NURSE’S PERCEPTION IN FRONT OF THE IMPLEMENTATION OF NURSING DIAGNOSIS AND PRESCRIPTION

ABSTRACT

Objective: to identify the advantages and disadvantages according to the nurse’s opinion with regard to the implementation of nursing diagnosis and prescription. Method: this is a descriptive and exploratory study with a qualitative approach, using the Subjects’ Discourse Analysis technique, starting from the guiding question: What is the nurse’s perception of the implementation of nursing diagnosis and prescription? Data collection was carried out through recorded interviews, with the use of a semi-structured form and the signing of the Free and Informed Consent Term, on October and November 2010. The sample consisted of ten nurses working in a semi-intensive care unit for adults of a public hospital in the city of Salvador, Bahia, Brazil, after approval of the research project by the Research Ethics Committee of Faculdade de Tecnologia e Ciencias (FTC), under the Protocol 1,974/2010. Results: from the analyses on the interviews, three categories emerged: meaning of the stages nursing diagnosis and prescription; advantages and disadvantages of nursing diagnosis and prescription; contributions of nursing diagnosis and prescription. Conclusion: it was possible to note that, despite the difficulties found, nurses believe that the advantages of the process outweigh the problems, because it provides the nurse with autonomy and agility in the actions and safety in the conduct, supporting the care procedures prescribed by the nurse. Descriptors: perception; nurse; nursing diagnosis.

RESUMEN

Objetivo: identificar las ventajas y desventajas según la opinión del enfermero con relación a la implantación del diagnóstico y prescripción de enfermería. Método: se trata de un estudio descritivo exploratorio y cualitativo, con empleo de la técnica de Análisis del Discurso de los Sujetos, a partir de la pregunta norteadora: ¿Cuál es la percepción del enfermero delante de la implantación del diagnóstico y prescripción de enfermería? La recogida de datos fue realizada por medio de entrevistas grabadas, con formulario semiestructurado y firma del Termo De Consentimento Livre e Esclarecido, en octubre y noviembre de 2010. La amistad fue compuesta por diez enfermeros que atuavam uma unidad de terapia semi-intensiva para adultos de un hospital público na cidade de Salvador-Ba, após a aprovação do projeto de pesquisa pelo Comité de Ética en Pesquisa da Faculdade de Tecnologia e Ciências (FTC), sob el Protocolo n. 1,974/2010. Resultados: a partir de las análysis de las entrevistas, emergieron tres categorías: significado de las etapas diagnóstico y prescripción de enfermería; ventajas y desventajas del diagnóstico y prescripción de enfermería; contribuciones del diagnóstico y prescripción de enfermería. Conclusion: fue posible percibir que, a pesar de las dificultades encontradas, los enfermeros entendieron que las ventajas del proceso superan los problemas, esto porque él proporciona al enfermero autonomía y agilidad en las acciones y seguridad en las conductas, respaldando los cuidados prescritos por el enfermero. Descriptores: percepción; enfermero; diagnóstico de enfermería.

Objetivo: identificar as vantagens e desvantagens segundo a opinião do enfermeiro com relação à implantação do diagnóstico de enfermagem. Método: trata-se de um estudo descritivo exploratório com abordagem qualitativa, com emprego da técnica de Análise do Discurso dos Sujeitos, a partir da questão norteadora: Qual é a percepção do enfermeiro do diagnóstico de enfermagem? A coleta de dados foi realizada por meio de entrevistas gravadas, com formulário semiestruaturado e assinatura do Termo De Consentimento Livre e Esclarecido, em outubro e novembro de 2010. A amostra foi composta por dez enfermeiros que atuavam uma unidade de terapia semi-intensiva para adultos em um hospital público na cidade de Salvador-Ba, após a aprovação do projeto de pesquisa pelo Comité de Ética em Pesquisa da Faculdade de Tecnologia e Ciências (FTC), sob o Protocolo n. 1,974/2010. Resultados: a partir das análises das entrevistas, emergiram três categorias: significado das etapas diagnóstico e prescripción de enfermería; vantagens e desvantagens do diagnóstico e prescripción de enfermería; contribuições do diagnóstico e prescripción de enfermería. Conclusion: foi possível perceber que, a pesar das dificuldades encontradas, os enfermeiros entenderam que as vantagens do processo superam os problemas, isso porque ele proporciona ao enfermeiro autonomia e agilidade nas ações e segurança nas condutas, respaldando os cuidados prescritos pelo enfermeiro. Descritores: percepção; enfermeiro; diagnóstico de enfermagem.
INTRODUCTION

Nursing has evolved over the years, going through various stages. The charitable Nursing which cared for sick people at other times changed because of Florence Nightingale, in the 19th century, bringing a new view for Nursing, with a scientific approach.

The Conference on the Classification of Nursing Diagnosis had a great importance to the change in the way nurses think, speak, and act, something which led to the development of classification systems for the concepts of professional language related to nursing diagnoses, and, soon afterwards, to nursing interventions and outcomes.1

In Brazil, the first female nurse to talk about the Nursing Theory was Horta, starting her work with the dissemination of North-American theories, and soon afterwards, her proposal of a Theory of Basic Human Needs and its practical operationalization through the nursing care methodology, the nursing process.1

To systematize nursing care, there’s a need for having a conceptual landmark which grounds the organization that the service aims to reach. Among the lines of thought which can be used in Nursing, we propose the nursing theories themselves, since they were designed having experiences from professional practice as a basis, thereby portraying the actions performed by nurses and determining how these professionals should act.3

The implementation and applicability of the nursing process are increasingly advancing in the Nursing researches in Brazil. However, many health institutions haven’t adopted this organization method, yet, due to poor theoretical and practical knowledge of nurses on the nursing process.

The nursing process is defined as a method for the organization and provision of nursing care.3 As its origins come from nursing practices, it has interdependent and complementary phases that, when performed concomitantly, result in satisfactory interventions for the patient. These phases include: history, diagnosis, care plan, prescription, evolution, and prognosis.4

Among the nursing process steps, that related to the analysis and interpretation of collected data has been highlighted: the nursing diagnosis (ND). And, also, the set of measures directing care: the nursing prescription (NP).5

According to the North American Nursing Diagnosis Association (NANDA), nursing diagnosis constitutes a clinical judgment of responses from the individual, family, or community to the vital processes or to current or potential health problems, which provide a basis for the selection of nursing interventions, in order to achieve results for which the nurse is in charge.6

Nursing prescription is the implementation of the care plan through a daily script (or timed) that coordinates actions by the nursing team in the performance of appropriate care measures to meet the basic human needs.4

Nursing diagnosis is one of the most complex steps, leading to many divergences in its application. Several nurses fail to survey the nursing diagnosis, fragmenting, then, the care measures and the patient’s problems, leaving aside the holistic approach. Finally, care measures unrelated to the problems found are prescribed. It is through the ND stage that the completion of data collection becomes possible, with the development of reasoning and judgment. Nursing diagnosis shows to be indispensable for describing the help relationship in the assistance practice. The steps nursing diagnosis and prescription show their relevance in the nursing process.7

The importance of nursing prescriptions is that all focus on the patient and they are directed towards the results, being implemented with compassion, confidence, and a willingness to accept and understand the patient’s responses.8,41

Knowing that the nursing process is a prerogative of the nurse and that there’s a difference between theory and practice, it is of paramount importance to identify the perception of these nurses with regard to the nursing diagnosis and prescription and observe whether their use facilitates the interventions by nurses.9

The group’s motivation was manifested through the development of a monitoring extension project which aimed to implement the nursing assistance systematization (NAS) in a public hospital in the city of Salvador, Bahia, Brazil. Starting from it, the need for observing, verifying, and investigating the benefits of NAS in the care provided emerged, thus justifying this study, which aims to identify the advantages and disadvantages according to nurses’ opinion with regard to the implementation of nursing diagnosis and prescription.

METHOD

This is an exploratory and descriptive study with a qualitative approach, carried out in the adult semi-intensive care unit of a public hospital in the city of Salvador, Bahia, Brazil.
Ten nurses who work in this unit with four beds participated in the study. No participant was excluded from the study, except at the request of the individual her/himself.

Data collection was carried out by the researchers on October and November 2010, using a semi-structured form. Aiming to obtain a reliable transcription, considering the verbal and non-verbal communication involved in the subjects’ speeches, the interviews were recorded and, later on, fully transcribed through the software Microsoft Word, in which they will be filed for five years.

The interview was held under the authorization by the nurse, who agreed to participate signing the free and informed consent term. Regarding the data from the research, the participants were guaranteed that the information will not be used improperly, observing the individuality of each one.

Following the rules set for researches involving human beings, in accordance with Resolution 196, from the Brazilian National Health Council (CNS), the research project was approved by the Research Committee of the Institute for the Maintenance of Higher Education (IMES) of Faculdade de Tecnologia e Ciencias, under the Opinion 1, 974/2010.10

The perceptions of nurses were grouped into themes and analyzed under the light of thematic content. The answers were cut in the significant points to identify the central idea of informants. The forms were randomly numbered by the researchers to help in data fragmentation. Then, they were reassembled having affinity or similarity as a basis, in order to facilitate the construction of nucleus of thoughts.

In the speech of nurses surveyed to illustrate the categories, we use the letter E to characterize the nurses interviewed and the questionnaire number, in order to preserve the confidentiality of informants; e.g., E-1 = Nurse nr. 1.

**RESULTS**

Nurses were asked about the two steps of the nursing process, consisting of the nursing diagnosis and prescription (ND and NP). All nurses reported having poor prior knowledge on ND and NP.

The study had the participation of 10 nurses; 90% female and 10% male; the mean age was 30.4 years; with regard to length in the profession, 50% had > 5 years, 40% had 1-5 years, and 10% had < 1 year; and most of them worked in the institution from 1 to 5 years.

**DISCUSSION**

♦ Category I - Meaning of the stages nursing diagnosis and prescription

This category includes the following nucleus of thought: theoretical knowledge on these steps and competence for performing them.

The nursing diagnoses do not involve the equipment used to implement medical therapy nor the problems that nurses face while taking care of the patient. They focus on the actual or potential health problems which can be solved through independent nursing actions. The nursing diagnoses are stated in a succinct manner with regard to the patient’s specific problems and they will guide the nurse in the development of the nursing care plan.8

In the question conceptualize the ND, most nurses answered that the diagnosis is the definition and identification of the patient’s basic human needs. As observed in the reports, the nursing diagnosis:

[...] identify the needs of the patient. (E-2)

[...] is a tool for the elaboration of the nursing prescription and a set of signs and symptoms relevant to a nursing area in which we can intervene. (E-4)

When asked about the concept of NP, nurses report that it is the implementation of care plans. As stated:

[...] [they] are actions taken by the nurse to meet the needs identified in the patient, in a structured manner. (E-5)

Based on the nursing diagnosis, we’ll take certain attitudes to prevent, minimize, or improve the patient’s situation. (E-6)

[...] creates an action plan [...] favoring a high quality care to patients. (E-3)

It was noticed that nurses have theoretical knowledge on the meaning of the steps ND and NP and they are competent to carry them out successfully.

In the prescription, the nurse identifies and plans the patient’s teaching and the return indications, when needed, to assist the patient in the learning of self-care activities that should be performed. The prescriptions planned should be ethical and appropriate to the patient’s culture, age, and gender.8

The nursing diagnoses are the determinations of actual or potential health problems, which the nursing professional is competent to care for. And in the nursing prescription the nurse is in charge of determining care, all her/his actions and those taken by her/his team, in order to achieve the three levels of attention: the
client’s health promotion and disease prevention, treatment, and rehabilitation.

♦ Category II - Advantages and disadvantages of nursing diagnosis and prescription

For this category the nuclei of thought are: the relevance of ND and NP as prerogative activities of nurses and the advantages and disadvantages of ND and NP.

When asked what are the advantages of applying these processes named ND and NP in your view?, many nurses answered that they are advantageous because they assist the patient in a comprehensive manner. Some reports of advantages follow below:

[...] It assists the patient individually and objectively. (E-2)
It directs the nursing activities in a better way, besides optimizing the time spent on activities. (E-6)
It promotes a better quality of care; it provides the nurse with a greater autonomy. (E-5)
Organization of care measures; prioritization of actions. (E-4)
To assist the patient in a specific and qualified way, meeting the different needs. (E-9)

One notices that, under different points of view, nurses know how to identify and recognize the advantages of ND and NP.

The use of nursing diagnosis has brought some advantages for practical assistance, such as: a holistic approach to the patient, the acquisition of a body of knowledge of its own, the search for a better quality of care, and the fostering of the nurse’s continuous improvement. Therefore, the nurse, using the nursing process with emphasis on diagnosis, starts to have resources to carry out her/his interventions.11

On the question what are the disadvantages of these processes named ND and NP in your view?, most nurses indicated as disadvantages: lack of awareness about the importance of these steps, lack of training of the nurses concerned, and lack of time to perform the process.

The lack of previous experience with regard to the processes can cause resistance to its implementation. One may think that the process is complex, demands a lot of time, and, therefore, it is not feasible in daily practice.12

As reported:

It takes the nurse away from nursing care and/or overloads her/him, as the amount of functions increases and the number of nurses remains the same. (E-1)

Lots of patients and nursing technicians and assistants are resistant to changes. (E-3)
Lack of training of nurses involved and resistance to checking. (E-4)
It requires more professionals, takes a lot of time, and needs time to raise awareness of the multidisciplinary team with regard to its importance. (E-5)
Often, it becomes a mechanical activity. (E-6)
The disadvantage occurs when these processes are performed without a prior organization and protocols. (E-8)

It was noticed through the answers that the disadvantages mentioned by nurses are: difficulties, complaints, or obstacles from their own nursing routine or from the system adopted by the institution, which are prior to the application of the processes, that is, they already existed when the steps are implemented.

The obstacles involved in the process for implementation and operationalization of the nursing assistance systematization (NAS) or the nursing process in the professional’s daily practice are huge. The lack of knowledge and practice to carry out NAS requires more time from the professional to be developed, a time which is consumed by work overload and insufficient number of professionals in the unit; these are the complaints pointed out by nursing professionals in several studies.

However, a single report deserves attention, because it consists in a different answer:

I see no disadvantages in the application of nursing diagnosis and nursing prescription. I think there still lacks adequate knowledge on their importance in the institutions. (E-9)

Among the difficulties found by professionals in the implementation of the nursing process there is an overload with bureaucratic activities which hinder their professional practice. However, there are nurses engaged in its implementation, willing to overcome the difficulties. They are nurses trying to manage time and accomplish their tasks with a high-quality standard.13

♦ Category III - Contributions of nursing diagnosis and prescription

In this nucleus, the contributions of these processes to the nursing care are reported.

On the question how these processes (ND and NP) contribute to the nurse?, most professionals answered that they contribute to the targeting of actions, in order to facilitate the nursing controls. As reported:
It helps organizing the service, besides leading the nurse to think further on the reasons of her/his attitudes toward the patient. (E-6)

It provides a greater autonomy, since there is a record where nurses may require a response from the employee. (E-3)

It provides the service with safety. (E-5)

Optimize patient care. (E-2)

It turns nursing care to patients quicker and easier, addressing her/him as a whole. (E-9)

It contributes to the quality and humanization of assistance. (E-8)

The major contribution of ND and NP depends on a unity of efforts, there's a need to engage the team so that the work has continuity and does not get lost among random attempts of an only person. All nursing processes should be based on a theory which provides them with a support and allows the nurse to act with foresight and coherence.  

**FINAL REMARKS**

Given what was presented above, it is possible to consider that a large part of nurses surveyed understood and accepted the diagnosis and prescription as a relevant knowledge to the nursing practices.

It was possible to notice that advantages on the nursing processes (ND and NP) were reported. However, we identified obstacles for carrying them out. Despite the difficulties found, nurses believe that the advantages of the process outweigh the problems, because they provide nurses with autonomy, agility in the actions, and safety in the practices, supporting the care measures prescribed by the nurse.

It was observed that the disadvantages indicated by respondents are related to poor knowledge, lack of deepening, and even lack of experience on the issue. Assuming that there is a lack of knowledge on the individuals surveyed, as well as resistance to changes, the forms suggested in the implementation are regarded as mere scraps of useless paper, leading to reports indicating that they result in separation from care. This is a mistaken definition of the actual purpose of the processes ND and NP, which consist in qualifying the assistance, providing individualized and humanized care, meeting the basic human needs of through planned actions.

However, it’s possible to obtain better results from the very moment when nurses and the health care institution acquire a comprehensive perception in front of the implementation of the importance of nursing processes.

Nevertheless, it is suggested to the institution to promote continued education for the nursing team, in order to effectively implement the processes. And it is relevant to nurses investing on the search for skills and improvement, in order to perform the practices concerned properly. Additionally, it would be appropriate for the institution to check with the professionals what are the barriers involved in the processes, asking for suggestions of the nursing team, to establish the exchange of information and, thus, with a joint effort, improve the assistance provided.

**REFERENCES**


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