



ORIGINAL ARTICLE

Nursing diagnoses of the self-perception domain in women in the puerperium

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Abstract

Purpose: During puerperium, women experience changes that may be responsible for disorders in the phenomenon of self-perception. Thus, the present study aims to analyze the nursing diagnoses of the self-perception domain of NANDA International Taxonomy II in puerperal women.

Methods: Descriptive, cross-sectional, and quantitative study. The sample consisted of 153 women on puerperium followed in a University Hospital in a Brazilian capital. Data were collected through interviews with the application of an instrument. Data analysis was performed using descriptive and inferential statistics. The study was approved by the Research Ethics Committee (CAAE: 02849818.0.0000.5208).

Findings: The most prevalent Nursing Diagnosis of the self-concept class was Readiness for enhanced self-concept, which presented statistically significant associations with two defining characteristics. The risk for situational low self-esteem was the most prevalent Nursing Diagnosis in the Self-esteem class and presented associations to two risk factors. The Nursing Diagnosis Disrupted body image, present in the Body Image class, showed associations with 11 significant defining characteristics.

Conclusions: The analysis of the Nursing Diagnosis of the Self-Perception domain can assist in planning interventions directed to the specific needs of women in the puerperium.

Implications for nursing practice: This study may contribute to the development of specific interventions to the reality of the puerperal, encouraging the nursing professional to implement the Nursing Process in the clinical practice. It may also contribute to the refinement of the NANDA-II taxonomy and the advancement of nursing research, in addition to providing safe clinical practice grounded in scientific knowledge for planning educational actions in puerperal women in order to minimize the negative perceptions experienced by them.

KEYWORDS

Body Image, nursing diagnosis, postpartum period, self-concept

1 | INTRODUCTION

The puerperium is determined by the period of 6 to 8 weeks after childbirth (Andrade, Santos, Maia, & Mello, 2015), which begins with the exit of the placenta and ends with the involution of the reproductive organs to their prepregnancy state. It is subdivided into immediate (from the 1st to the 10th after delivery), late (from the 11th to the 45th day), and remote (after the 45th day, with unexpected ending) (Ministério da Saúde, 2016).

During this period, the fall in estrogen and progesterone levels, associated with physiological, physical, and psychological changes (Kristensen, Simonsen, Trillingsgaard, Pontoppidan, & Kronborg, 2018), are responsible for moments of weakness experienced by women, since these changes cause modifications in their lifestyle (Silva et al., 2017).

These changes are addressed in Ramona Mercer's Medium-Range Nursing Theory. The Maternal Role Achievement Theory describes stages of an interactive and evolutionary process between the mother and the child for the construction of a maternal identity and involves social and emotional adaptations: learning, development of the maternal role and obtaining security in face of that role. In this context, the maternal identity is achieved when the woman redefines her "I" and establishes a new identity based on the incorporation of aspects related to motherhood, which is related to the balance between the maternal role and her expectations (Mercer, 1995).

To assist women in forming this new identity, it is important that nursing professionals use practices based on scientific knowledge, perform an active and holistic listening, and provide comprehensive care during the puerperal woman's hospitalization. This can assist in the positive recovery process with a reduction in psychological and social damage to the mother, newborn, and family (Silva et al., 2017).

Thus, to optimize the nursing care aimed at the puerperal woman, the Nursing Process (NP) must be implemented, since it consists of a methodological instrument that allows to determine, recognize, characterize, and clarify the individual's needs, allowing the identification of the Nursing Diagnosis (ND) (Fonseca et al., 2016). It provides the direction of actions to be implemented in healthcare practice to achieve the expected results, in addition to providing a standardized nomenclature assisting in communication between the members of the care team (Herdman & Kamitsuru, 2018).

Bearing in mind that, when listing a ND in a puerperal woman, it is possible to provide assistance directed to the real needs of this woman, respecting her rights and enabling education and health promotion (Andrade et al., 2015), the present study aims to analyze the ND of the self-perception domain of NANDA International Taxonomy II in puerperal women.

2 | METHODS

This is a descriptive, cross-sectional, and quantitative study carried out in two stages: identification of nursing diagnoses indicators in the self-perception domain and diagnostic inference.

In the first stage, anamnesis and physical examination were performed to identify the defining characteristics and risk factors of nursing diagnoses in the self-perception domain in women hospitalized in the infirmary of a University Hospital in a capital of northeastern Brazil who were in the immediate puerperium.

It is noteworthy that the self-perception domain of Taxonomy II of NANDA International has 11 nursing diagnoses (Herdman & Kamitsuru, 2018), which are listed below:

- a. Class self-esteem: Chronic low self-esteem; risk of chronic low self-esteem; situational low self-esteem; risk for situational low self-esteem.
- b. Body image class: Disturbed body image.
- c. Self-concept class: Readiness for enhanced hope; hopelessness; risk for compromised human dignity; disturbed personal identity; risk for disturbed personal identity; readiness for enhanced self-concept.

The sampling was nonprobabilistic for convenience with the adoption of eligibility criteria. Therefore, the inclusion criterion was used: women over 18 years old, hospitalized in the infirmary, and who were between the 1st and 10th postpartum days, since, in this period, the changes imposed by the birth of a child tend to be more abrupt and intense. Postpartum women with clinical conditions who prevented anamnesis and/or physical examination during data collection were excluded from the sample.

The population was composed of the puerperal women attended at the study site, so that between January and December 2017 there were 3026 visits. To calculate the sample, the formula for finite population studies was applied $n = Z^2 \times p \times q \times N / d^2 (N-1) + Z^2 \times p \times q$ (Luchesa & Neto, 2011), with significance levels of 95%, margin of error of 5%, and conservative p -value equal to 50%, since the prevalence of ND in the self-perception domain is not known in the study population. The calculation resulted in a sample of 153 women.

After approval by the Research Ethics Committee, the pretest was carried out with 10% of the sample, 15 patients. As there was no need to change the instrument so that patients were included in the final sample.

Data collection took place from January to April 2019. Thus, to ensure the reliability of the data collected, the identification of the DE indicators studied was carried out by the research team through the application of an instrument built from the defining characteristics and risk factors present in all nursing diagnoses in the self-perception domain NANDA Taxonomy II (Herdman & Kamitsuru, 2018). The instrument contained questions that were asked to women during interviews and allowed to identify the presence or absence of diagnostic indicators.

Besides, the instrument used also had a part for the collection of socioeconomic and clinical data (marital status, education, occupation, income, planned pregnancy, complications during pregnancy/childbirth, age, number of pregnancies, births, and abortions).

The diagnostic inference step was performed based on the data collected during the first step. Eleven NDs were listed to

confirm their presence and the degree/category of accuracy according to the Nursing Diagnosis Accuracy Scale (EAD—Version 2) (Matos & Cruz, 2013).

The EAD—2nd version was chosen to assess the accuracy of ND in this study because it underwent a validation process, which showed reasonable estimates of validity and reliability, showing great advances in relation to its precursor. It consists of four scoring items, such as the presence of a clue, specificity, relevance and coherence of the clue, in addition to a nonscoring question: “Would you keep this diagnosis?” The items on this scale are scored in scores ranging from 0 to 13.5 and classified in four degrees of accuracy: Null (0), Low (1), Moderate (2 to 5.5), and High (9 to 13.5) (Matos & Cruz, 2013).

To assess its accuracy, the 11 NDs in the self-perception domain for each study participant were listed and the presence of clues was verified in order to confirm the presence of the diagnosis and its degree of accuracy. Those who obtained moderate to high accuracy were considered as ND present.

Data analysis was performed using descriptive and inferential statistics with the help of IBM SPSS Statistic software version 20.0 for Windows. For the socioeconomic and clinical data, the relative and absolute frequencies of the qualitative variables and measures of central tendency and dispersion (mean, median, and SD) of the quantitative variables were calculated. The Kolmogorov–Smirnov test was used to verify the normality of quantitative variables and Pearson’s Chi-square and Fisher’s Exact tests were used in order to ascertain the association of defining characteristics or risk factors with the most prevalent ND of each class studied. For statistical significance, a 5% level was chosen for all tests performed.

The research followed the ethical precepts of Resolution 466/12 of the National Health Council (Ministério da Saúde, 2012) and data collection only started after submission and approval by the Research Ethics Committee of the Health Sciences Center corresponding to the CAAE Number: 02849818.0. 0000.5208. The women signed the Free and Informed Consent Form after being informed about the objectives, risks and benefits of the research.

3 | RESULTS

Most of the interviewed mothers had a partner (83%), did not work (64.1%), and had an income below the minimum wage (45.1%). The average age of the interviewed patients was 27.56, varying between 18 and 44 years old. As for clinical data, 57.5% refer that the pregnancy was not planned, and in 79.7% of cases there were complications during pregnancy and/or delivery. The median number of pregnancies, deliveries, and abortions was 2, 2, and 0, respectively.

Regarding the prevalence of Nursing Diagnoses in the self-perception domain, the most prevalent was Readiness for enhanced self-concept (98.7%), followed by Disturbed body image (85.0%), risk for situational low self-esteem (81.0%), disturbed personal identity (77.1%), hopelessness (76.2%), and readiness for enhanced hope (71.9%). The least prevalent diagnoses were: chronic low self-esteem (61.4%); risk for disturbed personal identity (52.9%); situational low

self-esteem (36.6%); risk of chronic low self-esteem (34.0%), and risk of compromised human dignity (17.0%).

Statistical associations were made between the most prevalent ND of each class in the self-perception domain and their defining characteristics or risk factors.

The most prevalent ND of the self-concept class was Readiness for enhanced self-concept. Table 1 shows the association between ND and its defining characteristics.

Table 2 describes the association between the ND Risk of situational low self-esteem, most prevalent in the Self-esteem class, and its risk factors. The variable unrealistic self-expectations could not be tested because it was absent in all patients of the sample.

In the Body Image class, the most prevalent ND was Disturbed body image. Table 3 shows the association between the ND and its defining characteristics in puerperal women. Statistically significant associations were identified between the ND and 11 defining characteristics.

4 | DISCUSSION

As a segment of the NP, the NDs direct the care, encourage the client to participate in their treatment and the therapeutic plan, provide measurable criteria for evaluating the care provided, in addition to allowing the development of teaching and research specifics to nursing (Vanetti, Oliveira, & Almeida, 2018).

Puerperium is an intense period charged with feelings of joy and vulnerability of women, accompanied by moments of concern and anguish resulting from significant physical, physiological, and psychological changes (Bennett & Kearney, 2018). The physical changes experienced, when added to social expectations related to the ideal body and the social role of women, can influence her self-perception (Scope, Booth, Morrell, Sutcliffe, & Cantrell, 2017) and, consequently, generate dissatisfaction with her own body, resulting in possible disturbances in self-image and low self-esteem (Sharifzadeh, Navininezhad, & Karamat, 2018) in addition to possible eating disorders (Lovering, Rodgers, George, & Franko, 2018). These aspects were evidenced, in this study, by the high prevalence of NDs as disturbed body image, Risk for situational low self-esteem, disturbed personal identity, and hopelessness.

On the other hand, the ND readiness for enhanced self-concept was the most prevalent in the study and refers to aspects based on reports of self-presentation and self-perception that can be improved (Herdman & Kamitsuru, 2018). This condition of well-being may be related to the child’s birth, desire for self-acceptance, and the woman’s coping strategy (Suszek, Fronczyk, Kopera, & Maliszewski, 2018).

Willingness to improve self-concept can be influenced by the acceptance of maternal qualities and limitations in the care of herself and the newborn, since these characteristics are related to maternal self-confidence. This self-confidence helps women cope with the adversities of the new routine such as altered sleep patterns, breastfeeding, and changes in appetite. It promotes the development or improvement of skills to correctly interpret body and mind signals from a dynamic process, which depends on time and is influenced by issues such as the postpartum’s mental health (Matthies et al, 2017).

TABLE 1 Association Between the Nursing Diagnosis “Readiness for Enhanced Self-Concept” and its Defining Characteristics in Puerperal Women. Recife—PE, 2019

Variables	Present		Absent		p value*
	n	%	n	%	
Defining characteristics					
Acceptance of strengths	146	96.7	05	3.3	.077
Actions congruent with verbal expressions	143	94.7	08	5.3	.115
Acceptance of limitations	139	92.1	12	7.9	.008
Confidence in abilities	132	87.4	19	12.6	.245
Satisfaction with thoughts about self	126	83.4	25	16.6	.312
Satisfaction with personal identity	126	83.4	25	16.6	.030
Satisfaction with sense of worth	119	78.8	32	21.2	.386
Expresses desire to enhance role performance	112	74.2	39	25.8	.071
Expresses desire to enhance self-concept	97	64.2	54	35.8	.132
Satisfaction with body image	92	60.9	59	39.1	1.000

*Fisher's exact test.

TABLE 2 Association Between the Nursing Diagnosis “Risk for Situational Low Self-Esteem” and its Risk Factors. Recife—PE, 2019

Variables	Present		Absent		p value
	n	%	n	%	
Risk factors					
Alteration in body image	116	93.5	8	6.5	.000**
Alteration in social role	58	46.8	66	53.2	.000**
Unrealistic self-expectations	0	0	124	100	-
Behavior inconsistent with values	3	2.4	121	97.6	1.000*
Decreased in control over environment	27	21.8	97	78.2	.150**
Pattern of helplessness	9	7.3	115	92.7	.209*
Inadequate recognition	16	12.9	108	87.1	.528*

*Fisher's exact test.

**Pearson's Chi-square test.

Satisfaction with personal identity is related to awareness and subjective experience, cohesion, uniqueness, and continuity. During the life and its events, such as the birth of a child, intrapersonal and interpersonal difficulties can influence the perception of the individual's personal identity, changing their goals, and their cultural and ideological values (Pilarska, 2016).

The ND Risk for situational low self-esteem was the third most prevalent in the study. Self-esteem is the evaluation of your own value, importance, capacity and success, and can be low in puerperium since there is a change in the identity and expectation of this woman with her new social role, that of being a mother (Vieira, Loiola, & Alves, 2013). In addition to the lack of support and recognition, and the physical and mental exhaustion, it can result in the development of a situational or chronic low self-esteem (Herdman & Kamitsuru, 2018).

The change in body image usually occurs during the puerperium. However, body surveillance due to the pressure to reach socially accepted body standards (Lovering et al. 2018), reflected in the desire to lose the weight obtained during pregnancy, can promote dissat-

isfaction with body image and cause symptoms of eating disorders (Rodgers, O'Flynn, Bourdeau, & Zimmerman, 2018). This fact is reaffirmed by the evidence that obese puerperal women show a greater desire for thinness, bulimia tendencies, and body dissatisfaction (Mento, Le Doone, Crisafulli, Rizzo, & Settineri, 2017).

Besides, women's sexual health can also be affected due to vaginal changes experienced during this period (Afshar, Nguyen, Mei, & Grisales, 2017; Sheikhi, Navidian, & Rigi, 2020), directly interfering with their quality of life (Youseflu, Rostami, Afrashteh, Bayat, & Rastegari, 2019).

Another aspect that can influence maternal self-esteem is the change in the social role of women in the puerperium. It is observed that they may experience frustration, since there is a transition between the view she had of herself before and after motherhood. This change generates frustration due to the lack of meeting their needs in the face of demands with the child (Zdolska-Wawrzekiewicz, Bidzan, Chrzan-Dętko, & Pizuńska, 2019). Also, there is a feeling of insufficiency in relation to the expectations of society and of herself about

TABLE 3 Distribution of Defining Characteristics Regarding the Nursing Diagnosis “Disturbed Body Image” in Puerperal Women. Recife—PE, 2019

Variables	Present		Absent		p value
	n	%	n	%	
Defining characteristics					
Alteration in body structure	123	94.6	7	5.4	.000*
Alteration in view of one's body	105	80.8	25	19.2	.000**
Alteration in body function	67	51.5	63	48.5	.000**
Behavior of acknowledging one's body	55	42.3	75	57.7	.000**
Focus on past appearance	54	41.5	76	58.5	.000**
Change in lifestyle	50	38.5	80	61.5	.001**
Behavior of monitoring one's body	35	26.9	95	73.1	.005**
Emphasis on remaining strength	27	20.8	103	79.2	.078*
Preoccupation with change	25	19.2	105	80.8	.015*
Focus on previous strength	23	17.7	107	82.3	.026*
Avoid looking at one's body	21	16.2	109	83.8	.045*
Change in social involvement	20	15.4	110	84.6	.045*
Avoid touching one's body	17	13.1	112	86.2	.215*
Hiding of body part	15	11.5	115	88.5	.129*
Focus on past function	9	6.9	121	93.1	.357*
Perceptions that reflect an altered view of one's body appearance	9	6.9	121	93.1	.357*
Fear of reaction by other	8	6.2	122	93.8	.607*
Absence of body part	6	4.6	124	95.4	.592*
Extension of body boundary	4	3.1	126	96.9	1.000*
Depersonalization of loss by use of impersonal pronouns	3	2.3	127	97.7	1.000*
Personalization of a body part by name	3	2.3	127	97.7	.482*
Personalization of loss by name	2	1.5	128	98.5	1.000*
Depersonalization of loss by use of impersonal pronouns	1	.8	129	99.2	1.000*
Change ability to estimate spatial relationship of body to environment	1	.8	129	99.2	1.000*

*Fisher's exact test.

**Pearson's Chi-square test.

her life with a child, so that the woman can experience a feeling of unpreparedness about being a mother. These events can trigger, in the woman, a feeling of loss of control over her life, developing a sensation of incapacity due to the lack of self-confidence (Javadifar, Majlesi, Nikbakht, Nedjat, & Montarezi, 2016).

The ND Disturbed body image shows the relationship of the body and the social, presenting an overvaluation of the perfect body for each community, in this case, for the western one (Ada, 2018). NANDA defines Disturbed body image as the disorder of the physical self in the mental image (Herdman & Kamitsuru, 2018).

Thus, the puerperal changes are directly correlated with self-esteem and body image because it involves physical, hormonal, and psychological characteristics. The decrease in the level of progesterone and estrogen, for example, will lead to uterine contractions, including during breastfeeding, and bleeding, the so-called lochia; the breasts tend to get full and painful, especially on the third postpartum day due to the drop in milk, or the so-called milk “coming in.” In addition, the

dilated vagina, and hemorrhoids can appear in this period (Montenegro, Filho, & Rezende, 2011). These temporary biological transitions may be responsible for the presence of DC as alteration in body structure, alteration in view of one's body, and alteration in body function.

The presence of the focus on past appearance and previous strength among the puerperal women may be related to the mistaken dissemination of the immediate return to the body prior to pregnancy, which tends to cause frustrations and anxiety in women (Montenegro et al, 2011). Furthermore, the search for the perfect body, dissociated by social media and, often, unattainable, generates anxiety in women who are faced with the vision of the real body, especially during the puerperium (Petribú & Mateos, 2017).

When concerns and frustrations intensify, eating disorders, such as anorexia and bulimia, and anxiety (Fogarty, Elmir, Hay, & Schmied, 2018) and/or depression (Han, Brewis, & Wutich, 2016) may develop, requiring attention from the health professional for the presence of aspects that may suggest such events, such as the presence of DCs

preoccupation with change, behavior of monitoring one's body, and avoid looking at one's body.

It is important to highlight that the recognition and appreciation of oneself, attributes built since birth and strengthened with the development of the human being, are also influenced by the individual's support network (Vieira et al., 2013). In this aspect, the change in social involvement can influence the patient's recognition and appreciation in relation to herself, since it is related to changes in her support network.

Considering the above, the importance of the nursing professional in assisting women during the puerperium is reaffirmed, which should be based on scientific evidence that allows the direction of comprehensive and individualized care. In this context, the observation of clinical indicators of a ND based on the physical and psychological demands of the puerperal woman can help prevent and combat negative results, aiming at the success of therapy.

5 | CONCLUSIONS

The most prevalent ND of each class in the self-perception domain found in the puerperal women were: readiness for enhanced self-concept, of the self-concept class, risk for situational low self-esteem, of the self-esteem class and disturbed body image, of the body image class.

The ND readiness for enhanced self-concept showed significant associations with the defining characteristics: acceptance of limitations and satisfaction with personal identity while the ND risk for situational low self-esteem was associated with risk factors alteration in body image and alteration in a social role.

The ND disturbed body image presents 11 significant defining characteristics, to mention: alteration in the body structure, alteration in view of one's body, alteration in the body function, behavior of acknowledging one's body, focus on past appearance, change in the lifestyle, behavior of monitoring one's body, preoccupation with change, focus on previous strength, avoid looking at one's body, and change in social involvement.

The subjectivity of the defining characteristics made it difficult to identify the nursing diagnoses, making it necessary to actively listen and to use open questions to assist in the interpretation of the information referred by the puerperal women, respecting their thoughts about themselves and their health, beliefs, and cultural values.

During the postpartum period, women experience events that test their personality adaptive abilities, role performance, lifestyle, and physical limitations. The changes may predispose the presence of the NDs present in this study, requiring nursing professionals to consider the wishes, desires, and expectations of women and encourage their participation in the treatment and therapeutic plan in order to contribute to the recovery and reduction of social and psychological problems to mother, newborn, and family.

IMPLICATIONS FOR NURSING PRACTICE

The results of this study are expected to contribute to the development of specific interventions to the reality of the puerperal women, encom-

passing all aspects that involve the postpartum period, encouraging the nursing professional to use the NP in clinical practice. Furthermore, the analysis of nursing diagnoses in the self-conception domain can assist nurses in planning health education actions aimed at puerperal women in order to empower these women to care for themselves and their children.

It may also contribute to refinement of the NANDA-II taxonomy and the advancement of nursing research, bringing important data about self-perception in puerperal women in order to provide safe clinical practice grounded in scientific knowledge.

AUTHORS' CONTRIBUTIONS

1. Conception and design or analysis and interpretation of data: Maria Eduarda Wanderley Mota, Marília Cabral Pinheiro Carneiro, Danielly Gama Lima Malheiros Farias, Natália Ramos Costa Pessoa, Cecília Maria Farias de Queiroz Frazão.

2. Writing of the article or relevant critical review of intellectual content: Maria Eduarda Wanderley Mota, Marília Cabral Pinheiro Carneiro, Danielly Gama Lima Malheiros Farias, Bárbara Guedes de Almeida, Natália Ramos Costa Pessoa, Cecília Maria Farias de Queiroz Frazão.

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CONFLICT OF INTEREST

No conflict of interest has been declared by the authors.

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