

Results sensitive to nursing practice: clinical research and evidence

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The discipline of nursing, conceived today as a health science and behavior from the point of view of caregiving, contributes to the definition of expected results and health indicators, backed by scientific evidence. ⁽¹⁾

Scientific evidence is a test, demonstrated or confirmed through research. Thus, clinical research would consist of answering questions, to generate “useful evidence or knowledge” about interventions in health or predictions, through strict methodological criteria contributing to improve results in the population’s health. ⁽²⁻³⁾

Health results are the coordinates to attain quality and therefore clinical safety, as they indicate effects that can be attributed to the presence or absence of intervention of a state of health, behavior or perception that are susceptible to this intervention. ⁽⁴⁾

There is worldwide consensus showing how scientific evidence increasingly backs the need to implement results that evaluate the contribution of caregiving to clinical quality and safety, demonstrating the existence of results sensitive to nursing practice (RSPE). ⁽⁵⁻⁶⁾

RSPEs may be defined as desired or unwanted changes in individuals’ state of health as a result of the practice of nursing interventions. Such results affect caregiving quality and clinical safety. ⁽⁷⁾

Nursing Outcomes Classification (NOC) has recently made use of a reference framework to develop research on health results, enabling evaluation of a person’s variable state, as also behavior or perceptions sensitive to the nursing intervention. ⁽⁸⁾

In this sense, research with Nursing Outcome Indicators upon validating instruments, enables quantification of Results Sensitive to Nursing Practice. Together with conceptual models they enable integration of theory to caregiving practice, and act as a substrate for development of instruments to assess the need for caregiving and implementation of the nursing process. ⁽¹⁾

Our research group has been working on this subject, developing instruments to improve patient safety and the quality of sanitary attention, validated by a wide network of hospitals with different models of attention and levels of caregiving in the Public Health System. ⁽⁹⁾

Of these, INICIARE stands out, a star piece of research in this area that, after years of study, with excellent psychometric adjustments, determines the need for caregiving for hospitalized patients from a holistic point of view. Because this scale is sustained by a theoretical model and implemented by nursing taxonomy, it is a part of the experimental verification of a model with indirect methods, taking a meaningful step in the links between these and their empirical indicators. The

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INICIARE classification system, with its solid conceptual basis built in, allows us to widen the scientific evidence regarding the concept of complexity in the realm of caregiving.⁽¹⁰⁻¹¹⁾

INTEGRARE is a part of this. With only 6 items, it determines the risk of ulcer due to pressure very reliably. Correlation with Braden is extremely positive and substantially improves its predictive value.⁽¹²⁾

There are also numerous studies demonstrating the physical, mental and social repercussions of the effect of caregiving on the caregivers and thus on the receivers of caregiving. Therefore CUIDARE with its high degree of usability, because it shows a unidimensional structure, informs us about caregivers' adaptation to the caregiving process.⁽¹³⁾

The objective of the latest CRITICAL CARE has been to adapt the INICIARE scale to critical patients for evaluation of the level of complexity and dependence on caregiving.⁽¹⁴⁾

These instruments make available a codified structure that enable incorporation to the information systems of health services and generation of Minimum Data Sets for research in nursing. It is possible that at present, more than ever, it is necessary to consolidate theoretical focusing that provide common observation of the person, but adapted to the diversity and complexity confronting nurses in their current practice.⁽¹⁵⁾

Evidence-Based Nursing (EBN) is a strategy for research to support practice. Thus, providing practice based on research and evidence enables professional advance at high rates of complexity, and fosters and responds to Organizations' needs for attention and challenges.

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