowledge of the professional nurse before the diagnosis process in the clinical practice. Whereas the category II was composed by two subcategories: II.I – Difficulties II.II – Abilities, as shown on picture 1:

Categorias	Subcategorias
I. The professional nurse's performance regarding the nursing diagnosis in the clinical practice and its importance	I.I. Knowledge of the professional nurse before the diagnosis process in the clinical practice.
II. Execution of the diagnosis process in the clinical practice.	II.I. Difficulties II.II. Abilities

Picture 1 - Categories and Subcategories according to the nurse's performance

According to category I: The professional nurse's performance regarding the nursing diagnosis in the clinical practice and its importance and subcategory II, whose theme is the knowledge of the professional nurse before the diagnosis process in the clinical practice, it was possible to identify in the testimonials given by the professionals the importance of having a diagnosis, such as in the following statements: Through the diagnosis one can create a care planning for the patients observing which are their necessities (E05, E07, E26, E35). It is essential to identify the individual needs (E06, E09, E23, E29). The diagnosis will lead me to the proper demeanor facing different related problems, helping elaborate the correct procedures, diminishing risks (E11, E22). Diagnosis are what will guide the nursing care towards the resolution of the problems (E13, E15, E25). It is the basis for deciding for the best care, scientific knowledge (E17, E28). Systemic planning of the actions to be performed, facilitating the planning of the nursing assistance (E18, E24, E27, E34). The diagnosis guides my care planning and its real applicability (E19). The nursing diagnosis is utterly important to create strategies of attention and prescription... It is indispensable for the systematization and the prescription of nursing care (E03, E16, E20). Identifying the problems, the dependence extent, the needs, becoming a step of utmost importance (E32).

The following results emphasize the category II with its subcategories: II.I difficulties found in the application of the nursing diagnosis and the subcategory II.II: abilities necessary for its fulfillment. About difficulties, it was made evident by the testimonials given by the professionals that the lack of time and human resources were the greatest problems that, in a way, impair the applicability of the nursing diagnosis. This assertion is found in the following reports: Lack of professionals (E01, E08, E9, E13, E14, E20, E21). Lack of practice/ability of the professionals (E3, E9, E17). Lack of time (…) reading the book of incidents, the shift report and the visitation to the patients are important activities for the work planning, but often due to “lack of time” are not fulfilled (E06, E07, E09, E10, E16, E18). High work demand (E11, E20). Lack of team's acceptance (E12, E19). Lack of knowledge (E15). Lack of materials (E17, E21).

Furthermore, in the subcategory II.II Abilities, most of the professionals emphasized the need of theoretical and practical knowledge to apply the nursing diagnosis, as well as the clinical thinking, which are essential during the evaluation of the patient by the professional nurse. This assertion was clear in the following testimonials: Theoretical and practical knowledge (E01, E02, E03, E05, E07, E08, E09, E12, E14, E18, E2). Clinical thinking (E04, E09, E11, E20). Knowing the pathology (E06, E10). Human and material resources (E07). Knowing and performing the nursing process (E13, E19). Having basic knowledge of symptomatology (E16).

After collecting data, its analysis was done through three steps: exploration of the material, treatment and its interpretation. Thus, the data was grouped according to content convergence, endorsed by the analysis of the content (BARDIN, 2009).

Regarding nurses' knowledge facing the diagnosis process in the clinical practice, it was possible to identify in the testimonials given by the professionals the importance of having a diagnosis, which is a tool that will guide the nursing care individually, based on the identified needs of the patient. Also, it was evident that besides being the basis for the achievement of the nursing care through scientific knowledge, it provides the professional with important and trustworthy information that will allow a quality and safe nursing assistance planning, this way diminishing the risks during treatment.

In this context, while planning the assistance, the nurse guarantees its responsibility towards the assisted client, once this planning "allows diagnosing the needs of the client, guarantees the proper prescription of care, guides the supervision of staff's performance, the evaluation of results and the quality of the assistance since it directs the actions" (SILVA et al., 2010, p. 262).

So, the nursing diagnosis, as it is a clinical judgement from the professional nurse during the evaluation of the patient, has the greatest importance in the search for identifying the alterations shown. This practice allows an adequate nursing assistance planning, consequently improving the quality of the given care. Bittencourt (CROSSETTI, 2013; BEZERRA et al., 2014).

Another important aspect is also shown in a study is that by following the nursing diagnosis process the nurse organizes all the assistance taking into account all the clinical findings, consequently standardizes the language among the professionals, tying his or her evaluation to only one work routine (MANGUEIRA, 2012).

While commenting about the difficulties found in the application of the nursing diagnosis, several aspects were mentioned, such as the lack of knowledge, practice and ability from professionals during the identification of the nursing diagnosis, lack of team's acceptance and high work demand. Yet, what was greatly emphasized was lack of time and human resources.

“The overload of work for the nurse, associated to the reduced number of nursing professionals in the health institutions, has interfered directly in the application of the nursing process. The nurses work too many attributions, not always related to their professional field, which leads them away from assistance, generating excessive load of work. As a result, the execution of the nursing process is no longer a priority” (MEDEIROS; SANTOS; CABRAL, 2013, p. 50).

Moreover, the material and human resources are considered important aspects regarding the nursing assistance systematization execution, consequently the application of the diagnosis by the professionals. The difficulty regarding material resources and the inadequate physical structure, often, make the professionals affirm the need of improvement of these conditions so that they can apply this methodology later (MANGUEIRA, 2012).

However, besides the aspects mentioned, a study with learners showed the existence of blanks in the teaching of

nursing diagnosis process, and those have difficulties in the exercise of critical thinking, as well as in the clinical practice, leaving out the patient's needs, which not always are related to the identified nursing diagnosis. In their experiences they end up emphasizing the use of taxonomies, ignoring all this context, related to the diagnosis process (SILVA et al., 2010).

"It can be inferred that the interpretation and the data grouping, in the nursing diagnosis process, represent a challenge for its teaching due to the necessity of evaluation of relevant data and the comprehension of the coherent relation between them, taking into account the evidence survey to identify the nursing diagnosis" (SILVA et al., 2010, p. 343).

While talking about the abilities the professional nurse must have during the execution of the diagnosis process in the clinical practice, one could observe the necessity of theoretical and practical knowledge reported by most of the nurses, the clinical thinking, and knowing the pathology of the patient associated to symptomatology and knowing the nursing process, as these are the ones more often mentioned in the testimonials.

In light of this context, in a study whose objective was to identify the abilities of critical thinking in the nursing diagnosis process, the participants supported the findings in the current research, identifying the scientific-technical knowledge and clinical/logic thinking as important abilities to identify a nursing diagnosis. Plus, other participants corroborated mentioning the analysis, clinical experience, the knowledge about the patient, application of patterns, discernment and contextual perspective as essential abilities in this process (SILVA et al., 2010). "Based on these results, it was observed the use of abilities of critical thinking related to the steps of the nursing diagnosis process" (SILVA et al., 2010, p. 341).

Regarding the application of the nursing diagnosis, in a study the existence of great difficulty from most of the nurses was observed, due to the necessity of analysis and more deep thinking over the problems identified in the patient, for what the investment in the permanent education of the professionals is suggested with the objective of qualifying the care for the patient (NEVES and SHIMIZU, 2010).

In light of the exposed reality, one can ascertain the importance of scientific-technical knowledge, associated to the clinical experience, as well as the clinical thinking as essential characteristics and abilities for the professional to found and sustain his/her actions for decision making, in order to put into effect a quality and safe nursing assistance plan for the patient (CROSSETTI et al., 2014).

CONCLUSION

The nursing diagnosis process in the perception of the professionals is essential, since it supports the nursing interventions, based on the needs shown in the patient, done individually, efficiently and with quality and safety.

Therefore, it was observed that regarding the difficulties found, the most recurrent was the lack of human resources, which causes an overload of work and consequently the lack of time.

Nonetheless, the necessary abilities highlighted were theoretical and practical knowledge and clinical thinking, which are essential for the execution of a humanistic profession, and that are acquired from personal interest.

In light of this context, it is possible to conclude that nurses find the application of the nursing diagnosis process important, yet it is still a challenge to be fulfilled, due to the difficulties found and the need for abilities for its execution.

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THE PERCEPTION OF THE NURSING PROFESSIONAL FACING THE PROCESS OF DIAGNOSIS IN CLINICAL PRACTICE

ABSTRACT

INTRODUCTION: The science of nursing has a wide scientific structure, and the Nursing Consultation/Nursing Process is one of the assistance tools used in the clinical practice, aiming at the solutions of the problems found in the client (RIBEIRO e MACIEL, 2011). OBJECTIVES: To check the perception of the professional nurse before the diagnosis process. MATERIALS AND METHODS: It is a field, descriptive, and exploratory of quantitative approach research. RESULTS AND DISCUSSIONS: The analysis of the testimonials given by the nurses, resulted in themes, which were organized into 2 categories: I – Performance of the professional nurse facing the execution of the nursing diagnosis in the clinical practice and its importance, II – Execution of the diagnosis process in the clinical practice and 3 subcategories such as: I.I. Knowledge of the nursing professional facing the diagnosis process in the clinical practice, II.I Difficulties and II.II Abilities. In the category I and subcategory II it was possible to identify in the testimonials given by the professionals the importance of having a diagnosis, as it is a tool that will guide the nursing care individually based on the necessity seen in the patient. Whereas in the category II subcategory: II.I about difficulty, it was evident in the testimonials given by the professionals the lack of time and human resources as the most highlighted reason that may impair the applicability of the nursing diagnosis. In the subcategory II.II abilities, the professionals emphasized the need for theoretical and practical knowledge for application of the nursing diagnosis, as well as clinical thinking, which are essential during the evaluation of the patient by the professional nurse. CONCLUSION: In conclusion, the nurses think it is important to apply the nursing diagnosis process, yet it is still a challenge to be fulfilled, due to the difficulties found and the need for abilities for its execution.

KEYWORDS: Nursing Process, Nursing Diagnosis, Professional practice.

PERCEPTION DU PROFISSIONNEL INFERMIER FACE À LA PROCÉDURE DU DIAGNOSTIC EN PRATIQUE CLINIQUE

RÉSUMÉ

INTRODUCTION: La science des soins infirmiers a une large structure scientifique, avec la Consultation de Soins Infirmiers / La Procédure de Soins Infirmiers une des outils d'assistance utilisés dans la pratique clinique du profissionnel, visant à la solution des problèmes rencontrés chez le client (RIBEIRO et MACIEL, 2011). OBJECTIFS: Vérifier la perception du professionnel infirmier dans la procedure du diagnostic. MATÉRIEL ET MÉTHODES: Il s'agit d'une recherche sur le terrain, documentaire, exploratoire, descriptive avec l'approche quantitative. RÉSULTATS ET DISCUSSIONS: L'analyse des déclarations faites par des infirmières, ont abouti à des thèmes qui ont été organisés en 02 catégories: I - rôle du profissionnel infirmier face à mise en œuvre du diagnostic en soin infirmier dans la pratique clinique et son importance II - achèvement de la procédure du diagnostic dans la pratique clinique et 03 sous-catégories soient-elles: I.I.Connaissence du profissionnel infirmier dans la procédure du diagnostic dans la pratique clinique II.I difficultés et II.II compétences. Dans la catégorie I et sous-catégorie II, nous avons pû identifier dans les déclarations rapportées par les professionnels, l'importance de faire le diagnostic, qui est un outil qui guidera les soins infirmiers de façon individualisée sur la base des besoins mis en évidence chez le patient. Dans la catégorie II sous-catégorie II.I la difficulté à la thème était évident dans les déclarations rapportées par les professionnels, la manque de temps et de ressources humaines étant la raison la plus commentée par les infirmiers qui portent atteinte à l'applicabilité du diagnostic. Dans la sous-catégorie II.II, les compétences, les professionnels ont souligné la nécessité des connaissances théoriques et pratiques à mettre en œuvre les diagnostics infirmiers et le raisonnement clinique, ceux-ci étant fondamentaux pendant l'évaluation faite ao patient par le professionnel infirmier. CONCLUSION: nous avons conclu que les infirmiers pensent quiest important l'application de la procédure du diagnostic en soins infirmiers, mais il est encore un défi à parcourir, en raison des difficultés rencontrées et le besoin de compétences pour sa mise en œuvre.

MOTS-CLÉS: Procédure de soins infirmiers, Diagnostic infirmier, Pratique professionnelle.

LA PERCEPCIÓN DEL PROFESIONAL ENFERMERO FRENTE AL PROCESO DIAGNÓSTICO EN LA PRÁCTICA CLÍNICA

RESUMEN

INTRODUCCIÓN: La ciencia de la enfermería posee una amplia estructura científica, siendo la Consulta de Enfermería/Proceso de Enfermería una de las herramientas asistenciales utilizadas en la práctica clínica del profesional, objetivando la solución de los problemas encontrados en el cliente (RIBEIRO e MACIEL, 2011). OBJETIVOS: verificar la percepción del profesional enfermero frente al proceso diagnóstico. MATERIALES Y MÉTODOS: Se trata de una investigación de campo, descriptiva, exploratoria con abordaje cualitativo. RESULTADOS Y DISCUSIONES: El análisis de los testigos relatados por los enfermeros, resultaron en temáticas, los cuales fueron organizados en 02 categorías: I – Actuación del profesional enfermero frente a la realización del diagnóstico de enfermería en la práctica clínica y su importancia, II – Realización del proceso diagnóstico en la práctica y 03 subcategorías siendo esas: I.I. Conocimiento del profesional enfermero frente al proceso diagnóstico en la práctica clínica, II.I. Dificultades y II.II Habilidades. En la categoría I y subcategoría II fue posible identificar en los testigos relatados por los profesionales la importancia de la realización del diagnóstico, siendo este una herramienta que norteará los cuidados de enfermería de manera individualizada con base en las necesidades evidenciadas en el paciente. Ya en la categoría II subcategorías: II.I en la temática dificultad quedó evidente en los testigos relatados por los profesionales la falta de tiempo y recursos humanos siendo el motivo más comentado por los enfermeros que perjudican la aplicabilidad del diagnóstico de enfermería. En la subcategoría II.II habilidades, los profesionales enfatizaron la necesidad del conocimiento teórico y práctico para aplicación de los diagnósticos de enfermería, bien como el raciocinio clínico, siendo esos fundamentales durante la evaluación realizada al paciente por el profesional enfermero. CONCLUSIÓN: Se concluí que los enfermeros creen importante la aplicación del proceso diagnóstico en enfermería, pero aún es un desafío a ser recorrido, debido a las dificultades encontradas y la necesidad de habilidades para su ejecución.

PALABRAS CLAVE: Proceso de enfermería, diagnóstico de enfermería, práctica profesional.

A PERCEPÇÃO DO PROFISSIONAL ENFERMEIRO FRENTE AO PROCESSO DIAGNÓSTICO NA PRÁTICA CLÍNICA*

RESUMO

INTRODUÇÃO: A ciência da enfermagem possuem uma ampla estrutura científica, sendo a Consulta de Enfermagem/Processo de Enfermagem uma das ferramentas assistenciais utilizadas na prática clínica do profissional, objetivando a solução dos problemas encontrados no cliente (RIBEIRO e MACIEL, 2011). OBJETIVOS: verificar a percepção do profissional enfermeiro frente ao processo diagnóstico. MATERIAIS E MÉTODOS: Trata-se de uma pesquisa de campo,

descritiva, exploratória com abordagem qualitativa. RESULSTADOS E DISCUSSÕES: A análise dos depoimentos relatados pelos enfermeiros, resultaram em temáticas, as quais foram organizadas em 02 categorias: I - Atuação do profissional enfermeiro frente à realização do diagnóstico de enfermagem na prática clínica e sua importância, II - Realização do processo diagnóstico na prática clínica e 03 subcategorias sendo essas: I.I.Conhecimento do profissional enfermeiro frente ao processo diagnóstico na prática clínica, ,II.I Dificuldades e II.II Habilidades. Na categoria I e subcategoria II foi possível identificar nos depoimentos relatados pelos profissionais a importância da realização do diagnóstico, sendo este uma ferramenta que norteará os cuidados de enfermagem de forma individualizada com base nas necessidades evidenciadas no paciente. Já na categoria II subcategorias: II.I na temática dificuldade ficou evidente nos depoimentos relatados pelos profissionais a falta de tempo e recursos humanos sendo o motivo mais comentado pelos enfermeiros que prejudicam a aplicabilidade do diagnóstico de enfermagem. Na subcategoria II.II habilidades, os profissionais enfatizaram a necessidade do conhecimento teórico e prático para aplicação dos diagnósticos de enfermagem, bem como o raciocínio clínico, sendo esses fundamentais durante a avaliação realizada ao paciente pelo profissional enfermeiro. CONCLUSÃO:Concluí-se que os enfermeiros acham importante a aplicação do processo diagnóstico em enfermagem, porém ainda é um desafio a ser percorrido, devido as dificuldades encontradas e a necessidade de habilidades para a sua execução.

PALAVRAS-CHAVE: Processo de enfermagem, diagnóstico de enfermagem, prática profissional.