

RESEARCH ARTICLE (ORIGINAL) 

# Nursing consultation from the perspective of the person with cardiovascular disease

*Consulta de enfermagem na percepção da pessoa com doença cardiovascular*  
*Consulta de enfermería en la percepción de la persona con enfermedad cardiovascular*

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**Abstract**

**Background:** The nursing consultation promotes behavioral changes in the outpatient follow-up of people with cardiovascular diseases.

**Objective:** To know the perceptions of people with cardiovascular diseases about the outpatient nursing consultation.

**Methodology:** A cross-sectional, qualitative study was carried out using semi-structured interviews with people with cardiovascular diseases in outpatient follow-up. The interviews were recorded and transcribed, and the thematic-categorical content analysis method was applied.

**Results:** Twenty people were included in the study. Three categories emerged from 160 registration units: 1) Expectations about the nursing consultation; 2) Understanding of the nursing consultation; and 3) Nursing consultation experience.

**Conclusion:** Patients who have not experienced a nursing consultation are not familiar with what the consultation is nor recognize it as part of longitudinal care. However, those who have already experienced the consultation recognize it as a space for bonding, making effective changes in health-related behaviors, and clearing doubts.

**Keywords:** office nursing; cardiovascular nursing; evidence-based nursing; nursing evaluation research; patient reported outcome measures

**Resumo**

**Enquadramento:** A consulta de enfermagem é uma ação que potencializa a mudança de comportamentos nas pessoas com doença cardiovascular a serem seguidas em ambulatório.

**Objetivo:** Conhecer a percepção das pessoas com doença cardiovascular sobre a consulta de enfermagem em ambulatório.

**Metodologia:** Estudo transversal, qualitativo, com aplicação de entrevista semiestruturada a pessoas com doença cardiovascular seguidas em ambulatório. As entrevistas foram gravadas e transcritas e aplicou-se a análise de conteúdo temático categorial.

**Resultados:** Foram incluídas 20 pessoas no estudo. Três categorias emergiram de 160 unidades de registro: 1) Expectativas para a consulta de enfermagem; 2) Compreensão sobre a consulta de enfermagem; e 3) Experiência - consulta de enfermagem.

**Conclusão:** Os usuários que não passaram pela consulta de enfermagem não conhecem o que é a consulta nem a reconhecem como parte do cuidado longitudinal. Entretanto, aqueles que já vivenciaram a experiência da consulta, reconhecem-na como um espaço de vínculo, de possibilidade de realizar mudanças efetivas de comportamentos relacionados com a saúde e de esclarecimento de dúvidas.

**Palavras-chave:** enfermagem no consultório; enfermagem cardiovascular; enfermagem baseada em evidências; pesquisa em avaliação de enfermagem; medidas de resultados relatados pelo paciente

**Resumen**

**Marco contextual:** La consulta de enfermería es una acción que potencia el cambio de conducta en las personas con enfermedades cardiovasculares a las que se hará un seguimiento en las consultas externas.

**Objetivo:** Conocer la percepción de las personas con enfermedades cardiovasculares sobre la consulta externa de enfermería.

**Metodología:** Estudio transversal, cualitativo, en el que se aplicó la entrevista semiestruturada a personas con enfermedad cardiovascular a las que se hizo un seguimiento en una consulta externa. Las entrevistas se grabaron y transcribieron, y se aplicó el análisis de contenido categórico temático.

**Resultados:** Se incluyeron 20 personas en el estudio. De las 160 unidades de registro surgieron tres categorías: 1) Expectativas de la consulta de enfermería; 2) Comprensión sobre la consulta de enfermería, y 3) Experiencia - consulta de enfermería.

**Conclusión:** Los usuarios que no han pasado por una consulta de enfermería no saben lo que es la consulta ni la reconocen como parte de la atención longitudinal. Sin embargo, quienes ya han pasado por la consulta la reconocen como un espacio de vinculación, de posibilidad de realizar cambios efectivos en las conductas relacionadas con la salud y de aclaración de dudas.

**Palabras clave:** enfermería de consulta; enfermería cardiovascular; enfermería basada en la evidencia; investigación en evaluación de enfermería; medición de resultados informados por el paciente

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## Introduction

Noncommunicable diseases (NCDs) are a global public health problem, more serious in developing countries. Among chronic conditions, cardiovascular diseases (CVDs) represent the leading cause of death worldwide (Global Burden of Diseases, 2018) in particular ischemic heart disease and stroke (Virani et al., 2021).

Cardiovascular disease has a direct relationship with cardiovascular risk factors: dyslipidemia; hypertension; hyperglycemia; smoking; diabetes; obesity; and a sedentary lifestyle (Arnett et al., 2019). Some of these factors, the modifiable ones, are translated by lifestyle habits. Thus, there is a consensus that a large part of CVDs can be prevented or have their evolution controlled by addressing health-related behavioral factors. With a view to reducing cardiovascular risk factors, theory-based health interventions can be implemented through the nursing consultation (NC).

Considering the epidemiological relevance of CVDs for global health, caring for people affected by such diseases constitutes a primary goal of nursing work, both in planning and carrying out the actions involved in the health/disease/care process. However, it is necessary to know the expectations of people with CVDs about the NC, which may generate a reflection on this nursing activity, contributing to nursing practice in a participatory, ethical, resolute, and effective way. Thus, this study aims to understand the perceptions of people with CVDs about the outpatient nursing consultation.

## Background

The nursing consultation in Brazil should be guided by the systematization of nursing care (SAE), according to the Resolution of the Federal Council of Nursing (Conselho Federal de Enfermagem [COFEN], 2009). It corresponds to a private nursing activity that can contribute to improving the quality of health care and clinical outcomes through the implementation of health protection, promotion, recovery, and rehabilitation interventions (COFEN, 2009).

Therefore, the NC should be systematically performed and based on scientific evidence and clinical reasoning, divided into the five steps of the Nursing Process: Nursing assessment; Nursing Diagnosis; Nursing Planning; Nursing Implementation; and Nursing Evaluation (COFEN, 2009).

Emphasizing bonding from the perspective of health rather than disease and comprehensive and integrated care, the NC with people with chronic conditions favors breaking the paradigm of treating acute health conditions and curing (Departamento de Atenção Básica, 2014; Hendriks & Heidebüchel, 2019). It directs nursing practice towards longitudinal care, the comprehensive follow-up of the person and their family, in which the patient is the protagonist, considering their socio-environmental context, preferences, and projections, relationship with their health status, and ability to cope with the chronic

condition on a daily basis (Truglio-Londrigan & Slyer, 2018).

With regard to NCDs and CVDs, the nursing activities developed during the NC mainly involve strategies for changing health behaviors under different aspects. The clinical aspects are related to changes in lifestyle and routine habits, which include adherence to medication regime, reducing salt and sugar intake, adopting healthy eating practices, exercising, smoking cessation, and stress and sleep control. The health promotion aspects involve carrying out collective and convivial activities, strengthening community support networks and individual or group interdisciplinary actions. And the managerial aspects include methods for the clinical management of the chronic condition, complex decision-making, and management of health services with a view to facilitating access, expanding health coverage, and changing clinical outcome indicators (Bryant-Lukosius et al., 2017).

Through NC, it is possible to identify the nurses' care practice focused on the health-related social needs to improve symptom control, disease progression, primary and secondary prevention of worsening. By understanding the perspectives and expectations of people with cardiovascular diseases about NC, nurses can improve their own performance and enhance the comprehensive and unique nature of this nursing practice.

## Research question

How is the nursing consultation perceived by people with CVDs in outpatient follow-up?

## Methodology

A cross-sectional, descriptive-exploratory study was carried out with a qualitative approach. The Consolidated criteria for reporting qualitative research (COREQ) instrument was followed in all stages of the study to ensure accuracy and rigor.

The research was conducted in outpatient clinics of a hospital with recognized excellence in cardiology in a city of Rio de Janeiro state, Brazil.

Participants were selected by convenience sampling. People with cardiovascular diseases who were at the institution waiting for their routine consultation were personally invited. People with a medical diagnosis of cardiovascular disease described in medical records, followed in outpatient clinics, aged 18 years or older, of both genders, and without any alteration in the ability to communicate and understand were included. People who started the interview but were called for consultation and did not finish the data collection were removed.

Data were collected by means of interviews, following a semi-structured script prepared exclusively for this research. The interviews occurred in the waiting room, always ensuring the participant's privacy, anonymity, and comfort. People with cardiovascular diseases who agreed to participate were led to a private place in the waiting

room due to its large size. People with CVD who had never had an NC were asked about aspects related to their understanding, expectations, and importance. For those who already had experienced an NC, the questions referred to the guidance received, issues addressed, and lifestyle changes made with the nurses' help.

The interviews were conducted between January and April 2021 by the principal investigator. Before starting to question the participants, the researcher explained the research objectives and methodological processes. The inclusion of the participant and the interview was only carried out upon authorization and prior signature of the Free and Informed Consent Form, with a copy of it remaining in the possession of the participant and another with the researcher.

As it is an instrument developed specifically for this study, a pilot interview was conducted to analyze its effectiveness, and no changes were necessary. The pilot interview enhanced the confidence in the instrument's application. The interviews lasted an average of 5 minutes and were audio recorded using a smartphone and transcribed for later systematization and analysis.

Data were subjected to thematic-categorical content analysis according to Oliveira's theoretical framework (2008). After exhaustive reading of the transcriptions, the registration units (RU) were selected, which were subsequently grouped into units of meaning (UM). Then, the thematic categories were created according to the criterion of homogeneity.

The final sample was composed of 20 participants. In-depth, comprehensive, and diverse answers for understanding the study object were reached at interview number 19, in which after RU selection and UM organization no new themes emerged.

The project was approved by the Research Ethics Committee of the proponent (University) and co-participant (Cardiology Hospital) institutions under opinion no. 4.531.072 of 9 February 2021. This study complied with all aspects of Resolution 466/2012 of the National Health Council and complementary regulations related to research involving human beings. To maintain the participants' anonymity, the excerpts derived from the transcripts are identified as "P" followed by the interview number.

## Results

Twenty people with CVDs in outpatient follow-up participated in the study. The participants ( $n = 20$ ) were on average 59 years old, ranging from 27 to 86, and had been under outpatient follow-up at the institution for an average of 17 years. Most were female (65%), widowed (30%) or married (26%), retired (55%), and had completed 9<sup>th</sup> grade (60%). The CVDs that led to the follow-up included valvopathy (42.1%); arrhythmia (26.3%); myocardial pathology (21%), with one participant having undergone heart transplantation; ischemic heart disease (10.5%); and severe arterial hypertension (5.2%). Three participants (16%) were in follow-up for more than one heart disease. One person did not answer this question.

Regarding the experience with NC, 15 had never been in an NC, and five had already experienced it during CVD follow-up. From the content analysis, 160 registration units (RU) were identified and grouped into three categories: 1) Expectations about the nursing consultation; 2) Understanding of the nursing consultation; and 3) Experience: nursing consultation (Table 1). The results and discussion of each category are presented below.

### Category 1. Expectations about the nursing consultation

This category gathers 70 RUs (41.4%) of participants who have not experienced an NC. They expressed their expectations about cardiovascular health guidance and issues to be addressed during the consultation.

People with CVDs expect to be guided on how to manage their disease and clear their doubts. "It's where they guide us on things we don't know how to do" (P1). "They will give me some guidance" (P2).

In addition, they expect the NC to be a screening step for medical care: "It would be like a nursing consultation for screening, then the doctor will see me" (P14). "We have to go through them [nurses] first and then the doctor" (P1). "They will guide me, refer me to a doctor" (P2).

Despite the poor recognition of the nurse's performance as a professional who performs individual consultations independently, the expectations reported by the participants also referred to the way of being cared for and the importance of this care in health care: "Being well cared for" (P4). "Knowing how our health is" (P10). "Yes, it is important" (P12).

**Table 1**

*Presentation of the themes, registration units, and categories arising from the qualitative data analysis and their respective frequencies. Source: The authors.*

Code	Themes	RU No.	RU %	Categories	RU No.	RU %
2	Guided on how to manage their disease	4	2.36			
4	It's where they guide us on things we don't know how to do	4	2.36			
5	Screening / we have to go through them first, and then the doctor	6	3.55	Expectations about the nursing consultation: Expected guidance	50	29,6
7	Refer me to a doctor	2	1.18			
15	Being well cared for	2	1.18			
22	Importance of consultation: it is important	20	11.83			
24	Knowing how our health is	7	4.14			
26	New experience / differentiated approach	3	1.77			
27	Ordinary consultation / similar to the doctor's	2	1.18			
03	How to take medication	8	4.73			
08	Avoiding salt intake because I have high blood pressure, improving my clinical status	2	1.18	Expectations about the nursing consultation: Issues addressed	20	11,8
09	Monthly consultations, follow-up	7	4.14			
10	Learning more: nutrition and medication	1	0.59			
25	Checking vital signs	1	0.59			
28	Dietary guidance	1	0.59			
01	The nurse is the doctor's assistant	4	2.36			
16	Does not know what the nursing consultation is or the issues addressed	11	6.50			
17	Importance of consultation: it is not important in outpatient follow-up, only during hospitalization	5	2.95			
18	Unrecognition of the profession/insecurity about the nursing consultation: the nurse is not... even a doctor, why are they going to see me??	19	11.24	Understanding of the nursing consultation	50	29,6
19	Perception of the nursing consultation as just plain procedures	5	2.95			
20	Would not like to go to a nursing consultation	6	3.55			
06	Having experience in/knowledge of the problem/disease	7	4.14			
11	Experience of being welcome	9	5.32			
12	Experience of guidance	16	9.46			
13	From their experiences, the consultation is very important	1	0.59			
14	Habit change established at the consultation	13	7.69			
21	Experience: symptom and sign identification, checking if everything is okay	1	0.59	Nursing consultation experience	49	29
23	Experience of nursing care: healing	2	1.18			

Some participants reported the nursing consultation as a new care experience with a differentiated approach. "I think it would be a new experience, right, a different opinion, another opinion. We are already used to the doctor, but the nurse might address issues that maybe the doctor wouldn't" (P11). However, others stated that

the consultation would be like the ones they are already used to. "An ordinary consultation" (P15).

The participants showed interest in talking about medication and diet, asking questions, and performing clinical follow-up. "I would talk about the medication I'm taking" (P6). "Avoiding salt because I have high blood

pressure” (P2). “Always checking our blood pressure to see how it is”. (P10).

### Category 2. Understanding of the nursing consultation

This category includes 50 RUs of people who had never experienced an NC, which represents 29.6% of the total. These reports identify the nurse as the doctor’s assistant, reflecting a lack of knowledge about the NC and the issues addressed. “The nurse is the doctor’s assistant” (P1). “They are not even a doctor, why are they going to see me?” (P5). “I have not a single idea of what it is”. (P13). In this category, the perception regarding the importance of the consultation is also revealed. For this group, the NC is not so important in longitudinal outpatient follow-up care. “Here, there is no need for a nursing consultation” (P4). “A medical consultation would be important, not a nursing consultation” (P6).

This group also showed unrecognition of the profession and insecurity about the NC. The consultation was occasionally associated with plain procedures, which reflects a lack of knowledge about nursing work. Such beliefs led some to make explicit their desire not to go to a nursing consultation.

Being checked by a nurse who has no knowledge whatsoever of medicine... They would have to have something more, more knowledge to be able to check me. Totally different from a trained doctor, who has studied, so their knowledge is greater.

“I would feel insecure because of . . . because of the seriousness of my problem” (P17). “Checking pressure, temperature, this kind of thing” (P11). “I wouldn’t like it, I would always prefer to be seen by a doctor” (P6).

### Category 3. Nursing consultation experience

This category includes those who have already undergone an NC. These participants show a positive perception of nurses and their assistance during the NC (49 RUs, 29%). Despite being the category with the lowest number of RUs, the NC was described as an experience of health guidance by the nurse, including clinical and disease-related aspects, as well as care aspects. Another positive NC factor is the welcoming. “The nurse oriented me to take the correct medication, not to make any efforts, including those precautions a person with cardiomyopathy must have, they didn’t miss a thing” (P8). “Every time I come for a consultation, they always aim for improvement” (P7). “Very well cared for” (P3). “I was well cared for, I had no difficulty” (P7).

The consultation was also reported as an opportunity for anamnesis and clinical evaluation, addressing the general health status of the person with CVD and identifying signs and symptoms, including wound care and other procedures. “They [nurses] asked me a lot of questions about what I was feeling, and . . . which symptoms I had” (P7). “The nurse always told me to maintain the proper hygiene, always keep it [wound] very clean, very dry, and to return on the scheduled day” (P9).

From the participants’ experiences, we also identified the importance of the NC for CVD care and habit changes established at the consultation. Also, the language

adopted in the NCs was reported as adequate and easy to understand. “Yes, for sure [it is important]” (P8). “Yes [it is important], because the language they use is simpler than the doctor’s” (P19). “I became more aware of diet and medication schedule” (P3). “I changed my diet, I stopped eating a lot of things that could be more harmful to me” (P7).

## Discussion

The participants of this study presented their expectations and understanding of the NC as a screening care practice or a substitute for medical consultation. Those who have already experienced the NC reported their generally positive experiences, focused on health guidance and habit changes.

Their expectations are mainly related to clarifying doubts, being satisfactorily cared for by the nurse, and talking about medication use, dietary changes, and clinical follow-up. However, some participants expect the NC to be a new experience without perceiving that it is part of the institution’s longitudinal care routine. Negative perceptions of the NC include being considered a care practice linked to the medical consultation and less important.

This interpretation of the NC reveals a lack of understanding of the Nursing profession and the care process systematization, knowledge, and practices, even though the NC is legally supported within the exercise of the profession in Brazil (COFEN, 2009).

The lack of knowledge about the NC does not reflect the understanding of people with CVDs only in CVD follow-up. In other care spaces of the Health Care Network, similar results are found. Studies on primary health care show a lack of knowledge about the NC (Bazzo & Mendonça, 2013; Freitas et al., 2008; Santos et al., 2008). In Brazil, nursing is the largest healthcare workforce (COFEN, 2021), predominantly composed of young (up to 40 years) and mid-level professionals (Machado et al., 2015), highlighting the need for teamwork between nurses and nursing technicians/assistants. However, the number of professionals in Brazil is insufficient and inequitably distributed (Organização Pan-Americana de Saúde [PAHO], 2020).

Clinical practice faces the major challenge of maintaining the space for the NC in institutional routines (Freitas et al., 2008; Oliveira et al., 2012), which can contribute to patients’ difficulty in understanding this nursing activity. Therefore, it is important to reflect on the need for nurses to understand their own importance as care-promoting team members, capable of reducing health inequities and contributing to the strengthening of democratic and participatory spaces. Another crucial aspect is the importance of their role in promoting people’s health and the quality of nursing care, which, based on resoluteness, effectiveness, communication, ethics, and humanism, can change the scenario of a socially invisible profession (COFEN, 2021; Machado et al., 2015).

People with CVDs who have already experienced an NC reported a positive experience regarding health guidance

and behavioral changes. The quality of care, the attention, the space for listening, and the easy-to-understand language were highlighted by the participants.

Similar results were found in studies that followed-up people with leprosy, with the addition of the desire for more time allocated to each NC (Freitas et al., 2008), among family members of people in palliative care (Silva et al., 2016), among inpatients with different pathologies (Camillo & Maiorino, 2012), in prenatal care (Shimizu & Lima, 2009), and older people follow-up (Camargo & Caro, 2009). In such studies, despite being in different realities to those of the follow-up of people with CVDs, the reports on the welcoming and specialized care in nursing consultations must be highlighted.

People with CVDs reported expectations about and experience in habit changes established at the NC. The expectations related to behavioral changes and self-care are related to dietary habits and medication adherence, especially regarding the interventions that support these changes. People with CVDs who have already undergone an NC reported experiences in increased knowledge about the disease and management strategies; in changing dietary habits, physical activity, and adherence to treatment; and in bonding, proper communication, and continuity of follow-up. Furthermore, the participants highlighted the nurse's approach to modifying cardiovascular risk factors. The systematized approach of the NC, with the nursing process as a guiding tool, allows knowing the clinical trajectory of the person with CVD and identifying risk factors, behaviors, and the stage of comorbidities already established by conducting the nursing assessment. From the information obtained, the nursing diagnoses and necessary interventions to improve the current health situation are identified. Subsequently, the measures applied and their results are assessed to analyze the effectiveness of the interventions and the need for adjustments (COFEN, 2009; Oliveira et al., 2012). Thus, evidence-based practice and nursing record to guide scientific production, are actions inherent to the NC.

The nursing consultation should be considered an important stage of the multidisciplinary longitudinal follow-up of people with CVDs because developing a bond and trust in the interpersonal relationship creates opportunities for dialogue and attentive listening about feelings, anxieties, lifestyle, doubts, beliefs, expectations, and perceptions. Knowing the person and their ideas, beliefs, preferences, and possibilities allows for a person-centered and individualized service, acting beyond the clinical protocols, often including the patient's family and support network. Hence, there are greater chances of adhering to healthy behaviors, a better evolution and outcome of heart disease, and promotion of quality of life.

Despite COREQ's robustness as a methodological and follow-up strategy, this study has some limitations: the lack of participants' feedback on the transcripts or results; the non-recording of the total number of people invited; the scarcity of recent studies that evaluate the NC in the follow-up of people with CVDs in outpatient care to contribute to the discussion of the findings; and conducting the study in only one health unit, which hinders

data generalization. In addition, the very short average time of interviews may have caused the participants to withhold information.

## Conclusion

Patients who have not undergone an NC in outpatient follow-up are not familiar with what the consultation is and do not recognize it as part of longitudinal care. However, those who have already experienced an NC recognize it as a space for bonding, making effective changes in health-related behaviors, and clearing doubts. This study can contribute to the scientific production in nursing regarding the NC in the care of people with CVDs, especially in outpatient follow-up. In addition, it promotes the debate on the relevance of the profession to modifying clinical outcomes and reducing social inequities, with a focus on person-centered, evidence-based care guided by SAE. However, this study highlights the need for future studies to promote the population's recognition of the NC and its scope, effectiveness, and potential to improve cardiovascular clinical outcomes and promote quality of life.

Moreover, the reflections proposed here do not bring concrete answers or solutions because it is not possible to define measures that cover all Brazilian or international realities. Nurses must reflect on the issues addressed and seek, within their practice, to make the necessary changes for the valorization of their profession and the team's performance, promoting the NC as an effective technological care tool. Further research on the topic is needed.

## Author Contributions

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