ABSTRACT

Objective: to promote reflection on nursing assessment of adults and older adults based on the theory of Basic Human Needs (BHN) proposed by Wanda Horta. Method: descriptive study with theoretical reflection, literature search, analysis, and presentation of results. Results: the theory of BHN assists scientific knowledge and the whole Nursing Process (NP) in the hospital, primary healthcare, or home-healthcare. In this way, nurses need knowledge, evidence-based practice, and scientific foundation, because adults and, mainly, older adults undergo a series of changes in their bodies and in their cognitive, cardiovascular and muscle functions, and nurses have to distinguish all these modifications in order to assess them and implement nursing interventions when necessary. Conclusion: nursing theories and the NP scientifically substantiate nursing practices and make nursing care scientific, individualized and humanized.

Descritores: Nursing; Nursing Theory; Nursing Processes.

RESUMO

Objetivo: promover reflexões sobre a avaliação de enfermagem ao indivíduo adulto e idoso fundamentada na teoria das Necesidades Humanas Básicas (NHB) proposta por Wanda Horta. Método: estudo descritivo de reflexão teórica; com busca na literatura, análise e apresentação dos resultados. Resultados: a teoria da NHB auxilia no conhecimento científico e na realização de todo o Processo de Enfermagem (PE), seja no âmbito hospitalar, na atenção primária ou no domicício. Dessa maneira, o enfermeiro necessita de conhecimento, da prática baseada em evidências e de embasamento científico, pois o adulto e, principalmente, o idoso passam por uma série de alterações nos seus corpos, nas funções cognitivas, cardiovascular e musculares e o enfermeiro precisa distinguir todas essas modificações para saber avaliar-as e implementar intervenções de enfermagem quando necessário. Conclusão: as teorias de enfermagem e o PE fundamentam cientificamente as práticas de enfermagem e tornam o cuidado de enfermagem científico, individualizado e humanizado.

Descritores: Enfermagem; Teoria De Enfermagem; Processos de Enfermagem.

RESUMEN

Objetivo: promover la reflexión sobre la evaluación de la enfermería en adultos y adultos mayores basada en la teoría de las Necesidades Humanas Básicas (NHB) propuesta por Wanda Horta. Método: estudio descriptivo de reflexión teórica, con búsqueda bibliográfica, análisis y presentación de resultados. Resultados: la teoría de las NHB auxilia en el conocimiento científico y todo el Proceso de Enfermería (PE), sea en el ámbito hospitalario, en la atención primaria o en la atención en domicilio. De esta manera, el enfermero precisa conocimiento, práctica basada en la evidencia y fundamento científico, pues los adultos y principalmente los adultos mayores sufren una serie de cambios en sus cuerpos, en las funciones cognitivas, cardiovascular y musculares y el enfermero tiene que distinguir todas estas modificaciones para saber evaluarlas e implementar intervenciones de enfermería cuando sea necesario. Conclusión: las teorías de enfermería y el PE fundamentan científicamente las prácticas de enfermería y convierten al cuidado de enfermería en científico, individualizado y humanizado.

Descritores: Enfermería; Teoría de Enfermería; Procesos de Enfermería.
INTRODUCTION

According to the Brazilian Institute of Geography and Statistics (IBGE), currently there are approximately 20 million individuals aged 60 years or older in Brazil, which represents at least 10% of the Brazilian population. This situation has been increasing every year. [...] Brazil will occupy the sixth place regarding the contingent of older adults, comprising about 32 million individuals aged 60 years or older in 2005.1

The growth of the older adult population from 60 years of age is a worldwide phenomenon, occurring at an unprecedented level. Studies have been signaling a rapid increase in the number of older adults in Brazil. [...] This reality triggers key issues in the implementation of health policies that require not only the adaptation to the needs, expectations, preferences, and rights of older adults, but also to regional and local realities, and consequent use and allocation of financial resources2 and qualified health professionals to provide quality health care.

Although the majority of older adults are healthy and active, those who suffer from diseases demand more frequent health services and for a long period of time if compared to other age groups. In general, older adults’ diseases are chronic and multiple, lasting for several years and requiring constant medical follow-up and continuous medication,1 in addition to a humanized and integral health care provided by the nursing team.

In addition to the amount of extended consultations, there is an increase in the consumption of medicines, complementary examinations, and hospitalization. Therefore, older adults constitute a representative range of clients cared for in hospitals. Due to their peculiarities, the average time of hospital stay is three times higher compared to any other age group.3,4

This means that this population should always be viewed with attention and accuracy by the health team, because in the future the whole health team and health services should be prepared to receive this unique population that needs attention from nurses at the time of data collection.

The theory of Basic Human Needs (BHN) proposed by Wanda Horta help in scientific knowledge and data collection during physical examination, care planning, implementation, and assessment, whether at hospital, primary care, or at home. In this way, nurses need knowledge about nursing practice based on evidence and scientific foundation, because older adults undergo a series of changes in their bodies and in their cognitive functions, in addition to changes affecting their cardiovascular, muscular, and nervous systems. Nurses should distinguish all these modifications in order to assess them and implement nursing interventions when needed, or refer these patients to another health professional. Thus, nursing theories scientifically substantiate nursing practices and the nursing process (NP). They help organize health care and make it scientific, individualized, and humanized.

Adults/older adults who are productive individuals in society often need to be warned about the prevention of chronic degenerative diseases that can modify their physiological needs and lead them to become ill. Some of the guidelines are: food, i.e., balanced and fractionated nutrition; advice regarding the stress and the need to rest, in order to avoid a future mental disease that might make working impossible; and the need for self-esteem due to trauma. This way, nurses should talk, guide, embrace, and teach, among other things.

Older adults have special importance in nursing care and, often, the nurses try to assist, to the full, satisfying these individuals’ needs, due to their greater propensity to need help in basic activities, mobility, hygiene, further assistance to maintain a safe and comfortable environment, or even due to the lack of husbands/wives (love).3 The presence of the family and the affection of children, grandchildren and those they love is very important to older adults. In addition, it is also important to maintain self-care as much as possible.

The activity of “keeping a safe environment” assists in carrying out older adults’ activities with regard to the prevention of accidents in the home, such as fire and electrical shock, among others. For that reason it is considered a preventive activity. In daily life, the individuals seek to perform activities that, in one way or another, contribute to the preservation of a safe environment and, although these activities are routine, they perform them almost without conscious effort.4 This way, they carry out their daily activities and maintain self-care.

It is necessary that nurses guide the families and the caregivers. The older the person, the greater the need for family, community and health service support, in order to keep healthy and functionally...
enjoying life close to their loved ones; however, carrying out their activities independently.

In this way, the goal of this study is to promote reflection on the nursing's assessment of adult and older adult individuals based on the theory of BHN proposed by Wanda Horta.

**METHOD**

This is a descriptive study of theoretical reflection, conducted through search in the literature, analysis, and presentation of results.

**RESULTS**

♦ Wanda Horta and the Nursing Theory

Nursing theories comprise a series of concepts that describe the pattern of reality. They can be used and modified to guide the research. They aoriginate from two main methods: deductive reasoning, which examines the general idea and, subsequently, the specific actions and ideas; and inductive reasoning, which is built from ideas to complete the general ideas. Thus, in the 1960s, the first nursing theories emerged seeking to relate facts and establish the foundations for a nursing science. From the 1970s, “our nursing theory was developed from Maslow’s theory of human motivation, which is based on basic human needs.”

[…] nursing is the science and art of caring for the human beings in order to meet their basic needs, making them independent from this care, whenever possible, by teaching self-care; restoring, maintaining and promoting health in collaboration with other professionals.

In this way, according to the concepts and principles of nursing, nursing care means: doing for the human beings what they cannot do for themselves; helping or assisting when they are partially unable to look after themselves; guiding or teaching; supervising and referring them to other professionals. Therefore, nursing will be able to perform efficiently by developing its working methodology based on the scientific method. This method of nursing practice is named NP.

In Brazil, in addition to other provisions, the ordinance of the Nursing Federal Council (COFEN) provides for the Systematization of Nursing Care and the implementation of the NP in public or private environments in which professional nursing care takes place. The COFEN, in exercise of its statutory duties, conferred by Law No. 5,905, of July 12th, 1973, and by the rules of the local authorities, approved by COFEN Resolution No. 242, of August 31st, 2000, in article 1 states that the NP should be accomplished in a deliberate and systematic manner in all environments, public or private, in which professional nursing care takes place.

Nursing theories offer rationality and knowledge for nurses’ actions based on organized descriptions. They offer best abilities to solve problems, with organized actions that have a purpose, providing focus to health care activities. The goal is holistic care individualized in order to meet the individuals’ needs, promote health, and prevent or treat diseases.

There are different conceptual models and theories in nursing that seek to explain the processes of promotion and education for the health of the population. Thus, a theory describes, explains, predicts, and control desired outcomes of care practices. Theories provide a way to test knowledge through research in order to achieve patients’ health care. They tend to be based on other processes and theories widely applicable and receive influences from them.

Nursing devotes time and efforts for the development of its theories, which serve as a benchmark for professional practice, this way guiding health care based on science. It is a unique health care discipline, in which nurses provide care based on knowledge and skills. It has two essential aspects: a corpus of knowledge; and the application of that knowledge through clinical practice. The corpus of knowledge, called the knowledge base or science of nursing, provides justification for nursing interventions. The knowledge base, developed specifically for nursing, occurs through the development of theories and research. Thus, the next stage of research development in nursing took place with the goal of adequate professional practice and the basic requirements of specialized health care by means of scientific basis. As a result, the development of nursing theories became necessary so that the theory could guide the practice.

There are four concepts common to all nursing theories: person; environment; health; and nursing. However, the most important concept is the person. Aiming at the improvement and scientification of health care, and using the NP, based on theories combined with skills of critical reasoning, nurses collect, organize, and classify patients’ data to understand, analyze, and interpret health situations and draw up an individualized care plan. Thus, theoretical concepts and theories guide all stages of the NP, at the same time that the desired
reactions from the set of health care and outcomes are described and explained.9

It becomes health care with scientific foundation through which nurses search outcomes according to the signs and symptoms found in the patients. That is, the care plan will be drawn up based solely on each patient, as well as the nursing interventions and the assessment of what has been accomplished scientifically.

The NP is the main resource that nurses have to record their work, assess the quality of their activities, implement and demonstrate their knowledge about health care provided to patients, and consolidate their professional practice, i.e. nursing care.11

♦ Theory of Basic Human Needs and the Nursing Process

The NP supports and guides nurses’ professional practice. It was introduced in Brazil in the mid-1970s by Wanda Horta, who developed a theoretical model based on the BHN worked by Maslow in the Theory of Human Motivation.7,12 This theory is grounded in three general principles: (a) the law of equilibrium (homeostasis): the entire universe is maintained by processes of dynamic equilibrium between individuals; (b) the law of adaptation: individuals seek to maintain themselves in equilibrium from the interaction with their external environment; and (c) the law of holism: the whole is not simply the sum of its parts, but the set of them.12

In addition to Maslow's BHN, Horta adopted the name given by João Mohana: psychobiological, psychosocial, and psychospiritual needs.13 Psychobiological needs are considered unconscious strength, instincts, or energies that arise without planning. Man's psychobiological level manifests itself, for example, through the desire to take a shower and rest. Psychosocial needs are manifestations that occur in the individual through the instincts of psychosocial level, such as the need to communicate, living in groups, and carrying out social exchanges. Psychospiritual needs are those through which man seeks to understand those experiences scientifically inexplicable, transcending and surpassing the lines that limit the experience in the world.14

The conceptual model developed by Horta is based on Maslow's theory of Human Motivation, which is based on the concept of hierarchy of needs that influence human behavior. According to Maslow, the hierarchy of the BHN is a theory that nurses can use while providing care in order to understand the relationships between the BHN. According to this theory, certain human needs are more basic than others, i.e., some needs must be met before others.6 Health care models are representations of the world experienced, expressed verbally or through symbols, schemes, drawings, charts, and diagrams. Their goal is to direct the nursing care, offering subsidies required for its performance.15

Human beings are the object of the theory of BHN aiming at meeting their affected basic needs in order to make these individuals independent from such care—when possible—by teaching self-care. It also aims at recovering, maintaining and promoting health in collaboration with other professionals and with their own resources.7

The BHN encompass aspects such as food, water, safety, and love, which are essential for survival and health. For example, hungry individuals are more likely to look for food than to be engaged in activities that increase their self-esteem. The hierarchy of human needs organizes the basic needs in five priority levels:

a) Basic or physiological needs: those directly related to the existence and survival of the human being, such as: food, water, clothing, sex, and sanitation;

b) Safety needs: those related to individual protection against dangers and threats, such as: health, work, insurance, social security, and social order;

c) Love and/or social needs: those related to life in society, encompassing the needs of conviviality, friendship, respect, love, leisure, and participation, referring to the need for affection, such as: friends, boyfriends/girlfriends, husbands/wives, and children;

d) Esteem needs: those related to self-satisfaction, such as: independence, appreciation, dignity, recognition, subjective equality, respect, and opportunities, referring to a stable self-assessment, as well as a high self-esteem leading to feelings of self-confidence, value, strength, capability, sufficiency, and usefulness to the world;

e) Self-actualization needs: express the highest level of needs directly related to integral individuals’ actualization. In this group, the full use of potential, capacity, and existence of ideologies stand out. In addition to the five needs above mentioned, Maslow added every human being’s desire to know, that is, the natural need of human beings to seek the sense of things, in order to organize their understanding about the world in which they live. They are cognitive needs, such as a desire to know, understand, systematize,
organize, analyze, and find relationships and meanings. These needs come before self-actualization. The need to help others to self-develop and achieve their potential stands out, i.e., the transcendent needs that would come after self-actualization.16,20

According to the BHN, the individual whose needs are fully met is healthy, and an individual with one or more unmet needs is at risk for disease or may not be healthy in one or more human dimensions.13

Human needs are interrelated and comprise an indivisible whole of human beings in such a way that, when one need manifests itself, all of them suffer some degree of change. Therefore, the priorities for nursing care must be adjusted systematically and the entirety of the human being must be taken into account.

The evolution for the NP—as a method of care systematization—heads toward the establishment of nursing diagnoses (ND) that provide a better understanding of the BHN in their entirety.

♦ The Nursing Process and the integral assessment of adults and older adults

In order to make this model operational, Wanda Horta has proposed the NP comprising six interrelated stages, namely: nursing history; nursing diagnosis; health care plan; nursing prescription; and nursing prognoses.13–14

With the advancement of studies on the NP in the following decades, there was a reduction to five stages, in addition to the change in the name of some of them. As an example, the first stage is also known as data collection.16–19

Currently, the five stages of the NP are: research (data collection on a continuous basis concerning the state of health in order to monitor evidence of health problems and risk factors that may contribute to health problems); diagnosis (analysis of data to identify clearly the actual and potential health problems, the risk factors, and the strengths); planning (determination of desired outcomes which are the expected benefits in the patient after care and identification of interventions to achieve the outcomes); implementation (putting the plan into action and observing initial responses); and assessment (determining the success in achieving the outcomes and the decisions regarding the changes to be made, looking for ways to improve the situation). This way, the stages of the NP are interconnected and overlapped.20 The stages of the NP are cyclical and non-linear. They help organize and prioritize patient care, keeping the focus on what is important.20

For the same author, the NP is intentional, organized, systematic, and humanistic, in addition to being cyclical and dynamic, focused on outcomes that emphasize the need to not only treating the problems, but also preventing them, controlling the risk factors and encouraging healthy behaviors. It is based on evidence and determines that the judgments, decisions, and actions are based on the best evidence, besides being reflective, creative, and targeted at improving nursing care.20

This way, the NP enables the organization of nurses’ activities orienting the achievement of care based on rational and scientific choices. It assumes care centered on the individual from an action in which the understanding is fundamental; it is a communicative action.21 In this context, the central target of care is human beings, who have different ways of being in the world of care. Professionals should know them holistically, allowing the interventions in health situations accurately, thus achieving the proposed outcomes.22

Professional nursing care is something beyond carrying out the technical procedures; it is the relationship, expression, involving empathy, authenticity, acceptance, and being ready, i.e., being together with the individual cared for.13 The instrument for the achievement of care is the care process.24

Providing care also implies intervening in the others’ bodies, in their intimate space, either in direct or indirect care. Caring can be effectively demonstrated and practiced in a transpersonal manner, in which the consciousness goes beyond the biological and material dimension and is able to transcend time, space and the physical body.25 The responsibility of nursing care requires that decisions about proposed interventions are based on the assessment of the individuals’ state of health. Therefore, this assessment requires the adoption of ND as a reference so that nursing actions can be performed.26

One of the diagnostic classification systems, the taxonomy of the North American Nursing Diagnosis Association (NANDA), defines ND as being “clinical judgment of the individuals, families, or community’s responses to actual or potential health/vital problems, providing a basis for the selection of nursing interventions to achieve the outcomes for which nurses are responsible”.27

It is believed that the construction of an instrument for data collection, structured on the basis of the theoretical framework of the BHN, allows the assessment of patients as indivisible wholes in their bio-psycho-social-
spiritual universe. This way, it is easier to obtain data/information that help nurses determine the ND and individualized interventions,9-10 both in adults and older adults, i.e., seeking to understand each patient as a whole, not in pieces, but humanizing and individualizing them. To that end, it is imperative that all activities performed by the nurses are recorded.9

Even though the NP has been discussed in health units since a long time ago, it is still possible to find nurses that do not apply the NP and its stages aimed at a better nursing care in hospitals located in the interior of Brazil and capital cities. Therefore, there is a need for a greater awareness of the entire class of nurses so that they can be reinvigorated within the health team. Only nursing holds scientific knowledge of care and this is something that should never be lost.

Universities need to incorporate the teaching of this nursing care method, not just as an isolated course, but as a benchmark to be mastered by all. The implementation of the stages of the NP and its continuity are linked both to the training that these professionals have to carry out these activities and the individual and collective awareness of its importance for the profession.26

This way, there is an obvious need and importance of studies that confer greater visibility of the clinical learning in nursing (simulation), in addition to undergraduate nursing students' participation during the courses in activities that allow performing health practices based on integral and scientific nursing care.

CONCLUSION

The analysis between the relationship of concepts of human being, environment and nursing and their interaction with the dynamic universe makes human beings experience states of equilibrium and disequilibrium in time and space.

The theory of BHN proposed by Wanda Horta allows the acquisition of objective and subjective patient/person's data. It was found that the NP can facilitate and direct data collection and serves as a guide for the preparation of a care plan to be formulated individually for patients, including adults, older adults, caregivers, families, and the community.

The NP is clear for data collection and may promote the identification of ND that will subsidize the formulation of actions for care planning, with the description of specific and individualized nursing interventions according to the BHN identified. A systematic data collection favors finding problems and facilitates the determination of precise ND, nursing outcomes, interventions, and assessments.

It is necessary to highlight the importance of the NP based on theories, in particular on the theory of BHN proposed by Wanda Horta, a Brazilian theorist who developed a theory adapted to Brazilian customs and culture. Through scientific theories, nurses are able to care for human beings, both adults and older adults, based on this theory of knowledge, seeking to meet the needs that are affected. This way, these needs will be met in their entirety and, consequently, full health, self-care, and development as a human being will be restored. Still, if adult individuals are able to work, they should go back to the society to work and be able to fully rehabilitate themselves in the collectivity. In case of older adults, they will be able to reestablish themselves with respect to their health and self-care.

Regarding the NP and possible obstacles to its deployment—already in the 21st century of this scientific method in nursing—it should be noted that, with the efforts and commitment on the part of nurses, its implementation is possible and essential to the profession and its scientific criteria.

REFERENCES
