

## NURSING DIAGNOSES AND INTERVENTIONS IN MENTAL HEALTH USED IN HOSPITAL ADMISSIONS UNITS: INTEGRATIVE REVIEW

Diagnósticos e intervenções de enfermagem em saúde mental utilizados em unidades de internação hospitalares: revisão integrativa

Diagnósticos e intervenciones de enfermería en salud mental utilizados en unidades hospitalares: revisión integrativa

Nathália Duarte Bard<sup>1</sup>, Isadora Olizsewski Feijó<sup>2</sup>, Jaqueline Ramires Ipuchima<sup>3</sup>, Adriana Aparecida Paz<sup>4</sup>, Graciele Fernanda da Costa Linch<sup>5</sup>

### How to cite this article:

Bard ND, Feijó IO, Ipuchima JR, Paz AA, Linch GFC. Nursing diagnoses and interventions in mental health used in hospital admissions units: integrative review. 2020 jan/dez; 12:1165-1171. DOI: <http://dx.doi.org/10.9789/2175-5361.rpcfo.v12.8029>.

### ABSTRACT

**Objective:** To identify nursing diagnoses and interventions used in hospital admissions units related to mental health care. **Method:** Integrative review of the Pubmed, Scopus and Web of Science databases, between 2014-18. Nine articles composing the study sample. **Results:** Mental health nursing diagnoses were grouped into related feelings: anxiety, fear, sadness, aggression, stress, denial, and family relationships. The interventions was related to cares as: clarifying treatment, being alert to physical and emotional risks, stimulating the exit of the room, guiding sleep hygiene, including family members in treatment, promoting and allowing choices when possible, avoiding physical and mental exhaustion of the providing positive feedback to coping, providing emotional support, promoting cognitive stimuli, guiding appropriate behavior, conducting active listening, and mediating interpersonal conflicts. **Conclusion:** There was a shortage in the number of studies on the subject.

**Descriptors:** Mental health; Nursing process; Nursing diagnosis.

1 Nurse. Master's Degree of the Post-Graduation Program in Nursing of *Universidade Federal de Ciências da Saúde de Porto Alegre (UFCSPA)*. Studying specialization in Mental Health and Psychosocial Attention by *Universidade Estácio de Sá*. ORCID: <https://orcid.org/0000-0003-4103-7443> E-mail: nanibard@hotmail.com

2 Nurse. Studying specialization in Psychiatry and Mental Health by *Faculdade Unyleya*. ORCID: <https://orcid.org/0000-0002-8980-0017> E-mail: isaolizsewskifeijo@gmail.com

3 Nurse. Specialist in Mental Health for the Multiprofessional Integrated Residency Program of the *Hospital de Clínicas of Porto Alegre (RIMS-HCPA)*. ORCID: <http://orcid.org/0000-0002-7446-0566> E-mail: jaqueramires@hotmail.com

4 Nurse. PhD in Nursing. Adjunct Professor in the Department of Nursing of *Universidade Federal de Ciências da Saúde de Porto Alegre (DENF / UFCSPA)*. Member of the Nursing Praxis Research and Study Group (*GEPPEN / UFCSPA*). ORCID: <http://orcid.org/0000-0002-1932-2144> E-mail: adrianap@ufcspa.edu.br

5 Nurse. PhD in Nursing. Adjunct Professor in the Department of Nursing of *Universidade Federal de Ciências da Saúde de Porto Alegre, Porto Alegre (DENF / UFCSPA)*. Leader of the Study Group on the Evidence of the Nursing Process and Taxonomies (*GEPPET / UFCSPA*). ORCID: <http://orcid.org/0000-0002-8802-9574> E-mail: gracielelinch@ufcspa.edu.br

## RESUMO

**Objetivo:** Identificar diagnósticos e intervenções de enfermagem utilizadas nas unidades de internações hospitalares relacionadas à assistência em saúde mental. **Método:** Revisão integrativa nas bases de dados *Pubmed*, *Scopus* e *Web of Science*, no intervalo de 2014-18, sendo nove artigos compoendo a amostra do estudo. **Resultados:** Os diagnósticos de enfermagem em saúde mental evidenciados foram agrupados quanto aos sentimentos relacionados: ansiedade, medo, tristeza, agressividade, estresse, negação e relações familiares. Quanto às intervenções, foram identificados cuidados como: dar esclarecimentos sobre tratamento, estar atento aos riscos físicos e emocionais, estimular saída do quarto, orientar higiene do sono, incluir familiares no tratamento, promover e permitir escolhas quando possível, evitar exaustão física e mental do paciente, realizar *feedback* positivo ao enfrentamento, dar suporte emocional, promover estímulos cognitivos, orientar comportamento adequado, realizar escuta ativa e mediar conflitos interpessoais. **Conclusão:** Observou-se escassez no número de estudos sobre a temática. **Descritores:** Saúde mental; Processo de enfermagem; Diagnóstico de enfermagem.

## RESUMÉN

**Objetivo:** Identificar los diagnósticos y intervenciones de enfermería utilizadas en las unidades hospitalares relacionadas a la asistencia en salud mental. **Método:** Revisión integrativa en las bases de datos *Pubmed*, *Scopus* y *Web of Science*, desde 2014-18. Nueve artículos componen la muestra del estudio. **Resultados:** Los diagnósticos de enfermería en salud mental evidenciados fueron agrupados por sentimientos relacionados: ansiedad, miedo, tristeza, agresividad, estrés, negación y relaciones familiares. En las intervenciones se han identificados cuidados como: dar aclaraciones sobre tratamiento, estar atento a los riesgos físicos y emocionales, estimular la salida de la habitación, orientar la higiene del sueño, incluir familiares en el tratamiento, promover y permitir opciones cuando posible, evitar el agotamiento físico y mental del paciente, realizar retroalimentación positiva al enfrentamiento, dar soporte emocional, promover estímulos cognitivos, orientar el comportamiento adecuado, realizar escucha activa y mediar conflictos interpersonales. **Conclusión:** Se observó escasez en el número de estudios sobre la temática. **Descriptorios:** Salud mental; Proceso de enfermería; Diagnóstico de enfermería.

## INTRODUCTION

Mental health is a transversal area of comprehensive care in all areas of health care, which is understood in the interaction that confers the subjectivity of health actions. The way in which the nursing team interacts with the patient who has psychological or emotional distress is fundamental for creating a bond and consequent effective interventions.<sup>1</sup>

This bond helps patients when it offers support to resolve mental, emotional, and dysfunctional aspects of daily life or health treatment, management and relief of symptoms, and improving global functions. However, with nursing practice and after the *Conselho Federal de Enfermagem (COFEN)* [Federal Nursing Council] Resolution No. 358/2009<sup>2</sup>, which reinforces the need to implement the *Sistematização da Assistência de Enfermagem (SAE)* [Nursing

Care Systematization] in health services, the identified demands and the care offered need to be registered.

The introduction of this systematic process ensures greater quality in the provision of care, because when listing diagnoses, drawing results, and proposing mental health nursing interventions to a specific patient, the nurse develops an intellectual activity that, through clinical reasoning, determines the human responses that need to be prioritized.<sup>3,4</sup>

Given this framework in which there is a need to formalize and register the care provided in health services, mental health brings the complexity of putting into words subjective and individualized care. Therefore, in order to know and understand how these records have been made and how this care has been carried out, the present study was performed with the objective of identifying the nursing diagnoses and interventions used in hospital inpatient units related to mental health care.

## METHODS

It is an integrative literature review, which gathers studies that involve fundamental scientific contents for the validation of a certain knowledge, through the aggregation and interpretation of data. It is a strategy that makes it possible to summarize findings from primary studies developed through diverse research designs.<sup>5</sup>

The steps proposed by this methodology were followed in the construction of this study were 1) identification of the theme and definition of the guiding question; 2) establishment of inclusion and exclusion criteria; 3) definition of the information to be extracted from the articles; 4) evaluation and categorization of the included studies; 5) interpretation of results; 6) presentation of the review synthesis.<sup>5</sup> Therefore, the guiding question defined for the investigations was: what nursing diagnoses and interventions are being used in the hospital inpatient units related to mental health care?

The databases used to search for articles were *PubMed*, *Scopus*, and *Web of Science*. The following descriptors were used: “nursing process”, “nursing diagnosis” and “mental”, associated through the Boolean operator “and”. Inclusion criteria were papers published in English, Portuguese, and Spanish; available online in full text and which publications from the last five years (2014-2018). Exclusion criteria were publication not available in full, theses, and dissertations.

Data collection took place in February 2018, using an instrument adapted for this study, based on the survey of Brazilian nurses<sup>6</sup> composed of the items: title, authors, journal, year, country, language, objective, method, and main results of the study.

The articles were also assessed for the level of evidence, classified hierarchically, and according to the methodological approach adopted.<sup>5</sup> Thus, the evidence is the result of level 1 (systematic review or meta-analysis

of multiple randomized clinical trials); level 2 (well-designed randomized clinical trials); level 3 (well-designed non-randomized clinical trials); level 4 (case-control and cohort studies); level 5 (systematic reviews of descriptive and qualitative studies); level 6 (descriptive or qualitative studies); level 7 (expert opinion).

At first, the titles and abstracts of the articles that met the inclusion criteria were read. After the selection, the articles were analyzed and the results were summarized so that the primary data and the main concepts were identified and categorized, verifying their validity and authenticity.

Hence, the data were initially organized from absolute frequency (n) and percentage (%) and afterward distributed among the following major groups: nursing diagnoses in mental health and nursing interventions in mental health, being subsequently subdivided for the better synthesis of the data.

## RESULTS

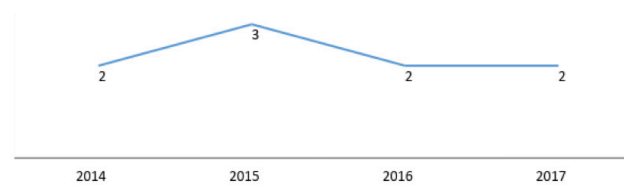
A total of 1,109 articles were found in the researched databases that matched the inclusion criteria. By reading the abstracts, according to the guiding question, 46 articles were selected for full reading, of which nine were selected to compose this integrative review. **Table 1** addresses the items' distribution according to their databases.

**Table 1** - Distribution of items found, available and selected by each database. Porto Alegre city, Rio Grande do Sul State, 2018.

Database	Ing/Port/ Spa+full tex +2014-2018	Full reading	Selected (n)	%
PubMed	731	25	3	33.3%
Scopus	63	10	4	44.5%
Web of Science	315	11	2	22.2%
<b>Total</b>	1,109	46	9	100%

In regard to the publication year, publications were divided between the selected years, distributed in a linear manner (**Figure 1**). Concerning the languages of publication, the majority are in the English language of eight (88.9%), and only one (11.1%) in Portuguese.

**Figure 1** - Distribution of articles by publication period. Porto Alegre city, Rio Grande do Sul State, 2018.



Among the countries of origin, as well as in the years, there was no predominance. Nevertheless, six (66.6%) studies were carried out on the European continent, two in Switzerland, one in Spain, one in Norway, one in Germany and one in Sweden. As for the others, two were published in Japan and one in Brazil.

Regarding the journals, the only journal that published more than one of the selected articles, totaling two (22.2%) studies, was the International Journal of Nursing Knowledge, which is the official journal of the NANDA International (NANDA-I) classification. The other journals published only one article each, being *Revista de Enfermagem da UERJ* [UERJ Nursing Journal], Applied Nursing Research, International Journal of Mental Health Systems, Nursing Research and Practice, *Deutsches Arzteblatt* International, Adm Policy Mental Health, and Nursing and Health Sciences.

Concerning the methodologies used, again there is no highlight. Quantitative surveys were five (55.6%) articles, while qualitative surveys were four (44.4%) articles from studies selected for this review. Systematic reviews or experience reports did not appear in the sample (**Figure 2**).

The articles selected in the review were grouped into two large groups: the articles that address nursing diagnoses in mental health, which were three (33.4%) of the selected articles and those that bring nursing interventions in mental health, totaling seven ( 77.8%) articles that addressed the care that has been performed in the mental health care of patients in the hospital unit. It is noteworthy that one of the articles addressed both diagnoses and interventions.

Observing the level of evidence, there is a predominance of case-control and cohort studies, with all articles in the group "Nursing diagnoses in mental health" at level 4. In the group "Nursing interventions in mental health" we have a level 3 article, which performs a non-randomization clinical trial and also level 6 articles, with descriptive and qualitative characteristics (**Chart 1**).

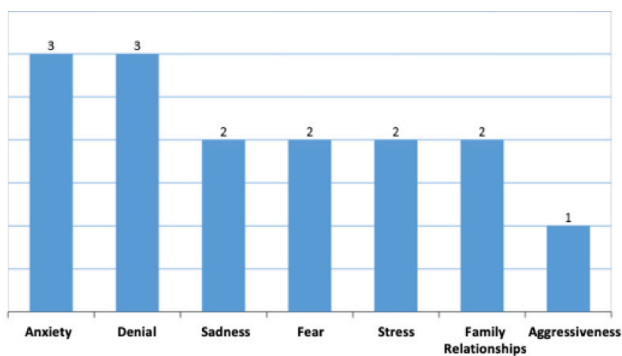
**Chart 1** - Articles divided by group and classified according to their level of evidence. *Porto Alegre city, Rio Grande do Sul State, 2018*

Group	Article	Level of evidence
<b>Mental health nursing diagnoses</b>	Nursing diagnoses in the coping and stress tolerance domain in patients with AIDS <sup>3</sup>	4
	A retrospective study of nursing diagnoses, outcomes, and interventions for patients with mental disorders* <sup>7</sup>	4
	Nursing Diagnoses in Inpatient Psychiatry <sup>4</sup>	4
	Documented Nursing Interventions in Inpatient Psychiatry <sup>8</sup>	4
	Association between length of hospital stay and implementation of discharge planning in acute psychiatric inpatients in Japan <sup>9</sup>	4
<b>Mental health nursing interventions</b>	Mental Health Nurses' Experiences of Caring for Patients Suffering from Self-Harm <sup>10</sup>	6
	Preventing Postoperative Delirium <sup>11</sup>	3
	Using Participatory Action Research to Develop a Working Model That Enhances Psychiatric Nurses' Professionalism: The Architecture of Stability <sup>12</sup>	6
	Nursing care process for releasing psychiatric inpatients from long-term seclusion in Japan: Modified grounded theory approach <sup>13</sup>	6

\*Article included in both groups as it addresses mental health nursing diagnoses and interventions.

Within the group of diagnoses, some themes were evident among the mental health nursing diagnoses used in hospital inpatient units. The synthesis of the diagnoses resulted in the following themes Anxiety, Fear, Sadness, Aggressiveness, Stress, Denial, and Family Relationships. The graph below shows the number of articles that address these themes, remembering that there were three articles within the total sample (**Figure 2**).

**Figure 2** - Themes of nursing diagnoses in mental health used in hospital inpatient units. *Porto Alegre city, Rio Grande do Sul State, Brazil, 2018.*



Concerning the articles that referred to nursing care and interventions that are used in hospital inpatient units, the table below shows their respective absolute and relative frequencies (**Table 2**).

**Table 2** - Nursing interventions in mental health presented in the selected articles. *Porto Alegre city, Rio Grande do Sul State, Brazil, 2018.*

Mental health intervention	n (%)
Perform active listening <sup>4,7,8,10,13</sup>	five (55,5%)
Provide emotional support <sup>7,8,10,12,13</sup>	five (55,5%)
Guide appropriate behavior <sup>7,8,10,12</sup>	four (44,4%)
Clarify the treatment <sup>7,9,10,12</sup>	four (44,4%)
Be aware of physical and emotional risks <sup>8,10,13</sup>	three (33,3%)
Provide guidance on sleep hygiene <sup>7,11</sup>	two (22,2%)
Promote cognitive stimuli <sup>8,11</sup>	two (22,2%)
Mediate interpersonal conflicts <sup>4,8</sup>	two (22,2%)
Promote and allow choices when possible <sup>8,12</sup>	two (22,2%)
Stimulate leaving the room <sup>8</sup>	one (11,1%)
Provide positive feedback on coping <sup>8</sup>	one (11,1%)
Include family members in the treatment <sup>9</sup>	one (11,1%)
Avoid physical and mental exhaustion of the patient <sup>13</sup>	one (11,1%)

## DISCUSSION

The nursing diagnoses and interventions addressed in the articles complement each other in their definitions and discussions, which are consequently divided into groups for better understanding.

## Mental health nursing diagnoses

Through the articles analyzed in this integrative review, we identified that mental health diagnoses do not always follow the NANDA-I taxonomy, which results in several titles that talk about the same sign or symptom. Because of this, the diagnoses found were divided according to the corresponding feeling to improve understanding, namely: anxiety, fear, sadness, aggressiveness, stress, denial, and family relationships.

The diagnoses related to the feeling of anxiety were listed by 100% of the articles that addressed this theme, being named as “Anxiety” and “Nervousness”. The three articles brought anxiety as one of the most cited diagnoses.<sup>3,4,7</sup>

In a study conducted with Human Immunodeficiency Virus (HIV) patients, 23% of the sample had that diagnosis, which is related to the fear and stress experienced since the discovery of the disease and during its treatment.<sup>3</sup> This data demonstrates that emotional suffering is not present only in patients affected by psychiatric illnesses, which reinforces that the nursing professional needs knowledge and that they are attentive to the psychosocial demands of their patients, valuing them in their records in the *SAE*.

About patients who have psychiatric comorbidity and are hospitalized, in 6.6% of cases nurses listed the diagnosis of anxiety as a priority.<sup>4</sup> The groups in which the most diagnoses related to anxiety were those of depressive disorders of humor, anxiety, and somatoform.<sup>7</sup>

The nursing diagnosis “fear” was listed when patients showed signs of nervousness, because fear is a form of defense, which generates escape reactions from something bad.<sup>3,4</sup> Often this feeling can delay the start of treatment or even its denial, since some diseases are stigmatized and it is up to the nursing team to help clarify and accept the disease.

Sadness was also a recurring emotion reported among the articles, which brought the diagnoses of “repeated negative emotions”, “depressed mood” and “chronic sadness”. These diagnoses are defined by the studies as the absence of positive reactions related to oneself or others, as well as the exacerbated manifestation of frustration and annoyances. This feeling is also related to moments of crisis in the control of the disease presented by the patient.<sup>3,4</sup>

Sadness is not always expressed in the form of crying or verbally. For this reason, the professionals who accompany the patient daily should notice the changes in behavior and mood presented, such as apathy and lack of appetite.

Concerning the stress, as well as anxiety, it was one of the most cited by the studies, addressed as “stress overload” and “stress syndrome due to changes”. Stress is related to the changes caused by the disease or its treatments and the fear of death.<sup>3,4</sup> In the context of hospital inpatient units, stress is present, as the patient is removed from their daily life activities and their family members.

Exacerbated stress can result in aggressiveness, another feeling addressed by the diagnoses “aggressive behavior” and “risk of violence”. However, they only appeared in one of the articles. The aggressiveness can be verbal, against

objects, against others, or to oneself.<sup>4</sup> Verbal, chemical, and mechanical handling must be used to protect the patient or others, not with the intention of punishment, so that the bond is not lost. It is the nurse’s responsibility to mediate such situations.

Denial appears in all articles that talked about nursing diagnoses in mental health, embedded in the various titles “ineffective health maintenance”, “ineffective denial”, “risk of feeling helpless”, “ineffective coping” and “lack of reality perception”. These diagnoses were referenced when patients have a gap in the discernment of their real health status, treatment conditions, and behaviors.<sup>3,4,7</sup> In daily practice, it is noticed that most patients, at some point, go through these diagnostics. It is important to provide real data on the disease and treatment to promote acceptance of health status.

Family relationships, despite being present in two of the articles, were rarely addressed. The diagnoses listed were “impaired social interaction” and “impaired family coping”.<sup>4,7</sup> Nonetheless, family members suffer emotionally as much as patients, since they share feelings of anguish, fear, and helplessness. For this reason, mental health care and guidance should be offered to all, promoting humanized, expanded, and comprehensive assistance.

## Mental health nursing interventions

As well as diagnoses, mental health interventions did not fully correspond to the *NIC-I*, which results in several titles that talk about the same care. Because of this, the interventions were grouped according to their similarities, resulting in: perform active listening, provide emotional support, promote cognitive stimuli, guide appropriate behavior, provide positive feedback, clarify the treatment, stimulate leaving the room, provide guidance on sleep hygiene, include family members in the treatment, mediate interpersonal conflicts, be aware of physical and emotional risks, promote and allow choices when possible, and avoid physical and mental exhaustion of the patient.

The bond is the first step for all mental health interventions. That is why the intervention of performing active listening is so important and was mentioned in more than half of the articles. In two qualitative studies, carried out with the nursing team, it is evident that promoting a reflective dialogue, to allow the patient to express their emotions is fundamental for the good progress of the treatment and the promotion of mental health. Patients have difficulty in self-expression, so they need help to put their feelings into words.<sup>10,13</sup>

Within this context, after the establishment of the bond, other interventions can be carried out, such as, provide emotional support, promote cognitive stimuli, and guide appropriate behaviors. Coping assistance was also cited in most articles,<sup>7,8,10,13</sup> as the hospitalized patient’s psychological distress is often found in a whirlwind of new emotions, which causes difficulty in organizing thoughts, controlling actions, and assist in treatment.

The promotion of cognitive stimulation also occurs through a reflective conversation, so that the nurse can direct

and guide the patient's thoughts. One study claims that this intervention can even prevent delirium in postoperative patients. It is important to provide feedback on the patient's positive responses to the interventions performed, so that they can remain stimulated to participate in the treatment.<sup>8,11</sup>

These interventions already mentioned, although simple, are still little used in daily hospital practice, as it requires time and knowledge directed at mental health. It is worth mentioning that in primary care services specialized in mental health, these interventions are the main care and rehabilitation strategy.

Feelings of fear and anxiety can be relieved through the intervention of providing clarifications about treatment, the hospital unit's routines, patients' rights and duties, clarifications about exams, medications, procedures, and doubts that arise during hospitalization.<sup>7,8, 9,10,12</sup> The confirmation that this intervention is fundamental in the management of patients' mental health is present in the high rate of occurrence in the analyzed articles.

The promotion of mental health was addressed in the articles through interventions to stimulate leaving the room and provide guidance on sleep hygiene.<sup>7,8,11</sup> Inpatients tend to stay in bed a lot, which makes social interaction and wandering difficult, and often this interferes with the sleep-wake cycle, which can leave the patient stressed, disinterested, and depressed.

With regard to mental health care extended to the family, interventions to include family members in the treatment, and mediate interpersonal conflicts were highlighted. Contacting the family, advising on treatment and possible alarming symptoms, complementing medical advice provided and give emotional support is essential so that companions can assist in the care and understand the patient's health situation, to avoid conflicts between them.<sup>4,8,9</sup>

Bearing the aforementioned in mind, the articles bring interventions that relate to the profile of nurses in the mental health care of patients in hospital inpatient units, which are being flexible, allowing choices, avoiding physical and mental exhaustion of patients, respecting the moments, and being aware of physical and mental risks, which may have definite triggers.<sup>8,10,12,13</sup>

## FINAL CONSIDERATIONS

Mental health has a transversal nature that permeates other areas of nursing. In any environment in which nurses work, they will have patients with mental health demands associated with their clinical issues that must be taken into account when assessing their health status.

The study identified that the mental health nursing diagnoses listed by the articles are related to the feelings presented by the patients, namely: anxiety, fear, sadness, aggression, stress, denial, and family relationships.

Concerning the mental health nursing interventions that have been carried out by nurses, they are: to provide clarification about treatment, be aware of physical and

emotional risks, stimulate leaving the room, provide guidance on sleep hygiene, include family members in the treatment, promote and allow choices when possible, avoid physical and mental exhaustion of the patient, provide positive feedback on coping, provide emotional support, promote cognitive stimuli, guide appropriate behavior, perform active listening and mediate interpersonal conflicts.

This work also shows us that studies related to nursing interventions in clinical inpatient units are scarce globally, even though the data show that in Europe, the cradle of Psychiatric Reform, the theme of mental health and its records on assistance is more evident than in Brazil.

In short, the health nursing process takes place when the nurse detects such needs in each patient. This process should be carried out with clinical reasoning, thought out, constructed, and applied at the appropriate time, with each diagnosis and its respective nursing intervention having a potential differential in the life of this patient and their perception of the hospitalization period.

It is worth mentioning that the generalist nurse has full capacity to intervene in the mental health of their patients, through these simple interventions evidenced in this integrative review, with positive results that are not always immediate, but effective in the medium and long term. Nonetheless, the routine of work is exhaustive and often lack the time to do so.

Hence, health institutions must encourage and value actions aimed at the patient's mental health, so that nurses are empowered with such care and nursing interventions in this area are more and more frequent, as this can change the way of thinking and treating mental health, making it more interesting to produce studies on such topic.

## REFERENCES

1. Rodrigues PF, Amador DD, Silva KL, Reichert APS, Collet N. Interação entre equipe de enfermagem e família na percepção dos familiares de crianças com doenças crônicas. *Esc Anna Nery Rev Enferm*. [Internet]. 2013 [cited 2018 Apr 09]; 17( 4 ): 781-787. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1414-81452013000400781&lng=en](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452013000400781&lng=en)
2. Conselho Federal de Enfermagem (COFEN). Resolução n.º 358/2009, de 15 de outubro de 2009. Dispõe sobre a Sistematização da Assistência de Enfermagem e a implementação do Processo de enfermagem em ambientes, públicos ou privados, em que ocorre o cuidado profissional de Enfermagem, e dá outras providências. *Diário Oficial da União* 2009.
3. Braz LCSB, Souza Neto VL, Rodrigues IDC, Silva BCO, Costa RHS, Silva RAR. Diagnósticos de enfermagem no domínio enfrentamento e tolerância ao estresse em pacientes com AIDS. *Rev enferm UERJ*. [Internet]. 2017 [cited 2018 Mar 05]; 25:e17040; 1-7. Available from: <http://www.e-publicacoes.uerj.br/index.php/enfermagemuerj/article/view/17040/22157>
4. Frauenfelder F, Achterberg T, Needham I, Staub MM. Nursing Diagnosis in Inpatient Psychiatric. *Int J Nurs Knowledge* [Internet]. 2016 [cited 2018 Mar 05]; 27(1): 24-34. Available from: <https://doi.org/10.1111/2047-3095.12068>
5. Cooper HM. Scientific guidelines for conducting integrative research reviews. *Rev Educ Res*. 1982;52(2):291-302.
6. Soares CB, Hoga LAK, Peduzzi M, Sangaleti C, Yonekura T, Silva DRAD. Revisão integrativa: conceitos e métodos utilizados na enfermagem. *Rev Esc Enferm USP*. 2014; 48(2); 335-345.

7. Escalada-Hernández P, Muñoz-Hermoso P, González-Fraile E, Santos B, González-Vargas JA, Feria-Raposo I et al. A retrospective study of nursing diagnoses, outcomes, and interventions for patients with mental disorders. *Appl Nurs Res* [Internet]. 2015 [cited 2018 Mar 02]; 28(2): 92-98. Available from: <https://doi.org/10.1016/j.apnr.2014.05.006>
8. Frauenfelder F, Achterberg T, Staub MM. Documented Nursing Interventions in Inpatient Psychiatry. *Int J Nurs Knowledge* [Internet]. 2018 [cited 2018 Mar 05]; 29(1): 18-28. Available from: <https://doi.org/10.1111/2047-3095.12152>
9. Nakanishi M, Niimura J, Yamamura M, Hirata T, Asukai N. Association between length of hospital stay and implementation of discharge planning in acute psychiatric inpatients in Japan. *Int J Ment Health Syst* [Internet]. 2015 [cited 2018 Mar 02]; 9(23): 1-8. Available from: <https://doi.org/10.1186/s13033-015-0015-9>
10. Tofthagen R, Talseth A, Fagerstrom L. Mental health nurses' experiences of caring for patients suffering from self-harm. *Nurs Res and Practice* [Internet]. 2014 [cited 2018 Mar 04]; 2014(905741): 1-10. Available from: <http://dx.doi.org/10.1155/2014/905741>
11. Kratz T, Heinrich M, Schlaub E, Diefenbacher A. Preventing Postoperative Delirium. *Dtsch Arztebl Int* [Internet]. 2015 [cited 2018 Mar 03]; 112: 289-96. Available from: <https://doi.org/10.3238/arztebl.2015.0289>
12. Salzmänn-Erikson M. Using participatory action research to develop a working model that enhances psychiatric nurses' professionalism: the architecture of stability. *Adm Policy Ment Health* [Internet]. 2017 [cited 2018 Mar 04]; 44: 888-903. Available from: <https://doi.org/10.1007/s10488-017-0806-1>
13. Nagayama Y, Hasegawa M. Nursing care process for releasing psychiatric inpatients from long-term seclusion in Japan: modified grounded theory approach. *Nurs and Health Sciences* [Internet]. 2014 [cited 2018 Mar 05]; 16: 284-90. Available from: <https://doi.org/10.1111/nhs.12094>

Received in: 25/08/2018

Required revisions: 25/02/2019

Approved in: 18/05/2019

Published in: 31/08/2020

---

**Corresponding author**

Nathália Duarte Bard

**Address:** Avenida Fábio Araújo Santos, 1245, Nonoai

Porto Alegre/RS, Brazil

**Zip code:** 91720-390

**Email address:** nanibard@hotmail.com

---

**Disclosure: The authors claim to have no conflict of interest.**