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RESEARCH

Adequação da linguagem de enfermagem a prática com idosos residentes em uma instituição psiquiátrica de longa permanência: mapeamento cruzado

Adequacy of nursing language to the practice with elderly residents in a long term psychiatric institution: cross mapping

Adecuación del lenguaje de enfermería a la práctica con los ancianos residentes en una institución psiquiátrica de largo plazo: mapeo cruzado

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ABSTRACT

Objective: to map the free terms of nursing records and compare with the Nursing Diagnosis classification. **Method:** quantitative, documentary and retrospective approach, cross mapping type. There were 30 medical records analyzed of elderly women with psychiatric disorders living in two long-term institutions. The data collection took place in from August 2013 to March 2013 in two stages. **Results:** diagnostics more occurring were: ineffective health self-control; Impaired swallowing; Self-care deficit for intimate and bath hygiene; Impaired physical mobility; Decreased cardiac output; Ineffective peripheral tissue perfusion; Chronic confusion; Dysfunctional family processes; Teething impaired and falls risk. They are related to the physiological and biopsychosocial aspects. **Conclusion:** this findings point to the complexity and comprehensiveness of care provided in the context of mental health, using classification systems in this context to contribute to the advancement of knowledge and to compare them. **Keywords:** Elderly health, Nursing process, Mental health.

RESUMO

Objetivo: mapear os termos livres dos registros de enfermagem e comparar com a classificação de Diagnósticos de Enfermagem. **Método:** abordagem quantitativa, documental e retrospectiva, do tipo mapeamento cruzado. Foram analisados 30 prontuários de idosas com doenças psiquiátricas, residentes em duas casas de longa duração. A coleta e análise dos dados ocorreu em agosto de 2013 a março de 2014 em quatro etapas. **Resultados:** os diagnósticos com maior ocorrência foram: Autocontrole ineficaz de saúde; Deglutição prejudicada; Déficit no autocuidado para higiene íntima e banho; Mobilidade física prejudicada; Débito cardíaco diminuído; Perfusão tissular periférica ineficaz; Confusão crônica; Processos familiares disfuncionais; Dentição prejudicada; e Risco de quedas, os quais estão relacionados tanto aos aspectos fisiológicos quanto biopsicossociais. **Conclusão:** tais achados apontam para a complexidade e a integralidade do cuidado prestado no contexto da saúde mental, o uso de sistemas de classificação nesse contexto contribuirá para o avanço do conhecimento e a comparação destes. **Descritores:** Saúde do idoso, Processos de enfermagem, Saúde mental.

RESUMEN

Objetivo: mapear los términos libres de los registros de enfermería y comparar con la clasificación de Diagnósticos de Enfermería. **Método:** enfoque cuantitativo, documentario y retrospectivo, del tipo mapeado cruzado. Fueron analizados 30 registros de ancianos con enfermedades psiquiátricas, residentes en dos casas de larga duración. La recolección y análisis de los datos fueron en agosto de 2013 a marzo de 2014 en cuatro etapas. **Resultados:** los diagnósticos con mayor ocurrencia fueron: Autocontrol ineficaz de salud; Deglución perjudicada; Déficit en el autocuidado para higiene íntima y baño; Movilidad física perjudicada; Débito cardíaco disminuido; Perfusión tisular periférica ineficaz; Confusión crónica; Procesos familiares disfuncionales; Dentición perjudicada; y Riesgo de caídas, los cuales están relacionados tanto a los aspectos fisiológicos como a los biopsicosociales. **Conclusión:** tales hallados apuntan para la complexidad y la integralidad del cuidado prestado en el contexto de la salud mental, el uso de sistemas de clasificación en ese contexto contribuirá para el avance del conocimiento y la comparación de estos. **Palabras clave:** Salud del Anciano; Procesos de Enfermería; Salud Mental.

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INTRODUCTION

Nursing has sought to standardize its language for the development of classifications aimed at professional practice, aiming a direct patient care through the implementation of the five methodological phases of the Nursing process: research, diagnosis, planning, implementation and evaluation.[1]

The absence of implementation of this process is one of the dubiousness training factors in care practice, hampering its computerized processing, confirming the inefficiency of communication of actions provided to the patient.[1]

The use of a specific nursing language based on scientific knowledge can provide an accurate understanding. Therefore, it will offer benefits for individuals who do not completely dominate the language used, achieving universal levels.[2]

In this sense, over the last decades, nurses worldwide are working on the development and improvement of terms and concepts.[1] Currently, among the various existing nursing classification systems, NANDA-International (NANDA-I) is highlighted, created as a tool to diagnostic standardization.[2]

This tool can be used in several scenarios of nursing care, especially in psychiatry context. Therefore, it is considered that nursing in care is committed to provide health care to individuals at different stages of the health-disease continuum.[3]

In mental health care, the role of nurses has undergone significant advances in recent decades, guiding for the construction of a care with scientific, technological and humanistic bases.[3] Nursing care to elderly patients with psychiatric problems hospitalized in a psychiatric institution is considered a complex work. Such complexity is both the signs and symptoms of various psychiatric disorders as the onset of age-related diseases, mostly with a chronic character.[4]

On the other hand, the nurse works with a multidisciplinary team, aiming at the rehabilitation and resocialization of this patient, as well as the rescue of a social being in a communicative environment. Thus, it is understood that diagnosis, the therapeutic process and the stabilization of symptoms should work together.[5]

In this context, the principles of mental health organization are directed to the displacement of interventions in psychiatric hospitals to the community, the displacement of the center of interest only of disease for the person and his social disability and the displacement of an individual action to collective action in patients with their contexts.[5]

Under the mental health of the population aging in psychiatric centers, we can follow from the literature that in the last 30 years, Brazil has instituted policies for disabling

psychiatric beds and at the same time replacing asylums models by alternative and territorialized network services.[5] Such actions were recorded from the institutionalization strategy of a long stay institutional clientele.[5] Psychosocial rehabilitation of chronic patients hospitalized for many years have interventions involving various social actors, as well as reconstruction of territories, encompassing the singularities and the subjectivities of a world to be lived outside the hospital environment.[5]

However, in mental health there is little information/training on the application of the Nursing process in mental health and lack of professional autonomy, as well as the low organizational support, failure in nursing records and disconnection between the steps of the Nursing Process and interaction with theory and practice, as well as nursing care records of people who get old in psychiatric institutions, and their current conditions.

In this way, the implementation of tools to direct nursing care for the elderly in a psychiatric institution run through the application of the nursing process. Cross mapping method has shown to be effective in directing tools near empirical reality, since it uses the theme arsenal of clinical practice. Therefore, the objective was delimited to free map terms of nursing records and compare with ratings of nursing Diagnoses.

METHOD

This is a retrospective study with a quantitative approach and descriptive purpose, prepared in accordance with the technical procedure of documentary research, with the theoretical and methodological references of cross mapping concepts and principles. The cross mapping was chosen because it allows the linguistic and semantic comparison between the existing terminology in the routine of services or with other classification systems.[6]

The study was conducted in the Municipal Institute for Health Assistance Juliano Moreira, more precisely in the Center of this institution. This Center is divided into five houses, with capacity for up to sixteen patients in each house, totaling approximately eighty patients. Two houses were selected to collect data with all the inhabitants in the house, 14 elderly and 16 elderly each house. This choice was due to be the two pioneer houses in the implementation of the nursing process. The medical diagnoses are very varied both for clinical and psychiatric and are documented in the medical records of each patient.

Since 2011, the nursing staff of the Center has eleven nurses and fifty-one nursing technicians, both divided in day and night services and scaled as needed. The technical team provides basic nursing care to patients. It is up to the nurses to provide comprehensive care to these patients composing the multidisciplinary team, also with clinical and psychiatric doctors, physiotherapists, psychologists, nutritionists, social workers and informal caregivers. The main function of this multidisciplinary team is to work the possibility of discharge by

coordinating with teams from the Center for Psychosocial Care (CAPS), the Therapeutic Residences Services (SRT) and the Federal Program Coming back home.

The institution is undergoing a reorganization of nursing services, having the principles of Nursing Process (NP). Thus, the care provided currently to patients is recorded in a unit´s printed. During the first three shifts each month, nurses responsible for every house perform physical and mental examination of each patient. From the data obtained, the real needs of individual patients are analyzed, performing diagnoses and nursing interventions in the printed form called "care planning". However, despite they like NANDA-I Classification, there are freely records of diagnoses, the evolution of nursing, and care by a multidisciplinary team that were also considered for the collection and analysis of data, by the wealth of data.

After being outlined the nursing diagnoses, nursing interventions are performed. These interventions are directly related to at least one diagnoses, since the purpose of intervention is to get solutions to problems identified in the diagnosis. It is up to nurses and the supervision of the activities developed by nursing technicians to execute nursing interventions articulated in each diagnosis based on the NANDA Taxonomy - I.

In the following month, before a new diagnosis, a prediction is done. From there, an analysis of this patient is performed to determine the needs that have been resolved or had convalescence. In case of a persistent negative response, the nurse reviews the intervention, seeking qualification and effectiveness of care.

As stated, the sample size of this study refers to the inclusion of 30 patients who had records in nursing consultation of medical records, during the period from January 2011 (start of individual assistance) to July 2013 (the beginning of this study).

Data collection for the cross mapping was carried out in four stages, from August 2013 to March 2011.

In the first stage, an instrument was built to extract the contents of nursing diagnoses contained in the developments of medical records of each patient and additional information that sustain evidence of the occurrence of the declared diagnosis or additional ones. At this time, demographic data were also collected related to patients such as age, marital status, source of income and level of education.

In the second stage, the elimination of repetitions was preceded. Data were organized in a spreadsheet in Excel version 2013 and submitted to spelling corrections, tenses adequacy, uniformity of gender and number and excluding repetitions, synonyms and pseudo-terminological expressions, defined as occurring elements casually in speech, but did not designate particular concepts, considered "junk terminology".

In the third stage, the mapping of identified diagnoses titles in the charts with the 2012-2014 NANDA-I taxonomy was carried out.

The analysis of Nursing diagnosis titles was validated by two researchers participating in the study, specialists and psycho-geriatrics experts in nursing diagnosis area. They assessed the exact or partial agreement of terms for the defining characteristics and factors related to the nursing diagnosis proposed in the third stage. The diagnoses that achieved 100% agreement among the nurses in the validation process are presented in phase 4, after consensus meeting. The nursing diagnoses were summarized using descriptive analysis.

In this research, the ethical and legal principles to be followed in investigations involving human subjects were respecting, as required by Resolution 466/2012, and received approval from the Ethics Committee in Research of the Municipal Secretary of Health of Rio de Janeiro (SMS) under protocol 088/2013.

RESULTS AND DISCUSSION

As for the characterization, 100% were female patients, since it is an all-female institution, with an average age of 74.5 years old, ranging from 60 to 89 years old. Regarding marital status, the group of single elderly prevailed. The predominant length of stay corresponds between 40-49 years. Most of the patients were from Rio de Janeiro, as shown in Table 1.

Table 1. Socio-demographic characteristics of elderly assisted at the nursing consultations - Retrospective study - Rio de Janeiro 2011.

Characteristics	N	%
Age group		
60 - 69 years old	6	20
70 - 79 years old	17	57
80 - 89 years old	7	23
Marital status		
Ignored	1	3
Married	1	3
Widow	2	7
Single	26	87
Hospitalization time		
10 – 20 years	1	3
30 - 39 years	2	7
40 - 49 years	16	53
50 - 59 years	7	24
60 - 69 years	1	3
Place of birth		
Federal District	1	13
Sergipe	2	3,3
Rio Grande do Norte	2	3,3
São Paulo	2	3,3
Minas Gerais	7	23
Rio de Janeiro	12	40

Income source		
Pension	2	6
BAR	5	17
BPC-LOAS	8	27
Not informed	15	50
Education level		
Incomplete elementar school	2	7
Illiterate	28	93

Note: For BPC-LOAS there are: benefit of continued provision of social assistance;
For BAR there are: rehabilitation support grant.

For the total sample, there were 361 nursing diagnoses mapped, representing on average 12.0 diagnoses per patient. However, after the elimination of repetitions, there were 27 different diagnoses titles, demonstrating a specific area of psychiatric nursing acting in a long stay unit. The mapped nursing diagnoses were categorized according to the domains of the NANDA 2012-2014 classification system, as shown in Table 2. The organization of the categories was based on the descending order of prevalence of isolated diagnoses. That is, by domain from the most prevalent diagnoses to the lowest prevalence.

Table 2 - Nursing diagnoses mapped according to NANDA-I, in elderly´s records, in a long stay psychiatric institution. Rio de Janeiro, RJ, 2013.

Domain	Nursing diagnoses according to NANDA-I	n
Health promotion	Ineffective health self-control	27
	Sedentary lifestyle	8
	Subtotal:35	
Nutrition	Impaired swallowing	10
	Unstable blood sugar risk	7
	Volume of poor liquid Risk	6
	Subtotal:23	
Elimination and change	Functional urinary incontinence	6
	Stress urinary incontinence	4
	Constipation risk	13
	Subtotal:23	
Activity and resting	Intolerance activity	4
	Self-care deficit in personal hygiene	24
	Self-care deficit in bathing	
	Sleep deprivation	18
	Impaired physical mobility	12
	Decreased cardiac output	19
	Perambulation	16
	Peripheral tissue perfusion ineffective	6
		15
	Subtotal:114	
Perception/Cognition	Impaired verbal communication	11
	chronic confusion	27
	Subtotal:41	
Self-perception	Body image disorders	7
	Personal identity disorders	8

Subtotal:15		
Toles/Relationships	Impaired social interaction Dysfunctional family processes	2 29
Subtotal:31		
Coping/Tolerance to stress	Stress syndrome risk by changes	8
Subtotal:8		
Life principles	Decision conflict	6
Subtotal:6		
Security/Protection	Teething impaired Risk of falls Impaired skin integrity risk	30 21 14
Subtotal: 65		
Total geral:361		
Total of participants: n=30		

Source: Field research – Rio de Janeiro – January 2011 to March 2013.

However, they identified some diagnoses terms that were not amenable to mapping the chosen taxonomy. They totaled 88 terms, repeated in 12 records, described in Table 3.

Table 3 - Terms identified in elderly records, in a long stay psychiatric institution, not capable of mapping with the NANDA-I. Rio de Janeiro, RJ, 2013.

Terms diagnoses identified in developments	Number of repetitions
Respiratory deficit risk	18
Oral cavity in precarious conditions	05
Agitation	02
Therapeutic activity intolerance	08
Low body mass index	23
Altered metabolic state	17
Apathy	02
Edema in the lower limbs	04
Neuromuscular dysfunction Risk	06
Bleeding risk	03
Total:	**88**

Source: Field research – Rio de Janeiro – January 2011 to March 2013.

During the data collection, it was observed that the data described in the record called as care planning were insufficient to diagnose statement. Thus, it was substantial to analyze individual information of the nursing team, and together with other professionals of the multidisciplinary team, such as psychiatric, psychologists and social workers. By process of analysis of nursing records, it was possible to observe that the team members act in an interrelated, dynamic and complementary way.

In the categorization of patients, all elderly are female (n=100%), corroborating national data on the aging of the Brazilian population, where most elderly are women. Some authors also describe this process of "longevity and resilience."[7]

The domain not showing associated diagnoses were "Sexuality", "Comfort" and "Growth/Development". This shows a gap, since a probable diagnosis of "Comfort" domain could be "Acute pain or Chronic pain", because it is the elderly who have co-morbidities, and

important osteo-articular disorders. This term was not evident due to little information in the medical records of patients under study.

With regard to nursing diagnoses, the domain "activity/resting" had the largest number of diagnoses. The more mapped term diagnosis in this domain was "Self-Care Deficit for Intimate Hygiene" (n=24%), followed by "Self-care deficit in bathing" (n=18%), which together represent n=42% of the sample. These data confirm the importance of this research to clarify the need for the mental health professional to know the profile of older people and their basic human needs, in addition to knowledge of the mental health area, they must know the specific care to the geriatric population.[1]

The diagnosis of "teething impairment" had a prevalence of (n=100%), the domain "Security/protection". The teething impairment is a topic dealt with familiarity in studies involving elderly population.[13] In this particular case, the absence of teeth is recognized by the lack of habits in performing oral hygiene, the use of psychotropic medication, chronic use of tobacco and institutionalization. A study by the Federal University of Triângulo Mineiro in Uberaba with elderly patients with tooth loss, showed that the number of edentulous elderly who were institutionalized, corresponded to a sample of 72% and elderly who underwent tooth extraction, 93% of the sample.[13]

Research show that swallowing function is the chewing process to the intake of food participating then in the digestive process, and airway protection.[8-9] When committed, they lead to changes that could affect the nutritional status of the patient, as shown in the diagnostic term "Impaired Swallowing", which appears in the "Nutrition" domain. This diagnostic is related to the years of institutionalization, the absence of elements for food (cutlery) and the use of psychotropic drugs. Such medications show effects that can reduce cognition or interfere with brainstem, causing disorder of the oral and pharyngeal or swallowing. Antipsychotics, particularly, have been identified as causing choking and silent dysphagia in elderly patients admitted with a diagnosis of schizophrenia.

Changing the swallowing capacity can lead to restriction of intake of water consumption, leading to other changes such as constipation.[10] It can be seen then, the need to encourage fluid intake, for the maintenance of health and prevention of intestinal complications, as a sample of this study presents the diagnostic term "Constipation risk" (n=43%).

Even in psychiatry, there is the need of actions for "Promoting health", a prevalent domain in this study with the diagnosis of "Ineffective health self-control" (n=90%). Among the observations, aging, the time of education, hospitalization, physical activities and changes in cognitive function were highlighted. These changes are characterized by the inability of history in carrying out the activities of everyday life and self-care in the elderly with low income.[11-12] As the smoke can be a risk factor, because it is people who make tobacco use for over 40 years.

Therefore, anti-smoking actions of hypertension and diabetes control, and good healthy living habits are also part of the care planning for this population. However, it was difficult to compare the data from this study to the literature, which shows the need for greater emphasis on the search for this diagnosis in the mental health care of the elderly.[14]

In the “chronic confusion”, the symptoms present, disorientation as to time and space and difficulties in remembering recent events are highlighted. These changes are related to the irreversible deterioration, prolonged and/or progressive intellect and personality.[4] Thus, the identification of this change is necessary to prevent its progression and future complications. In this context, playful activities with the use of guidance techniques to the reality experienced of these elderly people and group activities may provide some means necessary for monitoring the patient.

It was observed in this study, that prolonged hospitalization, psychiatric diagnoses, positive symptoms characterized by recurrent episodes of delusions, hallucinations, hetero-aggressiveness psychomotor agitation, cognitive/behavioral deterioration and abandonment, have led to the detachment or deterioration of living of the elderly with their families.

In this context, the multidisciplinary approach to mental health aims to rescue the patient´s interaction with family and ties that the vast majority were lost their affective bonds and the lack of information about the disease and new treatment proposals leverage of this distance that should be considered by the team.[15-16] It is observed that in the institution under study, the search for remedy or mitigate these impasses/blockages occur through listening groups and meetings with family members and patients, demanding an identification and time for extensive of nurse´s intervention in the role and relationship domain.

For the diagnoses identified in developments not possible to mapping with NANDA-I (Table 3), the prevalence of “altered metabolic state”, and “Low body mass index”, both respectively are related to nutrition and “respiratory deficit risk” related to activity/resting. This is because diagnostics were raised to be configured as changes and, therefore possible to corrective action. Studies show that inadequate nutrition, low fluid intake and lack of physical activity result in health risks, especially in elderly patients who are presenting a decline in organ function, as well as the functionality of the respiratory system in the elderly that present projections prevalence of lung disease.[10,1]

Therefore, it is evident the need to reorganize and document nursing care in this scenario, where there are people living for years in this Psychiatric Institution, which have difficulties in performing activities of daily living, difficulties in performing self-care, people who have lost the stimulus and criticism, people who remained for over 30 years without access to their clothes, without the right and opportunity to have their own shoes, choosing their perfume and their favorite food or even having to share with everyone the same objects, not even asked if it is their will, the nurse as a professional reference, will help patients redeeming their wills and pragmatists, achieving the rescue of their identity as people who have their own desires, their fears, their intimacies and specificities.

Therefore, it is necessary that the nurse in Mental Health dispose of expanded clinical knowledge for both evaluation of declines in physical abilities as for the changes in the processes of social, cultural, psychological and behavioral interaction. These changes in patients may be related to aging or psychiatric disorders as well as both may be evolved during the same period, making this elderly complex in the care process.[13]

Thus, aging will not be following a ready path, but build it from the subjectivity, individuality and demand of each patient. Considering and respecting their limitations, whether by age, or by psychiatric disorder or for hospitalization and institutionalization.

However, the cross mapping in this study allowed the analysis of non-standard language and its comparison with the chosen classification system, being considered as an effective and viable tool for the practice of nursing professionals. In the categorization of diagnoses, the prevalence of commitment to the activities related to self-care and the disruption in family ties were found, converging with the literature of the area.[10,11,16]

CONCLUSION

The group of diagnoses emerged from this study was built from the analysis of 30 elderly records, in a long stay psychiatric institution. The cross mapping enabled the comparison of terms and standardized interventions identified in the records with the classification system of NANDA-I. Out of the 361 diagnoses surveyed, 27 different terms remained, 10 of the 13 NANDA-I domains, representing on average 12.0 diagnoses per patient. This shows the magnitude of nursing care required of psychiatric disorders in people who become elderly in these institutions.

The findings highlight the complexity and comprehensiveness of care provided in the context of mental health. The need to classify the nursing diagnoses in the rehabilitation of patients with mental disorders is important, since it is an individual that requires a different view of the nurse in the institutionalization process often deteriorating the individual and their affective relationships. The use of classification systems in this context contribute to the advancement of knowledge and compare the findings in further studies.

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