

# THE SELF-CONTROL: BREATHE IN PERSON WITH COPD AND THE PROCESS OF NURSING CARE

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## PROBLEMATIC

We can conclude of the literature revision that in the generality all the people with COPD, FVE  $<30\%$  e  $<50\%$  of the predicted one (Degree III and IV in accordance with the classification of project GOLD), they have improvements with the respiratory rehabilitation program. Improvements to the level of the dyspnea; self care; self control: breath and quality of life. The reduction of the number internment days and of the episodes of exacerbation also is evidenced.

However, the studies suggest the necessity of more inquiry on the effectiveness of the respiratory rehabilitation programs and the evaluation of the impact of these. Also it was evidenced, the nurses formation necessity in this domain through the initial, advanced and continuous formation, developing the necessary skills for one practical daily one of health promotion. The nurses have an important role in the fight of the COPD pandemic, promoting and keeping the people health the biggest time possible (KARA: 2004). Thus, it is pertinent and current the inquiry on the process of nursing care in the answers human beings of the people with COPD.

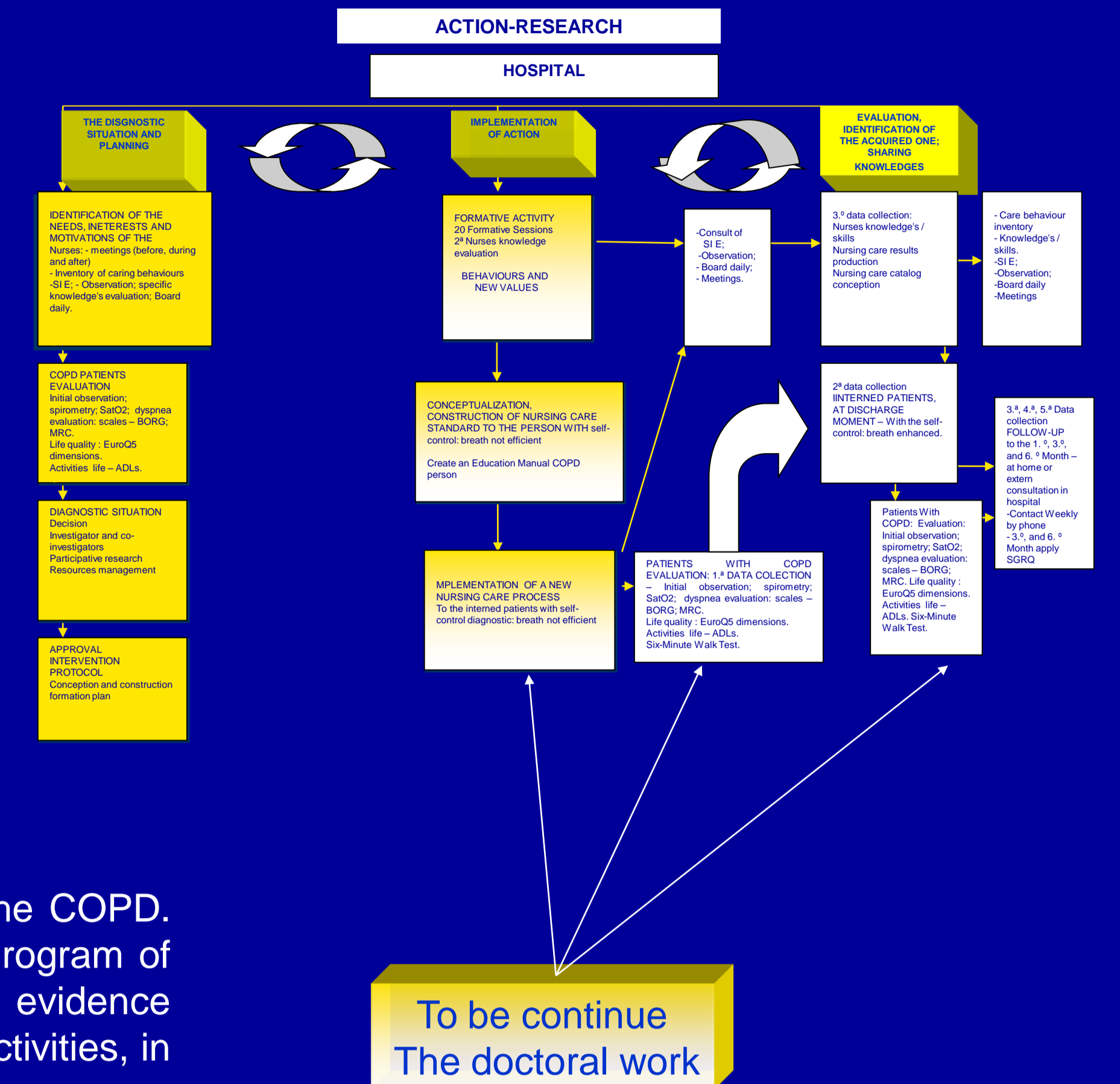
## OBJECTIVES

To know the process of nursing care in use of the person with COPD; To evaluate the nurses' opinion on the knowledge's and nowadays practices in who care of the person with COPD; To describe the nurses' care behaviour when in contact with a COPD person in hospital context ; To know the nurses' formation necessities in a respiratory rehabilitation program; To know the profile of the people with COPD hat benefit of nursing care.

## METHOD

The study kind is action-research; the context is a unit of medicine at hospital; the sample is constituted by the 27 nurses and 9 sick people; the instruments of data harvest applied to the patients – Initial assessment– Social, Demographic and Clinical information; biofisiologic parameters; SCALES: Dyspnea evaluation – BORG and MRC; Life Quality – EUROQ-5D; Life Activities – CR MCGAVIN. The instruments of data harvest applied to the nurses had been: Caring Behaviour Inventory – LOUREIRO, Luis (2004); valuation of the nurses knowledge; Consultation of nursing registers and a health information systems (SIE/SAPE); Clinic process of the people with COPD. All the ethical procedures had been respected; Data management: SPSS; content analysis technique.

## THE DRAWING OF THE STUDY AND ITS PHASES



## A- THE DIAGNOSTIC NURSES CHARACTERIZATION

1 – Gender, Age, Experience time in care unit, Academic degree, Professional category



## NURSES KNOWLEDGE

2 - The nurses' knowledge happens on the physiopathology of the COPD. To the level of the national and international directives and the program of respiratory rehabilitation is not valued by the nurses. They don't evidence knowledge about scales, dyspnea evaluation, life quality and life activities, in COPD specific.

## NURSING CARING BEHAVIOURS

3 – Caring Behaviour Inventory: Positive Dimension; Comprehensive Dimension; Technique Dimension Comunicacional Dimension; Ethical Dimension (Loureiro 2004)

The total of nurses – male and female and independently of their professional category and experience time in care unit – value the techniques and ethics dimensions, being considered in last the communication dimension, basic in the process of care that aims at the self-control of COPD person. Cronbach's Alfa coefficient was 0.943

| Dimension          | N  | Minimum | Maximum | Sum    | Mean   | Std. Deviation |
|--------------------|----|---------|---------|--------|--------|----------------|
| ICCtotal           | 27 | 4.57    | 6.10    | 145.68 | 5.3957 | .42599         |
| ICC/Compassivo     | 27 | 3.88    | 6.00    | 137.94 | 5.1088 | .59535         |
| ICC/Compassivo     | 27 | 4.30    | 7.40    | 146.30 | 5.4185 | .60322         |
| ICC/Tecnico        | 27 | 5.00    | 6.00    | 154.60 | 5.7259 | .40027         |
| ICC/Comunicacional | 27 | 4.50    | 6.00    | 139.75 | 5.1759 | .48244         |
| ICC/Etico          | 27 | 5.00    | 6.00    | 154.00 | 5.7037 | .37076         |
| Valid N (listwise) | 27 |         |         |        |        |                |

|                 |                       |
|-----------------|-----------------------|
| Positive        | Alfa Cronbach's 0,881 |
| Comprehensive   | Alfa Cronbach's 0,788 |
| Technique       | Alfa Cronbach's 0,770 |
| Communicational | Alfa Cronbach's 0,815 |
| Ethical         | Alfa Cronbach's 0,758 |

## THE EXPLICIT SIE AND THE CARES PROCESS IN USE

4 - It has a divergence between the knowledge and share in care of the person with COPD and the action, and evident in the nursing information system – SIE, the care process in use.

## PATIENTS CHARACTERIZATION

5-The profile of COPD person is in accordance with described in manuals: the age, professions, gender, smokers, social and economic stratus. Related to the perception of their health declare that they are worse than twelve months before. No person knows the process of the illness. They evaluate its dyspnea (scale of Borg) as very strong. At daily life they are capable to walk 100 meters the normal step and in plain land. They do not obtain to carry light purchases. Comparing the state of perfect health, EuroQ5 dimensions is equal the 1,000, the evaluated patients present values in interval 0,0919 and 0,024. They had never been part of a respiratory rehabilitation program.

**CONCLUSION -** Analysis of important data and clinic practice will allow: Development of formation plan to the nurses; Construction of new process of nursing care; Translation and adaptation of the Education Manual of COPD person; Follow-up of COPD person to evaluate intervention: weekly by phone, and 1.<sup>o</sup>, 3.<sup>o</sup> and 6.<sup>o</sup> month in consultation.

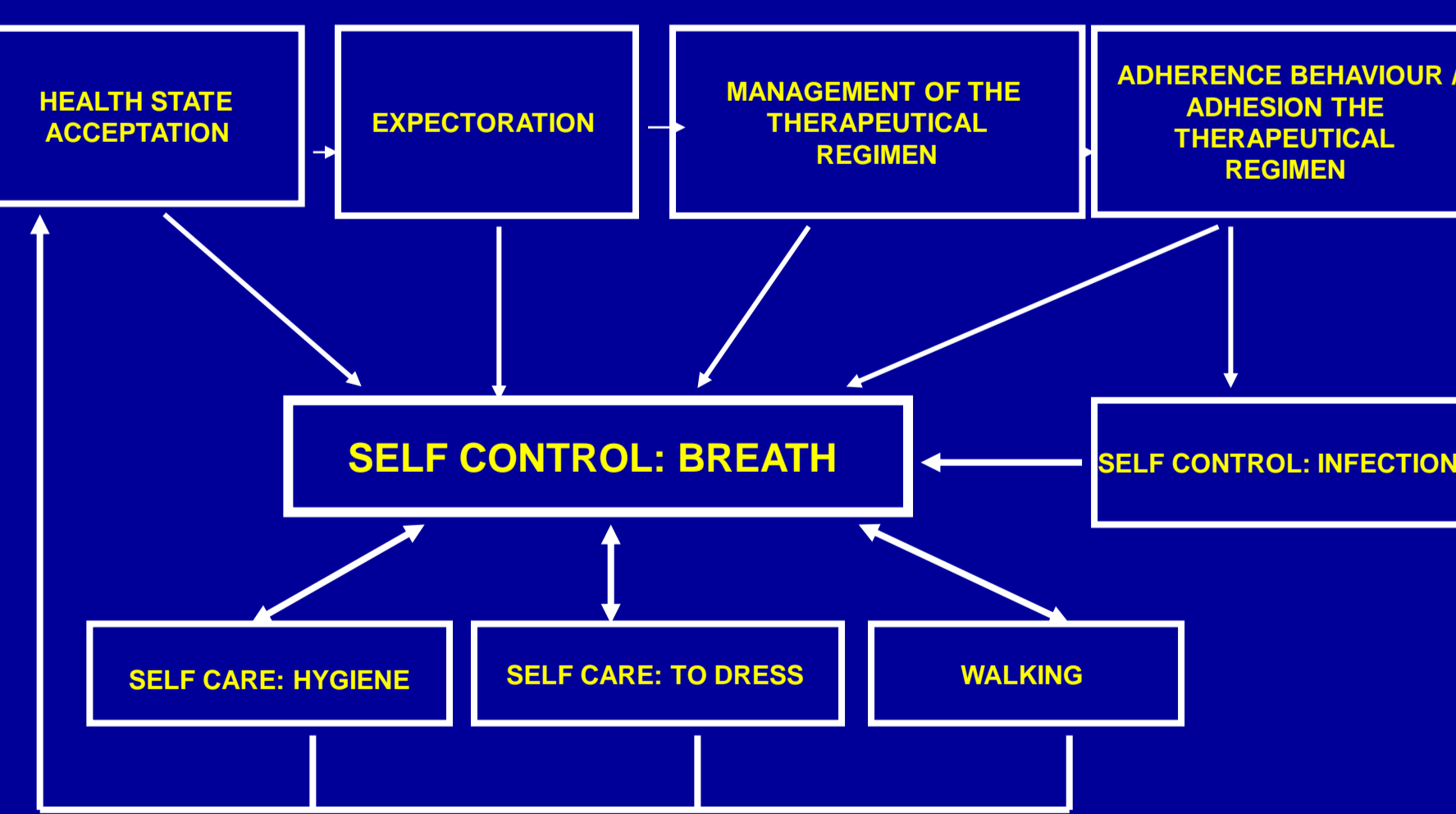
## B – ACTION AND CHANGE

### 1 - FORMATION PLAN

Twenty session's with experts in COPD. Thematic: illness, treatments, health promotion, nursing cares process, Project Gold; the evidence; scales of evaluation of the dyspnea and the quality life (generic and specific), the national politics of prevention COPD; the psychological process.

### 2 - NURSING CARE NEW PROCESS

#### FOCUS OF NURSING PRACTICE



MANAGEMENT OF THE THERAPEUTICAL REGIMEN: NOT EFFICIENT

Beginning day: \_\_\_/\_\_\_/\_\_\_ Last day: \_\_\_/\_\_\_/\_\_\_

| DIMENSION                           | Knowledge about:   | Learned abilities to: |
|-------------------------------------|--------------------|-----------------------|
|                                     | Shown: Not showed: | Shown: Not showed:    |
| Adjusted eating habits              |                    |                       |
| Tobacco use                         |                    |                       |
| Alcohol use                         |                    |                       |
| Alcohol use (disadvantages)         |                    |                       |
| Medication taken                    |                    |                       |
| Oxygen therapy                      |                    |                       |
| Not invasive ventilation            |                    |                       |
| Energy saving techniques            |                    |                       |
| Vaccination advantage               |                    |                       |
| Adjusted breath exercises technique |                    |                       |
| Adjusted breath standard            |                    |                       |
| Activity and exercise advantages    |                    |                       |
| Rest and relaxation (advantages)    |                    |                       |

HEALTH STATE ACCEPTATION: NOT SHOWED

Beginning day: \_\_\_/\_\_\_/\_\_\_ Last day: \_\_\_/\_\_\_/\_\_\_

SELF CONTROL: INFECTION NOT EFFICIENT

Beginning day: \_\_\_/\_\_\_/\_\_\_ Last day: \_\_\_/\_\_\_/\_\_\_

SELF CONTROL: BREATH NOT EFFICIENT

Beginning day: \_\_\_/\_\_\_/\_\_\_ Last day: \_\_\_/\_\_\_/\_\_\_

SELF CARE: HYGIENE COMPROMISED

Beginning day: \_\_\_/\_\_\_/\_\_\_ Last day: \_\_\_/\_\_\_/\_\_\_

SELF CARE: TO DRESS COMPROMISED

Beginning day: \_\_\_/\_\_\_/\_\_\_ Last day: \_\_\_/\_\_\_/\_\_\_

WALKING COMPROMISED

Beginning day: \_\_\_/\_\_\_/\_\_\_ Last day: \_\_\_/\_\_\_/\_\_\_

INTERVENTIONS - SIX-MINUTE WALK TEST

| Phase          | 1 (Day 1) | 2 (Day 2) | 3 (Day 3) | 4 (Day 4) | 5 (Day 5) | 6 (Day 6) | 7 (Day 7) | 8 (Day 8) | 9 (Day 9) | 10 (Day 10) |
|----------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-------------|
| DATE           |           |           |           |           |           |           |           |           |           |             |
| NAME           |           |           |           |           |           |           |           |           |           |             |
| WALK DISTANCE  |           |           |           |           |           |           |           |           |           |             |
| WALK SPEED     |           |           |           |           |           |           |           |           |           |             |
| WALK TIME      |           |           |           |           |           |           |           |           |           |             |
| WALK FREQUENCY |           |           |           |           |           |           |           |           |           |             |
| WALK LOCATION  |           |           |           |           |           |           |           |           |           |             |
| WALK TIME      |           |           |           |           |           |           |           |           |           |             |
| WALK SPEED     |           |           |           |           |           |           |           |           |           |             |
| WALK FREQUENCY |           |           |           |           |           |           |           |           |           |             |
| WALK LOCATION  |           |           |           |           |           |           |           |           |           |             |

### 3 - PERSON WITH COPD EDUCATION MANUAL



### 4 - FOLLOW UP

Follow-Up Visits

**MONITOR EXPOSURE TO RISK FACTORS:**

- Has your exposure to risk factors changed since your last visit?
- Since your last visit, have you quit smoking, or are you still smoking?
- If you are still smoking, how many cigarettes/how much tobacco per day?
- Would you like to quit smoking?
- Has there been any change in your working environment?

**MONITOR DISEASE PROGRESSION AND DEVELOPMENT OF COMPLICATIONS:**

- How much can you do before you get short of breath? (Use an everyday example, such as walking up flights of stairs, up a hill, or on flat ground.)
- Has your breathlessness worsened, improved, or stayed the same since your last visit?
- Have you had to reduce your activities because of your breathing or any other symptom?
- Have any of your symptoms worsened since your last visit?
- Have you experienced any new symptoms since your last visit?
- Has your sleep been disrupted by breathlessness or other chest symptoms?
- Since your last visit, have you missed any work/had to see a doctor because of your symptoms?

**MONITOR PHARMACOTHERAPY AND OTHER MEDICAL TREATMENT:**

- What medicines are you taking?
- How often do you take each medicine?
- How much do you take each time?
- Have you missed or stopped taking any regular doses of your medicine for any reason?
- Have you had trouble filling your prescriptions (e.g., for financial reasons, not on formulary)?
- Please show me how you use your inhaler.
- Have you tried any other medicines or remedies?
- Has your treatment been effective in controlling your symptoms?
- Has your treatment caused you any problems?

**MONITOR EXACERBATION HISTORY:**

- Since your last visit, how often did you have any episodes when your symptoms were a lot worse than usual?
- If so, how long did the episode(s) last? What do you think caused the symptoms to get worse? What did you do to control the symptoms?

(GOLD: 2007)

#### FOLLOW-UP: WEEKLY (telephone); 1.<sup>o</sup>, 3.<sup>o</sup> and 6.<sup>o</sup> MONTH

#### ADHERENCE BEHAVIOUR/ADHESION TO THERAPY

Date: \_\_\_/\_\_\_/\_\_\_

| DIMENSION                                | Activities Performance |             |
|--|------------------------|-------------|
|  | Shown:                 | Not showed: |
| Adjusted eating habits                   |                        |             |
| Do not tobacco use                       |                        |             |
| Adjusted alcohol use                     |                        |             |
| Do the medication correctly              |                        |             |
| Inhalation therapy correctly             |                        |             |
| Do the Oxygen therapy correctly          |                        |             |
| Do the not evasive ventilation correctly |                        |             |
| Do the energy conservation technique     |                        |             |
| Do vaccination                           |                        |             |
| Adjusted breath exercises technique      |                        |             |
| Do the adjusted breath standard          |                        |             |
| Do cough technique correctly             |                        |             |
| Do adjusted activity exercise and breath |                        |             |
| Self control: respiration                |                        |             |
| Self control: infection                  |                        |             |

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