



NURSING DIAGNOSES IN ADULT BURNED PATIENTS AND THEIR FAMILY MEMBERS NEAR HOSPITAL DISCHARGE

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INTRODUCTION

- Burned patients frequently exhibit major sequelae, and must adapt to a new situation which includes changes in relationships with family and friends and in lifestyle.
- They may also be coping with the loss of their previous appearance, functional abilities and their employment situation (Shenkman & Stechmiller, 1987).

INTRODUCTION

- In this context, relatives can be a major source of social support (Watkins et al., 1996).
- Thus, it is important to identify problems that patients confront at the time of discharge from the hospital and the family members' perception of these difficulties.
- How the relatives of a burned patient understand the patients' problems can greatly influence the success of the rehabilitation process.

OBJECTIVES

- to identify the nursing diagnoses of burned patients and of their family members during the week prior to discharge from the hospital;
 - to investigate the perceptions of relatives regarding these patients' problems.
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Burn Unit Care of the João XXIII Hospital at Belo Horizonte City, State of the Minas Gerais, Brazil



JOÃO XXIII HOSPITAL



BURN UNIT

METHODS

Participated in this study:

- Ten burned patients over 21 years old who were being one week before discharge from the hospital.
- Ten relatives of the burned patients or people close to them who reported they could participate in care giving after hospital discharge.
- The sample size was determined by considering the criterion of redundancy; each case produced similar results (Yin, 2003).

METHODS

Two instruments for the data collection were used:

- Patient evaluation – based on Imogene King's Theoretical Model;
- Family members evaluation - based on the Imogene King's Theoretical Model and on the Calgary Family Assessment Model (Wright & Leahey).

METHODS

- The first author evaluated 10 patients and ten family members in terms of physical aspects including vital signs, respiratory, circulatory and nutritional status, elimination, skin integrity, thermoregulation, mental and emotional status, communication abilities, relationships and socio-economic aspects.
 - Data were collected by means of interviews, observation and physical examination.
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METHODS

The following steps guided the data analysis:

- cues (signs and symptoms and other data) were clustered into patterns that support each nursing diagnosis hypothesis;
- the literature was compared with the cues to confirm that they support the diagnoses;
- nursing diagnoses were made according to Taxonomy II of the North American Nursing Diagnosis Association (NANDA, 2005);

METHODS

- factors influencing or contributing to the patient's nursing diagnoses were described;
- the diagnoses were labeled according to Taxonomy II of the NANDA and included related factors and defining characteristics or risk factors (Risner, 1990).

METHODS

- To check the reliability of this process, tables were organized for each patient and corresponding diagnosis and were sent to two registered nurses who were specialized in burn care and had published studies about nursing diagnoses.
 - These nurses were asked to evaluate both the analyses that were performed and the diagnoses. Both the analyses and the diagnoses were confirmed by the nurses.
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METHODS

Data collection and analysis for family members

- The family members underwent semi-structured interviews that were guided by the following question:

What kind of problems do you think your relative has now and will still have when she/he returns home?

- The interviews were tape recorded.

METHODS

The following inter-related phases were considered in the analysis process:

- reading and data reduction that refer to the process of selecting, focusing, simplifying, abstracting and transforming data;
- next, data were coded and similar codes were clustered into categories resulting in identification of 15 thematic categories;

METHODS

The following inter-related phases were considered in the analysis process:

- these categories were compared with Taxonomy II of NANDA (2005) to find similarities between the nursing diagnoses and the problems reported by family members;
- nineteen nursing diagnoses which corresponded with the problems reported by family members were identified.

METHODS

Data collection and analysis for family members

- To check the reliability of the analysis process, the data reported by the relatives and the corresponding diagnosis, labeled according to NANDA Taxonomy II were analyzed by two registered nurses.
- The nurses confirmed the analyses made by the first author.

RESULTS AND DISCUSSION

Characteristics of Participants

- Six of the ten patients had not finished the first grade and one started school as a teenager.
 - Six patients had a low income, e.g. up to US\$ 159 per month in a family consisting of four or five children, adults and/or elderly.
 - Ten of the family members had started school, including three who had not finished secondary education and three who had finished only primary education.
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Burned patients according to sex, type of accident and age

Sex	Type of Accident	Age			Total
		22-30	31-40	>40	
Female	Domestic	2	-	1	3
	Occupational	-	-	1	1
	Attempted suicide	1	1	-	2
Male	Domestic	-	1	-	1
	Occupational	1	2	-	3
	Attempted suicide	-	-	-	-
Total		4	4	2	10

RESULTS AND DISCUSSION

Characteristics of Patients

- Mean age was 37.7 ± 13.6 y (mean \pm standard deviation; range: 22 to 58 y).
 - Four patients had burns on less than 20% of total body surface area (TBSA) and six had burns between 20% and 30% of the TBSA.
 - Five patients had only partial thickness burns and five had a mix of partial thickness burns and full-thickness burns.
 - Nine patients had visible scars; one patient had his left forearm amputated, another had severe functional hand sequelae and another had his eyes severely affected by a chemical burn.
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RESULTS AND DISCUSSION

The researcher identified 30 diagnoses for the burned patients, 15 of which referred to physical alterations.

Nine different nursing diagnoses were identified in 50% or more of the adult burned patients:

- Impaired tissue integrity;
 - Acute pain;
 - Anxiety;
 - Sleep pattern disturbance;
 - Knowledge deficit;
 - Body image disturbance;
 - Impaired physical mobility;
 - Bathing/hygiene self-care deficit;
 - Risk for infection.
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RESULTS AND DISCUSSION

Eleven different nursing diagnoses were identified in the family members:

- Knowledge deficit;
 - Anxiety;
 - Sleep pattern disturbance;
 - Caregiver role strain;
 - Dysfunctional grieving;
 - Parental role conflict;
 - Health-seeking behavior;
 - Family coping: potential for growth;
 - Altered family process: alcoholism;
 - Impaired home maintenance management;
 - Compromised family coping.
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RESULTS AND DISCUSSION

The patients problems perceived by the family members that were congruent in 30% or more of the cases, in comparison with the diagnoses identified by the first author were:

- Impaired tissue integrity;
- Risk for infection;
- Acute pain;
- Body image disturbance;

- Dysfunctional grieving;
- Chronic sorrow;
- Anxiety;
- Fear;

- Impaired physical mobility;

- Bathing/hygiene self-care deficit;
 - Toileting self-care deficit;
 - Dressing/grooming self care deficit;
 - Self-care syndrome;
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RESULTS AND DISCUSSION

Family members did not report any situations that were not identified by the first author.

However, some diagnoses identified by the first author were not reported as a problem by the family members:

- Sleep disturbance pattern;
 - Knowledge deficit;
 - Altered dentition;
 - Constipation;
 - Altered oral mucous membrane;
 - Ineffective individual coping;
 - Altered protection
 - Altered nutrition less than body requirements;
 - Spiritual distress;
 - Risk for peripheral neurovascular dysfunction.
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RESULTS AND DISCUSSION

- The family members reported concerns mainly related to physical care, specifically wound care and prevention of infection, and psychosocial aspects, while patients were primarily concerned with the latter.
 - These findings could be explained by the fact that early discharge is a common practice in the Burn Unit where this study was performed and before being released patients are followed at the outpatient clinic until their wounds have healed.
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RESULTS AND DISCUSSION

- Although the patients in this study were in the rehabilitation phase, their skin was very thin and sensitive; some patients still had open wounds and blisters.
 - Family members, in general, recognized these problems and that they would need to devote a lot of attention to taking care of the remaining open wounds (*Impaired tissue integrity*) and other associated situations (e.g., *Risk for infection, Pain and Impaired physical mobility*).
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RESULTS AND DISCUSSION

- *Risk for peripheral neurovascular dysfunction, Altered protection, and Ineffective individual coping* were nursing diagnoses to which family members need to attend, although it can be difficult for them to perceive those situations.
 - Nurses need to help relatives recognize the signs of *Ineffective individual coping* and help them to find strategies to support their loved ones in order to adapt to the new situation.
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RESULTS AND DISCUSSION

- Family members' recognition of some problems, such as Sleep disturbance pattern and *Knowledge deficit*, depended on the patients' complaints. Very often relatives themselves have a *Knowledge deficit*.
 - In Brazil, burned patients and their families frequently have low income and education levels and these economically disadvantaged people are at greater risk of suffering burns.
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CONCLUSIONS

- These findings helped identify if the nursing diagnoses of burned patients were consistent with the concerns of their relatives at the time of release from the hospital.
 - In some instances, the family members' concerns did not match those of the patients.
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IMPLICATIONS FOR NURSING PRACTICE

- Anticipating family members' perceptions about the patients' problems is important in order to promote strategies that will improve patient care after hospital discharge.
 - The relatives themselves need support which may simply consist of the opportunity to be heard and to express fears related to the patient's reactions when returning to their social world.
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