

Nursing-sensitive outcomes related to haemodialysis patients: a systematic review

Telmo Carvalho¹, José Amendoeira², Maria Regina Ferreira², João Fazendeiro Matos³

¹Fresenius Medical Care, Centro de Acessos Vasculares NephroCare Lisboa, Lisboa, Portugal

²Instituto Politécnico de Santarém – Escola Superior de Saúde, Portugal

³Fresenius Medical Care, NephroCare Portugal, Porto, Portugal

Introduction

To evaluate the quality of nursing care it is necessary to have nurse-sensitive outcomes. These indicators allow assessing the impact of independent and interdependent nurses interventions on Patients.¹ The establishment of indicators sensitive to nursing care need to be evaluated in the dimensions of structure, process and results.²

The concept of nursing care on patients in dialysis, guided to technical performance, emotional support in chronic illness, promotion of self-care behaviours, requires more indicators.

Objectives

To identify nursing-sensitive outcomes related to nursing care to Patient on dialysis.

Methods

The systematic review considered Nursing Research studies in the area of nursing care to dialysis patients, which evaluate the nursing interventions and their results. The used databases were PubMed, Medline, the Nursing & Allied Health Collection, MedicLatina, CINAHL, LILACS and Health Technology Assessments.

Results

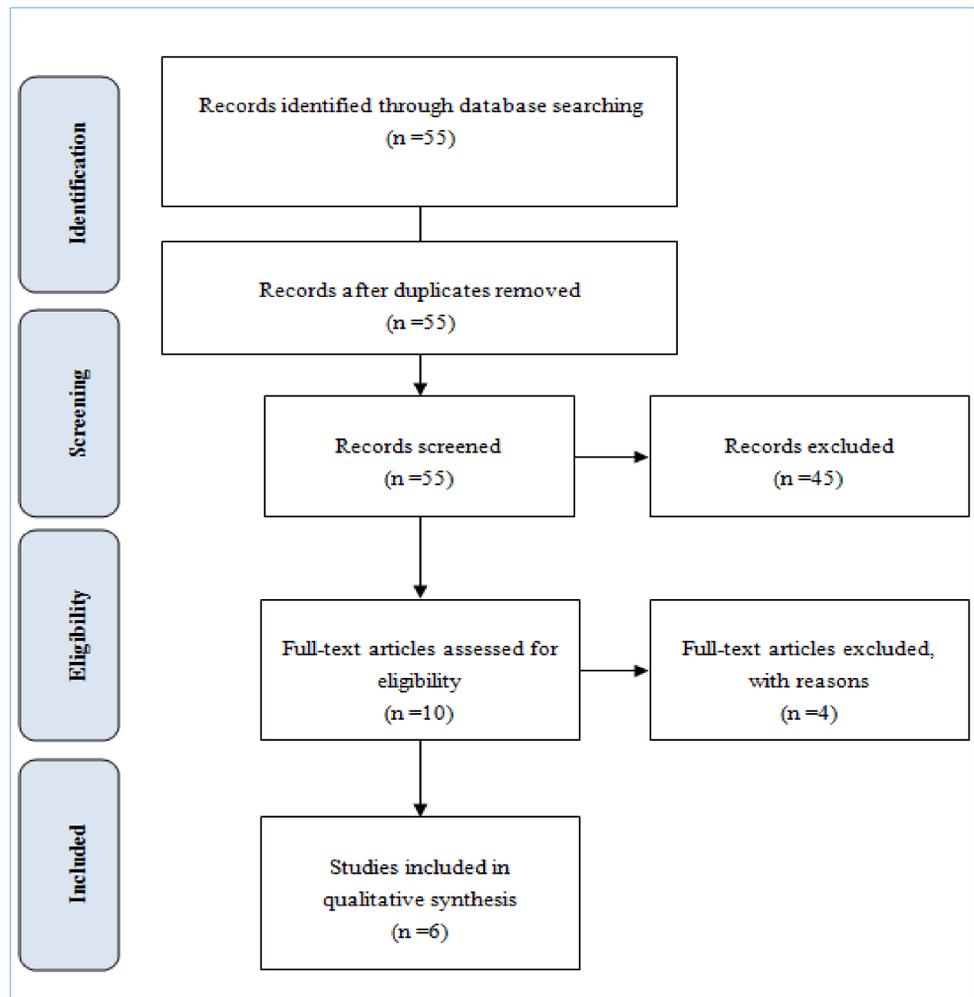
We identified 55 articles and using the Prisma Flow Chart³ (picture 1) resulted in 6 articles meeting the established criteria. We established a classification of the indicators identified according to the dimensions of structure, process and result. Most of the indicators identified are related to the dimensions of structure and result. As structure indicators, related to patients, was used the frequency of religious practice and the importance of the spiritual life. Regarding nursing skills, the time experience in practice and more specifically with patients in dialysis were important indicators. In the process dimension, we identified risk analysis, the adverse events, the healthcare environment as indicators related to the nursing practice and the Patient-Centred care in both groups. Regarding results dimension, the quality of life appears in several studies as the main indicator related to the patient, with different instruments for their evaluation. Other indicators were found and classified in this dimension, as survival, dyad congruence on goals of care, patient decisional conflict, surrogate decision-making confidence, symptoms of anxiety and depression, the intensity of post-traumatic distress symptoms, spiritual well-being and hospitalization risk. In no dimension we found indicators related with organization.

Conclusion

Quality of life has a major importance on measuring the results of nursing care in dialysis patients. Nurse practice should be focus on the concept of Patient-Centred Care and nursing skills and experience in dialysis are important indicators. More research in this area is needed to identify relevant indicators regarding nursing intervention in patients undergoing dialysis. It is important to identify indicators related to organization on *all dimensions* and regarding nurses on *results dimensions*.

References

1. Moorhead S, Johnson M, Maas M, Swanson E, Editors. Nursing outcomes classification (NOC).- 4th ed. St. Louis: Mosby; 2008.
2. Doran, D. Nursing Outcomes – The State of the Science. Second Edition. Sudbury: Jones & Bartlett Learning; 2003.
3. Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097



Picture 1: Prisma Flow Chart