

COLLECTIVE PREPARATION OF A NURSING CARE INSTRUMENT FOR IMMEDIATE PREOPERATIVE PATIENTS

CONSTRUÇÃO COLETIVA DE UM INSTRUMENTO DE CUIDADOS DE ENFERMAGEM A PACIENTES NO PRÉ-OPERATÓRIO IMEDIATO

CONSTRUCCIÓN COLECTIVA DE UN INSTRUMENTO DE CUIDADOS DE ENFERMERÍA A PACIENTES EN EL PRE-OPERATORIO INMEDIATO

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Objective: to describe the collective construction of a nursing care instrument for immediate preoperative patients using the Theory of Basic Human Needs by Wanda Aguiar Horta as theoretical framework. **Method:** qualitative study of Convergent Assistance Research type carried out in a hospital in Santa Catarina, Brazil. Data were collected through interviews and focus groups with nurses from April to July 2011. We used thematic content analysis technique. **Results:** three meetings were held. In the first meeting, the compiled care measures mentioned were presented and the ones to be included in the instrument were collectively selected. The subsequent two meetings were intended to implement the scientific justification of the care measures and completion of the proposed instrument. Care deemed as most important by nurses in the preoperative period were identified. **Conclusion:** the final version of the instrument was composed of nine care measures grouped into two categories: guidance/education in preoperative surgical care.

Keywords: Perioperative Care; Perioperative Nursing; Nursing Care.

Objetivo: descrever a construção coletiva de um instrumento de cuidados de enfermagem para o paciente no pré-operatório imediato, tendo como referencial teórico as Necessidades Humanas Básicas de Wanda de Aguiar Horta. *Método:* pesquisa qualitativa do tipo convergente assistencial, realizada em um hospital de Santa Catarina, Brasil. Os dados foram coletados mediante entrevistas e grupos focais com enfermeiros, no período de abril a julho de 2011. Utilizou-se a técnica de análise de conteúdo. *Resultados:* foram realizados três encontros. No primeiro, foi apresentada a compilação dos cuidados citados e escolhidos coletivamente os cuidados para compor o instrumento. Os outros dois encontros foram destinados à realização da justificativa científica dos cuidados e finalização do instrumento proposto. Foram identificados os cuidados considerados mais importantes pelos enfermeiros no período

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pré-operatório. Conclusão: a versão final do instrumento ficou constituída por nove cuidados agrupados em duas categorias: orientação/ensino no pré-operatório e cuidado cirúrgico no pré-operatório.

Descritores: Assistência Perioperatória; Enfermagem Perioperatória; Cuidados de Enfermagem.

Objetivo: describir la construcción colectiva de un instrumento de cuidados de enfermería para el paciente en el pre-operatorio inmediato, teniendo como referencial teórico las Necesidades Humanas Básicas de Wanda de Aguiar Horta. Método: investigación cualitativa del tipo convergente asistencial, realizada en un hospital de Santa Catarina, Brasil. Los datos fueron recogidos mediante entrevistas y grupos focales con enfermeros, en el período de abril a julio de 2011. Se utilizó la técnica de análisis de contenido. Resultados: fueron realizados tres encuentros. En el primero, fue presentada la compilación de los cuidados citados escogidos colectivamente los cuidados para componer el instrumento. Los otros dos encuentros fueron destinados a la realización de la justificativa científica de los cuidados y finalización del instrumento propuesto. Fueron identificados los cuidados considerados más importantes por los enfermeros en el período pre-operatorio. Conclusión: la versión final del instrumento fue constituída por nueve cuidados agrupados en dos categorías: orientación/enseñanza en el pre-operatorio y cuidado quirúrgico en el pre-operatorio.

Palabras clave: Asistencia Perioperatoria; Enfermería Perioperatoria; Cuidados de Enfermería.

Introduction

In order to ensure patient safety in surgical care, the World Health Organization (WHO) launched in 2005 the World Alliance for Patient Safety, with the development of "Solutions for Patient Safety". In 2008, WHO also launched the campaign "Safe Surgery Saves Lives", a program based on the use of a *check list* system in operating rooms to promote greater patient safety in the surgical period⁽¹⁾.

Concern for patient safety in the surgical period is justified by the increasing number of surgeries performed and their associated risks. It is estimated that 234 million surgeries are performed worldwide every year. Of these, about 7 million are bound to have complications in the postoperative period and about 1 million end up in death of patients in the intraoperative or postoperative period⁽²⁾.

Nursing has a key role for patients in the perioperative period. Care activities carried out by nurses include physical, psychological, social, cultural or spiritual aspects of the human condition and aim to improve the quality of life of patients⁽³⁾. Safe surgical nursing care with the necessary quality starts in the preoperative phase, i.e. from the moment patients opt for surgery until the administration of anesthesia. The immediate preoperative period consists in

the care provided immediately or a few hours before surgery and ends with the beginning of surgery. During this period, it is important that the whole surgical process be evaluated to prevent complications or risks that may affect the surgery and the postoperative performance⁽⁴⁾.

In order to guide the care provided to surgical patients, a Systematization of Perioperative Care has been implemented aiming at health promotion, maintenance and recovery of customers and communities. This systematization is developed by nurses on the basis of the technical and scientific knowledge inherent to the profession⁽⁴⁾. Furthermore, there is an accumulated knowledge of preoperative care to be performed, with emphasis to the importance of the clinical history, physical examination, emotional evaluation, survey of previous anesthetic history and identification of allergies or genetic problems that may interfere with the surgery⁽⁵⁾.

The everyday practice in surgical clinical units of a large public hospital in the state of Santa Catarina includes the systematization of care based on the theoretical framework of Wanda de Aguiar Horta. However, in spite of this, the systematization of nursing conducts and practices is still necessary in this hospital to assist

professionals in the development of a scientific and evidence-based work during preoperative patient care. Nurses who provide and manage surgical patient care must be prepared and instrumented for this task. For the above reasons, the preparation of a tool addressing preoperative care based on Basic Human Needs (BHN) has become interesting in order to promote greater safety in the provision of nursing care to this population.

The use of instruments in the form of scientific and evidence-based and validated protocols, *bundles*, standard operating procedures (SOP) and care guides is necessary to promote greater nursing care safety. The importance of developing such instruments comes from the possibility of reducing inconsistencies in the performance of a task, increasing efficiency, facilitating the understanding by all the staff, ensuring that nothing receives little attention (forgotten) or too much attention (overestimated) and allowing the results to be critically evaluated and continuously improved⁽⁶⁾.

The theoretical framework of Wanda de Aguiar Horta was chosen because of the fact that this is the theoretical framework adopted in the context of the studied institution, but also for being one of the most widespread references in Brazil. This theory is based on physical, emotional, spiritual and social basic human needs classified by João Mohana as psychobiological, psychosocial and psychospiritual needs⁽⁷⁾.

At each level proposed by Mohana, Horta introduced subgroups of needs to adapt the nursing care practice. The theory included oxygen requirements, physical integrity, elimination, sleep and rest, body care and thermal, vascular and therapeutic regulation as physiological needs, among others. Safety, communication and learning are included in the group of psychosocial needs. Among the psychospiritual are religion and ethics⁽⁷⁾.

In this theory, needs are interrelated and are part of an indivisible whole of the human being in such a way that the manifestation of either one of them causes effects in all aspects, to some degree of change. Thus, nursing care priorities

must be systematically adjusted. Inasmuch certain needs are satisfied, new needs arise, requiring the adjustment of priorities from patients and professionals⁽⁷⁾.

The objective of the present article is to describe the collective construction of a nursing care instrument for immediate preoperative patients using the Theory of Basic Human Needs by Wanda Aguiar Horta as theoretical framework.

Method

This is a qualitative study in the modality Convergent Assistance Research (CAR) understood and carried out in conjunction with actions that involve researchers and other people that represent the situation to be searched in a mutually supportive relationship⁽⁸⁾. This type of research is characterized by a commitment to benefit the care context. It aims to find alternatives to solve or minimize problems, make changes and introduce innovations in the practice.

The development of a CAR has five stages or procedures: design, instrumentation, scrutinizing, analysis and interpretation. The design phase includes the study object, objectives and the theoretical framework. The instrumentation phase refers to the description of data, collection procedures, including the location of the study, participants and data collection methods. The scrutinizing phase includes the description of how data will be collected and, finally, how they will be analyzed and interpreted and the description of compliance with ethical requirements⁽⁸⁾.

The setting was a public teaching hospital in the state of Santa Catarina in southern Brazil.

The participants were 17 nurses, 15 from two surgical units and 2 from the operating room. As inclusion criteria, participants should have experience in providing care for surgical patients regardless of time of work, authorize the use of recorder at the moment of data collection and allow the disclosure of the data. Data collection occurred from April to July 2011, in two stages. At first, the strategy used was: individual semi-structured interviews carried out in the hospital and recorded with permission of participants, with

an average duration of 20 minutes. A script with closed questions addressing the characterization of participants and open questions about the care that was provided to the patient in the preoperative period of elective surgeries and that should be included in a care instrument. In order to preserve the anonymity of nurses, these were identified with the letter "N" from nurses, assigning a number according to the sequence of interviews. For example: N1, N2 ... N17.

The care measures reported were organized into categories and related to Basic Human Needs and presented to the participants in the second phase, which consisted of focus group (FG) meetings moderated by the researcher. This data collection method seeks to problematize and reflect pre-established topics in group discussions, stimulating a rethinking on the subject in focus in a broader way in the search for significant changes in the thinking and making of the collective practice⁽⁹⁾.

Three meetings were held with the FG. Each meeting lasted two hours on average. Each meeting was attended by five to seven professionals. The use of this data collection technique made it possible to socialize and complement the information collected in interviews and tailor the care measures to the basic human needs, which was initially done by the researcher and discussed with the group. Moreover, these spaces were also used to the preparation of the grounds of care based on scientific literature and to collectively choose the nursing care measures to patients in the preoperative period, according to the feasibility of application in the institution.

The content analysis method was used to analyze categories, which is a set of partial analytical but complementary techniques. This method consists in the explanation and systematization of the contents of messages and of the expression of statements that make it possible to categorize the narratives obtained for consequent systematization of the units of meaning⁽¹⁰⁾.

The research was approved by the Ethics Committee on Human Research of the Federal University of Santa Catarina (Protocol n.

1,009/11). The investigation complied with the recommendations of Resolution n. 466/12 of the National Health Council.

Results

The preparation of the nursing care instrument for immediate preoperative patients started with the interviews. This step was essential to gather information from nurses about nursing care measures provided to patients in the preoperative period of elective surgeries in the daily professional practice.

Among the 17 interviewed nurses, 16 were female, with mean age of 39 years, nursing experience varying from 9 months to 31 years, and the majority (11) worked for more than 10 years in the institution. The time of experience in the surgical area ranged from 8 months to 29 years; 8 nurses had been working for more than 10 years in this area.

After interviews, three meetings with the FG were held. The first took place 25 days after the completion of the last interview, time required for transcription of the interviews and organization of the care measures cited by informants and related to basic human needs. The meetings took place in a hospital classroom where the study was conducted, in the evening, with an average duration of two hours. All meetings were recorded with the consent of participants and then transcribed. Meetings were held in the presence of an observer, an undergraduate student of the last phase of the Nursing Course and member of the research group to which the search was academically linked. This observer recorded information on behavior and interaction during the meetings and, at the end, the impressions and opinions were discussed with the researcher.

The first meeting was attended by seven nurses, who were asked to sit in a circle, so that they could see and hear each other when expressing opinions. Initially, all were invited to introduce themselves and then candies wrapped in colorful papers were given to the participants. Equal colors directed the formation of pairs that would develop an activity together at the

end of the meeting. Then, the objectives of the study were recalled as well as the importance of the participation of nurses in this process of collective construction of a proposal of patient care in the preoperative period.

A printed material with the compilation of care measures mentioned in the interviews in addition to literature-based information added by the researchers was handed to the participants. A multimedia resource for presentation of this material was also used to facilitate the discussion and the necessary changes that could be pointed in the meeting. During the discussion, care measures were removed and added to the document. Expressions of surprising and disagreement happened among participants regarding the various routines followed in the same care practices. This happened, for example, in the case of conducting tricotomy of the area to be operated, which is performed with varying time intervals between the procedure and surgery, depending on the unit. The guidance on fasting before surgery also generated controversy among the study participants.

In the final 30 minutes of the first meeting, the pairs formed at the beginning and the researcher received the task of searching the scientific basis in the literature for the care measures considered. Each pair was responsible for the basis of some care measures and they should present for discussion in the next meeting. Participants were instructed to preferably use material published in the last five years for the scientific justification. Participants were also requested to send the material, along with the literature consulted, to the e-mail of the main researcher for organization and systematization of the information to be presented in the next meeting.

The second meeting took place 15 days after the first one, a time interval agreed among participants to carry out the search for scientific justification of the care measures. This meeting took place on the scheduled date at the same place and time of the first meeting. Five nurses participated in this second meeting. The two nurses who did not come to the meeting justified their absence with personal reasons. The meeting lasted two hours and a half and was aimed at

discussing the scientific basis of care, referred by some participants, as well as the inclusion or not of other care measures. The present participants were informed that not everyone had forwarded the scientific basis requested. In this moment, the commitment of all participants with the preparation of the instrument was reinforced.

Then, a list of nursing care measures presented in the previous meeting was handed with the scientific basis. One participant suggested that the list was read aloud, what was accepted by all. At that time, participants were able to express their opinions. Moreover, this was also an educational moment where confrontation between knowledge and literature brought up clarification to some participants. Adjustments were made during this discussion, with inclusion of some care measures.

The activity of the two missing nurses, as suggested by the majority, was redistributed among those present, with the commitment to present it at the next meeting. Also in this meeting, the correspondence between care measures and basic human needs was carried out.

The third and final meeting had the participation of the same five nurses and aimed to finalize the material on preoperative care and know their perceptions regarding the participation in the construction process. The participants received the material listing all care measures and the respective scientific justifications for final adjustments.

At first, the justifications that were missing in the previous meeting were read and discussed. Then, the whole material was read by all participants. As care measures and the justifications were read, adjustments were made, improving writing and reallocating some care measures to categories of basic human needs. As a result, a list with nine nursing care measures judged by the group as the most frequent in the studied reality was obtained. These care measures were organized into two categories: preoperative guidance and surgical preparation

in the immediate preoperative period, as shown in Chart 1.

Chart 1 – Care measures in the immediate preoperative period of elective surgery and basic human needs. Florianópolis, Santa Catarina, Brazil, 2011

Categories	Care measures	Basic Human Needs
Preoperative guidance/education	Preoperative relief of anxiety	Communication
	Guide to bathe in the morning or before surgery and apply degerming solution on the site.	Body care Safety
	Guide to remove nail polish, dental prosthesis, <i>piercings</i> and jewelry.	Physical integrity Safety
	Teach the patient to support the proposed site of the incision, cough and breathe deeply.	Physical integrity Oxygenation Learning
	Guide to fast from midnight and do not drink water.	Safety
Preoperative surgical care	Apply enema, if necessary. Ask the patient to empty the bladder one hour before surgery.	Elimination Safety
	Perform tricotomy two hours before or as close as possible to surgery and use tricotomizer.	Physical integrity Safety
	Check vital signs.	Vascular and thermoregulation Safety

Source: Created by the authors.

In the second moment, colorful sheets (blue, yellow, pink, white and green) were given to the nurses so that each participant received a single-color sheet, to answer the following question: What was it like for you to participate in the construction of an instrument to guide the practice of preoperative patient care? Participants were told that they would not need to identify themselves in the answer. The distribution of colored leaves in this moment aimed to avoid the identification of who wrote the answers. The process was completed with the exchange of sheets and reading of each opinion on to the experience of participating in the construction of a care instrument directed to surgical patients.

In the reports, nurses highlighted the satisfaction in participating in the focus group meetings, as this represented an opportunity to share theoretical and practical knowledge between co-workers on the care provided to surgical patients. They also stressed the importance of the instrument for systematization

of surgical patient care aiming at safety of care provided in the institution. The following statements illustrate the above.

These moments of meetings are not exhausted, it is important to continue this practice of building documents in the hospital, so that we will be able to provide safe care to patients who are often fearful about the surgery. (N2).

The meetings with our colleagues are rewarding because they make it possible knowledge and consequent safety to patients. (N4).

These meetings made it possible to rediscover the colleagues of the units, because we often talk by phone only. Sometimes we do not know each other, each one of us is in a different unit, in duty, we work, go home. We have no contact with colleagues of surgical wards. (N8).

These meetings underscore the surgical process, as well as make it possible to acquire and exchange theoretical and practical knowledge through experiences of fellow nurses. (N11).

Discussion

The collective elaboration of nursing care instrument for immediate preoperative period related to Basic Human Needs represented an

important advance for the systematization of nursing care in the context where the study was developed. Furthermore, the reflections and discussions allowed the agreement of conducts and changes in the work carried out by nurses. It is noteworthy that the participating nurses had a relatively long experience in nursing, which contributes to the development of the discussions and systematization of the care provided.

Previous studies have used problem-solving methodologies for collective construction of care protocols/instruments, with similar results⁽¹¹⁻¹²⁾. Research aimed at the collective construction of a care protocol on the management of discomfort and pain in newborns using non-pharmacological methods enabled the nursing staff socialize their ideas and experiences. The study led to reflections and changes in the way of thinking and acting of the group, based on situations experienced in the daily care of a Neonatal Intensive care Unit⁽¹¹⁾. A report on the construction of a childcare nursing protocol in primary care noted that the collective construction was important to create an instrument that could be effectively used to improve professional practice and, therefore, the quality of the care provided to patients⁽¹²⁾.

The instrument was scientifically grounded and designed for easy application in the work environment of nurses. This convergence between research, assistance and participation of those involved in the practice is one of the main characteristics of the convergent-care methodology. This type of research can be translated into a type of study that combines research and professional practice, allowing the assignment of practical applicability to the research and theoretical basis to the practice. It proposes the reflection and production of knowledge to guide the practice with theorization and research of phenomena that emerge from the assistance in the context where it happens⁽¹³⁾. This procedure enables the development of tools to evaluate and monitor the quality of nursing practice.

The nine care measures included in the instrument contemplated eight different basic

human needs. Among them, the needs of safety and physical integrity stood out, which were related to six and three care measures, respectively⁽¹⁴⁾.

Safety is classified as a psychosocial need⁽⁷⁾. The concern of nurses with this need may be associated with the emotional impact generated by the surgical procedure in the patients. The expression of anxiety is common among people that await a surgery, as well as fear of the procedure and/or complications from surgery or anesthesia.

A study conducted in South Korea on surgical patient care needs highlighted the importance of interventions related to the alleviation of fear and anxiety during the perioperative period⁽¹⁵⁾. Similarly, Danish researchers reported the development of a national initiative to improve the quality of surgical care provided by nursing professionals. They stress the importance of emotional support, dialogue and provision of information to patients on the surgical procedure to be performed⁽¹⁶⁾.

That same analytical line, a study developed in Brazil aiming to identify the frequency of nursing diagnoses among patients in a surgical clinic of a hospital in Pernambuco found that 62% of patients were diagnosed with anxiety. This diagnosis was associated with the change of environment, fear of death during the surgical procedure, the distance from family and conviviality with society, and financial and family concerns⁽¹⁷⁾.

It is known that anxiety can have a negative influence on patient satisfaction in the postoperative phase and can prolong the hospital stay⁽¹⁸⁻¹⁹⁾. In this sense, by identifying the presence of anxiety in the patients under their care (state-anxiety) and of the individuals' potential to develop anxiety (trait-anxiety), nurses can plan the assistance, along with the interdisciplinary team, aiming at prevention, reduction and control of such condition in order to improve the quality of life of patients⁽¹⁹⁾.

One strategy that can be used by nurses is the pre-operative nursing visit. This would include an interview with the patient and the

family for preoperative evaluation, identification of problems and nursing diagnoses, as well as the development of the care plan. A study conducted in a Spanish hospital found that preoperative visits represent an effective way to reduce anxiety and postoperative pain⁽²⁰⁾.

One of the care measures that generated more discussion among the group participants was the realization of tricotomy in the area to be operated, which is a basic need of physical integrity and safety. Depending on the unit, this procedure was performed with different time intervals between the procedure and the surgery. Thus, this conduct was standardized at two hours before or as close as possible to surgery and with the use of tricotomizer.

The literature recommends not performing preoperative tricotomy unless the hairs are located in or around the incision and may interfere with the surgery. If indicated, tricotomy should be carried out immediately before surgery, preferably by a trained professional and within the operating room environment⁽²¹⁾.

A study that evaluated the tricotomy process indicator in clean surgery in a teaching hospital of the Brazilian Midwest found that tricotomy is a strong predictor of surgical site infection rate. Among the 700 medical records of patients undergoing clean surgery analyzed, 27% (189) patients were tricotomized and 15.9% developed surgical site infection, a rate that is above the found in the literature, which reports a rate between 1 and 5%⁽²²⁾. The increased risk of surgical site infection associated with tricotomy is related to microscopic cuts in the skin which can later serve as foci for bacterial multiplication⁽²¹⁾.

The guidance on fasting from 24 hours of the day prior to surgery, including avoiding water intake, was also consensual only after much discussion among nurses. The search for scientific justification for this care measure discussed with participants revealed controversy in the literature. Even within the hospital, there is no consensus among physicians on this recommendation.

A study conducted in a university hospital in Botswana to assess the preoperative fasting

period found that the average period of fasting was 15.9 ± 2.5 h for solid food and 15.3 ± 2.3 h for liquids. These results are at odds with the recommendations of the American Society of Anesthesiologists (ASA), according to which patients undergoing surgery in the morning shift (before 12 h) are allowed to eat solid meals up to 6 hours before surgery, and transparent liquid up to 2 h before the procedure; patients scheduled for surgery in the afternoon (after 12 h) can be allowed to eat light meals up to 6 h before the procedure and clear liquids up to 2 h before the surgery⁽²³⁾.

Similarly, a multi-center study conducted in 16 Brazilian hospitals also noted the inconsistency of recommendations and prescriptions of preoperative fasting. The use of traditional preoperative fasting protocols with an average of 12 hours before surgery was evident. Thus, the authors stress the need for Brazilian hospitals to establish preoperative fasting policies in accordance to international guidelines⁽²⁴⁾. This is necessary in the hospital where the present study was conducted, because no preoperative fasting policy is clearly established in the institution.

As the focus of the study was the practice of nurses, the research has as limitation the exclusion of nursing technicians/ assistants, who are primarily responsible for the implementation of systematized nursing care. Thus, the realization of further studies is suggested, including the other components of the nursing team.

Final Considerations

The importance of CAR as a research methodology for the collective construction, training and reflection on care assured the group of nurses, supported by the workshops and the systematization of preoperative care, the possibility to make resonances on the quality of preoperative care in the institution studied, seeking to reach the main challenges of safe surgery. The CAR promotes a path to reflect on the practice and to train nurses towards safe care, assuming that the practical experience on

surgical clinic has a set of knowledge that needs to be considered and socialized.

The final version of the instrument was composed of nine care recommendations related to communication, safety, elimination, physical integrity and other needs, grouped into two categories: preoperative guidance/education and preoperative surgical care. These set of care can assist in the care practice of nursing professionals and consequently minimize complications in the intraoperative and postoperative periods of patients undergoing elective surgery.

Collaborations:

1. conception, design, analysis and interpretation of data: Adnairdes Cabral de Sena and Eliane Regina Pereira do Nascimento;

2. writing of the article and relevant critical review of the intellectual content: Adnairdes Cabral de Sena, Eliane Regina Pereira do Nascimento, Ana Rosete Camargo Rodrigues Maia and José Luís Guedes dos Santos;

3. final approval of the version to be published: Eliane Regina Pereira do Nascimento and José Luís Guedes dos Santos.

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