
REFLECTION ARTICLES

**FROM THE PRINCIPLES OF PRACTICE TO THE NURSING OUTCOMES
CLASSIFICATION: PERSPECTIVES ON CARE STRATEGIES**

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ABSTRACT

The purpose of this reflection was to explain the Principles of Nursing Practice as an intervention strategy and its relationship with the nursing process in the context of Evidence-Based Practice, hospital accreditation and nursing taxonomies related to interventions and outcomes. The evaluation of these principles showed that they are often used as administrative instruments that focus on the best human resources and cost reduction. From this view, the Principles of Nursing Practice are perceived and valued in order to pursue healthcare quality. In this perspective, care includes the use of an interdisciplinary language with indicators of quality and care protocols based on Evidence-Based Practice, patient safety and hospital accreditation. Thus, the revision of these principles, using the best evidence and standardized languages will ensure improvement of the quality of care provided and more visibility to the profession, by demonstrating the scientific bases of care.

Keywords: Nursing Process. Nurse's Practice Patterns. Evidence-Based Practice. Classification.

INTRODUCTION

Nursing is a science that must have theoretical references to guide the care provided, and to do so, the use of the Nursing Process (NP) is essential. Considered either as a methodological model or as a technological instrument, the NP is extremely complex. In an implicit and mixed manner, its development include personal knowledge of nursing professionals about the needs of human beings; logical thinking; use of new and advanced technology; empathy; experience, skill and genuineness in interpersonal relationships; expertise in carrying out care practices; ethics, sensitivity and emotion^(1,2).

The formal introduction of NP in the professional language occurred in the 1950s, under the influence of the problem-solving method, whose roots came from the scientific method. The meaning conveyed by NP and the way it is put into professional practice are

dynamic, changing over time and according to different care scenarios⁽³⁾.

For this reason, the historical evolution of the NP is discussed, dividing it into generations. Currently, according to some authors, the NP is in its 4th generation (2010-2020). During this period, it is believed that the nursing language will be integrated in information systems and electronic records⁽³⁾. In that sense, contemporary nursing practice, which is based on results and on the complex analysis of the individual's multiple conditions, requires critical and creative thinking⁽⁴⁾. Therefore, selecting the strategy to be employed is an important aspect to be considered when planning nursing care.

The strategy⁽⁵⁾ serves as a knowledge framework to support nursing prescription and its main feature is flexibility, that is, it adapts to the context in which it will be used. Examples of strategy include: teaching-learning, healing touch, problem solving, caring, coping, relaxing, behavior change, use

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of the self, music therapy, acupuncture, principles of nursing practice, among others.

The choice for the strategy to support nursing care will depend on the nurses' skills and the context in which they are found. However, the use of principles of nursing practice (PNP) as a nursing strategy often permeates the care provided, even if it is not always identified^(1,4).

METHOD

This is a reflective study on the principles of nursing practice as a common strategy of care, and on how it is inserted in the context of hospital accreditation, nursing taxonomies and evidence-based practice (EBP).

This reflection, supported by the literature, includes the interfaces of construction and use of nursing principles: nursing interventions, quality of care, evidence-based practice, and nursing outcomes.

FROM THE PRINCIPLES OF PRACTICES TO NURSING INTERVENTIONS

By way of reflection on principles of practice, it is necessary to understand the initial picture of the nursing profession, which does not have only one principle as basis, but precepts that complement each other and support it⁽⁶⁾. Such PNPs are related to direct care, care management and professional ethics.

Many principles are unique to nursing, whereas others have been adapted from other fields. Therefore, they provide a scientific nature and guide many nursing actions and prescriptions.

A principle is defined as something that serves as basis for conducting or operating, being found in the form of standards, guidelines, policies and procedures⁽⁵⁾. The minimum standards of nursing care, broadly disseminated in the 1970s, illustrate such content. Standard is defined as a measure that represents a certain quality expectation⁽⁷⁾.

It is necessary to consider that, in the daily routine, these principles are more emphasized

as administrative tools that aim to foster work dynamics and nursing practice. Nevertheless, they allow nursing care to have a detailed and precise plan with the aim to achieve cost reductions and the best performance from the human resources available⁽⁸⁾.

However, these care supporting tools are under-used, due to the lack of systematization and participation in content output, the lack of update and appreciation by professionals, and the dissatisfaction resulting from creativity limitation and loss of autonomy of professionals when they have to follow paths determined by rules and/or institutional guidelines⁽⁸⁾.

Consequently, standards are not a universal truth, but rather a combination of elements in the search for the best way to organize and execute actions that lead to the expected results; for that reason, they tend to be (re)adapted to each clinical context⁽⁹⁾. It is recommended that such principles be produced with the help of those who execute or who benefit from them.

In the context in which routines are integrated to carry out actions, the power given to health professionals by institutions cannot be questioned; the same occurs with patients, who are submitted to the hospital routine without questioning professionals' decisions. From this point of view, the exercise of power does not take into account the practical reason for these rules (care of patients), but rather the effectiveness in carrying out the established program⁽¹⁰⁾.

This fact meets the discussion on standardized language systems, as the concept of "standardized language that helps in the communication of interventions among care services" refers to the intervention title and not to the activities, which are adapted to each patient and allow for an individualized care. In addition, the following elements must be taken into consideration for their implementation: feasibility, the patient's approval and the nurse's capability⁽¹¹⁾.

Nursing interventions⁽¹¹⁾ consist of "any treatment based on clinical judgment and knowledge, performed by a nurse to improve the outcomes of a patient". The knowledge on

interventions is organized in standardized languages or classifications that seek to facilitate the documentation and allow comparing and assessing the effectiveness of the care provided in multiple places; for instance: OMAHA System, Home Health Care Classification (HHCC), International Classification for Nursing Practice (ICNP®), and Nursing Interventions Classification (NIC), among others.

Among the standardized languages for interventions, NIC has been broadly used in Brazil, as it is useful for allowing standardization of clinical documentation, communication and integration of data between units and information systems, and assessment of skills. It is composed of a title and the definition of the intervention, as well as a list of activities⁽¹¹⁾.

From a new point of view, the PNPs are being (re)viewed from the broad discussion on EBP and recalled and valued in the context of search for care quality and practice based on care. In this sense, studies have pointed out that these strategies act as organizational catalysts, allowing workers to use the same concepts in any area within the organization. Therefore, they must be up to date and reflect objectively on guidelines and norms, following institutional growth and development^(4,7,10).

THE SEARCH FOR NURSING CARE QUALITY

Health institutions must create a favorable environment for the implementation and consolidation of PNPs so that quality projects become a part of the strategy instead of being in conflict. A study confirms this statement by concluding that it is possible to break away with the routine ideology, in the search for the utopian individualized care⁽¹⁰⁾.

Since the times of Florence Nightingale, nursing has been a profession that always considered the quality of care provided, which is shown by the concern with following procedures strictly, since this way expected results would be achieved⁽¹²⁾.

In this sense, health institutions that were part of quality assessment programs promoted a review in their work processes and in their provision of services. In some cases, there is a participatory management, a joint responsibility for the improvement of care, which means introducing systematic mechanisms of assessment⁽¹³⁾.

In the context of search for quality, of hospital accreditation, all services provided within the hospital are being assessed. In order to achieve a higher level of hospital accreditation, many institutions began to implement a quality management policy and to make use of indicators to assess and monitor their performance, aiming to promote the systematic use of this information as support to continuous improvement processes of hospital care^(4,13,14).

The quality of services provided by the institution also requires knowledge of reality and of the results of each service provided to the population, in order to value positive and negative aspects that enable to promote reflection and actions focused on the improvement of this condition. However, a limitation in the patient's documents is still observed, especially concerning care outcomes. Nursing work needs to be better valued and understood in order to reach the level 3 of hospital accreditation.

A possible strategy is to use the indicators of Nursing Outcomes. To do so, it is essential that the nurse has technical skills, both to assess practice trends, perceived through EBP, and to implement procedures and assess the quality and effectiveness of the care provided⁽⁴⁾.

CHANGES WITH EVIDENCE-BASED PRACTICE

EBP is a problem-solving approach for providing health care that integrates evidence coming from well-defined study results and patient's care information, combining patients' preferences and values, as well as professionals' expertise⁽¹⁵⁾.

In order to promote the widespread use of EBP in the clinical setting, it is necessary that

professionals acknowledge this important strategy. Additionally, it is important to acknowledge, that this research method is disseminated along with results, and that health institutions accept/foster it, once it is sometimes necessary to (re)adapt the context in order to achieve the best results.

To achieve changes in practice and in the use of evidence, it is necessary to consider the environment where practice is carried out, professionals' characteristics, the innovation itself and the different strategies that will be carried out to achieve it. The following steps are recommended: persuasion (to test/use the innovation), decision from different organizational levels (if they accept/refuse the change or innovation); implementation of innovation (plan for use); and confirmation or assessment of the use of innovation (report of its outcomes and choice for its continuity or not)^(13,16).

The implementation of EBP in nursing allows for an improvement in the quality of care provided to patients and their families, as it strengthens nurses' clinical judgment. However, these professionals need to develop skills that allow obtaining, interpreting and integrating evidence from study results to patients' information and clinical observations^(15,17), as results of controlled and randomized clinical trials are not always the best evidence for a clinical issue in a given context.

A LOOK AT EXPECTED AND ACHIEVED NURSING OUTCOMES

Before defining nursing interventions, it is necessary to evaluate patients' clinical conditions and define the expected results. Therefore, the patient's current state is found and from that point it is possible to define the "expected outcomes", that is, what is wanted to achieve or change as a result of interventions.

To make hypotheses about an outcome because of an action and confirm its achievement, there has to be measures; and for that, standards, criteria or indicators are used. In other words, an instrument needs to be

created to measure or assess the quality of the care provided (intervention effect)⁽¹⁴⁾.

Three types of answer are possible: positive, negative or unchanged. In that sense, the outcomes reflect what was expected and guide the interventions to be carried out, and then the effects are reassessed and nursing outcomes are expressed, as well as the intervention effectiveness⁽¹⁸⁾.

Nursing outcomes also represent the knowledge of the field, organized in a standardized language, having the following advantages: contribution to the improvement of a common language to the profession; provision of a uniform set of nursing data that support decisions; establishment of standardized measures, definitions and classification of care services; favoring of nursing care quality assessment; assessment of the overall effectiveness of nursing performance; encouragement and analysis of innovation in the field; participation of interdisciplinary care^(18,19).

Likewise nursing interventions, there are specific classification systems for nursing outcomes, such as the Nursing Care Report Card for Acute Care, Quality Health Outcomes Model, OMAHA System, Home Health Care Classification (HHCC), The Patient Care Data Set, The Outcome Assessment Information Set (OASIS), International Classification for Nursing Practice (ICNP®) and, more recently, the Nursing Outcome Classification (NOC) was created⁽¹⁸⁾.

Some taxonomies and classification systems use criteria (indicators), as previously mentioned: they point out differences with the expected pattern and act as a warning, by identifying and drawing attention to key elements of care that must be reviewed. To do so, they should be as specific as possible in the addressed matter and sensitive to changes in conditions of interest⁽⁴⁾. Therefore, their contribution to the achievement of an improvement in care quality can be perceived, which is the objective of hospital accreditation.

Finally, in order to meet the requirements of technological, social and economic changes, our responsibility includes the use of an

interdisciplinary language, reflected in quality indicators, quality of care, care protocols, risk management, EBP, patient safety and hospital accreditation⁽⁴⁾.

Furthermore, modern times have new demands of construction of knowledge and changes in the process of training qualified professionals for providing health care to people⁽²⁰⁾. In the context of nursing practice, it is important to promote moments for discussion among professionals, in order to foster reflection on the dynamics involving the care of patients and the meaning given to NP by nursing professionals⁽¹⁰⁾.

CONCLUSION

Despite the broad discussion on PNPs, especially regarding its management, it is necessary to reconsider the use of this intervention strategy as an important element to achieve the best result indicators for patients. In this context, EBP allows for a restructuring of that strategy, as it ensures that best results are incorporated in the practice, generating positive answers to patients and a decrease in costs and hospitalization length.

Therefore, the first challenge is to work with EBP. Such practice requires a comprehensive assessment from executors, as evidence cannot be simply implemented in any situation; it must be similar to the context in which the study was carried out. If this condition is not respected, we will be only replicating something limited in the clinical setting, without discussion, and which will not be able to generate a positive answer, just like the complaints about not using the "hospital rules and routines book".

The second challenge is to work with care focused on patients, going beyond their disease and seeing them as a whole, in the family, cultural, emotional, economic and demographic contexts. And finally, it is important to mention the need to work with proper taxonomies, validated for the contexts in which they will be used.

The revision of principles by means of the evidence available by EBP and the incorporation of standardized languages will ensure a better quality of care and greater visibility of our profession, by demonstrating the scientific basis of care.

DOS PRINCÍPIOS DA PRÁTICA À CLASSIFICAÇÃO DOS RESULTADOS DE ENFERMAGEM: OLHAR SOBRE ESTRATÉGIAS DA ASSISTÊNCIA

RESUMO

O objetivo desta reflexão foi explorar os Princípios da Prática de Enfermagem, como estratégia de intervenção, bem como sua inserção no Processo de Enfermagem, relacionando com o cenário da Prática Baseada em Evidências, o movimento da Acreditação Hospitalar e o emprego das linguagens padronizadas dos fenômenos de enfermagem relativos a intervenções e a resultados. Ao avaliar esses princípios, percebeu-se que eles são mais enfatizados cotidianamente como instrumentos administrativos, visando ao melhor potencial dos recursos humanos e redução dos custos. Sob novo olhar, os princípios da prática são resgatados e valorizados na busca pela qualidade da assistência. Nessa perspectiva, o cuidar inclui utilizar uma linguagem interdisciplinar, traduzida em indicadores de qualidade e protocolos assistenciais apoiados na prática baseada em evidências. Diante disso, a revisão dos princípios por meio da utilização das melhores evidências e a incorporação das linguagens padronizadas garantirá uma qualidade melhor para a assistência prestada aos clientes e melhor visibilidade da nossa profissão, ao demonstrar as bases científicas do seu cuidado.

Palavras-chave: Processos de enfermagem. Normas de Prática de Enfermagem. Prática Clínica Baseada em Evidências. Classificação.

DE LOS PRINCIPIOS DE LA PRÁCTICA HASTA LA CLASIFICACIÓN DE LOS RESULTADOS DE ENFERMERÍA: MIRADA SOBRE LAS ESTRATEGIAS DE ASISTENCIA

RESUMEN

El propósito de esta reflexión fue explorar el proceso de enfermería y los Principios de la Práctica de Enfermería, que representan una estrategia comúnmente utilizada y la forma en que está situada dentro del escenario de la práctica basada en la evidencia, de la acreditación de hospitales y de las taxonomías enfermeras. Hay que considerar que estos principios son más enfatizados como instrumentos administrativos buscando el mejor potencial de recursos humanos y reducción de costos. Actualmente, los Principios de la Práctica son valorados en el contexto de buscar la calidad de la atención. En esta perspectiva, el cuidar incluye el uso de un lenguaje

interdisciplinar, traducida en indicadores de protocolos de calidad y cuidado apoyados en la práctica basada en la evidencia. Por lo tanto, la revisión de los principios a través de la utilización de la mejor evidencia y la incorporación de lenguajes estandarizados asegurará una mejor calidad de la asistencia prestada a los clientes y una mejor visibilidad de la profesión, pues muestra el fundamento científico de su cuidado.

Palabras clave: Procesos de Enfermería. Pautas Prácticas de Enfermería. Práctica Clínica Basada en la Evidencia. Clasificación.

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Submitted: 09/30/13

Accepted: 10/06/14