

NURSING DIAGNOSES RELATED TO THE PSYCHOSOCIAL/PSYCHOSPIRITUAL NEEDS OF HOSPITALIZED ELDERLY PATIENTS
DIAGNÓSTICOS DE ENFERMAGEM RELACIONADOS AO PSICOSSOCIAL/PSICOESPIRITUAL DE IDOSOS HOSPITALIZADOS
DIAGNÓSTICOS DE ENFERMERÍA RELACIONADOS CON EL PSICOSOCIAL/PSICOSPIRITUAL DE PERSONAS MAYORES HOSPITALIZADAS

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ABSTRACT

Objective: to identify nursing diagnoses considering the psychosocial and psychospiritual needs of hospitalized elderly patients. **Method:** a quantitative, descriptive, cross-sectional study was carried out with a sample of 100 elderly patients using a semi-structured instrument with sociodemographic data, anamnesis, and complete physical examination data. Diagnostic statements were constructed using the International Classification for Nursing Practice considering Horta's basic human needs. Data analysis was performed using descriptive statistics (absolute and relative frequencies, and location measures). **Results:** in the psychosocial domain, the following diagnostic labels predominated: Effective communication; Lack of knowledge on the disease; Impaired health maintenance; Positive family support; Depressed mood; and Risk of depressed mood. The main diagnoses found in the psychospiritual domain were Impaired spiritual condition and Spiritual distress. **Conclusion:** the proposed objective was achieved, and the results can contribute to a more qualified nursing care based on comprehensive care for elderly patients focusing on the aspects mentioned above. The proposal is innovative, since it includes theoretically supported statements.

Descriptors: Aged; Nursing; Standardized Nursing Terminology; Nursing Diagnosis; Psychosocial Support Systems; Spirituality.

RESUMO

Objetivo: formular diagnósticos de enfermagem para idosos hospitalizados acerca dos aspectos psicossociais e psicoespirituais. **Método:** estudo quantitativo, descritivo, transversal, com amostra de 100 idosos, em que se utilizou de instrumento semiestruturado acerca dos dados sociodemográficos, anamnese e exame físico completo. Construíram-se as afirmativas diagnósticas

a partir da Classificação Internacional para a Prática de Enfermagem, considerando as necessidades humanas básicas de Horta. Efetivou-se a análise de dados por meio da estatística descritiva para obtenção de frequência absoluta, relativa e medidas de locação. **Resultados:** prevaleceram, no domínio psicossocial, os títulos diagnósticos: Comunicação eficaz; Falta de conhecimento sobre doença; Manutenção da saúde prejudicada; Apoio familiar positivo; Humor deprimido; e Risco de humor deprimido. Destacam-se para o domínio psicoespiritual: Condição espiritual prejudicada e Angústia espiritual. **Conclusão:** o objetivo proposto foi alcançado e os resultados apresentados neste estudo buscam contribuir para uma assistência de enfermagem mais qualificada na atenção integral à saúde do idoso, sendo direcionada para os aspectos ora mencionados, e inova-se por meio das afirmativas pautadas em aporte teórico.



Descritores: Idoso; Enfermagem; Terminologia Padronizada em Enfermagem; Diagnóstico de Enfermagem; Sistemas de Apoio Psicossocial; Espiritualidade.

RESUMEN

Objetivo: formular diagnósticos de enfermería para ancianos hospitalizados sobre aspectos psicossociales y psicoespirituales. **Método:** estudio cuantitativo, descriptivo, transversal, con una muestra de 100 ancianos, utilizando un instrumento semiestructurado sobre datos sociodemográficos, anamnesis y examen físico completo. Los enunciados diagnósticos se construyeron a partir de la Clasificación Internacional para la Práctica de Enfermería, considerando las necesidades humanas básicas de Horta. El análisis de los datos se realizó utilizando estadística descriptiva para obtención de frecuencia absoluta, relativa y medidas de ubicación. **Resultados:** en el dominio psicossocial, predominaron los títulos diagnósticos: Comunicación efectiva; Falta de conocimiento sobre la enfermedad; Mantenimiento de la salud deteriorada; Apoyo familiar positivo; Estado de ánimo deprimido; y Riesgo de estado de ánimo deprimido. En el ámbito psicoespiritual se destacan los siguientes: Condición espiritual deteriorada y Angustia espiritual. **Conclusión:** se logró el objetivo propuesto y los resultados presentados en este estudio buscan contribuir a una atención de enfermería más calificada en la atención integral de la salud del adulto mayor, dirigiéndose a los aspectos mencionados anteriormente, y se innovan a través de los planteamientos basados en sustento teórico.

Descriptores: Anciano; Enfermería; Terminología Normalizada de Enfermería; Diagnóstico de Enfermería; Sistemas de Apoyo Psicossocial; Espiritualidad.

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INTRODUCTION

The reduction in fertility in Brazil follows the trend of developed countries, but at a faster pace, because of several factors, among them, the insertion of women in the labor market and the improvement of the distribution of health services through the Unified Health System (SUS in Portuguese). The aging of the Brazilian population has also been relatively rapid, corroborating the perspective of population growth. It is predicted that, in 2030, about 41.5 million of the population will be over 60 years of age, rising to 73.5 million in 2060.¹

It is understood that the increase in longevity brings with it challenges as well as demands on the part of health professionals, which need to improve their perception of the elderly patients' needs, whether as consequences of pathology or due to cognitive and functional declines resulting from aging.²

It is also noteworthy that the populational aging process culminates in a considerable number of elderly people with physical dependence, which, added to factors such as social isolation, scarce financial resources, family loss, and illness, can directly affect the psychosocial and spiritual needs of this population, making them fragile.³

Besides, it is pointed out that such conditions contribute to a decrease in the well-being and quality of life of the elderly patients, leading to greater hospitalizations and death. It also adds the need for professional and family intervention to support the elderly patients emotionally and informatively, allowing them to perform the Activities of Daily Living (ADLs), even if with assistance, making them more active and independent.⁴

Therefore, nurses inserted in this context need to work based on a scientific method that allows their actions to be organized. The Nursing Care Systematization (SAE in Portuguese) is a scientific methodology that organizes, plans, and offers systematic actions performed by the

nursing team. Through this patient-centered methodology, the field of action of the nursing assistance is identified and techniques are used for the achievement of outcomes.⁵

Nursing actions must be based on theories of nursing care, among which the Theory of Basic Human Needs by Wanda Aguiar Horta stands out, bringing with it some perspectives including psychosocial and psycho-spiritual ones, whose dimensions involve, for example, safety, leisure, religion, and ethics.⁶

The nursing process is used to operationalize the systematization of nursing assistance based on nursing theories. It provides for the structuring of nursing diagnoses through classification systems. The International Classification for Nursing Practice (ICNP®) allows formulating diagnoses, outcomes, and interventions through terminological subsets, favoring the registration and improvement in the quality of care.⁷

The nursing assistance is crucial for assisting elderly patients holistically and considering the patients' biopsychosocial and spiritual needs. Besides, nurses must have a basis for the development of diagnostic statements, aiming to intervene effectively in the conditions that weaken the individual's physical and mental health, thus making the aging process healthier and more independent.⁸ The nurse must have a broad view of the clients' psychosocial and psycho-spiritual needs for the elaboration of diagnoses and actions that will intervene, directly and indirectly, in the promotion and recovery of their health.

OBJECTIVE

To identify nursing diagnoses considering the psychosocial and psychospiritual needs of hospitalized elderly patients.

METHOD

A quantitative, descriptive, cross-sectional study was carried out in two units of a public hospital in João Pessoa, Paraíba, Brazil (an inpatient medical clinic and a palliative care unit). The research was developed as part of a research project titled "Software development for identification of ICNP® nursing diagnoses and interventions", developed by researchers from a higher education institution.

The study population included all elderly people admitted to the medical clinic and to the palliative care wards at the hospital from April to August 2019. Patients aged over 60 years, with the ability to maintain dialogue and to appropriate answer to questions, and those who agreed to

participate in the study were included. Elderly patients who were not in a clinical condition to answer the questions were excluded from the study. Given the above, the non-probabilistic convenience sample was composed of 100 participants. It is noteworthy that all elderly people admitted during the mentioned period were invited to participate in the study.

Data were collected using a semi-structured instrument, aiming to obtain sociodemographic data, anamnesis, and physical examination data, created under the precepts of the Theory of Basic Human Needs proposed by Wanda de Aguiar Horta.⁶ The Geriatric Depression Scale - short form (GDS-15) was also used. The GDS-15 was developed in 1986, in California,⁹ with a version validated for Brazil,¹⁰ being used more frequently for tracking depressive symptoms in the elderly population. The scale is applied based on 15 questions that are answered with "yes" or "no", whose score ranges from zero to 15, so that, with a score ≥ 5 a higher risk for depression is identified.

For the purpose of identifying the nursing diagnoses of interest, the psychosocial and psychospiritual needs proposed in the Theory of Basic Human Needs were considered.⁶ The ICNP® taxonomy, version 2019, composed of the seven-axis model, was used. For such construction, a term of the Focus axis and a term of the Judgment axis were mandatorily included. Besides, as needed, other axes were used, such as Means, Action, Time, Location and Client.¹¹

After that, data were typed into the Statical Package for the Social Sciences 20.0 (SPSS) software to enable the statistical treatment. As for data analysis, the quantitative approach was performed by using descriptive statistics, absolute and relative frequencies, location measures (mean, median, minimum and maximum), and scale measures (standard deviation).

The project was submitted and approved by the Research Ethics Committee of Centro Universitário de João Pessoa (UNIPÊ), and the ethical aspects of Resolution No. 466/2012, which regulates research involving human beings, were respected according to protocol no. 3,181,956. The Informed Consent Form (ICF) was signed by all parties involved, in two copies, one remaining with the participant and the other with the researchers.

RESULTS

Table 1 shows the data of the elderly patients investigated.

Table 1. Sociodemographic characterization of hospitalized elderly patients. João Pessoa (PB), Brazil, 2019. (n = 100).

Variables	n	%
Age (years)		
60-64	16	16
65-69	20	20
70-74	21	21
75-79	17	17
≥ 80	26	26
Gender		
Female	63	63
Male	37	37
Education		
Literate	60	60
Illiterate	40	40
Marital status		
Married/in a stable relationship	40	40
Widowed	28	28
Single	24	24
Divorced	8	8
Family situation		
Living with a relative	67	67
Not informed	24	24
Living alone	9	9
Retired		
Yes	76	76
No	24	24
Religion		
Catholic	55	55
Not informed	20	20
Christian	19	19
Atheist	6	6
Total	100	100

In the diagnostic inference phase, 19 nursing diagnoses were identified, as shown in Table 2.

Table 2. ICNP® nursing diagnoses related to the psychosocial and psycho-spiritual needs of hospitalized elderly patients, according to Horta's Theory of Basic Human Needs. João Pessoa (PB), Brazil, 2019. (n = 100).

Nursing Diagnoses	n	%
PSYCHOSOCIAL		
Effective communication	72	72

Lack of knowledge on the disease	67	67
Impaired health maintenance	51	51
Positive family support	50	50
Depressed mood	40	40
Impaired ability to perform leisure activity	35	35
Good mood	33	33
Knowledge about disease	25	25
Impaired psychological condition	22	22
Risk of depressed mood	22	22
Lack of family support	21	21
Negative self-image	4	4
Alcohol abuse	4	4
Tobacco abuse	4	4
PSYCHOSPIRITUAL		
Spiritual distress	8	8
Impaired spiritual condition	7	7

DISCUSSION

The results showed that psychosocial needs represented the largest number of nursing diagnoses found in this study. Among those, Effective communication prevailed among the patients. However, a cross-sectional study carried out with 57 individuals has divergent results, whose impaired communication was present in 37% of the participants.¹²

It is warned that communication is a need that all elderly person has, besides being an important determinant for active aging. It allows inclusion and social interaction, anxiety relief, control of stressful situations, and quality of life promotion. It still becomes an essential tool for nurses, as it helps identify patients' needs; it favors the exchange of information and the patient's learning regarding health education.¹³

In this research, the diagnosis Lack of knowledge on the disease may be associated with the low level of education presented by most of the participants interviewed. An analytical study sought to assess the functional capacity in 60 elderly people and found that 46.2% who did not know about the disease were also dependent for carrying out daily activities. Besides, the limit of access to information may result in ignorance about the disease and low adherence to the treatment regimen, contributing to an increase in the hospital stay and other adverse health outcomes such as an increase in functional disability.¹⁴

Corroborating this, a case study carried out in the hospital environment found that most patients were ignorant about the disease, and that family involvement in the care of the elderly is necessary to ensure that the information passed on about the disease substantiates positive progress in the clinical setting, mainly through better adherence to the therapeutic regimen.¹⁵

On the other hand, the diagnosis Knowledge about the disease was also found (in a lesser proportion), which disagrees with a research carried out in Ceará, Brazil, with 13 elderly people whose participants demonstrated incomprehension of the pathology. It is noteworthy that, even in the face of positive results such as those obtained in this research about the knowledge of the elderly about their health condition, the nursing team must ensure health promotion actions, with emphasis on educational processes.¹⁶

A qualitative research on hospital stressors has found a high prevalence of the nursing diagnosis Impaired health maintenance and this result was attributed to factors that result from inter-personal and extra-personal stress, especially those experienced in the hospitalization. Among the inter-personal aspects, distancing of family members caused by hospitalization stands out, as the fragility and fear of death are both linked to age. Concerning extra-personal factors, the study revealed that invasive procedures and the hospital environment's low structure are the categories with the greatest impact on the health status of the elderly.¹⁷

It should be added that these stressors must be identified early given the possibility of intervening and promoting homeostasis maintenance in the elderly to influence their recovery and rehabilitation positively. Therefore, the nurse's figure stands out again by promoting comfort through non-pharmacological measures, aiming at quality of sleep, improvement of pain, reduction of hospital stay, and, consequently, maintenance of the health of the elderly.¹⁸

As for social support, the presence of two antagonistic diagnoses in this study population was observed: Positive family support and Lack of family support. It is also noteworthy that having family support was more prevalent than lacking this support, which goes against what is observed in the gerontological literature. This aspect can be associated with the fact that the study was carried out in a hospital environment. The elderly investigated should be/were necessarily accompanied by a caregiver, following institutional norms. Thus, such situation may have influenced the view of the elderly patient about this protection.

It is noteworthy that the presence of social support has mainly been correlated with the reduction of unfavorable events in the health of the elderly, such as falls, hospitalizations, and

death.¹⁹ In this regard, a study carried out with 128 elderly people identified that 67, 2% did not have a support network, which implies the functionality of the elderly and directly affects emotional decline, making them prone to depression.²⁰

In continuity, some elderly people had the nursing diagnosis of Good mood. It should be noted that, in the face of positive emotions, there is a greater production of endorphins, responsible for the reduction of pain and suffering experienced by patients, therefore, stimulating happy environments and good mood collaborates, in a beneficial way, to improve the disease, making the hospitalization days lighter, which may cause less impact not only physically, but, above all, on the individual's mental health.²¹

On the other hand, the diagnoses Depressed mood and Risk of depressed mood demonstrated two distinct realities in the hospitalization process. Similarly, a study carried out in Portugal found that 46.9% of the individuals presented these diagnoses,²² and another study carried out in a general hospital in South Korea found that 18.2% of the population had these conditions.²³

At least, the impact of the hospitalization process for the prevalence of feelings of anxiety, anguish, and affliction that predispose individuals to depression, whether due to organic issues or social isolation, is one of the main pathologies presented by the elderly and that is characterized as a clinical condition of great relevance, as it increases morbidity and mortality and is related to the multiplicity of affective, instinctive, neurovegetative, ideational, and cognitive symptoms, negatively impacting the functional capacity and quality of life of these individuals.²⁴

Within the same context, Negative self-image was also found, corroborating a study carried out in a community center in which it was observed that the most physically inactive elderly had the same condition (20%). This results from a negative perception that the subject has about his own value and may be due to the aging process, which is marked by several bodily changes and, coupled with illness, lead to body image disorders. The adoption of health care habits directly impacts such disturbance. When presenting a negative self-image, sometimes the elderly patients detach themselves from the idea of taking care of themselves.²⁵

Both diagnoses related to depression and body image represent evident changes in the psychological aspect associated with the diagnosis Impaired psychological condition that, due to its consequences, can result in the development of anxiety and fear, further deteriorating the mental state and, therefore, the general health of the elderly.²⁶

Concerning the Impaired ability to perform leisure activity, the literature reveals that leisure and recreation activities are essential in maintaining the functionality of elderly people, providing socialization, and increasing interest in life. Such activities are used as a strategy to forget about problems and ease tension; however, the lack of these activities, whether due to reduced functionality or the installation of a pathological condition, favors the potentiation of loneliness, reduced interpersonal contact, losses in self-worth, and self-esteem, which are closely related to the decline in the mental health of the elderly.²⁷

Regarding tobacco abuse and alcohol abuse, both were present in the sample of this study, corroborating a research developed with 49 elderly people in Portugal, in which the same nursing diagnoses were mentioned. In particular, smoking is associated with alcoholic beverages, which is generally a habit that has been perpetuated for several years. Besides, when associated with the physiological decline of aging, bad health habits such as alcohol and tobacco use result in accumulation of changes and health deficits that predispose people to an increase in the number of comorbidities, hospital admissions and, consequently, raises the mortality rate.²⁸

Regarding the psychospiritual aspects, the diagnoses Spiritual distress and Impaired spiritual condition were found, corroborating a study about religiosity and spirituality of 129 individuals. It is noteworthy that devotion can be considered a mechanism to find meaning in the face of the illness process, which relates these phenomena to a source of support and hope. It is possible to manage the situation in the light of spirituality and religiosity to mitigate or prevent such effects, not only as a strategy to deal with coping with the disease but also as an integrative or complementary practice to traditional therapy that should be encouraged by the assistance team.

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Given the results obtained in this study, there is a need for the multidisciplinary team, especially the nursing team, to pay attention not only to physical, but also to psychosocial and psycho-spiritual aspects of the elderly patients. According to the discussion, the well-being and quality of life of the elderly patients are influenced by such aspects. In this context, the SAE must address all these aspects with the nurse being responsible for having a holistic approach and, through anamnesis and observation of objective and subjective data, for drawing effective assistance to the needs of this population.

CONCLUSION

The proposed objective of identifying nursing diagnoses considering the psychosocial and psychospiritual needs of hospitalized elderly patients using the ICNP® taxonomy was achieved. Among these, are Effective communication; Lack of knowledge on the disease; Impaired health maintenance; Positive family support; Depressed mood; Risk of depressed mood; Impaired ability to perform leisure activity; Good mood; Knowledge about the disease; Impaired psychological condition; Lack of family support; Negative self-image; Alcohol abuse; Tobacco abuse; Alcohol addiction; Impaired spiritual condition; and Spiritual distress.

This study is limited by addressing only one hospital setting, being cross-sectional, not allowing a cause and effect relationship, and having adopted a convenience sampling method generating selection bias. Thus, it is suggested that other studies be carried out, especially with a prospective approach involving larger and randomized populations to better understand the phenomenon of interest.

However, it is noteworthy that the results presented in this study can contribute to a more qualified and comprehensive nursing care for the elderly, being directed to the aspects mentioned herein. In addition, the study is innovative since the diagnostic statements were based on theoretical support. Besides, nurses were able to evaluate the psychological, social, and spiritual conditions that emerge in senescence, assisting in the early detection of possible diseases and promoting scientific knowledge to assist in the decision making for therapeutic planning with the multidisciplinary team.

Therefore, it is noteworthy that the diagnostic statements found mostly came from conflicts in the family reality that, together with the hospitalization process and the pathological conditions, generate significant losses for the elderly's life. In this context, it is important to identify these changes early and intervene correctly through the nursing process for a better quality of life for this population. Thus, it is expected that the nursing diagnoses presented herein will contribute to supporting nursing care for hospitalized elderly promoting better psychosocial and psycho-spiritual conditions.

CONTRIBUTIONS

All authors contributed to the conception of the article, collection, analysis, and discussion of the data, writing, critical review of the content, intellectual contribution, and approval of the final version of the study.

CONFLICT OF INTERESTS

None to declare.

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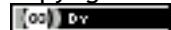
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