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NURSING PROCESS: IMPLICATIONS FOR THE SAFETY OF SURGICAL PATIENTS

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ABSTRACT: The objective in this study was to reflect on the nursing process and its implications for surgical patients. This reflection is based on the theoretical premises and scientific literature on the theme. Patient safety has been discussed since the 19 th century to achieve high-quality care at hospital institutions. The Nursing Process is a methodological instrument and a valuable light-hard technology to guarantee safety in the context of the nursing practices. It should be applied qualitatively and holistically though, in line with the institutional objectives, with a view to promoting patient safety.
DESCRIPTORS: Patient safety; Surgicenters; Perioperative nursing; Nursing education.

PROCESSO DE ENFERMAGEM: IMPLICAÇÕES PARA A SEGURANÇA DO PACIENTE EM CENTRO CIRÚRGICO

RESUMO: O objetivo deste estudo foi refletir sobre o processo de enfermagem e suas implicações para a segurança do paciente no centro cirúrgico. Trata-se de uma reflexão alicerçada nos pressupostos teóricos e literatura científica acerca do tema. A segurança do paciente vem sendo tema de discussão desde o século XIX com o intuito de alcançar a qualidade assistencial nas instituições hospitalares. O Processo de Enfermagem constitui-se em um instrumento metodológico e uma valiosa tecnologia leve dura a ser utilizada para garantir segurança no contexto das práticas de enfermagem, porém deve ser aplicado com qualidade e em sua totalidade, estando alinhado com os objetivos institucionais para assim promover a segurança do paciente.
DESCRITORES: Segurança do paciente; Centros cirúrgicos; Enfermagem; Enfermagem perioperatória; Educação em enfermagem.

PROCESO DE ENFERMERÍA: IMPLICACIONES PARA LA SEGURIDAD DEL PACIENTE EN CENTRO QUIRÚRGICO

RESUMEN: El objetivo de este estudio fue reflejar sobre el proceso de enfermería y sus implicaciones para la seguridad del paciente en el centro quirúrgico. Se trata de una reflexión basada en las premisas teóricas y literatura científica acerca del tema. La seguridad del paciente ha sido tema de discusión desde el siglo XIX con objeto de alcanzar la calidad asistencial en las instituciones hospitalarias. El Proceso de Enfermería es un instrumento metodológico y una valiosa tecnología leve-dura a ser utilizada para garantizar la seguridad en el contexto de las prácticas de enfermería. Sin embargo, debe ser aplicado con calidad y en su conjunto, en línea con los objetivos institucionales para así promover la seguridad del paciente.
DESCRIPTORES: Seguridad del paciente; Centros quirúrgicos; Enfermería; Enfermería perioperatoria; Educación en enfermería.

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INTRODUCTION

The Nursing Care Systemization (NCS) was created in 1985 to propose a comprehensive, continuous, participatory, individualized, documented and assessed care model, adopting the patient as the subject of care [1].

The Nursing Process (NP) is a part of the NCS and can be defined as the practical application of a methodological tool to organize patient care. It is used to favor care, in terms of the organization of the conditions needed for care to happen [2].

Three distinct generations of the NP can be identified. The first comprises the period from 1950 till 1970, when the identification and solution of problems were emphasized. At that time, Faye Abdellah introduced a classification system to identify the patients' 21 nursing problems. That was considered the first relevant classification for nursing practice in the United States (USA). The second generation comprised the period from 1970 till 1990, when the NP gained five phases, including the nursing diagnosis. This, it gained the characteristic of a dynamic and multifaceted process, based on critical reasoning and thinking. The third generation of the NP went from 1990 till 2010, focused on the specification and testing, in practice, of the patient outcomes that are sensitive to nursing interventions[2].

In Brazil, the NP was introduced through the model of Wanda Aguiar Horta, based on Maslow's Theory of Basic Human Needs and João Mohana's designation of psychobiological, psychosocial and psychospiritual needs [2].

In daily life, Nursing qualifies its knowledge and works to propose new alternatives, with a view to improving patient care, always based on the scientific method, that is, anchored in the nursing process[3].

Each health institution is expected to apply the steps of the NP, looking for tools that can add safety to user care, contributing to the patient safety culture. The professionals acknowledge it as an essential tool, ranging from the definition of the processes to the care delivered to the client [4-6].

It should be highlighted, however, that the safety culture is present in most health institutions with high credibility levels, which characteristically possess complex risk processes, but with low error rates. These organizations score high credibility levels, as they are concerned with possible damage and with the educative aspects of each team member involved in this process; resisting the punishing and blaming of individuals for the errors that happened in the context of complex processes [7].

Schein [8] highlights that the reporting culture is fundamental when working at health institutions, so that workers who report incidents also contribute to the application of a fair/impartial culture, avoiding that workers give up reporting out of fear of punishment. This is a flexible learning culture, contributing to the growth of the health teams, through a review of the care processes and flow, besides training, strengthening the safety culture at the institution.

The culture is difficult to measure though. Therefore, adopting the perspective of the safety climate is more adequate, which corresponds to an organizational workforce's perceptions and attitudes towards superficial characteristics of the culture in a given time period.

In some studies, the safety culture is cited as a synonym of the safety climate, which can be defined as the superficial characteristics of the safety culture, based on the individuals' perceptions and attitudes in a given time period, or as the measurable components of the safety culture [9-10].

In higher education, the NP is discussed with the undergraduate students. In some situations, however, the students do not attribute due value, demanding a review and deepening of this theme in the professional activity area. What justifies the choice of this theme for reflection is the understanding that the lack of adherence in the nurses' application of the NP can be a factor that contributes negatively to the implementation of the hospital safety culture. This theoretical-reflexive article is intended to reflect on the contribution of the nursing process to surgical patient safety.

SURGICAL PATIENT SAFETY

Surgery has become a full part of health care. Each year, the number of surgeries carried out around the world is estimated at 234 million, among which around 7 million clients suffered postsurgical complications, 50% of which could have been avoided [5,11]. About 20 million people are submitted to surgeries each year in the United States, often undertaken in unsafe conditions, interfering in the promotion and recovery of the patients' health [4].

In this context, it should be highlighted that the risk of surgical complications is underreported in many regions around the world, but studies undertaken in industrialized countries have shown a perioperative death rate in hospital surgeries of between 0.4 and 0.8%, and a rate of severe complications ranging between 3 and 17%. These rates tend to increase in developing countries [5]. The World Health Organization (WHO) strengthens campaigns to improve the safety in patient care, such as the reduction to an acceptable minimum of the risk of unnecessary healthcare-related damage. The global challenges to promote patient safety include hand washing and safe surgeries that save lives [12] , with a view to enhancing the safety for patients and nursing professionals, working to achieve better care outcomes, better planning and monitoring of surgical patients.

Recently, WHO elaborated a document with orientations on patient communication for safe care, which should be adopted before and after the surgical procedure [12]. At the Surgery Center (SC), the Nursing Process (NP) should be adopted for the sake of comprehensive patient care, involving the nursing history, the nursing diagnosis, the planning of the expected outcomes, the implementation of nursing care (nursing prescription) and the assessment of nursing care [13].

THE NURSING PROCESS AT THE SURGERY CENTER

Resolution 358/2009 by the Brazilian Federal Nursing Council (COFEN) considers the NP as a methodological tool that should be implemented at public and private health institutions to guide nursing care and the documentation of professional practice [14]. Thus, the NP is organized in five interrelated, independent and recurring phases:

1 – Nursing history/data collection: undertaken with the help of different methods and techniques, intended to obtain information on the person, family or human group, concerning their answers at a given moment in the health and disease process [15]. It is intended to discover individual and biopsychosocial habits, aiming for the patient's adaptation to the service and the treatment, as well as the identification of problems. The patient history, collected during the interview, is intended to identify the reason for the hospitalization or the main complaint; the presence of illnesses, comorbidities and previous treatments; allergies to solutions, drugs, patches, latex allergy and the existence of other risk factors [15]. The patient history is a very important moment at the SC as, in some situations, the surgery room needs to be prepared hours before the patient's arrival.

2 – Nursing diagnosis: is considered a process of interpreting and grouping the data collected in the first phase. The nursing diagnoses have been internationally standardized by the North American Nursing Diagnosis Association (NANDA), providing the nurses with a common language to identify the patient's needs [16]. In its Perioperative Nursing Vocabulary, the Association of periOperative Registered Nurses (AORN) appoints the following critical nursing diagnoses: risk for infection and risk for injury due to perioperative positioning [17].

3 – Nursing care planning: is the set of actions or interventions the nurse has decided on and prescribed to achieve certain expected outcomes in the patient and family or community, aiming to prevent, promote, protect, recover and maintain the health [13].

4 – Care implementation: the actions and interventions determined in the nursing prescription are carried out.

5 – Nursing assessment: is the nurse's records after the patient assessment, verifying the changes that took place at a given moment. Happens deliberately, systematically and continuously, verifying

whether the nursing actions or interventions achieved the expected outcome, assessing the need to change or adapt the steps of the NP [13].

FINAL CONSIDERATIONS

The nurses need constant recycling to quality the clinical reasoning and critical thinking needed to apply the Nursing Process, in order to guarantee safe and high-quality care. Therefore, the surgery center nurses need to establish the adequate implementation of this important care organization and systemization tool, besides the daily application of the NP as, in some situations, its application takes place in a fragmented manner, detached from the reality.

We believe that this reflection can arouse the surgical center nurses' desire and need to implement the NP in daily care, in search of higher quality and care safety. This can contribute for the nurses and care managers to reconsider the health service practices, based on a safety policy associated with the implementation of the NP.

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