



14^a Conferência Internacional de Investigação em Enfermagem

14th International Conference of Nursing Research

**A translação do conhecimento de
enfermagem: Uma força para a mudança
na prática clínica!**

**Translational nursing knowledge: A force
for change in clinical practice!**

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Título: 14ª Conferência Internacional de Investigação em Enfermagem. A translação do conhecimento em enfermagem: Uma força para a mudança na prática clínica!

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deepening of “Family Process”. Systemic issues (circular and reflexive), will allow the expansion of the reflection capacity of each family member about themselves, about others, about family history. This study aim is to identify systemic issues of intervention used by Primary Health Care nurses regarding dysfunctional family process. **Methods:** Qualitative study, using Focus Group as a methodological approach with nurses from health centers in the province of Tarragona–Spain, developed in 2014. For the focus group was placed the starting issue: What kind of systemic questions the nurses mobilize when exist one family process alteration? After obtaining informed consent, the data were submitted to content analysis, co-existing deductive and inductive procedures, supported by the matrix of analysis propose in the MDAIF. **Results:** No differences were identified in the intervention strategies used by nurses in the context of family communication and coping. Regarding interactions in family roles it is highlighted the mobilization of family system resources “...explain them who can help... to whom can they ask for help, right?..” E3: “How do you think you’d be better (...) will pass the decision to them...” E8. Intervention proposals emerged related to systemic issues particularly in the area of interaction of roles and dynamic relationship, which reflect a systemic view of family unit. **Conclusions:** Reflections on interactional practices with family, while nursing care customer, based in MDAIF allowed the development of new conceptions of family health nursing. Concerning general interventions proposed associated to “dysfunctional family process” diagnosis, the integration of new action typologies, supported by systemic issues, will maximize the health potential of families by the opportunity to co-construct new stories and interactions.

References:

Figueiredo, M. H. (2012). Modelo Dinâmico de Avaliação e Intervenção Familiar: Uma abordagem colaborativa em Enfermagem de Família. (1ª ed). Lisboa: Lusociência.

THE FAMILY NURSING HEALTH CARE AND THE INDICATORS OF HEALTH: NEW CHALLENGES FOR THE PRACTICE

Maria Henriqueta de Jesus Silva Figueiredo; Palmirada Conceição Martins de Oliveira; Marlene Lebreiro; Carmen Andrade; Zaida Charepe; Manuel Brás

Background and Purpose: The assessment of the implementation focuses in aspects which are considered fundamental for an effective measurement of the Dynamic Model of Family Assessment and Intervention (MDAIF) implementation as a theoretical and operative referential in the nurses' clinical decision-making: satisfaction of families, satisfaction of nurses, assessment of health gains which are sensitive to nursing care, and the identification of the main needs of families. This study aim is to define the indicators of structure, process and outcome, based in MDAIF. **Methods:** Exploratory study procedure: 1) define the Minimum Data Set (MDS), based in MDAIF, describe the nurses diagnosis, interventions and outcomes; 2) define the indicators according the Order of Nurses orientations; 3) The final propose reviewed and validated by experts. The summary data includes the diagnosis and sub diagnosis by MDAIF matrix. For formulation of diagnosis judgment were used the International Classification of Nurses Practice (ICNP®). **Results:** If define structure indicators related to the nurses satisfaction, process indicators produce rates of family assessment incident and diagnosis incident, outcome indicators defining rates of diagnosis efficacy and health gains, epidemiological indicators that propose diagnostic prevalence rates. **Conclusions:** The definition of MDS and the health gains indicators will allow nurses to be informed on the data

resulting from the care provided to the families that must be mandatorily registered. It will also enable to monitoring of the implementation process through the identification of critical points that lead to the introduction of strategies and which will optimize the outcomes inherent to the following tasks.

References:

Figueiredo, M. H. (2012). *Modelo Dinâmico de Avaliação e Intervenção Familiar: Uma abordagem colaborativa em Enfermagem de Família*. (1ª ed). Lisboa: Lusociência.

NURSING DOCUMENTATION WITH FOCUS ON EMOTIONAL RESPONSES OF FAMILY CAREGIVERS OF THE HOSPITALIZED CHILD: FROM THE SPEECH TO REGISTRATION IN THE INFORMATIC SYSTEM

Maria João Caeiro; Paula Diogo; Joana Rodrigues; Odete Lemos e Sousa; Nuno Fernandes; Ricardo Fonseca

The aim of this study is to analyze and clarify the value given by nurses to documentation of care in the health information systems of clients' health records using the International Classification for Nursing Practice (CIPE®). Our focus is on emotional responses of the family caregivers and the data was retrieved in two pediatric services (Surgery and Infectious Diseases) of a Portuguese Pediatric Hospital. We resorted to a combination of qualitative and quantitative using content analysis of 17 observations of the shift and 10 semi-structured interviews, and the documentary analysis of 125 nursing records in the SPSS software. Observation and interview data suggest that nurses identify a diversity of CIPE®2 diagnoses/outcomes and emotional dimension interventions, valuing the performance of emotional work with centrality in family caregivers in conceptual terms and in practice discourse, however, paradoxically, what is recorded on Information Technology (IT) system is rare. The CIPE®2 diagnosis related to the most documented emotional dimension in the computer system is the "Parental role", from which records are associated with the interventions "Monitoring parental role", "Promoting family involvement" and "Encouraging role During hospitalization." In general records, reference is made, in a more clear and detailed way, to the emotional state and expression of emotions of family caregivers. This study contributes to the recognition of the emotional dimension of caring in pediatrics, such as nurses' emotional work, which is a field of nursing intervention with visible but not quantifiable results but which remains undervalued and sometimes unconscious. Nevertheless, the use of IT in health allows the expansion emotional dimension, along with other dimensions of nursing practice.

Keywords: Family caregivers; Emotional experiences; Nursing documentation; International Classification for Nursing Practice (CIPE®); Nursing documentation

References:

Aldridge, M. (2005). Decreasing Parental Stress in the Pediatric Intensive Care Unit: One Unit's Experience. *Critical Care Nurse*, 25(6), 40-50.

Basto, M. L. (2009). Investigação sobre o cuidar de enfermagem e a construção da disciplina - Proposta de um percurso. *Pensar Enfermagem*, 13 (2), 11-18.

Ordem dos Enfermeiros (2011). *CIPE® versão 2 - Classificação Internacional para a Prática de Enfermagem* (Port. ed.). Ordem dos Enfermeiros.