# NURSING DIAGNOSES AND INTERVENTIONS BASED ON CLINICAL ASSESSMENT OF UNIVERSITY STUDENTS ATTENDED AT THE INTEGRATIVE AND COMPLEMENTARY HEALTH PRACTICES AMBULATORY

## DIAGNÓSTICOS E INTERVENÇÕES DE ENFERMAGEM BASEADOS NA AVALIAÇÃO CLÍNICA DE UNIVERSITÁRIOS ATENDIDOS NO AMBULATÓRIO DE PRÁTICAS INTEGRATIVAS E COMPLEMENTARES EM SAÚDE

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**ABSTRACT:** This study aimed to identify the primary nursing diagnoses of students assisted at the Integrative and Complementary Health Practices outpatient clinic at the Federal University of Sergipe, and to draw up interventions based on the situations encountered. This is a quantitative, cross-sectional, and exploratory study, with data collected through structured interviews. The sample included 40 female students aged between 20 and 24. The main complaints were anxiety (47.5%), hypersomnia (37.5%), headaches (22.5%), and stress (17.5%). Diagnoses were based on the NANDA and NIC systems and included anxiety, disturbed sleep patterns, impaired comfort, and chronic pain. The interventions proposed were support groups, strengthening self-esteem, bibliotherapy, acupressure, and aromatherapy, demonstrating the potential of the Nursing Process in the students' biopsychosocial approach.

**KEYWORDS:** Nursing Process; Complementary Therapies; Universities.

**RESUMO:** Este estudo objetivou identificar os principais diagnósticos de enfermagem dos estudantes atendidos no ambulatório de Práticas Integrativas e Complementares em Saúde da Universidade Federal de Sergipe, além de traçar intervenções baseadas nas situações encontradas. Trata-se de uma pesquisa quantitativa, transversal e exploratória, com coleta de dados por meio de entrevistas estruturadas. A amostra incluiu 40 estudantes, majoritariamente do sexo feminino e com idades entre 20 e 24 anos. As principais queixas foram ansiedade (47,5%), hipersonia (37,5%), cefaleia (22,5%) e estresse (17,5%). Os diagnósticos basearam-se nos sistemas NANDA e NIC e incluíram ansiedade, distúrbio no padrão do sono, conforto prejudicado e dor crônica. As intervenções propostas foram grupos de apoio, fortalecimento da autoestima, biblioterapia, acupressão e aromaterapia, demonstrando o potencial do Processo de Enfermagem na abordagem biopsicossocial dos estudantes.

**PALAVRAS-CHAVE:** Processo de enfermagem; Terapias complementares; Universidades.

## INTRODUCTION

Actions must be organized and systematized to achieve goals and results. Through the Nursing Process (NP), nurses build their care through operationalized and flexible steps supported by theoretical models for classifying diagnoses, interventions, and outcomes[1]. The NANDA-I, Nursing Interventions Classification (NIC), and Nursing Outcomes Classification (NOC) terminologies are the most widely used in the area[2].

This process can be built around an individual, community, or group with common characteristics. When it comes to the university student population, it is necessary to consider all the substantial changes these individuals face when they enter higher education. Factors such as adapting to a new social cycle, teachers, and staff, often undervalued, are essential for academic performance[3].

By understanding the undergraduate context as a shared social experience, it is understood that there are factors that permeate the context of those involved and that interfere with their health processes. It is worth emphasizing that nursing plays a fundamental role in designing and implementing interventions, encouraging participation, developing a holistic view of health, and providing solutions to possible problems identified[4].

To build the care strategy, the nursing professional must be aware of the ultimate goals of nursing, which are to prevent illness and promote, maintain, and recover health; maximize the sense of well-being, independence, and role function; provide efficient, low-cost care; and work continuously to improve results[5].

The nurse can follow the stages of the NP, starting with the nursing history. This aims to gather significant data on human beings, making it possible to identify problems using a systematized script. Once the needs have been identified, nursing diagnoses are drawn based on analyzed and evaluated data[6].

Thus, considering the university experience as a set of modifying factors that can affect the health of those involved, we can infer the importance of the inclusion of nursing professionals in educational institutions to promote holistic, humanized, and comprehensive care, improving the quality of life and, consequently, the performance of these students. This assistance should not only be based on curative actions but also on promoting healthy lifestyles and mental health, which are essential for the university student community[7].

The existence of outpatient clinics within universities that offer nursing services improves access to health care for this population, guaranteeing comprehensive health services for the university community[8]. In this sense, the Complementary and Alternative Medicine (CAM) outpatient clinic at the Federal University of Sergipe (UFS, in Portuguese) has worked to treat, prevent, and promote the health of staff, teachers, the community, and, above all, university students, offering holistic care guided by the NP.

This study aims to identify the primary nursing diagnoses based on the clinical and energetic assessment of the students seen at the UFS CAM outpatient clinic and to outline nursing interventions based on CAM for the situations encountered.

## METHODOLOGY

This is a descriptive and analytical exploratory study, with a quantitative approach and a cross-sectional approach. This research is part of a project that aims to expand the use of CAM in the state of Sergipe.

The study was conducted with undergraduates at the Federal University of Sergipe, Prof. Antônio Garcia Filho campus, d out with undergraduates at the Federal University of Sergipe, Prof. Antônio Garcia Filho campus, located in Lagarto/SE. This campus offers eight undergraduate courses: Nursing, Nutrition, Dentistry, Occupational Therapy, Pharmacy, Speech Therapy, Medicine and Physiotherapy. These courses are structured in a cycle format of two year-long periods.

Students who were actively enrolled at the institution were included, and minors were excluded. Sampling was done by convenience, and recruitment took place on free demand through publicizing the research and inviting each student to a voluntary evaluation.

The research activities took place between August 2022 and June 2023. Data was collected through a structured interview using an instrument prepared by the researchers. The instrument contained sociodemographic and clinical characterization questions and spaces for nursing notes during consultations and physical examinations.

The following variables were collected: the main complaint; the existence, location, intensity, and characteristics of pain; personal health history; recent emotions and mood; sleep, thirst, and hunger; frequency and excretions; and the participants' behaviors and lifestyle habits.

Data tabulation began in January 2023 using IBM® SPSS® Statistics software, version 23. For this study, we considered relative and absolute frequency values and descriptive data analysis for the variables collected.

The diagnoses were constructed based on the observation of prevalent characteristics corresponding to the defining characteristics or related factors in the NANDA nursing diagnostic classification system[9]. The interventions were built according to the diagnoses, based on the thematic groups available in the NIC nursing intervention classification system[10].

The research was governed by the ethical aspects defined by Resolution 466/12 of the Ministry of Health[11]. It was approved by the Federal University of Sergipe ethics committee under opinion number 4.179.929. In addition, all participants were informed about the objectives and purpose of the research by presenting the Informed Consent Form (ICF). After reading the form, the students signed it, agreeing to participate in the study.

## RESULTS AND DISCUSSION

Forty individual nursing consultations were conducted with students from the Federal University of Sergipe, Lagarto campus. Most of the students were female (70%), aged between 20 and 24 (80%) and single (97.5%).

As for undergraduate courses, 52.5% of the students studied Nursing, 12.5% Occupational Therapy, and 12.5% Medicine. Those in the third cycle of the course were prevalent (40%), while the lowest participation rates were for those in the fifth and sixth cycles, with 2.5%.

It was also noted that 92.5% of the students were exclusively dedicated to their studies at university. In comparison, 7.5% worked a double day with some paid activity outside the academic environment, such as tutoring, manicuring, and chemistry.

The prototype of the free mobile application for interactive tinnitus assessment and intervention, called Zumit, which includes the functions of user identification, assessment, questionnaires, intervention, encouragement and conversation with the patient, was developed.

| Variables | N (%) |
|---|---|
| **Gender** | |
| Female | 28 (70%) |
| Male | 12 (30%) |
| **Age** | |
| Less than 20 years | 4 (10%) |
| Between 20 and 24 years old | 32 (80%) |
| Between 25 and 30 years old | 3 (7.5%) |
| More than 30 years | 1 (2.5%) |
| **Marital status** | |
| Single | 39 (97.5%) |
| Married | 1 (2.5%) |
| **Degree course** | |
| Nursing | 21 (52.5%) |
| Speech Therapy | 1 (2.5%) |
| Nutrition | 2 (5%) |
| Physiotherapy | 1 (2.5%) |
| Pharmacy | 3 (7.5%) |
| Occupational Therapy | 5 (12.5%) |
| Dentistry | 2 (5%) |
| Medicine | 5 (12.5%) |
| **Cycle** | |
| First cycle | 6 (15%) |
| Second cycle | 5 (12.5%) |
| Third cycle | 16 (40%) |
| Fourth cycle | 11 (27.5%) |
| Fifth cycle | 1 (2.5%) |
| Sixth cycle | 1 (2.5%) |
| **Profession** | |
| Only studies | 37 (92.5%) |
| Offers school support | 1 (2.5%) |
| Chemist | 1 (2.5%) |
| Manicurist | 1 (2.5%) |

**Table 01 -** Sociodemographic characterization of university students. Lagarto, Sergipe. 2023.
**Source:** Authors.

In this sense, it is worth pointing out that, although a minority of students have another occupation besides their studies, the double shift during their undergraduate studies is detrimental and can decrease performance and the appearance of psychological distress[12]. This should be considered during the assessment of these students and within the SP and can guide interventions and activities.

Each student then explained their complaint and why they sought the clinic. The biggest complaints were related to emotional symptoms (Chart 01). Anxiety was present in 47.5% of the reports, followed by stress in 17.5% of the students, and sadness in 15%. Lack of attention or motivation (7.5%) and discouragement (7.5%) also stand out among the complaints within the academic environment, given that they pose a potential risk to performance in university activities.

Pain-related complaints were present in the musculoskeletal system. In 15% of the students, back pain was characterized as lumbago and/or cervicalgia, while 10% reported generalized pain with no specific location. In addition, 10% complained of muscle tension, which could also be visualized in 2.5% as myalgia located in the trapezius.

As for the digestive system, 7.5% of the students reported stomach pain, while 5% reported generalized abdominal pain. In a more localized way, 2.5% reported a sore throat.

Headache was the predominant neurological symptom, present in 22.5% of cases. In contrast, only 2.5% reported episodes of dizziness.

The immune system manifested itself in different human systems: integumentary (5%), characterized by episodes of redness, itching, and the appearance of vesicles or pustules, and respiratory (2.5%), manifested through sneezing, runny nose, and/or coughing. Also, 2.5% reported food allergies in response to eating shellfish and seafood.

Energy and rest were also reported during consultations, with physical tiredness and drowsiness common in 15% of cases and insomnia in 2.5%.

The reproductive system, on the other hand, only appeared as a complaint for female students, characterized as menstrual cramps in 7.5% of the sample.

| System | Manifestations |
|---|---|
| Emotional symptoms | 1. Anxiety - 47.5%.<br>2. Stress - 17.5%.<br>3. Sadness - 15%.<br>4. Lack of attention/motivation - 7.5%.<br>5. Discouragement - 7.5%.<br>6. Worry - 5%.<br>7. Anger - 5%.<br>8. Lack of patience -5%.<br>9. Tightness in the chest - 2.5%. |
| Musculoskeletal system | 1. low back pain/cervical pain - 15%.<br>2. Back pain (generalized) - 10%.<br>3. Muscle tension - 10%.<br>4. Lower limb pain - 5%.<br>5. Trapezius pain - 2.5%.<br>6. Knee pain - 2.5%.<br>7. Joint pain - 2.5%. |
| Digestive symptom | 1. Constipation - 15%.<br>2. Diarrhea - 7.5%.<br>3. Stomach pain - 7.5%.<br>4. Abdominal pain - 5%.<br>5. Sore throat - 2.5%. |
| Neurological system | 1. Headache– 22.5%.<br>2. Dizziness – 2.5%. |
| Immune system | 1. Skin inflammation/affection - 5%.<br>2. Respiratory allergy - 2.5%.<br>3. Food allergy - 2.5%. |
| Energy and rest | 1. Very sleepy - 37.5%.<br>2. Tiredness/sleepiness - 15%.<br>3. Insomnia - 2.5%. |
| Reproductive system | 1. Menstrual cramps - 7.5%. |

**Chart 01 -** Main complaints reported by university students during nursing consultations. Lagarto, Sergipe. 2023.
**Source:** Authors.

The characteristics of the pain reported by the students were investigated in terms of its intensity and frequency (Table 02). Of the students who reported pain, the highest percentage felt it, on a scale of 0 to 10, at an intensity of 7 to 8, equivalent to 27.5% of the total sample.

In addition, it was noticed that the pain, considering the onset time, can be classified as chronic within the nursing diagnostic classification system since, in 10% of cases, it manifests from 3 months to 1 year and for 27.5% for more than a year.

| Pain variables | N (%) |
|---|---|
| **Pain intensity** | |
| No pain | 17 (42.5%) |
| 1-2 on the pain scale | - |
| 3-4 on the pain scale | 3 (7.5%) |
| 5-6 on the pain scale | 8 (20%) |
| 7-8 on the pain scale | 11 (27.5%) |
| 9-10 on the pain scale | 1 (2.5%) |
| **Onset of pain** | |
| No pain | 17 (42.5%) |
| Less than 3 months | 8 (20%) |
| 3 months to 1 year | 4 (10%) |
| More than a year | 11 (27.5%) |

**Table 02 -** Characteristics of pain in university students. Lagarto, Sergipe. 2023.
**Source:** Authors.

Based on the main complaints, nursing diagnoses were constructed using the NANDA nursing diagnostic classification system. The diagnoses were drawn up in three domains: 1. coping/tolerance of stress; 2. activity/rest; and 3. Comfort (Chart 02).

| Domain | Diagnosis |
|---|---|
| Coping/tolerance to stress | Anxiety is evidenced by insomnia, agony, increased tension, abdominal pain, altered attention, altered concentration, and stressors. |
| Activity/rest | Disturbance in sleep patterns is evidenced by not feeling rested, which is related to non-restorative sleep patterns. |
| | Insomnia is evidenced by insufficient energy, dissatisfaction with sleep, and non-restorative sleep patterns related to anxiety and stressors. |
| Comfort | Impaired comfort is evidenced by anxiety, altered sleep patterns, irritability, and restlessness related to insufficient resources. |
| | Chronic pain is evidenced by self-reported intensity using a standardized pain scale and a standardized pain instrument related to altered sleep patterns and emotional distress. |

**Chart 02 -** Nursing diagnoses according to the main complaints of university students. Lagarto, Sergipe. 2023.
**Source:** Author.

As for the students' health behaviors and habits, 12.5% reported polyuria, but this was also associated with high water intake, so it does not indicate a pathological process. In addition, 5% claimed they were not hungry, while 95% felt hungry usually, with polyphagia being associated in 10% of cases.

It was noticed that 10% of the students eat only a few meals daily, usually two. In comparison, 25% eat five to six meals, including breakfast, lunch, dinner, and snacks.

Leisure activities were impaired for 17.5% of the students. In the same way, 35% also do no physical activity, which can also be considered leisure, given the hormonal release caused by exercise.

| Bladder elimination | N (%) |
|---|---|
| Pollakiuria | 5 (12.5%) |
| Normal | 35 (87.5%) |
| **Hunger** | |
| No hunger | 2 (5%) |
| Hunger without polyphagia | 34 (85%) |
| Hunger with polyphagia | 4 (10%) |
| **Feeding frequency** | |
| 2 times a day | 4 (10%) |
| 3-4 times a day | 26 (65%) |
| 5-6 times a day | 10 (25%) |
| **Leisure activities** | |
| Does | 33 (82.5%) |
| Does not do | 7 (17.5%) |
| **Does physical activity** | |
| Yes | 26 (65%) |
| No | 14 (35%) |

**Table 03 -** Behaviors and lifestyle habits of university students. Lagarto, Sergipe, 2023.
**Source:** Authors.

The physical examination followed the propaedeutic techniques of inspection and palpation, the former considering static and dynamic inspection. Significant alterations in the participants' vision were noticed (65%) through self-reports and the use of glasses to correct the degree, with the most common alterations being myopia and astigmatism.

The students' skin also stood out with alterations (30%): 10% had acne, 7.5% had paleness, 5% had spots or scars, and 2.5% had skin erythema or folliculitis.

All had an unaltered body build, with no physical disabilities or bilateral disproportionality (Table 04).

| | With amendment | No change |
|---|---|---|
| Skin color | 4 (10%) | 36 (90%) |
| Body shape | - | 40 (100%) |
| Lips | - | 40 (100%) |
| Skin and appendages | 12 (30%) | 28 (70%) |
| Speech | 3 (7,5%) | 37 (92,5%) |
| Hearing | 6 (15%) | 34 (85%) |
| Vision | 26 (65%) | 14 (35%) |
| Cardiovascular system | 4 (10%) | 36 (90%) |
| Abdomen | 2 (5%) | 38 (95%) |
| Limbs | 5 (12.5%) | 35 (87.5%) |

**Table 04 -** Alterations perceived during the physical examination of nursing consultations with university students. Lagarto, Sergipe. 2023.
**Source:** Author.

After the physical examination and the end of the consultation, other diagnoses could be drawn based on their physical manifestations and lifestyle habits, divided into the following domains: 1. Health promotion; 2. Nutrition, and 3. Safety/protection (Chart 03). Safety/protection (Chart 03).

Among the lifestyle habits, the students' leisure activities were impaired, and a diagnosis was thus drawn up that shows their impairment, such as mood swings.

An adaptation was necessary for the nursing diagnosis of eating dynamics since the classification system did not have a similar diagnosis for adults, only children and adolescents. In this way, the defining characteristics most closely resembled the complaints and symptoms observed were used, such as poor appetite in 5% and overeating in 10%.

Due to the changes noticed in the skin during the physical examination, the nursing diagnosis of the risk of impaired skin integrity was necessary. Inflammatory processes such as acne, folliculitis, and erythema can be associated with other manifestations, such as pruritus, which, with friction, damages the integrity of the skin.

| Domain | Diagnosis |
|---|---|
| Health promotion | Decreased involvement in recreational activities, evidenced by a change in mood related to insufficient recreational activity, insufficient energy, and insufficient motivation. |
| Nutrition | Ineffective eating dynamics, evidenced by poor appetite in 5% and complaints of hunger, with overeating in 10%, related to the absence of regular mealtimes and disorganized eating habits. |
| Safety/protection | Risk of impaired skin integrity associated with altered pigmentation and skin turgor. |

**Chart 03 -** Nursing diagnoses for life behaviors and habits of university students. Lagarto, Sergipe. 2023.
**Source:** NANDA, 12th edition, 2021.

A group diagnosis that represented the participants' individual characteristics and demands was necessary to develop the intervention plan.

| Domain | Diagnosis |
|---|---|
| Coping/tolerance to stress | Ineffective community coping is evidenced by excessive stress and a high incidence of problems related to a lack of community systems and insufficient resources. |

**Chart 04 -** Nursing diagnosis for a group of university students. Lagarto, Sergipe. 2023.
**Source:** NANDA, 12th edition, 2021.

Faced with a group identity, interventions can be built around the universal experience these students share within the University without disregarding the factors that make each experience unique.

Therefore, nursing care for this group should be based on the intervention group known as the "Support Group" in the NIC nursing intervention classification system. According to the therapeutic objective, this group of interventions is characterized by emotional support between group members and leaders, offering strategies and teaching new skills (Chart 05).

On this occasion, considering the primary diagnosis of ineffective coping, the group's interventions are focused on the process of coping and adapting to the stimuli offered by the university to reduce the symptoms that characterize their main complaints, such as anxiety and stress, for example.

From this same perspective, researchers conducted social skills training sessions with 11 university students to evaluate the repertoire gained for dealing with specific situations in the academic environment. At the end of the training, the participants considered that, although the objective was related to the educational environment, there were also personal gains since the skills gained could be applied in other environments[3].

This study's intervention plan is based on a principle the authors mentioned above, which considers that promoting well-being within the university and building a support network within the institution can benefit each student's personal life.

Thus, the activities selected make up the scope of the support group for these university students, which is the first instance of care to be taken and which considers mutual help between members as well as individualized attention for each student, according to their specific complaints identified at the time of the assessment.

| Intervention | Definition in the IAS | Selected activities |
|---|---|---|
| Support group | Use of a group environment to offer emotional support and health-related information to its members. | Determine the purpose of the group and the nature of the group process. |
| | | Create a relaxed and accepting atmosphere. |
| | | Clarify the goals of the group and the responsibilities of the members and the leader. |
| | | Address the issue of compulsory attendance. |
| | | Establish a time and place for group meetings. |
| | | Monitor and direct the active involvement of group members. |
| | | Encourage expressions of mutual help. |
| | | Maintain positive pressure for changes in behavior. |
| | | Emphasize the importance of active coping. |
| | | It is identifying themes that have arisen in meetings that could be addressed. |
| | | Helping the group to evolve through the stages of group development, from orientation to cohesion to completion. |
| | | Addressing the needs of the group as a whole, as well as those of individual members. |

**Chart 05 -** Intervention and nursing activities aimed at university students as a social group. Lagarto, Sergipe. 2023.
**Source:** NIC, 7th edition, 2018.

As activities to be developed within the group, actions related to four intervention groups were selected: 1. Improving self-competence; 2. Strengthening self-esteem; 3. Improving coping; and 4. Bibliotherapy.

Self-competence, defined in the NIC as the ability to manage health-related behaviors, was shown to be compromised by a portion of the group of students interviewed, who ate less than three meals a day, did not practice physical exercise or leisure activities and even less, used illicit drugs.

In this respect, unhealthy lifestyle habits contribute to a lower quality of life, primarily when related to psychological and mental health aspects[13]. Based on this, the importance of group interventions in building new behaviors with the potential to improve the aspects of mental overload reported as the main complaint in this study's sample is confirmed.

Self-esteem, another component related to mental health, also plays an important role and is crucial for maintaining health. From this perspective, a literature review pointed out that the risk of suicidal behavior is higher among students who have low self-esteem, which, in turn, is highly prevalent within universities[4].

Given the weaknesses among university students, this reinforces the importance of coping strategies, another field of intervention proposed within nursing.

In addition, the university is considered to have the role of recognizing its intervening factors in wearing down and strengthening these students and, thus, promoting spaces for coping with difficulties and improving potential[14].

| Intervention | Definition in the NIC | Selected activities |
|---|---|---|
| Improved self-competence | Strengthening the individual's confidence in their ability to perform a health behavior. | Offer positive reinforcement and emotional support during the learning process and while implementing the behavior. |
| | | Encourage interaction with other people who are modifying the behavior. |
| | | To prepare the individual for the physiological and emotional state they may experience during the first attempts to perform a new behavior. |
| Strengthening self-esteem | Assisting patients to improve their self-assessment. | Help set realistic goals to achieve greater self-esteem. |
| | | Encouraging greater responsibility for oneself |
| Improved coping | Assistance in adapting to perceived stressors, changes or threats that interfere with life satisfaction and role performance. | Encourage relationships with people who have common interests and goals |
| | | Investigate the personal reasons for self-criticism. |
| | | Reinforce constructive escape valves for anger and hostility |
| | | Encourage the verbalization of feelings, perceptions and fears. |
| | | Help participants break down complex goals into smaller, manageable steps. |
| Bibliotherapy | Therapeutic use of literature to intensify the expression of feelings, active problem solving, coping or insight. | Choose stories, poems, articles, self-help books or novels that reflect the situation or feelings experienced by the group. |
| | | Facilitate dialogue to help the group compare images, characters, situations or concepts in literature with their personal situation. |
| | | Help to recognize how the situation in the literature can help bring about the desired changes. |

**Chart 06 -** Interventions and activities selected to be carried out as a support group with university students. Lagarto, Sergipe. 2023.
**Source:** NIC, 7th edition, 2018.

To treat the physical symptoms reported, each student needs individualized attention and a plan, which can be based on the intervention plan described in Chart 07.

Acupressure, defined by the NIC as applying pressure at strategic points, can be understood as different care techniques[10]. The integrative nursing clinic at UFS Lagarto offers CAM services that can be considered within the acupressure intervention group, such as acupuncture, auriculotherapy, massage therapy, cupping therapy, and foot reflexology.

These practices are interconnected with the nursing process in a system that feeds back on its foundations. One example is acupuncture, which considers the five elements that govern the human body and nature to promote care, promotion, and prevention. These principles are congruent with nursing, whose theory and practice are based on caring, preventing, promoting, and restoring[15].

Aromatherapy is another practice offered on campus and was also included as a therapeutic possibility for individualized care for each student taking part in the research. Aromatherapy uses volatile concentrates extracted from plants - essential oils - to promote physical, emotional, and intellectual well-being. This practice has the backing of the Federal Nursing Council (COFEN) within nursing care, making it an ally in the care provided[16].

Nurses' use of CAM is not restricted to aromatherapy; COFEN, through Resolution No. 625/2020, regularizes the registration of postgraduate degrees and approves the list of nurse specialties by area of coverage, which includes CAM as a professional qualification for nurses[17]. In addition, the Council has authorized nurses to practice acupuncture since 2008 through the publication of Resolution No. 326/2008[18].

| Intervention | Definition in the NIC | Selected activities |
|---|---|---|
| Acupressure | Applying firm, continuous pressure to points on the body reduces pain, produces relaxation, and prevents or reduces nausea. | Determine the desired results. |
| | | Determine the acupoints to be stimulated, depending on the desired result. |
| | | Encourage the individual to relax during stimulation. |
| | | Observe relaxation and verbalization of reduced discomfort or nausea. |
| | | Recommend using progressive relaxation techniques and/or stretching exercises between treatments. |
| Aromatherapy | The administration of essential oils through massage, topical ointments or lotions, baths, inhalation, showers or compresses (hot or cold) soothes, provides pain relief, and intensifies relaxation and comfort. | Select the appropriate essential oil or combination to obtain the desired result. |
| | | Determine the individual reaction to the chosen scent (e.g., likes versus dislikes) before use. |
| | | Monitor the individual for discomfort and nausea before and after administration. |
| | | Monitor the occurrence of contact dermatitis associated with possible allergy to essential oils. |
| | | Guide the individual on the purposes and application of aromatherapy. |
| | | Evaluate and document the reaction to aromatherapy. |

**Chart 07 -** Interventions and nursing activities selected for treating individual complaints among university students. Lagarto, Sergipe. 2023.
**Source:** NIC, 7th edition, 2018.

It can be seen from this that the NP applied to a group of university students should start from common experiences, modulate unhealthy behaviors through collective care in workshops and discussions, and move on to individual care for each member according to the possibilities for action within nursing.

My experience with group care for higher education students has proved positive in other institutions. For example, researchers from the Ribeirão Preto School of Nursing at the University of São Paulo discussed the group intervention carried out with nursing students. Benefits were observed as a factor of support and adaptability, as well as contributing to gradual changes in behavior, performance, and interpersonal relationships[19].

When moderated by nurses and combined with the group's potential to act as a mutual support network, interventions can add therapeutic value to its operating dynamics. One strategy that can be used in conjunction with group meetings is the mindfulness technique, which reduces anxiety and stress levels[20].

The implications of this study are relevant to nursing and health promotion in the university environment. The study proposes interventions that can be applied in clinical practice to improve students' physical, mental, and emotional well-being from a holistic approach, which considers emotional and clinical aspects, promoting more humanized and practical care. In addition, by identifying frequent diagnoses such as anxiety and sleep disorders, the study highlights the importance of preventive and therapeutic actions aimed at mental health, helping to reduce students' stress and emotional suffering. The inclusion of CAM in nursing care reinforces the feasibility of applying these practices in other institutions, expanding the possibilities of intervention with a focus on the integral health of university students.

## Conclusion

This study met its objective of identifying the primary nursing diagnoses of students seen at the UFS Integrative and Complementary and Alternative Medicine (CAM) outpatient clinic and proposing specific interventions for the situations encountered. The primary diagnoses included anxiety, disturbed sleep patterns, impaired comfort, and chronic pain, with an emphasis on mental health complaints, such as anxiety and stress, and their physical impacts. Based on the diagnoses, the nursing interventions involved strategies such as support groups, strengthening self-esteem, acupressure, aromatherapy, and bibliotherapy, considering the students' biopsychosocial context.

The use of CAM in the nursing process was shown to be a potential possibility, providing more comprehensive and humanized care. The study concludes that the proposed interventions seek to meet students' clinical needs and contribute to health promotion and disease prevention, highlighting the relevance of these practices in the university environment.

When applied to the reality of university students, the nursing process has unique potential since it considers the biopsychosocial dimension of each individual while working within the collective experience. Thus, through collective care and support groups, nurses can move on to individual care for each member, promoting better results about the complaints presented.

## Acknowledgments

## References

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