NURSING DIAGNOSES IDENTIFIED IN PSYCHIATRIC INSTITUTIONS

DIAGNÓSTICOS DE ENFERMAGEM IDENTIFICADOS EM INSTITUIÇÕES PSIQUIÁTRICAS

DIAGNÓSTICOS DE ENFERMERÍA IDENTIFICADOS EN INSTITUCIONES PSIQUIÁTRICAS

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ABSTRACT

Objective: to identify, in the literature, the nursing diagnoses found in adults and the elderly hospitalized in psychiatric institutions. **Method:** this is an integrative review type bibliographical study, with search in the MEDLINE, CINAHL and LILACS databases, with the diagnostic descriptors of Nursing, Psychiatric Nursing, Mental and Geriatric Health, and without restrictions on the date of publication, nature of the study or language. The results were presented in figure form. **Results:** four articles were found and 18 nursing diagnoses, 15 real nursing diagnoses and three risk nursing diagnoses present at a frequency higher than 50% in the selected articles were categorized. **Conclusion:** the study provided a mapping of the most common Nursing Diagnoses among users hospitalized in psychiatric institutions, thus contributing to the improvement of the Nursing Process in Mental Health services. **Descriptors:** Nursing diagnosis; Psychiatric Nursing; Mental health; Geriatric Nursing; Nursing Processes; Mental Health Services.

RESUMO

Objetivo: identificar, na literatura, os diagnósticos de Enfermagem encontrados em adultos e idosos internados em instituições psiquiátricas. **Método:** trata-se de um estudo, bibliográfico tipo revisão integrativa, com busca nas bases de dados MEDLINE, CINAHL e LILACS, com os descritores diagnósticos de Enfermagem, Enfermagem Psiquiátrica, Saúde Mental, Geriátrica e, sem restrições quanto à data de publicação, natureza do estudo ou idioma. Apresentaram-se os resultados em forma de figura. **Resultados:** encontraram-se quatro artigos e se categorizaram 18 diagnósticos de Enfermagem, 15 diagnósticos de Enfermagem reais e três diagnósticos de Enfermagem de risco presentes em frequência maior que 50% nos artigos selecionados. **Conclusão:** forneceu-se, pelo estudo, um mapeamento dos Diagnósticos de Enfermagem mais comuns entre os usuários internados nas instituições psiquiátricas, contribuindo, assim, para o aperfeiçoamento do Processo de Enfermagem em serviços da rede de Saúde Mental. **Descritores:** Diagnóstico de Enfermagem; Enfermagem Psiquiátrica; Saúde Mental; Enfermagem Geriátrica; Processos de Enfermagem; Serviços de Saúde Mental.

RESUMEN

Objetivo: identificar, en la literatura, los diagnósticos de Enfermería encontrados en adultos y ancianos internados en instituciones psiquiátricas. **Método:** se trata de un estudio, bibliográfico tipo revisión integrativa, con búsqueda en las bases de datos MEDLINE, CINAHL e LILACS, con descriptores diagnósticos de Enfermería, Enfermería Psiquiátrica, Salud Mental, Geriátrica y, sin restricciones en cuanto a la fecha de publicación, la naturaleza del estudio o idioma. Se presentaron los resultados en forma de figuras. **Resultados:** se encontraron cuatro artículos y se categorizaron 18 diagnósticos de Enfermería, 15 diagnósticos de Enfermería reales y tres diagnósticos de Enfermería de riesgo presentes en frecuencia mayor que 50% en los artículos seleccionados. **Conclusión:** se proporcionó, por el estudio, un mapeamiento de los Diagnósticos de Enfermería más comunes entre los usuarios internados en las instituciones psiquiátricas, contribuyendo así al perfeccionamiento del Proceso de Enfermería en servicios de la red de Salud Mental. **Descritores:** Diagnóstico de Enfermería; Enfermería Psiquiátrica; Salud Mental; Enfermería Geriátrica; Nursing Process; Mental Health Services.

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INTRODUCTION

In Brazil, the psychiatric reform movement unleashed a wide-ranging discussion on the directions and guidelines of health, based on advanced proposals for health reform, even in the mental health care of users hospitalized in long-term asylum spaces, aiming at Psychosocial Rehabilitation.¹⁻² It should be noted, however, that the aging of these people was outside of social life, confined in spaces of hospital-centered and institutionalized care, which lasted for decades.

In this paradigm, the Brazilian Psychiatric Reform proposes the deconstruction and deinstitutionalization of hospital psychiatric practices, as well as the reformulation of new modes of care, and these proposals are not restricted to the modification of the physical spaces of treatment, but above all, to the reinvention of the ethical-political and epistemological perspectives of the notions of madness and its forms of approach.²

The implantation of the Process of Nursing in psychiatric institutions is inserted, in this conception of changes. In the context of deinstitutionalization, they demand complex care, holistic knowledge of geriatrics and psychiatry, because they are hospitalized in the long term.³⁻⁴ Thus, it is necessary to rescue respect and citizenship, as recommended by Federal Law 8080/90, which guarantees the principles of universality, equity and integrality of health care for the Brazilian population, as well as physiological, psychosocial and reintegration care Social.¹

One has sought to emphasize, among the stages of the Nursing Process, the one that refers to the analysis and interpretation of the data collected: the Nursing diagnosis. Nursing diagnosis, according to NANDA-International, is "a clinical judgment of the individual's, family's or community's responses to vital processes or current or potential health problems, which provide the basis for the selection of nursing interventions, to achieve results for which the nurse is responsible".⁵

Through the use of the nursing diagnosis, some advantages are offered to the practice in Mental Health, such as: the individualized reception of the user; the attainment of a body of self-knowledge; the search for quality of care and the favoring of the continuous improvement of the nurse.⁶⁻⁷

The nurse is passed, therefore, when using the Nursing Process, to have subsidies for their interventions. It is believed that the diagnosis of human responses is a complex process involving the interpretation of human behavior related to health. This complexity evolves from the focus of the individualized nature and respect for the

specificity of people and their health and well-being process.^{6,8}

However, it can be seen that the greatest contribution of the diagnosis depends on the union of efforts, the involvement of the team and the continuity in the other phases of the Nursing Process, so that it does not get lost in fortuitous attempts by a single person or even in a process mechanized diagnosis and labeling, besides the need to be based on a theory that supports it and that enables nurses to act with foresight and coherence.^{3,9-10}

It is justified, through the above, the accomplishment of the Nursing diagnoses in a psychiatric institution, whose therapeutic objective is the deinstitutionalization, for the documentation of the real specificities / needs of the users, of the family and psychosocial processes.¹¹ The documentation of Nursing activities, such as, for example, the therapeutic groups, through the Nursing diagnoses, of psychosocial domain, which is notoriously present in the everyday mental health, will be considered to contribute to the construction of the Therapeutic Projects of each user and for the expansion of the NANDA-International Taxonomy in this area, in the expansion and use of nursing diagnoses in the area of Mental Health.

OBJECTIVE

- To identify the Nursing diagnoses found in adults and the elderly hospitalized in psychiatric institutions.

METHOD

It is a quantitative, bibliographic study, type integrative review of the literature. The following steps were taken to elaborate the integrative review: the formulation of the guiding question; search for studies in the literature; categorization of studies; evaluation of studies included in the review; discussion and interpretation of the results and the synthesis of the knowledge evidenced in the analyzed studies.

The guiding question was determined: "What are the main studies about Nursing Diagnoses found in adults / elderly hospitalized in psychiatric institutions?"

In June 2017, there were no restrictions on the date of publication, nature of the study or language, the search for indexed studies in the electronic database of Medical Literature Analysis and Retrieval System Online (MEDLINE via PubMed), Cumulative Index to Nursing and Allied Health (CINAHL) and Latin American and Caribbean Literature in Health Sciences (LILACS via BIREME). The following descriptors were used to survey the studies: Nursing diagnosis; Psychiatric Nursing; Mental Health / Mental Health and Geriatric Nursing combined separately to the descriptor Nursing Processes / Nursing process.

During the search strategy, the Boolean operators OR and AND were used for the realization of the associations.

The PIO strategy was used as an aid in this study, where P was the problem where a group of patients with a particular condition or health problem was described as being a single patient, in the study, delimiting such as geriatric nursing / geriatric nursing and mental health / mental health; I would be the proposed intervention, which represents the proposed intervention of interest, which may include an exposition, may be therapeutic, preventive, diagnostic, prognostic,

administrative or related to economic issues and, in this study, was used Nursing Diagnosis diagnosis; and O meant outcome, the expected result that, in this study, were the Nursing Processes.

The following inclusion criteria were listed: articles published in Portuguese, Spanish or English; who had as subjects of adult / elderly studies with psychiatric disorders and who quantitatively described in their results the Nursing diagnosis identified in this population. Adoption criteria were: duplicate articles and articles that did not answer the research question. Figure 1 shows the selection of the studies.

Figure 1. Flowchart for identification and selection of articles for review. Rio de Janeiro (RJ), Brazil, 2016.

The final sample of four articles was constituted. Data were extracted from the articles included in the review in a data collection instrument containing the following information: author; year; parents; base; newspaper; goals; methods; sample; main results and conclusion. The four articles included were critically included in relation to the authenticity, methodological quality and importance of the information. It is also worth noting that the level of evidence used

to classify the selected studies was from the Joana Briggs Institute.¹² The analysis and synthesis of the articles were carried out in a descriptive way to expose, in detail, the literature on Nursing Diagnoses according to NANDA-I and provide, in the future, subsidies for the clinical practice of nurses in Psychosocial Rehabilitation.

RESULTS

It is revealed that, of the four articles included in this integrative review, one was published in English and three articles in Portuguese; the articles were presented between 2003 and 2015, and, in relation to the level of evidence, articles were classified as observational, descriptive and cross-sectional.

The data source for identifying the diagnoses is added: one article used the patient's medical record; another article used a checklist; an article had as a data source a Nursing consultation instrument and an article used the interview. It is noteworthy that all four published articles used the NANDA-I Taxonomy II, and the synthesis of the articles included in the review is presented in table 1.

Table 1. Synoptic figure with the description of the articles included in the integrative review on the Nursing Diagnoses found in adults / elderly hospitalized in psychiatric institutions. Rio de Janeiro (RJ), Brazil, 2017.

Author, year, Base country	NE	Journal	Method and sample	Main results	Conclusions
Beteghelli et al. ⁶ 2006 Brazil MEDLINE	4b	Electronic Nursing Journal	Qualitative approach, with some quantitative descriptions in the analysis of the frequency of the Nursing diagnoses found. From a bibliographical study, a tool was established to collect data (checklist) about the state of health of the mentally ill N= 400	The most frequent diagnoses were: Hopelessness (75%), Social isolation (70%), Impaired verbal communication (65%).	The Systematization Nursing Care Psychiatric works as useful and important tool in attempt to build a most effective praxis in Nursing Psychiatric Brazil, with regard to the Psychosocial Rehabilitation.
Thomé et al. ⁸ 2014 USA CINAHL	4b	International Journal of Nursing Knowledge	A cross-sectional study carried out in a university hospital. N = 40	14 Nursing Diagnoses were identified and the most frequent were: Impaired social interaction (40%), Anxiety (35%), Ineffective Self-Management of Health (27%). Among the Nursing Interventions, 23 (approximately two per consultation) were identified and the most frequent ones were: increased socialization and assistance in self-care.	The Nursing Process in Health mentally identify the answers misadapted and determine priority interventions.
Silva et al. 2015 ¹³ Brazil LILACS	4b	Care is fundamental online research journal	Quantitative, documentary and retrospective approach, of the cross-mapping type N = 30	Diagnoses with higher frequency were: Ineffective self-control of Health (90%), Self-care deficits for bath / hygiene (80%), Mobility physics (63%), Impaired cardiac output (53%), Ineffective Peripheral Tissue Perfusion (50%), Chronic Confusion (90%), Dysfunctional Family Processes (29%) Impaired Dentition (30%), Risk of falls (21%).	These findings point to the complexity and completeness of the care provided in the context of Mental Health, and the use of classification in this context will contribute to the advancement of knowledge and the comparison of the findings.
Teixeira e Fernandes ¹⁴ 2003 Brazil MEDLINE	4b	Brazilian Nursing Journal	Descriptive and exploratory field study with quantitative-qualitative approach. N = 48	According to NANDA Taxonomy II, the predominant diagnoses were: Weighing (83%), Impaired gait (81%), Risk for trauma (68%) and Anxiety (62%).	Nursing diagnoses identified, for the most part, result from the impossibility for the elderly to perform, in a happy way, the activities of daily living. Pathological sadness, discouragement and lack of perspective make these elderly people deeply unhappy. Knowing how to intervene in

the face of these diagnoses requires, from the nurse, specific knowledge and skills.

Table 2 shows the most frequent Nursing diagnoses in adults / elderly hospitalized in the psychiatric institutions found in the review.

Table 2. Nursing Diagnoses most frequent in adults / elderly hospitalized in psychiatric institutions, according to articles that are part of the integrative review. Rio de Janeiro (RJ), Brazil, 2017.

Nursing Diagnoses *	Article 1 ⁶	Article 2 ⁸	Article 3 ¹³	Article 4 ¹⁴
Anxiety	-	35%	-	62
Ineffective self-control of health	-	27%	90%	-
Impaired verbal communication	65%	-	-	-
Chronic Confusion	-	-	90%	-
Impaired walking	-	-	-	81%
Decreased cardiac output	-	-	53%	-
Self-care deficits for bathing / hygiene	-	-	80%	-
Impaired Dentition	-	-	100%	-
Hopelessness	75%	-	-	-
Social isolation	70%	-	-	-
Impaired physical mobility	-	-	63%	-
Ineffective peripheral tissue perfusion	-	-	50%	-
Dysfunctional family processes	-	-	97%	-
Sleep deprivation	-	-	60%	-
Risk for falls	-	-	70%	-
Risk for trauma	-	-	-	68%
Risk of constipation	-	-	57%	-

Diagnostic titles according to Taxonomy II of NANDA-I (NANDA, 2015)

DISCUSSION

A total of 18 nursing diagnoses were identified in this review, of which 15 actual nursing diagnoses and three subsequent nursing diagnoses were present in frequency higher than 50% in the selected articles: Anxiety; Ineffective self-control of health; Impaired verbal communication; Chronic confusion; Impaired walking; Decreased cardiac output; Deficit in self-care for hygiene / bath; Impaired swallowing; Impaired dentition; Hopelessness; Social isolation; Impaired physical mobility; Ineffective peripheral tissue perfusion; Sleep deprivation; Dysfunctional family processes; To weight; Risk of constipation; Risk for falls and risk for trauma. With these data, data collection instruments can be proposed or, in other studies, it is possible to compare if the same results are found.^{6,8,13-4}

The most present domains were: domain 4 - Activity and Rest, composed of five diagnoses; followed by the domain 11 - Safety and Protection, composed of three diagnoses and the domain 9 - Confrontation and Tolerance to stress, with two Nursing diagnoses,^{6,8,13-4} therefore, differently from expected, of a higher prevalence of psychosocial diagnoses, the physiological diagnoses were the most frequent. Therefore,

there is a need to discuss the need of this aging population for clinical care and the fragility of the documentation of psychosocial phenomena by the nurse.

Nursing diagnoses were described as Ineffective health self-control (00078) and Anxiety (00146) in two studies. Ineffective health self-control (00078) is defined as the "standard of regulation and integration into daily life of a therapeutic regimen for the treatment of diseases and their sequelae that is unsatisfactory to achieve specific health goals", ⁵ having as a of its main defining characteristics, "choices in ineffective daily life," as well as one of its factors related to the "social support deficit". These findings are supported by studies that report that prolonged hospitalization, lack of investment, as well as the advancement of age and the loss of capacity to perform daily activities are changes present in users who have aged in psychiatric institutions.^{6,8,13}

Through the diagnosis of Anxiety Nursing (00146), defining characteristics of affective, cognitive and behavioral changes were presented. Fears of experiencing new experiences, such as anguish, restlessness and insomnia, can be presented by individuals hospitalized in psychiatric institutions, which are generally related to the psychiatric diagnosis itself; in addition, these

feelings and signals can influence the process of deinstitutionalization of these users.¹³

It is understood that Impaired Dentition (00048) is a Nursing diagnosis defined as "disturbances in developmental patterns / dental eruption or in the structural integrity of an individual's teeth,"⁵ and researchers show that lack of teething, lack of habits in performing oral hygiene, the aging process and institutionalization are factors that interfere in the risk of developing oral or dental lesions.¹³

The associated deficiency in self-care for bathing / intimate hygiene (00108) is defined as the "impaired ability to perform or complete bathing / intimate hygiene activities on its own".⁵ It is reinforced by the identification of this diagnosis as one of the most frequent in the elderly with psychiatric disorders, the hypothesis that prolonged institutionalization can lead to dependency and depersonalization.¹⁴

Demonstram-se, pela presença dos diagnósticos de Deambulação prejudicada (00088) em 81% e Mobilidade física prejudicada (00085) em 52%, a relação da perda da autonomia dos pacientes que envelheceram com transtornos psiquiátricos com a perda da mobilidade ao longo do tempo e a importância de intervenções de reabilitação nesse contexto.¹³

However, the prevalence of the relevance of diagnoses related to families, present in 97% of the users, is noticed. The inheritance left by years of hospital-centered care, marked by the segregation and social desfiliation of a contingent of psychiatric users who are elderly and who have lost their family life, is revealed by the data, which becomes a barrier in the construction / reconstruction of affective bonds.¹³ Dysfunctional family processes (00063) are defined as "psychosocial, spiritual and physiological functions of the family unit are chronically disorganized, leading to conflict, denial of problems and resistance to change".⁵

It is understood that another important psychosocial diagnosis in the context studied and cited in a study was social isolation (00053) defined as "solitude experienced by the individual and perceived as imposed by others and as a negative or threatening state".⁵ It is reported, in study, that this picture can make the person unable to make contact with the social environment, however much he or she presents or perceives a need or desire to become more involved with others. In this sense, the importance of the Mental Health nurse in establishing linkages, as well as providing family and social restructuring and inclusion activities, in order to minimize feelings of rejection.¹³

Human longevity is constituted as a modifier of social roles, and the loss of the capacity to develop routine life activities can also be a factor of family abandonment and institutionalization,

which causes this elderly person to isolate himself more and more socially.^{8,13} It is a complex and doubly significant challenge to rehabilitate this individual according to the premises of psychiatric reform and Geriatrics.^{11,15}

It is therefore considered necessary to contextualize the diagnosis of Despair (00124) defined as "subjective state in which an individual does not see alternatives or personal choices available or sees alternatives and is unable to mobilize energies in his favor",⁵ because the defining characteristics included decreased affection and lack of initiative, followed by factors related to abandonment, social isolation and prolonged restriction of activities. Thus, the need for Nursing care of physical and psychosocial rehabilitation, the importance of the evaluation of the perception of the elderly, the history of a restricted environment and the presence of sensory-perceptual alterations.⁸

In addition, emphasis is placed on studies,^{8,13} the importance of evaluating depersonalization with feelings of strangeness or unreality that may interfere in social coexistence or in its deinstitutionalization process, and other factors that may generate hopelessness are the impossibilities of solve problems and lack of energy to draw plans, even in situations of preservation of emotions.⁸

Impaired verbal communication (00051) can also be engaged in this process of isolation and hopelessness, a diagnosis defined as "diminished, delayed or absent ability to perceive, process, transmit and / or use a symbol system".⁸ It should be noted, however, that only one study identified this diagnosis and did not specify which change led to hindering communication.⁸

Chronic Confusion (00129) was reported, a diagnosis understood as "irreversible, prolonged and / or progressive deterioration of the intellect and personality,"⁵ often expressive in a study,¹³ dealing with changes in levels of orientation, memory, in thinking, behavior and perception, describing these as interfering in the socialization of users and related to the psychiatric picture.

Sleep deprivation (00096) is described as a Nursing diagnosis defined as "prolonged periods of time without sleep",⁵ highlighting the following defining characteristics: agitation, hallucinations, anxiety, decreased functional capacity, restlessness, and sleepiness during sleep day and delusional ideas. The researchers report the relationship of sleep deprivation to the uncomfortable environment, inadequate daytime activity and aging.¹³

In the diagnosis of reduced cardiac output (00029), an aging population with a decline in organic functioning, as well as behavioral / emotional changes, inadequate diet and lack of physical activity practices were found to be at risk for health,¹³ and ineffective peripheral tissue

perfusion (00204) points to Nursing care related to both clinical and psychic aspects, and it is up to the nurse to perform the evaluation and propose interventions.¹³

In the case of falls, studies show that the elderly are the most affected due to loss of postural balance, and falls can be due to the reduction of the cognitive, physical and functional capacities of the elderly.¹⁴ In this scenario, the nurses must act in the identification of risk of falls (00155) and propose the use of auxiliary devices, such as walking stick or walking stick, if necessary and agreed with the user, and risk factors for Trauma (00038) and Constipation (00015) present in the studies of this review are also inherent to aging, as well as the use of antipsychotics and nutritional alteration interfere in these cases.¹³⁻⁴

It is inferred, therefore, that the intellectual process of formulating a Nursing Diagnosis requires objectivity and subjectivity, critical thinking and decision making. This way, through the diagnostic process, a deep and systematic analysis of the needs and desires of the user that must be attended by the nurse, is configured in a planned, contextualized and scientific activity.¹⁶

This review was limited by the scarcity of publications on the subject, by the small sample sizes of the studies, as well as by the lack of statistical treatment of the data of each study. Another limitation was the heterogeneity of the studies (medical records and multiple data collection instruments), which interferes with the identification of Nursing Diagnoses that may be in the clinical practice of Nursing in psychiatric institutions, but have not been identified, such as Control and the Ineffective Sexuality Pattern, for example.

CONCLUSION

When considering the need for publications dealing with Nursing Diagnostics in the daily practice of Mental Health Nursing, it is provided, through the results of this review, a mapping of the most common Nursing Diagnoses among users hospitalized in psychiatric institutions. It contributes, therefore, to the improvement of the Nursing process in services of Mental Health Network.

It is hoped that this study may contribute to the growth of the diagnostic accuracy of nurses working in mental health by enabling the need for an expanded view of Nursing diagnoses from a biopsychosocial perspective, with a consequent improvement in the health and well-being of the users.

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