The influence of nursing interventions in dialysis patients and organizations outcomes – A framework propose.

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Introduction

The quality of health care can be established involving the technical component and the ability to assess and establish the appropriate intervention strategy for each situation.[1]

The conceptual model Nursing Role Effectiveness proposed by Irvine, Sidane e Hall in 1998, based on Donabedian's model of structure, process and health care quality results, established relationships between the different roles of nursing in the health care settings and the expected outcomes of nursing care. They propose a model to analyse the effect of nursing care on patient outcomes. The structural component consists of variables related to nursing, patient, and organisation. The process consists of nursing interventions that can be classified into autonomous, dependent, and interdependent.[2]

The patient results sensitive to nursing care are those in which changes are encouraged regarding function, status, perception of patient behaviour through the nursing care provided.[3] In the model, the nurse's ability to play effectively a dependent, independent or interdependent role is influenced by the individual variables of the nurse, the patient and the organisational structure. Autonomous nursing actions and structural variables in turn have a direct effect on the clinical, functional, satisfaction and cost outcomes, and indirect effect on process variables. The model can be applied to structural variables investigation related to the nurse and the patient and his/her influence on the performance of nursing and subsequent evaluation on the impact of the results on both patient and organisation.[4]

Objectives

Develop a framework to identify indicators to assess the quality of nursing care in haemodialysis.

Methods

Literature review regarding nursing outcome assessment and dialysis nursing outcomes.

Figure 1: The Nursing Role Effectiveness Model [2]

Figure 2: The Nursing Role Effectiveness Model [4]

Results

As structural variables related to the nurse include time and professional experience, specific competences and provision of care in critical situations or patient in chronic and palliative care, and expertise. Related to the patient, these are age, gender, and co-morbidities that may be assessed by the *Age adjusted Charlson comorbidity index.* The organisation can be assessed at structure level by the Nursing/Patient ratio. In the process, autonomous interventions related to physical examination variables can be considered for vascular access for haemodialysis, autonomy promotion and self-care training in the elderly population with high deficits. In interdependent interventions, variables may be related to pharmacotherapy and haemodialysis treatment, promotion of physical exercise, cannulation of vascular access, emotional support in the context of the person with chronic disease and control of food and water intake. In terms of results, variables may be linked to patient, evidencing analytical results, quality of life, and self-care capacity, inter-dialytic weight gain, and therapeutic adherence. In the organisation, variables related to clinical indicators, professional and patient satisfaction, the number of incidents and infections.

Conclusion

Improvement of nursing care in haemodialysis has promoted autonomous interventions, requiring further indicators to assess its impact on the patient.

These results revealed the need for further research of nursing care-related sensitive outcomes for haemodialysis patients and identify measures that can be validated and used in future studies of dialysis patients.

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4. Doran, D. I., Sidani, S., Keatings, M., & Doidge, D. An empirical test of the Nursing Role Effectiveness Model. Journal of Advanc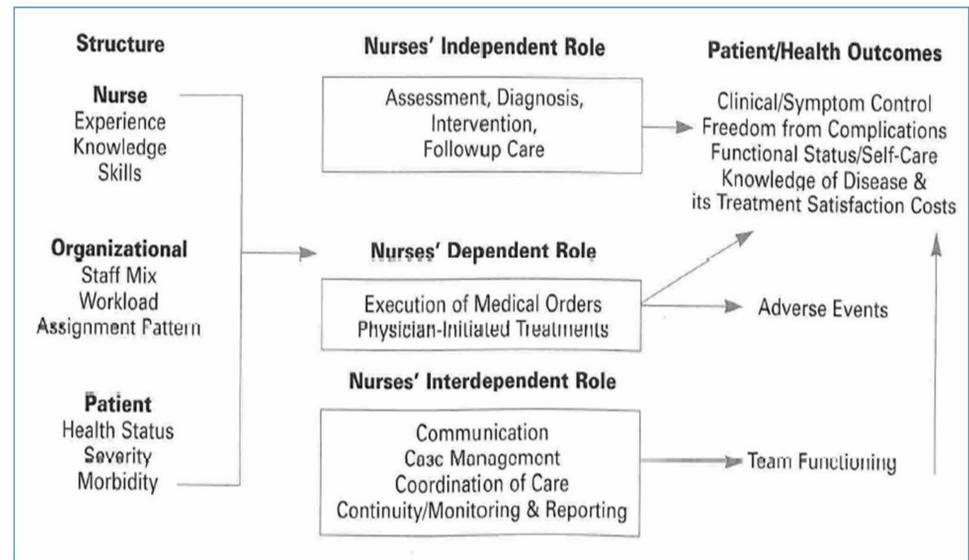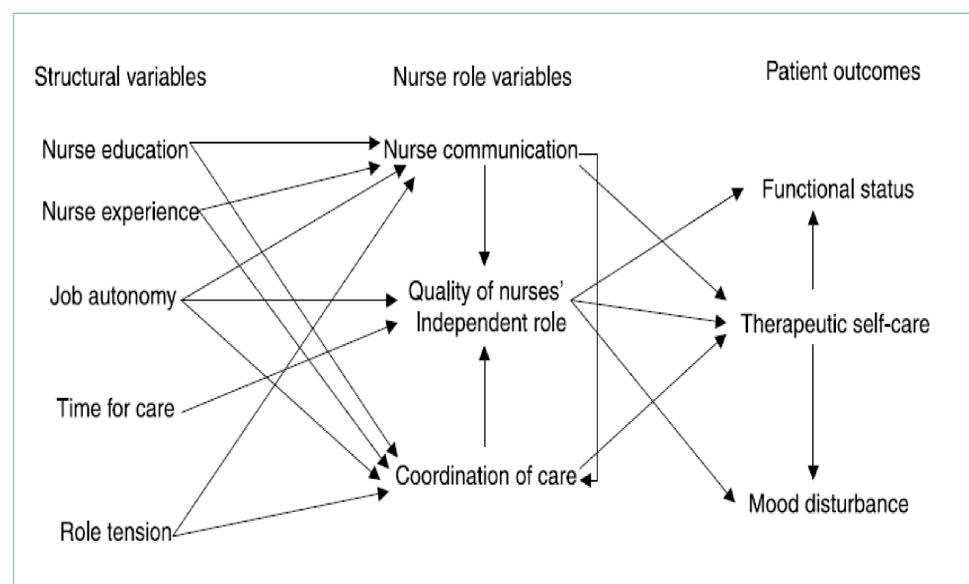ed Nursing, 2002, 38(1), 29–39.