

ORIGINAL ARTICLE

NURSING DIAGNOSES AFTER PSYCHIC EVALUATION
DIAGNÓSTICOS DE ENFERMAGEM APÓS AVALIAÇÃO PSÍQUICA
DIAGNÓSTICOS DE ENFERMERÍA DESPUÉS DE LA EVALUACIÓN PSÍQUICA

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ABSTRACT

Objective: to describe the nursing diagnoses arising from the assessment of psychic functions in people hospitalized in psychiatric beds. **Method:** this is a quantitative, descriptive and cross-sectional study, with 25 people who responded to a data collection instrument. The description of nursing diagnoses was carried out and, for the analysis, the Chi-square and Fischer Exact tests were used. **Results:** it is revealed that the nursing diagnoses resulted from the impairment of the psychic functions, affection and mood, thinking and feeling perception, and the evolution of the mental disorder led to the following diagnoses: confusion, risk of violence, anxiety and risk of self-mutilation. Sensitivity perception and the risk of self-mutilation were associated with the age group. **Conclusion:** it was possible, through Nursing diagnoses, to establish qualified Nursing conducts. **Descriptors:** General Hospital; Hospitalization; Psychiatry; Mental Health; Mental Disorders.

RESUMO

Objetivo: descrever os diagnósticos de enfermagem advindos da avaliação das funções psíquicas em pessoas internadas nos leitos psiquiátricos. **Método:** trata-se de um estudo quantitativo, descritivo e transversal, com 25 pessoas que responderam a um instrumento de coleta de dados. Realizou-se a descrição dos diagnósticos de enfermagem e, para a análise, foram empregados os testes Qui-quadrado e Exato de Fischer. **Resultados:** revelam-se que os diagnósticos de enfermagem resultaram do comprometimento das funções psíquicas afeto e humor, pensamento e sensopercepção, e a evolução do transtorno mental acarretou os seguintes diagnósticos: confusão, risco de violência, ansiedade e risco de automutilação. Associaram-se com a faixa etária a sensopercepção e o risco de automutilação. **Conclusão:** possibilitou-se, pelos diagnósticos de Enfermagem, o estabelecimento de condutas de Enfermagem qualificadas. **Descritores:** Hospital Geral; Hospitalização; Psiquiatria; Saúde Mental; Transtornos Mentais; Enfermagem Psiquiátrica.

RESUMEN

Objetivo: describir los diagnósticos de enfermería derivados de la evaluación de las funciones psíquicas en personas hospitalizadas en camas psiquiátricas. **Método:** este es un estudio cuantitativo, descriptivo y transversal, con 25 personas que respondieron a un instrumento de recolección de datos. Se realizó la descripción de los diagnósticos de enfermería y, para el análisis, se utilizaron las pruebas Chi-cuadrado y Fischer Exacta. **Resultados:** se revela que los diagnósticos de enfermería resultaron del deterioro de las funciones psíquicas afecto y el estado de ánimo, pensamiento y sensopercepción, y la evolución del trastorno mental condujo a los siguientes diagnósticos: confusión, riesgo de violencia, ansiedad y riesgo de automutilación. La percepción de sensibilidad y el riesgo de automutilación se asociaron con el grupo de edad. **Conclusión:** fue posible, a través de diagnósticos de Enfermería, establecer conductas de Enfermería calificadas. **Descriptor:** Hospital General; Hospitalización; Psiquiatria; Salud Mental; Trastornos Mentales.

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INTRODUCTION

The objective is, by caring in Nursing, to understand the human being, to put oneself in the place of the other and meet all basic human needs, from birth to death, respecting the moral reasons of each human being.¹ Resolution 358/2009 was established by the Federal Nursing Council, seeking to qualify Nursing care, which exposes the need to carry out the Nursing process in all health services and record it in the assisted person's documentation.²

In view of this legislation, the Nursing process becomes essential, which must be carried out deliberately and systematically. The process consists of five stages: 1 - Nursing data collection; 2 - nursing diagnoses (DE); 3 - Nursing planning; 4 - implementation and 5 - Nursing assessment.³

Specifically, nursing diagnoses consist of fundamental tools to plan the care to be provided by Nursing, understanding the decision on the human needs identified during the investigation of illnesses in people with mental disorders who need a nursing intervention.⁴

Thus, the nursing diagnosis corresponds to a process of data clustering and a scientific interpretation that culminates in decision making.³ This approach gradually generated good results due to the possibility of standardizing a professional taxonomy, leading to the development of new guidelines for interventions and results. In this sense, over time, a classification system developed by the North American Nursing Diagnosis Association (NANDA) related to the specific stages of the Nursing process: Taxonomy I and II of NANDA International (NANDA-I).

It is detailed that, in view of this resource, which qualifies the nursing work, there is another situation that needs to be valued in the context of mental health, since, at present, the general hospital represents a strategic point to strengthen health care for people with mental disorders, as they are easily accessible services, available in most municipalities, offering multidisciplinary clinical resources and hospital technologies. It also contributes to the psychiatric hospitalization in a general hospital, to face the stigma and prejudice in the field of Mental Health.⁵

It is noteworthy that in Brazil, in 2011, Ordinance No. 3,088 was published, republished on May 21, 2013, which instituted the Psychosocial Care Network (PSCN) with the objective of expanding access to psychosocial care for the general population, the promotion of bonds of people with mental disorders and with needs resulting from the use of crack, alcohol and other drugs and their families to the points of care and the guarantee of the articulation and integration of the points of care of the health networks in the

territory, qualifying the care through the reception, the continuous monitoring and the attention to the urgencies.⁶

This reality reinforces the need for nursing to value, in their daily lives, the various demands that care in Psychiatry requires (biological, cultural, psychosocial, among others). It is important, in this perspective, that the provision of care focuses on individual needs and promotion of assistance to family and other significant people for the person with mental disorder who is assisted in the general hospital.⁵

It should be added that, in view of the above, raising the psychiatric nursing diagnoses of people hospitalized in general hospitals for psychiatric complications is the basis for the better training of nurses for planning care centered on the needs of the hospitalized person and their family members.

OBJECTIVES

- To describe nursing diagnoses arising from the assessment of psychic functions in people hospitalized in psychiatric beds.
- To identify possible associations between nursing diagnoses and age and gender.

METHOD

This is a quantitative, descriptive and cross-sectional study in a general teaching hospital for the population of the Southern Triangle of Minas Gerais/MG, where there are 220 beds, of which six are for the treatment of people with mental disorders and/or harmful use of alcohol and drugs.

People with mental disorders and/or needs arising from the harmful use of drugs and alcohol were selected to participate in the research, which were identified by the letter P of the patient, with sequential numbers, to ensure confidentiality. The following were raised as inclusion criteria: over 18 years old and having a score of 15 on the Glasgow scale.

Exclusion criteria were defined as: not accepting to participate, even after the family member/caregiver/guardian signed the Free and Informed Consent Term (FICT), and did not have companions or did not receive visits from those responsible for obtaining consent.

In the period from August to December 2018, 33 patients with mental disorders were admitted to the health service where the data were collected, and of these, 25 comprised the sample, obtained by convenience, configuring 95% confidence and 10% error for inferences.

It is detailed that the members of the research group went to the hospital's medical clinic to monitor the flow of hospitalizations and to collect data. For this purpose, a guiding instrument was used that addressed the sociodemographic aspects (age, sex, marital status, race, religion, education, occupation and, also, the presence of a

companion during hospitalization and their family bond), psychosocial and psychic functions of the hospitalized person. In this investigation, aspects related to age and sex were emphasized.

The group of researchers met to identify and describe the nursing diagnoses related to psychic functions, based on the NANDA taxonomy, which constitutes the qualitative approach of the investigation.

To evaluate the association of categorical variables, the classic chi-square test or Yates chi-square test or Fisher's exact test, according to the

frequencies found, considering the existence of association when $p < 0.05$.

It is noteworthy that this investigation was approved by the Ethics and Research Committee with human beings at the University of Uberaba (CAAE: 73227417.4.0000.5145).

RESULTS

It was also considered important to define the diagnoses of hospitalization of these participants in Table 1.

Table 1. Patients with mental disorders with a single medical diagnosis at the time of admission to a general hospital in a city in the state of Minas Gerais/MG. Uberaba (MG), Brazil, 2018.

Medical Diagnosis	Sample description	
	Patient N.o	%
Schizophrenia	8	57.15
Mood Disorder	3	21.43
Personality disorder	1	7.14
Psychotic pictures	1	7.14
Attempted self-extermination	1	7.14

It is analyzed that, among the participants, 11 received more than one medical diagnosis upon admission (Table 2).

Table 2. Patients with mental disorders with multiple medical diagnoses at the time of admission to a general hospital in a city in the state of Minas Gerais/MG. Uberaba (MG), Brazil, 2018.

Medical Diagnosis	Sample description	
	Patient N.o	%
Mood disorder and psychotic conditions	2	18.185
Schizophrenia and psychotic conditions	2	18.185
Mood disorder and personality disorder	1	9.090
Schizophrenia, mood disorder and psychotic conditions	1	9.090
Reversible cause mood disorder and dementia	1	9.090
Schizoaffective disorder and psychotic conditions	1	9.090
Mood disorder, personality disorder and attempted self-extermination	1	9.090
Mood disorder, personality disorder and panic syndrome	1	9.090
Mood disorder, personality disorder, anxiety disorder and panic syndrome	1	9.090

In the psychic evaluation, it was found that the nursing diagnoses of the participants in this investigation result from the impairment of the following psychic functions: affection and mood, thought, sense of perception and there are also nursing diagnoses arising from behaviors that do not result from the alteration of a specific psychic

function, but from the evolution of the mental disorder itself. The distribution of nursing diagnoses in the sample and the association with age and gender are consolidated in tables 3 and 4. Age was organized into age groups, and the intervals between one age group and another result from the discontinuity in the values of ages.

Table 3. Association of the Nursing diagnosis referring to the psychic function compromised with the age group and the sex in people with mental disorder admitted to a general hospital in a city in the interior of the State of Minas Gerais/MG. Uberaba (MG), Brazil, 2018.

Disorder	Sample description (%)		Value of p	Sample description (%)		Value of p
	Age group			Sex		
Affection and mood	17 to 26	28.57	0.1298	Male	42.86	0.1533
	35 to 46	42.86		Female	57.14	
	55 to 69	28.57				
Thought	17 to 26	31.58	0.1442	Male	42.10	0.1141
	35 to 46	42.10		Female	57.90	
	55 to 69	26.32				
Sensoperception	17 to 26	45.45	< 0.0001	Male	45.45	0.3628
	35 to 46	9.10		Female	54.55	
	55 to 69	45.45				

It is described, among the diagnoses referring to the psychic function compromised in Table 3. It is added that no other association was observed between any of the nursing diagnoses and the age group or gender.

The nursing diagnoses arising from the evolution of the mental disorder were shown in Table 4.

Table 4. Association of the Nursing diagnosis arising from the evolution of the mental disorder with the age group and sex in people admitted to a general hospital in a city in the interior of the State of Minas Gerais/MG. Uberaba (MG), Brazil, 2018.

Disorder	Sample description (%)		Value of p	Sample description (%)		Value of p
	Age group			Sex		
Confusion	17 to 26	33.33	0.9999	Male	46.67	0.5054
	35 to 46	33.33		Female	53.33	
	55 to 69	33.34				
Risk of violence	17 to 26	33.33	0.1244	Male	41.67	0.0957
	35 to 46	25.00		Female	58.33	
	55 to 69	41.67				
Anxiety	17 to 26	36.36	0.4385	Male	45.45	0.4179
	35 to 46	27.28		Female	54.55	
	55 to 69	36.36				
Risk of Self-mutilation	17 to 26	22.22	< 0.0001	Male	44.44	0.2661
	35 to 46	55.56		Female	55.56	
	55 to 69	22.22				

DISCUSSION

During the period in which this investigation took place, only 33 people were hospitalized, of whom 25 participated in the data collection, 60% of whom are women and have a median age of 42 years. It was pointed out, by a study that aimed to characterize, compare and analyze the sociodemographic profile between women and men of a CAPS II, based on the perspective of sex, a greater number of women seeking treatment in Mental Health services and, similar to this investigation, found a predominance of users in the age group between 30 to 44 years.⁷

From the findings of this investigation, regarding the diagnoses related to the impaired psychic function, the predominance of psychological disorders resulting from mood changes - 21 (84%), which is corroborated by a study;⁸ still, that 18.7% of its participants had common disorder and also mood changes, when evaluating the associations of the common mental disorder with socioeconomic, demographic, behavioral and morbidities among adult women.⁹

Thought changes were also seen in 19 (76%) participants in this investigation, which was also observed in 0.2 to 2% of the population with a medical diagnosis of schizophrenia.¹⁰

Sensitivity perception changes were raised in 11 (25%) participants in this investigation, which is also common among people who are abstinent from alcohol. In this sense, it was brought about by a study carried out in Santa Catarina, which, for every 100 thousand complications, 87 are due to the abuse of psychoactive substances, with alcohol responsible for 73.8 of hospitalizations.¹¹

It appears that there was an association of changes in sensory perception with the age group ($p < 0.0001$), being less frequent from 35 to 46 years old. It should be noted, in this sense, that people who have psychotic disorders, such as schizophrenia, tend to be regularly included in the treatment in the age group in which, in this

investigation, a lower occurrence of sensory perception changes was identified. The manifestation of this disorder is frequent in men around 25 years of age and in women, on average, at 30 years of age, which results in a higher occurrence of psychotic symptoms such as changes in sensory perception.¹²

Different nursing diagnoses are triggered by the evolution of mental disorders, the most frequent (60%) being confusion, which is characterized by agitation, alteration in cognitive function, alteration in psychomotor function, alteration in the level of consciousness, hallucinations, inability to initiate goal-oriented behavior, inability to initiate intentional behavior, restlessness, incorrect perceptions, insufficient follow-up of intentional behavior and insufficient follow-up of goal-oriented behavior.¹³

The Risk of violence was also evident in 48% of the participants and it is characterized by suicidal behavior, access to weapons, impulsivity, negative body language, pattern of threats of violence, pattern of violent antisocial behavior, pattern of violence directed at others, pattern of indirect violence, conflict in interpersonal relationships, conflict over sexual orientation, involvement in autoerotic sexual acts, suicidal ideation, behavioral indicators of suicidal intention, verbal indicators of suicidal intention, social isolation, suicidal plan, concern about employment and insufficient personal resources.¹³

It is shown that Anxiety was another diagnosis present in 44% of the participants, characterized by: insufficient eye contact; act as if examining the environment; restlessness; hypervigilance; insomnia; movement without purpose; glances; concerns due to change in life events and decreased productivity.¹³

The risk of self-mutilation is characterized, the last diagnosis evidenced in 36% of the participants, due to substance abuse, alteration of body image, absence of confidence in the family, impaired self-esteem, low self-esteem, unstable behavior,

ineffective communication between father/mother and teenager, dissociation, ineffective coping strategies, impulsiveness, inability to express tension verbally, isolation from colleagues, need for rapid stress reduction, pattern of inability to see long-term consequences, pattern of inability to plan solutions, loss of control over problem solving situation, perfectionism, disturbance in interpersonal relationships, negative feeling, feeling threatened by the loss of significant relationship, intolerable growing tension, eating disorder, emotional disorder, irresistible urge to contain oneself, irresistible urge to self-directed violence, use of manipulation to obtain supportive relationship with others.¹³

In studies that addressed nursing diagnoses among people with psychiatric complications who attended different mental health services, nursing diagnoses that correlate with the findings of this investigation. In this way, it was evidenced in research carried out in a Mental Health outpatient clinic: deficit of recreation activity; dysfunctional grief; impaired walking; risk for trauma; anxiety; impaired physical mobility; body image disorder; social isolation; risk for self-directed violence; disturbance in sleep pattern; disturbance of self-esteem; impaired memory; altered family processes; disturbed thought processes and impaired verbal communication.¹⁴ Among 49 people seen in an emergency unit, 35 nursing diagnoses were identified, the most important of which, according to the authors, were: Self-harm (73%); Adherence to the compromised therapeutic regime (69.4%); Sadness (63.3%); Anxiety (61.2%) and Low self-esteem (55.1%).¹⁵ In another investigation that occurred in a psychiatric hospital, the Nursing diagnoses were raised: Impaired sleep pattern; Impaired social interaction; Risk of self-mutilation; Impaired comfort and risk of violence.¹⁶

It can be seen, considering the nursing diagnoses pointed out in the scientific community, that the Nursing Confusion diagnosis, identified among the participants in this investigation, is not present in any of the scientific findings; in contrast, the other diagnoses evidenced are present in the studies mentioned above as a diagnosis corresponding to the taxonomy of the time or indirectly, when the defining characteristics between both findings are identified. It is noteworthy that the risk of self-mutilation is present in all studies whose results were described above; anxiety is present in 63% of people who sought the emergency unit and was also described in the study developed with users of a mental health clinic. It is also added that the risk of violence was present among users of the Mental Health outpatient clinic and also in those who were admitted to the psychiatric hospital.^{14,16}

It is observed, in general, that the diagnoses resulting from the evolution of mental disorders seem to be present in people with mental disorders undergoing treatment in different assistive devices, but it is believed that, during hospitalizations, there is a greater risk of being exacerbated and, therefore, assistance behaviors must be planned to minimize them.

It is also worth mentioning the association observed between the risk of self-mutilation and the age group (more frequent from 35 to 46 years old). The highest incidence of self-mutilation was found in young women, who have psychiatric disorders, and crises tend to occur at night. Thus, there is a divergence between the findings, since the age group of 35 to 46 years does not correspond to the young adult.¹⁷

CONCLUSION

When analyzing nursing diagnoses arising from the assessment of psychic functions in people hospitalized in the psychiatric beds of a general hospital, the diagnoses resulting from the impairment of the following psychic functions were found: humor, with 21 (84%); thought, with 19 (76%) and sense perception, with 11 (25%). It was also evident that there are diagnoses arising from the evolution of the mental disorder: 15 (60%) people showed confusion; 12 (48%), risk of violence; 11 (44%), anxiety and nine (36%), risk of self-mutilation.

It turns out that no nursing diagnosis was associated with sex. However, an association was found between the altered sense of perception and the age group ($p < 0.0001$), being less frequent from 35 to 46 years old. It is added that, in this same age group, the risk of self-mutilation was greater, which implies the need to offer more intensive nursing care during hospitalizations.

It is pointed out, by the results of this investigation, that, during hospitalizations, people are more predisposed to the exacerbation of nursing diagnoses resulting from the evolution of the disease, since they are present among people followed up in different specialized treatment devices in Psychiatry, but it is important to plan assistance based on the systematization of nursing care so that the conducts are adequate to minimize this exacerbation during hospitalizations.

The limitations existing in this investigation refer to the fact that data collection took place in a single hospital, in a period with few hospitalizations. However, it is believed that the findings contribute to the improvement of the nursing care plan to be developed for hospitalized people due to psychiatric complications in general hospitals, mainly because, when valuing Nursing diagnoses, there are greater possibilities of establishing more appropriate therapeutic conducts, enhancing a more effective recovery.

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