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Data collection in post-operative cardiac surgery: an ethnographic research

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ABSTRACT

Aims: To interpret the collective representations of nurses about their practice with regard to data collection in post-operative cardiac surgery, and to identify if the nurse realizes this step of the nursing process (PE) as a contributing element to its professional legitimacy. **Method:** it is an ethnographic research based on collective representations based on Émile Durkheim's work. The data will be collected through semi-structured interviews, participant observation, and field diaries filled in over a three month period by nurses from a cardiac intensive care unit of a hospital for cardiovascular diseases in Rio de Janeiro. **Results:** Preliminary analysis of the data revealed that nurses recognize the value of data collection and its differential approach. However, they point out difficulties associated with its implementation which they attributed to excessive bureaucratic activities that separate health professionals from their patients.

Keywords: Nursing Process; Physical Examination; Cardiology; Hierarchy, Social

PROBLEM SITUATION AND ITS SIGNIFICANCE

The nursing process (PE) is the first tool we need to learn with regard to how to "think like a nurse." It can be defined as a methodological tool that enables nurses to identify, understand, describe, explain and/or predict how patients under their responsibility respond to health problems or life processes, and determine which aspects of these responses require professional intervention. It is a methodological tool related to care, serving the intellectual activity of nurses. This in turn provides autonomy, independence and specificity for the profession⁽¹⁾.

In Brazil, the use of the nursing process was encouraged by Wanda de Aguiar Horta in São Paulo in the 1970s. This process used, as a theoretical basis, the Basic Human Needs proposed by Maslow's theory which highlights six steps - data collection/history, diagnosis, care plan, prescription, evolution and the prognosis of nursing.

Currently, no matter how it is presented, the PE involves five steps: research - is dealt with in this research; nursing diagnosis; planning; implementation and evaluation⁽²⁾.

Historically, the evaluation of patients was exclusively the responsibility of doctors. However, currently, nurses perform data collection on patients who are under their care, since this is the first phase of the nursing process and is fundamental to its development, becoming the foundation on which are based the others steps. It is important to say that different health professionals perform data collection on patients. This step is called the 'nursing history (Horta, 1979) or initial assessment (Gordon,1994) and corresponds to data collection based on the scientific method. Basically, this comprises three activities: objective and subjective data collection, the organization of the data collected, and documentation⁽³⁾.

Its purpose is to identify and obtain information relevant to the patient. All decisions regarding diagnoses, nursing interventions and the evaluation of results are based on information obtained at that time. This is not only with regard to data collection, but also in terms of their organization and validation, the identification of patterns of initial impressions and the recording and reporting of these data⁽³⁾.

The ability of nurses to assess patients under their care allows the early identification of changes, especially in patients in intensive care units (UTI). These may involve many variations which may occur due to physiological impairment, and the nurse usually detects significant changes in the clinical status of the patient, thereby alerting the doctor. However, it is understood that such professionals must hone their observation skills by which it would become possible to verify the signs that indicate the need for evaluation of the patient.

It is necessary for nurses, in addition to knowing the propaedeutic techniques of inspection, palpation, percussion and auscultation, to have a deep understanding of normal physiology, pathology and diagnostic, and the development of sensitivity and observation to detect emotional, psychological and spiritual issues, which would allow them to critically analyze and extrapolate the data collected. This would lead to the establishment of nursing diagnoses and interventions appropriate to the positive evolution of patients' health by ensuring their wellbeing⁽³⁾.

GUIDING QUESTIONS

How do nurses from the cardiac sector integrate data collection as part of their professional practice?

AIMS

To identify if the nurse realizes her evaluation of nursing from the data collection method as a contributing element to her professional legitimacy; to analyze the importance given by the nurse to collecting data as part of the work process with regard to health and; to interpret the collective representations of nurses in terms of their practice with regard to data collection in post-cardiac surgery.

METHOD

this is an ethnographic research registered by the Ethics and Research Committee of the National Institute of Cardiology (INC) under Protocol no. 0.328/25-04-2011 and by the Ethics Committee of the UFF under no.345/11 . The data will be collected through semi-structured interviews and participant observation using field diaries for three months. The sample will consist of nurses from a Cardiac Intensive Care Unit (UTCIC) from a hospital in Rio de Janeiro. The interviews will be conducted with nurses within this sector who are willing to participate. These will be recorded and transcribed for analysis. In terms of data analysis, we will consider the construction of thematic categories. The interpretation of the answers will seek meanings through the construction of categories, aiming to articulate these categories in broader categories that make use of representative concepts of anthropological theory.

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Project data

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