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Nursing Care Process for people with Systemic Lupus Erythematosus in the hospitalization service

Proceso de Atención de Enfermería a personas con Lupus Eritematoso Sistémico en el servicio de hospitalización

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RESUMEN

Introducción: el Lupus Eritematoso Sistémico es una enfermedad autoinmune crónica que afecta múltiples sistemas orgánicos, generando complicaciones que requieren cuidados especializados. La Enfermería desempeña un papel central en la atención integral, mediante un enfoque sistemático que utilice el método científico de la profesión y asegure seguridad y calidad en el cuidado del paciente.
Objetivo: aplicar el Proceso de Atención de Enfermería en pacientes hospitalizados con Lupus Eritematoso Sistémico, utilizando las taxonomías NANDA, NOC y NIC, para brindar cuidados individualizados y mejorar la calidad de vida del paciente.
Métodos: se realizó un estudio descriptivo en el Hospital ISSSTE Columba Rivera Osorio, Pachuca de Soto, Hidalgo, en el periodo del 30 de junio al 8 de agosto del 2025. Se empleó la metodología del Proceso de Atención de Enfermería: valoración según el marco de Virginia Henderson, diagnóstico de Enfermería con NANDA, planificación con NOC, ejecución de intervenciones con NIC y evaluación de resultados. La información se registró en la Historia Clínica y se analizó de forma descriptiva.
Resultados: se identificaron diagnósticos de Enfermería como deterioro de la movilidad física y ansiedad. Las intervenciones incluyeron fomento del ejercicio físico y educación sobre la enfermedad. Los resultados esperados fueron mejora de la movilidad y reducción de la ansiedad, alcanzados en la mayoría de los pacientes.
Conclusiones: el PAE, integrando NANDA, NOC y NIC, permite ofrecer cuidados sistemáticos, personalizados y de calidad en pacientes con Lupus Eritematoso Sistémico hospitalizados, promoviendo seguridad y bienestar.

Palabras clave: Lupus Eritematoso Sistémico; Enfermería; Proceso de atención de Enfermería; Cuidados de salud; Calidad de vida; Hospitalización.

ABSTRACT

Introduction: systemic lupus erythematosus is a chronic autoimmune disease affecting multiple organ systems, requiring specialized nursing care. Nursing plays a central role in providing systematic, high-quality, and safe care.
Objective: to apply the Nursing Care Process in hospitalized patients with systemic lupus

erythematosus using NANDA, NOC, and NIC taxonomies to provide individualized care and improve patient quality of life.
Methods: a descriptive study was conducted in a general hospital over three months. The nursing process methodology was applied: assessment using Virginia Henderson framework, nursing diagnosis with NANDA, planning with NOC, interventions with NIC, and evaluation of results. Data were recorded in electronic health records and analyzed descriptively.
Results: nursing diagnoses identified included impaired physical mobility and anxiety. Interventions included promoting physical exercise and patient education. Expected outcomes were improved mobility and reduced anxiety, achieved in most patients.
Conclusions: the Nursing Care Process, integrating NANDA, NOC, and NIC, enables systematic, individualized, and high-quality care for hospitalized patients with systemic lupus erythematosus, promoting safety and well-being.

Keywords: Systemic Lupus Erythematosus; Nursing; Nursing Process; Health Care; Quality of Life; Hospitalization.

INTRODUCTION

Systemic lupus erythematosus is a chronic, multisystemic, inflammatory autoimmune disease characterized by an alteration in immune self-regulation that leads to progressive tissue damage across multiple organs. Although it is a low-prevalence disease in the general population, its clinical complexity and impact on quality of life make it a challenge for both health systems and nursing professionals (Gómez & Rojas, 2022). In Mexico, the prevalence is estimated at approximately 40 to 60 cases per 100 000 inhabitants, mainly affecting women of childbearing age between 20 and 40 years old (Zamora, 2023).

The course of systemic lupus erythematosus (SLE) is characterized by periods of remission and exacerbation, with manifestations including arthralgia, fever, skin rashes, nephritis, severe fatigue, and neurological disorders. This diversity of symptoms requires comprehensive care that addresses not only pharmacological management but also the emotional, social, and family repercussions of the disease. In this context, nursing plays an essential role in providing evidence-based care, therapeutic education, and ongoing support (Cano García, 2021).

From a nursing perspective, systemic lupus erythematosus becomes a complex phenomenon to study, as it requires understanding human responses to a chronic, fluctuating pathological process. Caring for people hospitalized for complications of lupus involves applying the profession's scientific method, the Nursing Care Process (NCP). This method allows for the planning of personalized, systematic, and safe care, consistent with the patient's individual needs and family context (Marriner-Tomey, 2022).

Nursing care in systemic lupus erythematosus is not limited to the control of clinical signs, but also includes the promotion of self-care, education about immunosuppressive treatment, the prevention of infectious complications, and emotional support in the face of an uncertain prognosis. Timely intervention by nursing staff can directly influence therapeutic adherence, reduce hospital readmissions, and improve quality-of-life indicators (López & Bravo, 2021).

Unlike other chronic conditions, systemic lupus erythematosus poses an additional challenge: variability in patients' emotional responses to the diagnosis. Recent studies indicate that up to 60 % of patients experience symptoms of anxiety or depression associated with the course of

the disease (Álvarez et al., 2022). In these cases, nursing professionals must act not only as technical executors but also as educators and therapeutic companions, promoting resilience and positive coping.

Hospitalization represents a critical moment for patients with lupus, as it is often associated with acute crises or renal, cardiac, or hematological complications. During this process, care needs intensify, requiring a structured approach based on Virginia Henderson's 14 fundamental needs, a model that facilitates the identification of alterations in patient independence and the establishment of accurate diagnoses. Within this framework, the nursing assessment serves as the basis for designing care plans that focus on the person rather than the disease (Marriner-Tomey, 2022).

In hospital practice, the Nursing Care Process is the most valuable methodological tool for ensuring comprehensive care. Its application to patients with systemic lupus erythematosus allows for the identification of altered human responses, the planning of expected outcomes using the NOC taxonomy, and the selection of therapeutic interventions based on the NIC classification (Herdman & Kamitsuru, 2021). This taxonomic integration strengthens clinical decision-making and promotes the standardization of professional language, favoring continuity of care within the multidisciplinary team.

From an epistemological perspective of care, this case is relevant because of the innovative approach proposed by contemporary nursing: moving from a practice focused on disease to a practice focused on humanized care, considering the biopsychosocial and spiritual dimensions of the patient. In this context, nursing intervention seeks not only to restore physiological balance but also the patient's autonomy, self-esteem, and active participation in their own health process (Bulechek et al., 2021).

In addition, systemic lupus erythematosus significantly affects the family environment, generating emotional and economic overload. Therefore, nursing intervention must include strategies to support the family, guidance on the disease, and accompaniment in adapting to the role of caregiver (Moorhead et al., 2021). Strengthening family competencies for self-care is a focus of innovation in contemporary nursing practice.

The relevance of this case lies in the fact that systemic lupus erythematosus remains a challenge for hospital services, both because of its variable manifestations and its emotional and social impact. Approaching care from the Process perspective means highlighting nursing disciplinary knowledge as a fundamental part of the therapeutic process, promoting patient safety, quality of care, and the humanization of care.

The scientific problem this study addresses is: how does the systematic application of the Nursing Care Process, using the NANDA, NOC, and NIC taxonomies, contribute to improving the quality of care and the comprehensive recovery of patients hospitalized with systemic lupus erythematosus?

Thus, this study is justified by the need to strengthen the role of nursing in hospital care for people with systemic lupus erythematosus, highlighting the importance of care as a scientific, ethical, and humanized act.

Objective of the study

To apply the Nursing Care Process in hospitalized patients with systemic lupus erythematosus, using the NANDA, NOC, and NIC taxonomies, under the Virginia Henderson model, to offer personalized, safe, and quality care that promotes the comprehensive recovery and well-being of the patient and their family.

METHOD

A descriptive observational study was conducted using a clinical case study design at the internal medicine hospitalization service of the ISSSTE Columba Rivera Osorio Hospital, Pachuca de Soto, Hidalgo, during the period from June 30 to August 8, 2025. The selected case corresponds to a 29-year-old female patient with a medical diagnosis of active systemic lupus erythematosus and mild renal involvement, admitted for fatigue, low fever, and generalized arthralgia.

The methodological approach was structured according to the five phases of the Nursing Care Process (NCP): assessment, diagnosis, planning, implementation, and evaluation. This method was applied within Virginia Henderson's conceptual model, which is based on the 14 fundamental needs of human beings, enabling the identification of independence and dependency issues affecting the patient's daily life.

For the nursing assessment, an observation guide and a structured interview were used to record objective and subjective data in a standardized clinical format, integrating the body systems and the psychological, social, and spiritual dimensions. The information was recorded in the institutional nursing clinical record system, in accordance with the principles of confidentiality and professional ethics.

In the diagnostic phase, standardized nursing diagnoses were used according to NANDA-I Taxonomy II (2024–2026), establishing altered human responses in relation to the pathological process and the hospitalization environment. Prioritized diagnoses were selected through clinical nursing judgment based on a comprehensive assessment.

Care planning was carried out by linking the Expected Outcomes (NOC) to their indicators and the Nursing Interventions (NIC), both coded according to the most recent editions of the taxonomies. The care plan included short- and medium-term goals, evaluation criteria, and specific activities focused on self-care, education, and coping.

During implementation, interventions were carried out with a person-centered approach, encouraging the patient's active participation in managing her disease, recognizing warning signs, and adhering to treatment. Activities were carried out during the morning and afternoon shifts under the direct supervision of the unit's nurse in charge.

Finally, the evaluation consisted of comparing the results with the selected NOC indicators, documenting the evolution in the clinical record, and ensuring continuity of care upon hospital discharge. Changes in indicators of self-care, coping, and pain control were analyzed through clinical observation and daily monitoring during a 7-day hospital stay.

The information was processed using descriptive analysis and thematic categorization of the data, identifying patterns of human response and correlating the results with the most recent scientific literature.

CASE REPORT

Table 1. Nursing diagnoses, expected outcomes, and interventions in patients with systemic lupus erythematosus (SLE)

NANDA-I Diagnosis (2023-2026)	Definition	Expected outcomes (NOC)	NOC indicators	Interventions (NIC)	Main activities
00133 Chronic pain (Domain 12: Comfort; Class 1: Physical comfort)	Persistent or recurrent unpleasant sensory and emotional experience associated with actual or potential tissue damage, lasting more than three months (Herdman & Kamitsuru, 2021).	1605 pain management	Intensity of pain; emotional response to pain (Moorhead et al., 2021).	1400 pain management; 2210 Administration of analgesics (Bulechek et al., 2021).	Assess pain intensity; apply non-pharmacological techniques; administer prescribed analgesics; record response to treatment.
00093 fatigue (Domain 4: Activity/ Rest; Class 1: Energy)	Sustained feeling of physical or mental exhaustion that diminishes the ability to perform usual activities (Herdman & Kamitsuru, 2021).	0007 level of fatigue	Activity tolerance; perceived energy (Moorhead et al., 2021).		Alternate periods of activity and rest; promote restful sleep; educate about energy conservation.
00069 Ineffective coping (Domain 9: Coping/ stress tolerance; Class 2: Coping)	Inability to adequately assess stressors or utilize available resources (Herdman & Kamitsuru, 2021).	1302 problem coping	Positive emotional expression; use of social support (Moorhead et al., 2021).	5230 Improve coping; 5440 Increase support systems (Bulechek et al., 2021).	Encourage expression of feelings; active listening; reinforce positive behaviors; involve family and support groups.
00004 risk of infection (Domain 11: Safety/ protection; Class 1: Infection)	Increased risk of invasion by pathogenic organisms (Herdman & Kamitsuru, 2021).	1902 Infection prevention	Compliance with immunosuppressive treatment; knowledge of preventive measures (Moorhead et al., 2021).	6550 protections against infection; 6610 risk identification (Bulechek et al., 2021).	Monitor for signs of infection; maintain environmental hygiene; education on self-care and personal hygiene; supervise management of immunosuppressants.
00126 Poor knowledge about the disease (Domain 5: Perception/cognition; Class 4: Cognition)	Lack or deficiency of cognitive information related to health condition or treatment (Herdman & Kamitsuru, 2021).	1813 knowledge: chronic disease management	Understanding treatment; identifying symptoms of relapse (Moorhead et al., 2021).	5602 teaching: disease process; 5510 Health education (Bulechek et al., 2021).	Explain the lupus process; instruct on medication and adverse effects; provide educational material; reinforce therapeutic adherence.

Assessment (Virginia Henderson)

Alterations were identified in the needs for rest, movement, nutrition, elimination, and safety. The patient reported joint pain with a VAS of 7/10, generalized fatigue, anorexia, and non-restorative sleep. In the psychosocial sphere, she expressed anxiety about the possibility of relapse and concern about functional dependence. This analysis enabled us to develop a care plan focused on pain relief, self-care education, and emotional support.

The results showed a decrease in pain (VAS from 7/10 to 3/10 on the fifth day) and improvement in emotional coping, as evidenced by positive verbalizations and active participation in her care. These findings are consistent with those reported by Zamora (2023) and Cano (2021), who highlight the effectiveness of the Nursing Care Process in improving the subjective well-being of patients with autoimmune diseases.

The application of Virginia Henderson's model proved ideal for identifying deficits in independence and establishing comprehensive care. Its humanistic approach allowed for the assessment of the emotional and social dimensions of the health process, in accordance with Watson's postulates on humanized care.

The analysis of the results shows that the structured implementation of the Nursing Care Process facilitates clinical decision-making and continuity of care, promoting evidence-based professional practice. However, limitations related to work overload and staff shortages were identified, which restrict the time allocated to education and emotional support.

CONCLUSIONS

This case study showed that applying the Nursing Care Process under Virginia Henderson's model and the NANDA, NOC, and NIC taxonomies optimizes the quality of care for hospitalized patients with systemic lupus erythematosus.

Nursing intervention focused on the person and their human responses proved effective in improving pain control, promoting self-care, and strengthening emotional coping.

Likewise, it reaffirms that nursing practice, grounded in the science of care, transcends mere technical execution and is a cognitive and ethical process that integrates comprehensive assessment, therapeutic communication, and evidence-based decision-making.

Finally, this study highlights the importance of incorporating the Nursing Care Process as an applied research tool, strengthening disciplinary development and the visibility of professional care in the clinical context of systemic lupus erythematosus.

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