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## NURSING DIAGNOSES AND INTERVENTIONS IN PATIENTS WITH HANSEN'S DISEASE

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### ABSTRACT

**Objective:** To investigate nursing diagnoses and interventions in patients with Hansen's disease. **Method:** Descriptive study, evaluated 22 patients with Hansen's disease attended at a University Hospital. It was used a form with sociodemographic and clinical aspects, Taxonomy II domains from the North American Nursing Diagnosis Association International and Simplified Neurological Assessment. In the data compilation, the software Excel® 2013 was adopted and in the statistical analysis, the program Epi Info version 7.0. **Results:** Patients were predominantly female, married, from the capital, low income and schooling. Tuberculoid clinical form was the most frequent. Patients with paucibacillary leprosy presented 20 nursing diagnoses and multibacillary, 26 diagnoses. For the most frequent diagnoses, nursing interventions were proposed. **Conclusion:** Nursing diagnoses were more frequent in multibacillary forms, with nursing activities focused on the prevention of physical disabilities, encouraging adherence to treatment and self-care.

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## INTRODUCTION

Hansen's disease (leprosy) is an infectious, contagious and slow-evolution disease, of great importance to public health because of its magnitude and its high incapacitating power. It mainly affects the skin and peripheral nerves, especially eyes, hands and feet. The involvement of the peripheral nerves is the principal characteristic of the disease, giving it a great potential to provoke physical incapacities which can even evolve into deformities. These disabilities and deformities may lead to some problems, such as reduced capacity to work, limiting social life and psychological problems, which are also responsible for stigma and prejudice

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(Bassoli, 2007). In 2012, the prevalence coefficient of leprosy in Brazil was 1.51 cases / 10 thousand inhabitants, 33,303 new cases were diagnosed, and the overall detection coefficient was considered high (17.2 / 100 thousand inhabitants). According to the reference parameters of this indicator, the states of Rondônia, Mato Grosso, Tocantins, Pará and Maranhão were classified as hyperendemic, with more than 40 new cases per 100 thousand inhabitants in 2011. In relation to Maranhão, it was verified that among the 217 counties in the state, 98 were considered hyperendemic, and the capital São Luis presented 60.1 cases / 100 thousand inhabitants in 2010, a pattern of hyperendemicity (Oliveira, 2010). Hence, the treatment of leprosy is fundamental in the strategy to control the disease as a public health problem. Its goal is to stop the transmission of the disease, breaking the epidemiological chain, as well as preventing physical disabilities, promoting cure and the patient's physical and social rehabilitation.

Among the basic guidelines which aim to reduce morbimortality due to leprosy in the scope of the Unified Health System (SUS), stands out the integral care of patients with Hansen's disease, which must be guaranteed by the hierarchy of services and care with a multiprofessional team (Duarte et al., 2009). Studies highlight the importance of achieving broad recognition of health needs of the people with leprosy, considering the biopsychic and socio-cultural aspects involved in their daily life, thus allowing the identification of vulnerabilities and risks, in order to better subsidize the integral care of this clientele (Duarte et al., 2009). As a professional, nurses play an important role in the Hansen's disease Program, composing the health team that cares for the patient and their families, especially in primary care services.<sup>4</sup> Nursing care is indispensable for these patients, since the nurse remains attentive during the whole treatment process, preventing or detecting early complications, in order to achieve the patients' well-being and, hence, health promotion.<sup>4</sup> Thereby, as understood, the Nursing Process is the methodological instrument which enables the nursing staff to identify, perceive, describe, explain and / or predict how clients respond to real or potential health problems and determine the nursing interventions inherent to the found responses (Almeida, 2011). It should be emphasized that the nursing consultation is able to identify, in addition to the specific demands, other demands belonging to the patient's daily life, including those related to the stigma and the leprosy incapacitating potential, taking the needs of the patient as the center of interventions and practices. In the nursing consultation, it is sought to create a bond and trust with the client, in order to offer quality, humanized and effective care, prioritizing the cure and prevention of disabilities (Duarte, 2009). There are several stages of Nursing Process, among them the most commonly cited in the literature are: data collection, diagnosis, planning, implementation of nursing interventions and evaluation. However, the division of the Nursing Process into stages is only didactic, because it functions as an integrated whole, in which all phases are interdependent and interrelated (Almeida, 2011).

In this study, the phases of diagnosis and nursing interventions were used. In terms of diagnosis, intervention and outcome, standard terms can be used, described by classification systems, which point out the common phenomena for the clinical practice of nursing. Currently, the most widely known and used language classification systems in Brazilian reality are the taxonomies North American Nursing Diagnosis Association International (NANDA-I), Nursing Interventions Classification (NIC) and Nursing Outcomes Classification (NOC). These classifications support the communication and systematic documentation of nursing actions, as well as other benefits related to clinical practice (Dochterman, 2010). The nursing diagnosis classification system of NANDA-I is one of the most widely spread and applied worldwide. It conceptualizes the nursing diagnosis as a clinical judgment about the individual, family and community responses to the vital processes or to the real or potential health problems (Nanda Internacional. Diagnósticos de enfermagem da NANDA, 2013). According to NIC, the nursing intervention is any treatment based on the judgment and the clinical knowledge performed by a nurse to improve the patient / client outcomes (Dochterman, 2010). The prevention of disability and the functional and psychosocial restoration contribute significantly to health promotion of patients with leprosy. In the scope of nursing, the focus is the care given to the human

being in its totality. However, even with the existence of the classification systems of nursing practice for more than thirty years, it is evident the urgency of researches aimed at knowing the patients who are taken care of, through the use of scientific rigor (Blanco, 2011). Therefore, as research questions are: What are the nursing diagnoses in patients with Hansen's disease? What are the most frequent defining characteristics and related factors or risk factors? What are the nursing interventions indicated to these patients, in order to better subsidize their integral care?. This study relevance is directed to the need to use the nursing process which brings benefits to the client and family by encouraging them to actively participate in the care and, also to nurses, by increasing job satisfaction and encouraging innovations and creativity in the solution of problems. In addition, it will provide nurses with a guideline to define their role and scope, from an intuitive and unsystematic attendance to a organized and systematic action of nursing interventions in the care of patients with Hansen's disease, based on the nursing diagnoses identified. In light of the foregoing, the objective of the study was to investigate nursing diagnoses and interventions in patients with Hansen's disease.

## MATERIALS AND METHODS

Descriptive study with quantitative approach. Participated in the research patients with diagnosis of leprosy, aged 18 years or over, attended in the Leprosy Control Program of the University Hospital in the Municipality of São Luís, Maranhão, Brazil. The inclusion criteria were to be notified in the period from May to October 2017 and to be in active registry, meaning, in treatment in the Leprosy Control Program of the above-mentioned hospital. It is emphasized that those who met the criteria accepted to participate in the study, hence adding up to 22 participants. The research was carried out in the county of São Luís, Maranhão from March 2017 to March 2018. The data collection was executed from July to October 2014, using a form with sociodemographic variables; clinical aspects. Contemplating also the thirteen domains of Taxonomy II of NANDA International (Nanda Internacional. Diagnósticos de enfermagem da NANDA, 2013). For the Simplified Neurological Assessment was used the form recommended by the Ministry of Health. To interpret nursing diagnoses was used diagnostic reasoning, which is a complex cognitive process that leads to the elaboration and testing of diagnostic hypotheses, which will substantiate decision-making and resolution of clinical problems (Corrêa, 2003). The process of elaboration and inference of the diagnoses followed these steps: collection, interpretation of/ grouping the information and naming the categories (Gordon, 1994). The nurse's judgment or clinical reasoning is the central core of the diagnostic process. Diagnostician's main characteristics include clinical and scientific knowledge, clinical experience and cognitive development (Gordon, 1994). For naming the nursing diagnoses, Taxonomy II of NANDA International was used as reference. In the data compilation, the Excel® 2013 software was adopted and in the statistical analysis the program Epi Info (version 7.0) was chosen. Regarding nursing diagnoses, the following cutoff points were considered: nursing diagnoses, defining characteristics, related factors and risk factors above the 75<sup>th</sup> percentile. For nursing interventions were used as reference the Taxonomy from NIC (Corrêa, 2003). It was considered the specialty chapter named "Core Interventions for Nursing Specialty Areas (Corrêa, 2003). The research project was sent to the Scientific Committee of

UFMA's University Hospital, receiving assent in the opinion n° 22/2017. Next, it was approved by the Research Ethics Committee (No. 724,673). Participants signed the Free and Informed Consent Form and the research development obeyed the National Health Council's Resolution 466/2012.

## RESULTS

The majority of patients with Hansen's disease were female (59.1%), brown-skinned (77.3%), married (59.1%) and from the capital of the state of Maranhão (77.3%), age ranged from 18 to 83 years, the mean was 46.18 years, most of them were with Incomplete Primary Education (41.0%). In relation to income, the majority had income between 1 and 2 minimum wages (59.1%). Regarding the clinical form of Hansen's disease, it was found a higher frequency of the tuberculoid form (40.9%). The number of patients who showed disability degree 0 (zero) was of Tuberculoid form (50.0%) and those with degree I, of the Borderline form (40%) (data not shown). Patients with paucibacillary leprosy presented 20 different nursing diagnoses. From these nursing diagnoses, three are above the 75<sup>th</sup> percentile, they are: Impaired skin integrity (40.9%), Readiness for enhanced self-care (31.8%) and Sedentary lifestyle (27.3%). These are distributed in the areas of Safety/ Protection, Activity/ Rest, Health promotion; in the Physical Injury, Self Care, and Health Awareness classes, respectively. Most patients (P75) had up to five nursing diagnoses, as the 75<sup>th</sup> percentile was equal to five (table 1).

Were identified 15 defining characteristics in paucibacillary patients. Of these, three were above the 75<sup>th</sup> percentile, they are: Destruction of skin layers (40.9%); Expresses desire to enhance self-care (31.8%) and Chooses a daily routine lacking physical exercise (27.3%) (Table 2). A total of 30 related factors/ risk factors were identified. Among these, eight above the 75<sup>th</sup> percentile: Changes in pigmentation, Lack of interest, Sensory impairment, Chronic physical disability, Sensory dysfunction, Neuropathy, Disease (leprosy), Deficient knowledge of the health benefits of physical exercise (data not shown). Multibacillary patients presented a total of 26 nursing diagnoses. Of these nursing diagnoses, five are above the 75<sup>th</sup> percentile. They are: Risk for injury (54.5%), Risk for thermal injury (54.5%), Impaired skin integrity (50.0%), Risk for impaired skin integrity (36.4%) and Readiness for enhanced self-care (36.4%). Most of the nursing diagnoses found belong to the Safety/ Protection domain and to the Physical Injury class (Table 3). As observed in table 7, 75% of multibacillary patients presented. Were identified 42 related factors/ risk factors, among them eight appeared above the 75<sup>th</sup> percentile: Sensory dysfunction, Neuropathy, Changes in pigmentation, Sensory impairment, Medications (MDT / MB), Mechanical factors (pressure, abrasion), Lack of interest and chronic physical disability (data not shown). Nursing interventions of NIC<sup>6</sup> were proposed for the nursing diagnoses that were above the 75<sup>th</sup> percentile (Table 1).

## DISCUSSION

It was observed that females were the most frequent (59.1%), corroborating with other studies (Melão, 2011; Miranzi, 2010). Of the 22 patients evaluated, 63.7% were in the economically productive phase of life (18-56 years), in line with data from the epidemiological survey of leprosy in Brazilian northeastern, leprosy mainly affects the economically active age group (Oliveira et al., 2013). Tuberculoid clinical form presented the

highest frequency (40.9%). Similar results were verified in 27.8% of the patients in the municipalities of the Carboniferous Region-SC (Melão, 2011). In other studies, there were divergences in the results, since the late forms of the disease predominate: Borderline or Virchowian (Miranzi, 2010; Ribeiro, 2013). This implies future complications, since the disease has high incapacitating power. Therefore, early diagnosis and appropriate treatment prevent the installation of physical disabilities which are considered one of the elements that deprives the individual of exercising labor and social activities, leading to precarious conditions of life (Miranzi, 2010).

The most frequent nursing diagnoses in paucibacillary patients were those related to physical injury, self-care and health awareness. The three diagnoses found above the 75<sup>th</sup> percentile were real nursing diagnoses. Regarding multibacillary patients, among the five diagnoses found above the 75<sup>th</sup> percentile, two are real nursing diagnoses and three are risk diagnoses, with the majority of nursing diagnoses related to safety/ protection and physical injury. It is emphasized that the Real Nursing Diagnosis (ND), observed in most of the patients in this and other studies (Hoffelder, 2014; Almeida, 2011), is what actually exists, is present and describes human responses to health conditions / vital processes that exist in a individual, family or community. It is supported by the defining characteristics (manifestations, signs and symptoms), which are grouped into patterns of suggestions or related inferences (Nanda Internacional, 2012-2014). In a Brazilian study (Bassoli, 2007), were identified 10 nursing diagnoses, being: 100.0% Risk for infection; Impaired skin integrity; Risk for impaired skin integrity; Risk for trauma; 98.03% Risk for loneliness; 96.07% of social isolation and risk for constipation; 94.11% for Acute pain; 90.19% of Imbalanced nutrition less than body requirements and 88.23% for Inadequate dentition. Based on the study previously mentioned, there was a similarity between the most frequent nursing diagnoses in our study.

The ND "Impaired skin integrity" appears in 100% of the sample and the defining characteristic is disruption of the skin surface (epidermis), which appeared in 98.03%.<sup>1</sup> The most evident related factors were: altered sensory in 74.50% of the cases; changes in turgor and immunological deficit in 66.66%; and physical mobilization in 50.98% (Bassoli, 2007). These findings are similar to those of the present study. The diagnosis "Risk for Impaired Skin Integrity" appeared in 36.4% of the sample. The main risk factors were: changes in pigmentation (50.0%); sensory impairment (50.0%); drugs (45.5%) and mechanical factors (abrasive forces, pressure) (36.4%). It is important to consider that the presence of Hansen bacilli in the nerves leads to altered sensitivity, injuries, ulcerations which impair physical mobility, and may leave the patient at risk for the rupture of skin integrity (Ayes, 2012). Should be emphasized the clearly evident role of the nursing team in the management of risk factors and in health promotion. As shown, prevention is a fundamental part of caregiving actions in health care (Almeida, 2011). As demonstrated, the ND "Risk for injury" and "Thermal injury risk" were observed in 54.5% of multibacillary patients and 22.7% of paucibacillary patients and had as risk factors sensory dysfunction and neuropathy, similar to literature.<sup>1</sup> Often, changes in sensitivity and motor strength can only be detected by examination of sensitivity and motor strength, being of extremely importance periodic evaluations, even in the absence of any patient complaint, for prevention purposes,

**Table 1. Distribution of nursing diagnoses presented by patients with paucibacillary leprosy, São Luís, 2019**

Nursing Diagnoses	n	%	Percentile
1. Impaired skin integrity	9	40,9	
2. Readiness for enhanced self-care	7	31,8	
3. Sedentary lifestyle	6	27,3	
4. Readiness for enhanced self-health management	5	22,7	
5. Chronic Pain	5	22,7	
6. Risk for injury	5	22,7	
7. Risk for thermal injury	5	22,7	P75= 5,0
8. Risk for situational low self-esteem	3	13,6	
9. Risk for compromised human dignity	3	13,6	
10. Disturbed Body Image	2	9,1	
11. Impaired Tissue Integrity	2	9,1	
12. Ineffective Protection	2	9,1	
13. Imbalanced Nutrition: less than body requirements	2	9,1	
14. Fatigue	2	9,1	
15. Deficient Knowledge	2	9,1	P50 = 2,0
16. Risk for dry eye	2	9,1	P25 = 2,0
17. Disturbed personal identity	1	4,5	
18. Anxiety	1	4,5	
19. Impaired physical mobility	1	4,5	
20. Risk for disuse syndrome	1	4,5	

P75 - Percentile 75; P50 - Percentile 50; P25 - Percentile 25.

**Table 2. Distribution of the defining characteristics present in patients with paucibacillary leprosy. São Luís, 2019**

Defining Characteristics	n	%	Percentile
1. Destruction of skin layers	9	40,9	
2. Expresses desire to enhance self-care	7	31,8	
3. Chooses a daily routine lacking physical exercise	6	27,3	
4. Reports desire to manage the illness	5	22,7	
5. Reports pain	5	22,7	P75= 5,0
6. Development of a negative perception of self-worth in response to a current situation (shame, low self-esteem)	2	9,1	
7. Damage to tissue (cornea)	2	9,1	
8. Neurosensory alteration	2	9,1	
9. Reports food intake less than recommended daily allowance (RDA)	2	9,1	
10. Reports inability to maintain usual routines	2	9,1	
11. Verbalization of problem	2	9,1	P50 = 2,0
12. Lack of interest in food	1	4,5	
13. Body-image disturbance	1	4,5	
14. Worried	1	4,5	
15. Limited range of motion	1	4,5	P25 = 1,0

P75 - Percentile 75; P50 - Percentile 50; P25 - Percentile 25.

**Table 3. Distribution of nursing diagnoses presented by patients with multibacillary leprosy. São Luís, 2019**

Nursing Diagnoses	n	%	Percentile
1. Risk for injury	12	54,5	
2. Risk for thermal injury	12	54,5	
3. Impaired skin integrity	11	50,0	
4. Readiness for enhanced self-care	8	36,4	
5. Risk for impaired skin integrity	8	36,4	
6. Sedentary lifestyle	7	31,8	
7. Readiness for enhanced self-health management	7	31,8	P75=7,0
8. Chronic Pain	6	27,3	
9. Ineffective Protection	5	22,7	
10. Risk for compromised human dignity	5	22,7	
11. Disturbed Body Image	4	18,2	
12. Disturbed personal identity	4	18,2	
13. Risk for situational low self-esteem	4	18,2	P50= 3,5
14. Impaired Tissue Integrity	3	13,6	
15. Imbalanced Nutrition: less than body requirements	3	13,6	
16. Risk for dry eye	3	13,6	
17. Impaired dentition	2	9,1	
18. Fatigue	2	9,1	
19. Impaired walking	2	9,1	
20. Activity intolerance	2	9,1	
21. Insomnia	2	9,1	
22. Impaired physical mobility	2	9,1	P25= 2,0
23. Ineffective health maintenance	1	4,5	
24. Risk-prone health behavior	1	4,5	
25. Deficient knowledge	1	4,5	
26. Risk for disuse syndrome	1	4,5	

P75 - Percentile 75; P50 - Percentile 50; P25 - Percentile 25.

**Chart 1. Distribution of nursing interventions in patients with leprosy São Luís, 2019**

Nursing Diagnoses	Nursing Interventions		
	Domains	Classes	Interventions
• Risk for Injury	Physiological: complex	Skin/Wound Management	• Lower extremity monitoring
	Fisiológico: basic	Self-care facilitation	• Footcare
• Risk for thermal injury	Physiological: basic	Self-care facilitation	• Footcare
	Physiological: complex	Skin/Wound Management	• Lower extremity monitoring
• Impaired skin integrity	Community	Community risk management	• Health screening
	Physiological: basic	Self-care facilitation	• Footcare
	Physiological: complex	Skin/Wound Management	• Lower extremity monitoring
• Risk for Impaired skin integrity	Physiological: basic	Self-care facilitation	• Footcare
	Physiological: complex	Skin/Wound Management	• Lower extremity monitoring
• Readiness for enhanced self-care	Physiological: basic	Self-care facilitation	• Self-care assistance
	Physiological: basic	Self-care facilitation	• Footcare
	Physiological: complex	Drug Management	• Medication administration: oral
• Sedentary Lifestyle	Physiological: basic	Activity and exercise management	• Exercise promotion

since the loss of sensitivity, although in a small area, can mean an injury to the patient (Melão, 2011). Another diagnosis analyzed in this study was "Readiness for enhanced self-care", which, although it is not among the ND above the 75<sup>th</sup> percentile, deserves to be highlighted in the findings discussion. This diagnosis appeared in 36.4% of the multibacillary patients, 31.8% of paucibacillary patients, having as a defining characteristic the expression of desire to enhance self-care. This diagnosis was found in 26.47% of the patients in an action-research (Ribeiro, 2013) in order to characterize the nursing diagnoses as instruments of human care. Health education is essential to prevent disabilities, requiring then, a careful and correct approach so that these preventive actions are in fact incorporated by the individual, in a way that the person considers them as normal activities of him/her daily life. Establishing a trustful relationship is fundamental in this process. Adapting preventive activities to the material availability and patient culture is another determining factor (Lustosa, 2011).

Another important diagnosis investigated in this study refers to the ND "Risk for dry eye", present in 9.1% of paucibacillary patients and 13.6% of multibacillary patients. Risk factors were ocular surface damage, aging, female sex, lifestyle (smoking), and disease (diabetes). This diagnosis is defined as risk for eye discomfort or damage to the cornea and conjunctiva due to reduced quantity or quality of tears to moisten the eye (Nanda Internacional, 2013). Several researchers have demonstrated, over the years, the high frequency of ocular compromise in leprosy, such as: decreased corneal sensitivity, scleral nodules, lagophthalmos, and impairments, which ultimately, lead to blindness (Ayres, 2012; Ribeiro, 2013). Researches conducted at the Ophthalmological Prevention Center of the Lauro de Souza Lima Institute in Bauru, São Paulo, demonstrated that the educational work with the professionals and patients have positive results. The number of referrals increased, as well the number of specialized ophthalmologists and the control of regular assessments, and also the number of patients with dry cornea and hypoesthesia of the cornea decreased (Melão, 2011). The oriented patient seeks the service earlier, thus increasing the possibility of a faster and more effective intervention; and in order to guarantee the patient's comprehension, one must invest, since the beginning, on his/her orientation about signs and symptoms, self-assessment and self-care (Blanco, 2011). Regarding Nursing Interventions, in a study related to interventions for patients with leprosy (Leandro, 2013), for the ND "Risk for Impaired Skin Integrity", were used the following activities:

examining the skin and mucous membranes for redness, exaggerated heat, edema and drainage; monitoring skin color and temperature; monitor skin and mucous membranes for areas of discoloration, bruising and disorders; monitor skin for rashes and abrasions; monitor the skin for excessive dryness and moisture; monitor the appearance of sources of pressure and friction and document changes in the skin and mucous membranes. It is important to consider that the aforementioned activities refer to the nursing interventions explained in this study: "Foot care" and "Monitoring lower extremities". Therefore, it is necessary to orientate about leprosy, treatment, rest, adequate food intake to prevent anemia caused by dapsone, measures to prevent accidents related to domestic activities; the effects of medications and the importance of monitoring any adverse reactions; besides the encouragement for adequate water intake in order to ensure great skin hydration; massage the skin with moisturizer, as well as stimulating and motivating the patient to trust in healing.<sup>18</sup> These activities were also contemplated in the present study, as they refer to the nursing interventions proposed: "Medication administration: oral", "Health screening" and "Self-care assistance". It is important to emphasize the nursing intervention "Self-care Assistance" is defined as assisting another to perform activities of daily living.<sup>6</sup> In the Self-Care Deficit Theory, Dorothea Orem distinguishes Nursing from the other services to the human being for having as intervention focus people with disabilities, emphasizing actions aimed at identification and qualification of care needs and to the teaching of self-care.

The education of the patient performed by the nurse is a protection action, which is based on the information given to the client and in which there is the development of psychomotor skills, modified behaviors and new attitudes of health (Hirle, 2009; Furuya, 2011). To make an epitomization, this study presented a high average of nursing diagnoses, which are associated among themselves and the definers, related factors and risk factors. As the most frequent nursing diagnoses are mentioned those of biological character related to physical injury, safety/ protection and self-care. However, the risk diagnoses are also quite present. This further strengthens the presence of nursing staff not only in any curative aspect, but in the prevention and promotion of health as well. As much as health is thought in a collective dimension, it is the human being who falls ill and as such requires individualized care. Thus, the nursing care provided under the NANDA-I and NIC Taxonomies contributes to a continuous, updated and quality care, focusing on patients' well-being and for the achievement of his/her health autonomy (Furuya, 2011).

## Conclusion

In this study, were evaluated 22 patients with leprosy who were treated at the Leprosy Control Program of the University Hospital of the Federal University of Maranhão. The patients were predominantly female, married, brown-skinned, from São Luís-MA and with low income and schooling. The majority presented some degree of physical disability, and the tuberculoid form was of greater frequency. The most frequent nursing diagnoses were: "Impaired skin integrity" (40.9%), "Readiness for enhanced self-care" (31.8%) and "Sedentary lifestyle" (27.3%) for paucibacillary; "Risk for injury" (54.5%), "Risk for thermal injury" (54.5%), "Impaired skin integrity" (50.0%), "Risk for Impaired skin integrity" (36,4%) and "Readiness for enhanced self-care" (36.4%) for multibacillary. The profile found in this study reveals "Physical injury", "Self-care", "Health awareness", as classes of the main diagnoses. The identification of NANDA-I nursing diagnoses is important for the planning of nursing care, which involves the elaboration of goals, objectives and nursing prescriptions, facilitating the assessment of care, by providing a uniform and more secure language to the professional through an oriented assistance.

Ensures the patient a continuous, updated and individualized nursing care. The NIC's nursing interventions are based on support and education actions, encouraging self-care, supporting the leprosy patients, who always need guidance, mainly due to the disabilities the disease may cause. It was concluded that nursing diagnoses in patients with Hansen's disease were more frequent in multibacillary forms. It focus attention on the presence of those of biological character and risk. Among the nursing interventions, was shown that the disease comprehension as potentially disabling was the central axis of care. Being the nursing action focused on the prevention of physical disabilities, encouraging adherence to treatment and self-care, as well as on the stigma surrounding the disease. It is essential to execute more scientific studies related to leprosy patients. This is because the knowledge about human responses is substancial for the elaboration of an effective and quality therapeutic nursing plan. Hence, as expected, this research will contribute to teaching in health and nursing, the planning of nursing actions, as well as to reduce, at least partially, the existing lack in nursing literature about nursing diagnoses present in patients with Hansen's disease and their respective nursing interventions.

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