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INTEGRATIVE REVIEW OF THE LITERATURE

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NURSING DIAGNOSES IN PATIENTS UNDER PALLIATIVE CARE: AN INTEGRATIVE REVIEW

Diagnósticos de enfermagem para pacientes em cuidados paliativos: revisão integrativa da literatura

Diagnóstico de enfermería para pacientes de atención al paciente: revisión integrativa de la literatura

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ABSTRACT

Objective: The objectives of this study were to identify the nursing diagnoses in patients under palliative care according to the literature and highlight those most used. **Methods:** This integrative review with a descriptive nature was carried out by analyzing articles published over the last ten years. Literature search was conducted in the following online databases: Caribbean Literature on Health Sciences (LILACS), PubMed, Web of Science, Scopus, and Cumulative Index to Nursing and Allied Health Literature (CINAHL). **Results:** The sample consisted of 14 articles. Most of them were published in 2016. Also, the NANDA-I was the most used classification system for the formulation of the nursing diagnoses. Among the most prevalent diagnoses, 'Pain', 'Death Anxiety', and 'Impaired Physical Mobility' were highlighted. **Conclusion:** Although research on the topic is incipient, it is hoped that this study can make it easier for nurses to make decisions based on evidence to ensure that patients under palliative care receive dignified, humanized, systematized, and quality care.

Descriptors: Palliative care, nursing diagnosis, standardized nursing terminology, classification, nursing process.

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RESUMO

Objetivo: Caracterizar o perfil epidemiológico das gestantes assistidas na consulta de enfermagem do pré-natal em uma Unidade de Saúde da Família do Rio de Janeiro. **Método:** estudo descritivo, exploratório, quantitativo do tipo documental, com emprego da técnica de observação indireta e análise estatística. **Resultados:** foram investigados 160 prontuários eletrônicos de gestantes atendidas em 2014. A maioria das mulheres tinha idades entre 20-34 anos (73,8%), cor parda (44,3%), mora com companheiro (46,3%), e ensino médio completo (26,9%). São primigestas (41,3%), sem história de aborto (54,4%), não planejaram a gravidez (66,9%) e tiveram primeira consulta no primeiro trimestre gestacional (61,2%). **Conclusão:** embora a maioria das gestantes investigadas tenha baixo risco obstétrico, o seguimento das mulheres na consulta de pré-natal torna-se primordial para uma gestação saudável.

Descritores: Estratégia saúde da família, Enfermagem obstétrica, Cuidado pré-natal.

RESUMEN

Objetivo: Caracterizar el perfil epidemiológico de las gestantes asistidas en la consulta de enfermería del prenatal en una Unidad de Salud de la Familia de Río de Janeiro. **Método:** estudio descriptivo, exploratorio, cuantitativo del tipo documental, con empleo de la técnica de observación indirecta y análisis estadístico. **Resultados:** se investigaron 160 prontuarios electrónicos de gestantes atendidas en 2014. La mayoría de las mujeres tenían edades entre 20-34 años (73,8%), color pardo (44,3%), vive con el compañero (46,3%), y la enseñanza media completa (26,9%). (41,3%), sin antecedentes de aborto (54,4%), no planificaron el embarazo (66,9%) y tuvieron primera consulta en el primer trimestre gestacional (61,2%). **Conclusión:** aunque la mayoría de las gestantes investigadas tienen bajo riesgo obstétrico, el seguimiento de las mujeres en la consulta de prenatal es primordial para una gestación sana. **Descriptores:** Estrategia de salud familiar, Enfermería obstétrica, Atención prenatal.

INTRODUCTION

Chronic Non-Communicable Diseases (NCDs) are considered a global public health problem affecting both developed and developing countries.¹ As NCDs and the demands for care increase, so does the need for specialized care, such as palliative care (PC).²

It should be noted that PC is defined by the World Health Organization (WHO) as a health care approach that aims to improve the quality of life of patients and their relatives in the face of problems arising from life-threatening diseases. To this end, health care workers identify, evaluate and treat pain and other physical, psychosocial and spiritual problems as soon as possible so that suffering can be prevented and eased.³

PC is both a philosophy and a guiding tool for multidisciplinary health teams. Moreover, PC is part of an interdisciplinary care system,³ which allow its principles to be applied to any type of care offered to patients in different age groups and their relatives, with emphasis on preserving dignity and easing suffering.⁴

The first records mentioning PC in Brazil date back 75 years, but this early start is not associated with the quality of the service provided.⁵ It was only in the last year that

a government directive on how PC should be delivered was established.⁶ It is noted that PC programs have been increasing considerably in recent years due to the greater number of people at risk of death living with NCDs and the greater family involvement in end-of-life care decisions for their loved ones.⁷

For PC to be effective, a broad multidisciplinary approach that involves patients' relatives and uses community resources should be adopted.⁸ Therefore, nursing professionals are fundamentally responsible for delivering PC for people with NCDs. PC strategies should be not only complete, individual, and person-centered but also be based on communication with the patients' relatives.⁹ The nurses' role in PC represents the link among patients, their relatives, and other team members. Nurses have more opportunities to provide effective care due to their proximity to patients and their relatives.¹⁰

In this context, systematizing the nursing care for patients under PC becomes essential by correctly identifying problems, listing accurate nursing diagnoses (NDs), and defining goals together with the team, patients, and family members. After performing these actions, nurses can proceed to implement effective interventions.¹¹

Therefore, the Nursing Process (NP) promotes support for nurses to provide organized care in order to be with patients and their relatives guiding the decisions made by both of them. However, before using this management tool, it is necessary to establish the problem with the help of the NDs.¹¹

With respect to NDs, these can be understood as clinical judgments made by an individual, family, group, or community about the human responses to health conditions/life processes or vulnerabilities to such responses. NDs establish a basis for the selection of nursing interventions to achieve outcomes.¹²

It should be noted that the classification systems for the NDs assist nurses in clinical decision-making.¹³ Among these classifications, the NANDA International and the International Classification of Nursing Practice (ICNP) are highlighted, which provide standardized care terminology that facilitates communication between nurses and other health care professionals responsible for policy decisions. Moreover, the data and information obtained can be used for the planning and management of nursing care and policy development.¹⁴

In view of the above and considering the demands of patients under PC, the following research question was developed: "What NDs can be given to patients under PC?" Thus, the objective of this study was to identify the NDs in patients under PC according to the literature and highlight those most used.

METHODS

This is an integrative review of the literature, which aims

to analyze publications on a certain theme and highlight scientific knowledge. It is important to stress that the proposed methodology comprises six stages: identification of the theme, research hypothesis or question, definition of inclusion and exclusion criteria, choice of what information will be extracted from the selected studies/categories, evaluation of the selected studies, interpretation of the results and presentation of the review/knowledge synthesis.¹⁵

The PICO (Patient, Intervention, Comparison, Outcomes) strategy was used to develop the research question. The letter P refers to the target population; the letter I refers to the intervention or area of interest; the letter C refers to the comparison between different intervention types or groups; and the letter O refers to the process of obtaining results by considering what effects are expected to occur after the intervention. This strategy helped to choose the appropriate keywords used during the literature search.¹⁶

Thus, the following research question was developed: “What NDs can be provided for patients under PC?” In this question, the first element of the strategy (P) was the patients under PC; the second element (I) was the use of NDs; and the fourth element (O) was the quality of care. It should be noted that not all elements of the PICO strategy need to be used, which depends on the review methodology. In this integrative review, the third element (Comparison), was not used.

Literature search was conducted in the following online databases: Caribbean Literature on Health Sciences (LILACS), PubMed, Web of Science, Scopus, and Cumulative Index to Nursing and Allied Health Literature (CINAHL). As the theme of this study has not yet been sufficiently explored, it was decided to include a large number of databases with the objective of investigating a broader set of scientific productions. The following *Descritores em Ciências da Saúde (DeCS)* [Health Science Descriptors] were used: “*Diagnóstico de Enfermagem*”, “*Nursing Assessment*”, “*Nursing Diagnosis*”, “*Diagnóstico de Enfermería*”; “*Cuidados Paliativos*”, and “*Palliative Care*”. These descriptors were combined using the Boolean operator AND.

The literature search took place from September to October 2019. Inclusion criteria were: publications in scientific journals from 2009 to October 2019, publications written in English, Portuguese or Spanish, and search terms present in the title or abstract. Exclusion criteria were editorials, letters to the editor, theses, dissertations, books, conference reports, conference abstracts, duplicates, items not available for free and in full, and articles that did not answer the research question. The searches were restricted to publications from the last ten years in order to obtain more data.

To systematize the process of selecting the studies found, the PRISMA (preferred reporting items for

systematic reviews and meta-analysis) guidelines were followed.¹⁷ Thus, the titles and abstracts of the articles found during the search were read and analyzed in order to determine whether they were eligible for inclusion in this study. In cases of doubt, the articles were read in full in order to confirm their relevance to this study and extract the data of interest. Finally, the results were evaluated and disagreements were resolved.

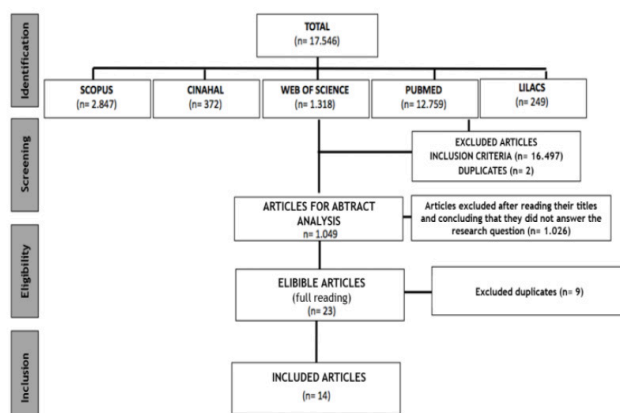
A validated nursing instrument was used for data collection. This instrument was composed of the following items: identification, host institution, type, methodological characteristics, and evaluation of methodological rigor.¹⁸

The analysis of the results was carried out in a descriptive manner by presenting the synthesis of the selected studies and comparisons between them with the objective of answering the guiding question.

RESULTS AND DISCUSSION

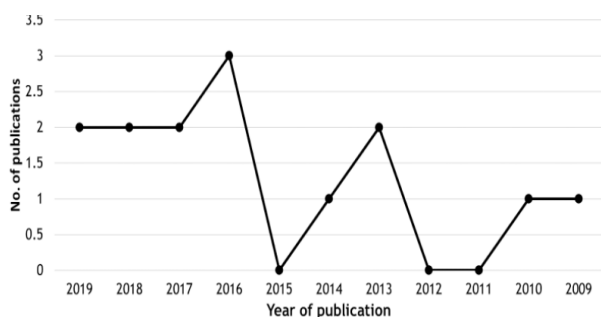
After applying the inclusion criteria, 1,049 articles published from 2009 to October 2019 (10 years) were found. Of these, 1,035 were excluded and the remaining 14 articles constituted the sample (**Figure 1**).

Figure 1 - Selection of the studies found according to the PRISMA guidelines.



As can be seen in **Figure 2**, most of the articles (21.38%) were published in 2016, followed by 2019, 2018, 2017, and 2013 with two (14.3%) each and 2014, 2010, and 2009 with one (7.14%) each. It should be noted that no article on the study subject was published in 2015, 2012, and 2011.

Figure 2 - Quantitative distribution of the selected articles by year of publication (N = 14).



As shown in Figure 3, the selected articles were published in nine journals. Of them, five (55.5%) were Brazilian journals and four (44.5%) were international journals. In relation to the Brazilian journals, Acta Paulista de Enfermagem stood out with the largest number of publications (26.6%), followed by Revista Latino-Americana de Enfermagem (13.3%). As for the international journals, which were found to be low-impact, one article was published in each of them. Regarding the type of study, five (36.69%) cross-sectional studies and four (28.59%) methodological studies were predominantly observed, followed by two (14.3%) documental studies, one (7.1%) review of the literature, one (7.1%) cohort study, and one (7.1%) case study.

Regarding the database, Scopus and LILACS predominated with four (28.59%) publications each, followed by Web of Science with three (21.38%), and PubMed with two (14.3%). It is worth noting that only one study (7.14%) was published in CINAHAL (Table 1).

Table 1 - Characterization of the selected studies according to journal, country, and database (N = 14).

TITLE	NPRIODIC	COUNTRY	BASE
<i>Ansiedade relacionada à morte em cuidados paliativos: validação do diagnóstico de enfermagem</i> ¹⁹ [Death anxiety in palliative care: validation of the nursing diagnosis]	Acta Paulista de Enfermagem	Brazil	SCOPUS
Constipation management in palliative care: treatments and the potential of independent nurse prescribing ²⁰	Journal of Palliative Nursing	United States of America	CINAHAL
Construction and validation of nursing diagnoses for people in palliative care ²¹	Revista Latino-Americana de Enfermagem	Brazil	SCOPUS
Death anxiety in hospitalized end-of-life patients as captured from a structured electronic health record ²²	Research in Gerontological Nursing	United States of America	PUBMED
<i>Diagnósticos de enfermagem em cuidados paliativos: NANDA I</i> ²³ [Nursing diagnoses in palliative care: NANDA I]	Nursing	Brazil	LILACS
<i>Diagnósticos de enfermeira prevalentes em cuidados paliativos oncológicos</i> ²⁴	Medicina Paliativa	Spain	LILACS
<i>Diagnósticos e intervenções de enfermagem para pacientes cardiológicos em cuidados paliativos</i> ²⁵ [Nursing diagnoses and	Revista de Enfermagem UFPE on line	Brazil	LILACS

interventions for cardiology patients under palliative care] Outcomes for end-of-life patients with anticipatory grieving: insights from practice with standardized nursing terminologies within an interoperable internet-based electronic health record ²⁶	Journal of Hospice & Palliative Nursing	United States of America	PUBMED
<i>Perfil de diagnósticos de enfermagem em um hospital brasileiro especializado em cuidados paliativos oncológicos</i> ²⁷	Ciencia y Enfermeria	Chile	LILACS
<i>Predição de risco e incidência de percepção sensorial tátil alterada em pacientes oncológicos durante quimioterapia</i> ²⁸ [Prediction of risk and incidence of altered sensory tactile perception in oncologic patients undergoing chemotherapy]	Revista Latino-Americana de Enfermagem	Brazil	WEB OF SCIENCE
<i>Resultados de enfermagem para avaliação da dor de pacientes em cuidado paliativo</i> ²⁹ [Nursing results for pain assessment in palliative care patients]	Revista Brasileira de Enfermagem	Brazil	WEB OF SCIENCE
<i>Subconjunto terminológico CIPE® para pacientes em cuidados paliativos com feridas tumorais malignas</i> ³⁰ [ICNP® terminology subset for palliative care patients with malignant tumor wounds]	Acta Paulista de Enfermagem	Brazil	SCOPUS
<i>Validação de protocolo assistencial de enfermagem para pacientes em cuidados paliativos</i> ³¹ [Validation of a nursing care protocol for palliative care patients]	Acta Paulista de Enfermagem	Brazil	WEB OF SCIENCE
<i>Validação das características definidoras do diagnóstico de enfermagem conforto prejudicado em oncologia</i> ³² [Validation of the defining characteristics of the nursing diagnosis Impaired Comfort in oncology]	Acta Paulista de Enfermagem	Brazil	SCOPUS

It is important to note that the majority of the analyzed articles (n= 12; 85.7%) used the standardized language system (SLS) of the NANDA-I taxonomy for the construction of the NDs. On the other hand, only two studies (14.3%) used the taxonomy proposed by the ICNP.

These findings are in agreement with those found in the literature, which can be related to the translation and adaptation of this system in several languages. Furthermore, it contributes to the implementation of some clinical information systems and facilitates clinical classification by relating signs and symptoms to the defining characteristics and related factors stated in Nanda-I.33 Furthermore, it is necessary to highlight that no justification for the use of the implemented classification systems was observed in the studies analyzed. It appears that this choice is related to the nursing professionals' greater familiarity with certain systems or their wider coverage.

The most prevalent NDs in patients under PC were 'Pain' (acute and chronic pain), 'Death anxiety', and 'Impaired physical mobility'. As can be seen in Table 2, these NDs were found in three articles.

Table 2. Most prevalent NDs in patients under PC.

Nursing Diagnosis	n
Pain; Death anxiety; Impaired physical mobility;	3*
Constipation; Integrity of damaged skin; Damaged oral mucosa; Risk of the integrity of damaged skin; Self-care deficit involving feeding/bath/hygiene; Risk of infection; Imbalanced nutrition: unmet body needs.	2*
Risk of falling; Activity intolerance; Situational low self-esteem; Spiritual suffering; Compromised family coping; Sorrow; Fatigue; Risk of aspiration; Ineffective protection; Impaired swallowing; Imbalanced sleep pattern; Nausea; Acute confusion; Deficient fluid volume; Excessive fluid volume; Ineffective airway clearance; Impaired urinary elimination; Diarrhea; Impaired comfort; Impaired gas exchange.	1*

* value for each diagnosis.

Regarding the ND 'Pain' (chronic or acute pain), studies^{24,27,29} indicate that it is often perceived and felt by people under PC and may be constant or intermittent. It is worth noting that pain, as a subjective and individual experience, is difficult to assess and requires professionals to provide educational support and have the knowledge to promote an accurate, complete, and systematic judgment. Moreover, pain requires professionals to use appropriate instruments so that they can understand it better and search for new alternatives to allow the qualification of pain assessment in these patients.³⁴

Another important aspect pointed out in the literature^{4,27,29} is that the ND 'Pain' can lead to other diagnoses due to important complications such as constipation, depression, anxiety, social isolation, sleep disorders, agitation, aggressiveness, cognitive impairment, functional disability and decreased quality of life. These complications make patients depend on other people's help to perform daily life activities and increase health service costs.

With regard to the ND 'Death anxiety', an integrative review pointed out that research on this subject has been predominantly carried out with healthy people, almost all of them being health professionals. In a clinical context, studies have been carried out primarily with patients under PC at the end of their lives and/or with cancer.^{19,22,27}

Death anxiety levels are lower among religious individuals compared with those without religious beliefs and are more prevalent among older women.²²

Another important finding of the aforementioned study was the intervention of the PC team, which should be considered as soon as the patient is admitted since its members can help other health teams to focus on the treatments that improve the success rate of expected outcomes of death anxiety.

It is important to note that the inclusion of the aforementioned diagnosis (00147) in NANDA-I in 1998 was justified by the need to define and describe specific care for people dealing with the dying process, which was reviewed only once in 2007. Despite its importance, especially in the context of PC, its use remains complex and subjective.¹⁹

Studies^{35,36} indicate that, in addition to these patients

being diagnosed with this type of anxiety, family caregivers who witness the rapid physical deterioration and suffering of their loved ones become more aware of their mortality, which also triggers their fears about death and dying.

Because these caregivers have worse quality of life and considerable difficulty in accepting the proximity of the patients' death, they are at greater risk of depression and workload. Consequently, patient care may be affected and these caregivers may opt to leave the patient's residence before his/her death if their wish. Such events are based on the importance of reducing death anxiety levels among caregivers of patients under PC.³⁵

In this context, a study highlighted the high incidence of this ND in family caregivers. Death anxiety causes suffering and affects the quality of life. Nurses should pay special attention to the fact that it is often under-diagnosed and implement specific interventions. The study also highlighted that most of the caregivers with death anxiety were females aged 46 years on average and daughters of patients under PC, which is relevant for the clinical practice as it enables the early identification of people at risk of death anxiety and improves its prevention.¹⁹

Additionally, the occurrence of the "fear of loneliness and abandonment related to the dying process" has been the most striking characteristic and may have repercussions not only for the diagnosis but also for the choice of appropriate nursing interventions. Consequently, it is of paramount importance the follow-up of patients under PC and the need to ensure that their relatives understand that they will never be abandoned.³⁷

With regard to the ND 'Impaired physical mobility', a study²⁵ pointed out "activity intolerance" and the "prescribed restrictions on movement" as related factors. This ND is characterized by dyspnea on effort, difficulty in turning around, and uncoordinated movements. These findings corroborate those found in another study,²⁷ which highlighted that most patients under PC were bedridden, given their prevalence in 83.5% of the cases that required pressure change. This condition can lead to pressure lesions, pulmonary infections, thromboembolic events, and falls, which can be managed using quality indicators.

Therefore, studies^{23,35,27} pointed out rest, bed positioning, decubitus change, skincare, protection of bone prominence, and prescribed exercises as interventions for the ND 'Impaired physical mobility' when appropriate.

It should be noted that this review investigated several NDs that should be considered while designing care plans for patients under PC. Among these, the ND 'Constipation' of NANDA-I stands out, which is a common symptom in such patients. Constipation can cause physical discomfort and psychological problems such as embarrassment, generating considerable suffering. Therefore, a study²⁰ highlighted the need to manage constipation, including the importance of the patient's definition of the problem, the need for complete and frequent evaluation, established

treatment options, and the challenges that nurses may face.

Regarding discomfort, the ND 'Impaired comfort', which has been frequently given to patients under PC, is highlighted. A study validated the following defining characteristics of this ND: the physical expression of discomfort, anxiety, distress symptoms, fear, discomfort, restlessness, inability to relax, imbalanced sleep pattern, and the state of feeling limited. Also, the study highlighted the following minor characteristics: discouragement, crying, insecurity, spiritual suffering, lack of satisfaction with the situation, irritability, not feeling at ease with the situation, lamentation, not feeling at ease with the environment, feeling cold, and feeling despised.³²

It is important to emphasize that nursing teams focus mainly on controlling physical symptoms, although patients under PC also have psychological, spiritual, cultural, and social problems. It is believed, according to the findings of a study,³² that this happens because changes in physical comfort can be detected more easily by other people. As a result, patients do not need to verbalize their experiences or depend on professionals' skills at capturing changes in their psychospiritual, social, environmental, or cultural comfort. These changes are still difficult to be hidden for any reason by patients.

In this context, it is of paramount importance that nurses pay attention to the NDs belonging to the Domain 9 - Coping/stress tolerance of the NANDA-I classification, especially 'Spiritual Suffering', 'Compromised family coping' and 'Sorrow'.^{24,26}

In view of these considerations, researchers²⁶ demonstrated that nurses, when well trained in clinical decision support, can guide systematic nursing care planning by precisely using standardized nursing terms and measures while formulating NDs and implementing interventions to achieve nursing outcomes in the care process. These actions assist the implementation of the Nursing Process, which aims to favor the planning and management of PC by nursing teams in order to promote a dignified death.

CONCLUSIONS

It was possible to observe that research on the subject has not advanced significantly over the years. It was found a scarce number of studies discussing the formulation of NDs to assist nurses in clinical decision-making about the care for patients under PC, suggesting a possible devaluation of the Nursing Process. It is important to emphasize that implementing this process results in individualized, humanized, competent, and scientifically supported care being delivered for patients under PC.

One striking result obtained in this review was the predominant use of the NANDA-I classification system when compared with the ICNP classification system. However, no justification for the choice between these systems was

provided, concluding that this choice seems to be related to the nursing professionals' familiarity with these systems or their wider coverage.

It is important to note that identifying the main NDs in patients under PC can help to solve their main problems and those of their relatives by understanding their reality. Also, identifying these NDs assists the identification of resources necessary for adequate nursing care, being essential for nurses to plan and establish priorities, and for health facilities.

Nurses develop daily care plans containing the main nursing interventions using adequate NDs according to the responses of patients and their relatives to situations. The purpose is to assure that patients under PC receive dignified, humanized, systematized, and quality care.

Thus, it is expected that this study can make it easier for nurses to make decisions based on evidence and implement effective nursing interventions to manage the symptoms of patients under PC. As a limitation of the present study, because a small number of studies were analyzed, the information provided in this review cannot be generalized. Thus, further research should be conducted as the subject is currently important and relevant there is the need to improve the care for terminal patients in search of a good death.

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