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NURSING DIAGNOSES REPRESENTATIVE OF THE DEMAND FOR CARE IN HOSPITALIZED ELDERLY PEOPLE

Diagnósticos de enfermagem representativos da demanda de cuidados em pessoas idosas hospitalizadas

Diagnósticos de enfermería representativos de la demanda de atención en ancianos hospitalizados

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ABSTRACT

Objective: to identify nursing diagnoses representative of the care demand in hospitalized elderly and to investigate the association between such diagnoses and classification of care dependence. **Method:** a descriptive, epidemiological, cross-sectional study conducted with 112 hospitalized elderly. Data were collected using interviews and analyzed by descriptive statistics, Pearson's chi-square test and logistic regression. **Results:** the nursing diagnoses identified were: anxiety (94.6%), bathing self-care deficit (91.1%), impaired urinary elimination (75.9%), feeding self-care deficit (74.1%). impaired bed mobility (59.8%), risk of impaired skin integrity (47.3%), impaired physical mobility (33.9%) and impaired skin integrity (30.4%), and an association between most nursing diagnoses and care dependency classification. **Conclusion:** the identification of these diagnoses and the care demand of the hospitalized elderly population is of essential importance to support the effective practice of nursing.

DESCRIPTORS: Nursing diagnosis; Old man; Nursing care.

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RESUMO

Objetivos: identificar os diagnósticos de enfermagem representativos da demanda de cuidados em pessoas idosas hospitalizadas e investigar a associação entre os tais diagnósticos e classificação de dependência de cuidados. **Método:** estudo descritivo, epidemiológico, transversal, realizado com 112 pessoas idosas internadas. Os dados foram coletados utilizando entrevista, sendo analisados por estatística descritiva dos dados, teste qui-quadrado de Pearson e regressão logística. **Resultados:** os diagnósticos de enfermagem identificados foram: ansiedade (94,6%), déficit de autocuidado para banho (91,1%), eliminação urinária prejudicada (75,9%), déficit de autocuidado para alimentação (74,1%), mobilidade no leito prejudicada (59,8%), risco de integridade da pele prejudicada (47,3%), mobilidade física prejudicada (33,9%) e integridade da pele prejudicada (30,4%), além de associação entre a maioria dos diagnósticos de enfermagem e classificação de dependência de cuidados. **Conclusão:** a identificação desses diagnósticos e da demanda de cuidados da população idosa hospitalizada é de essencial importância para subsidiar a prática efetiva da Enfermagem.

DESCRITORES: Diagnóstico de enfermagem; Idoso; Cuidados de enfermagem.

RESUMEN

Objetivo: identificar los diagnósticos de enfermería representativos de la demanda de atención en ancianos hospitalizados e investigar la asociación entre dichos diagnósticos y la clasificación de la dependencia de la atención. **Método:** estudio descriptivo, epidemiológico, transversal, realizado con 112 ancianos hospitalizados. Los datos fueron recolectados mediante entrevistas y analizados por estadística descriptiva, prueba de chi-cuadrado de Pearson y regresión logística. **Resultados:** los diagnósticos de enfermería identificados fueron: ansiedad (94.6%), déficit de autocuidado en el baño (91.1%), eliminación urinaria alterada (75.9%), déficit de autocuidado en la alimentación (74.1%). movilidad de la cama deteriorada (59.8%), riesgo de integridad de la piel deteriorada (47.3%), movilidad física deteriorada (33.9%) e integridad de la piel deteriorada (30.4%), y una asociación entre La mayoría de los diagnósticos de enfermería y la clasificación de la dependencia del cuidado. **Conclusión:** la identificación de estos diagnósticos y la demanda de atención de la población anciana hospitalizada es de importancia esencial para apoyar la práctica efectiva de la enfermería.

DESCRIPTORES: Diagnóstico de enfermería; Ciudadano mayor; Cuidados de enfermería.

INTRODUCTION

Population aging has been exacerbated and accelerated worldwide and is characterized by changes in certain health indicators such as lower birth and mortality rates and increased longevity1, thus ratifying the process called demographic transition. One of the consequences of this process is the appearance of chronic diseases that increase morbidity, loss of functional capacity and the use of health resources.[2] According to the World Health Organization (WHO), chronic conditions represent the main global cause of death, with 70% of all deaths registered in the world, replacing in an accelerated manner the infectious diseases, being characterized by cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, being essential the multiprofessional training in the field of geriatrics and the development of public policies that prioritize the health of the elderly. [3-4]

Once the chronic condition is diagnosed, the elderly person becomes vulnerable to the often repetitive hospitalization process, which raises concerns about their general health status. [5] It should be emphasized that hospitalization in this population contributes to an increase in demand for care, and it is up to nursing professionals to identify in this population those with high risk of functional loss. The earlier such identification is carried out, the less the consequences inherent to this process will be, thus contributing to effective nursing care in meeting the demand for care required by the elderly patient. [6]

Considering this, the identification of nursing diagnoses represents an essential strategy for checking the demand of hospitalized elderly patients for individual care and specific interventions for each patient. [7]

It is important to note that for the identification of nursing diagnoses in hospitalized people, it is necessary that nurses use standardized and specific language systems in order to standardize and communicate their decisions, since it enables professionals to learn about altered human responses and contributes to care planning. The North American Nursing Diagnosis Association - International (NANDA-I) was used in this study.[8]

In this context, the relevance of this issue is ratified, given that research related to this issue is still incipient. Thus, this study may contribute to a holistic nursing care, in the hospital scope, approaching the identification of nursing diagnoses representative of the demand for care in hospitalized elderly people.

In view of the above, this study aimed to identify the nursing diagnoses representative of the demand for care in hospitalized elderly people and to investigate the association between such diagnoses and classification of care dependence.

METHOD

This is a descriptive, epidemiological, cross-sectional study, carried out in the clinical unit of a school hospital located in the city of João Pessoa, in the state of Paraíba. It is worth mentioning that the clinical unit, scenario of this investigation, concentrates a higher percentage of activated beds, which raises a higher demand for nursing care.

The population of this study comprised elderly patients admitted to the clinical unit of that health institution. As for calculating the sample size, the statistical formula for proportion estimation was used. We used as parameter the prevalence of 35.4% of elderly with minimum care needs, according to the study,[9] with absolute precision of 10% and significance level of 5%. The sample was estimated in 86 subjects, with a 10% margin of error, totaling 95 participants. The sample was composed of 112 elderly, using a non-probabilistic sample for accessibility, having as inclusion criteria individuals aged 60 years or older, of both sexes, who were admitted at the time of data collection.

Data collection took place between April and June 2015 using the structured interview technique and a form contemplating socio-demographic and clinical aspects of interest to the research, the patient classification variables regarding demand for care, based on the Patient Classification System (SCPs) validated by Perroca[10] and nursing diagnoses by NANDA-I,[8] which emerged from the empirical indicators present in the patient classification instrument proposed by Perroca.

In this approach, the PCS investigates the demand for patients' attention to nursing care, which is consequently classified into categories of care: minimal, intermediate, semi-intensive and intensive.[10] In the category minimum care (9 to 12 points), stable patients are included from the clinical and nursing point of view, but physically self-sufficient in relation to basic human needs; in the category intermediate care (13 to 18 points), stable patients are included from the clinical point of view, with partial dependence on nursing actions; in the semi-intensive care (19 to 24 points) there are patients with chronic health problems, stable from the clinical point of view, however, with total dependence on nursing actions, with demand for intensive care (25 to 36 points) there are severe patients with imminent risk of life. [10]

The data were compiled and analyzed with the help of the Statistical Package for the Social Sciences, version 20.0. Descriptive analysis of the data, logistic regression and association tests were performed, considering a statistically significant variable when $p<0.05$.

For the inclusion of the elderly in the study, it was also considered the consent of the family, effectuated from the signature of the Term of Free and Informed Consent (TCLE) by one of its members.

Project approved in the Ethics Committee of the Health Sciences Center of the Federal University of Paraíba, under Protocol Nº. 0668/2014 and CAAE No. 39399014.6.0000.5188.

RESULTS

As for the socio-demographic characterization of the elderly, the female gender prevailed, with a dominant age group between 60 and 70 years old, widowers, with white skin color, who attended school between one and three years old, with an average income of up to two minimum wages, the majority being retirees/pensioners, as shown in Table 1.

Table 1 – Distribution of socio-demographic characteristics of the elderly (n = 112). João Pessoa, PB, Brazil, 2015.

Sociodemographic data	N	%
Gender		
Female	78	69,6%
Male	34	30,4%
Age Group		
60 to 70 years	39	34,8%
71 to 80 years	38	33,9%
Over 80 years old	35	31,3%
Civil Status		
Widow(er)	54	48,2%
Married/ Stable Union	46	41,1%
Single/ Separated	12	10,7%
Skin Colour		
White	50	44,6%
Brown	27	24,1%
Black	22	19,6%
Yellow	10	8,9%
Didn´t answer	3	2,7%
Schooling in years of study		
Illiterate	43	38,4%
1 to 3 years	49	43,8%
4 to 8 years	20	17,9%
Famillly Rent*		
Up to 2 minimum wages	103	92,0%
3 to 5 minimum wages	9	8,0%
Ocupation		
Retired/ Pensioner	94	85,0%
Household	10	8,9%
Other	8	6,1%

*National minimum wage set in 2015; 788,00 reais.

Regarding the demand for care, according to the use of SCPs, it was found that 34% of the elderly evaluated were classified in the semi-intensive care category, 33% in intensive care, 29% in the intermediate category and only 4% in minimum care. These data show a higher percentage of elderly, demanding a high degree of dependence on nursing care.

Eight nursing diagnoses were identified that were consistent with the demand for care. Among them, anxiety was more frequent (94.6%), followed by self-care deficit for bathing (91.1%), impaired urinary elimination (75.9%), self-care deficit for feeding (74.1%), impaired bed mobility (59.8%), impaired skin integrity risk (47.3%), impaired physical mobility (33.9%) and impaired skin integrity (30.4%). Such diagnoses indicate a set of problems characteristic of these hospitalized patients, to the detriment of their frequency having been higher than 30%.

According to Table 2, it was found that the eight nursing diagnoses identified presented prevalence in the categories of semi-intensive and intensive care, being ratified statistically significant association in seven of them, thus indicating that the occurrence of nursing diagnoses increases the probability of the elderly person is more dependent on care.

Table 2 – Distribution and association between nursing diagnoses and categories of care proposed by Perroca (n=112). João Pessoa, PB, Brazil, 2015.

Diagnosis of illness	Care categories		p-value
	Minimum/Intermediary %	Semi-Intensive/ Intensives %	
Integrity of damage skin	2,9	97,1	<0,001*
Harmful bedside mobility	5,9	94,1	<0,001*
Self-care deficit for food	13,0	87,0	<0,001**
Impaired urinary elimination	14,1	85,9	<0,001*
Risk of damaged skin integrity	22,6	77,4	0,026**
Self-care deficit for taking a bath	26,4	73,6	0,001*
Anxiety	33,0	67,0	>0,999**
Physical mobility impaired	68,4	31,6	<0,001*

* Fischer Test; **Qui-squared Test. P-value <0,05.

The binary logistic regression model demonstrated that of the eight nursing diagnoses initially linked to the study, three proved to be significant in relation to the association with the greatest demand for nursing care: impaired urinary elimination, self-care deficit for feeding and impaired bed mobility.

In the perspective, the data above indicate that the presence of the diagnosis of impaired urinary elimination nursing increases the chance of an elderly person being in total dependence on nursing care; the deficit of self-care for food also increases this chance; and the mobility in the impaired bed contributes with the chance of the elderly person evolving to total dependence, as described in Table 3.

Table 3 – Logistic regression of nursing diagnoses with respective Chi-squared, p-value, Odds ratio and confidence intervals (n=112). João Pessoa, PB, Brazil, 2015.

Diagnosis of illness	Qui-squared	p-value	Odds ratio	IC 95%
Impaired urinary elimination	57,043	<0,001*	76,042	15,91-363,43
Self-care deficit for food	56,708	<0,001*	56,727	14,661-219,495
Harmful bedside mobility	55,219	<0,001*	43,13	12,949-144,874
Integrity of damaged skin	19,987	<0,001*	28,286	3,683-217,238
Self-care deficit for taking a bath	22,258	0,001*	3,778	2,734-5,220
Risk of damaged skin integrity	4,914	0,026*	2,512	1,101-5,732
Anxiety	-	0,987	1,014	0,177-5,808
Physical mobility	32,553	<0,001*	0,081	0,032-0,206

*Statistcally significant association.

As for the evaluation of the logistic regression model, the Log likelihood Value statistic decreased at each variable insertion, from 83,465 to 58,208. In contrast, the Cox & Snell R2 statistic increased from 0.408 to 0.527, indicating that 52.75% of the variations in the log of the odds ratio can be explained by the variables of the model. The analysis of Nagelkerke R2 shows that approximately 73% of the variations that occurred in the chance of a totally dependent elderly person to evolve to a partially dependent person can be explained by the variables of the model. The rest of the variation should be explained by other factors not contemplated in this study.

Hosmer and Lemeshow's test resulted in a statistic of 0.757 (p greater than 0.05), indicating no significant difference in the distribution of actual and predicted values. The final model hit rate was 90.2%. These statistics suggest that the model can be used to predict the probability of a totally dependent elderly person becoming partially dependent.

DISCUSSION

As for the socio-demographic data, it was observed the prevalence of the female sex, being verified the so-called process of "feminization of the old age". This phenomenon is related to a process of transition involving gender, which in turn refers to positive and negative changes that influence the survival patterns of women and men, thus determining changes in aspects of illness and self-care, also culminating in changes in capacity to perform functions, which increases vulnerability to situations of dependence.[11] In addition to the female gender, other characteristics were verified, such as the dominant age group between 60 and 70 years, widowhood, the color of white skin, the degree of schooling between one and three years, the average income of up to two minimum wages and retirees/pensioners, in similarity to another survey.[7]

Another important finding of this study was the evaluation of the degree of dependence of hospitalized elderly people on the demand for nursing care. Such assessment may be subsidized by the use of the SCPs, whose main objective is to guide care, in order to provide integral attention, rationalizing the work regarding human and material resources, and thus verify the dependence of hospitalized patients.[12]

Nevertheless, the SCPs proposed by Perroca,[13] aims to contribute to the elaboration of an effective nursing care plan regarding the dependence of the hospitalized elderly person. Perroca developed and validated the SCPs based on the basic human needs recommended by Wanda Horta, whose patients' demand for nursing care is classified into categories of care: minimal, intermediate, semi-intensive and intensive,[10] described in the methodology. In this study, the elderly people demanded more care, being classified in the categories of semi-intensive care (34%) and intensive care (33%), further inferring the need for a more organized dimensioning of the nursing team, giving rise to changes mainly in the allocation of resources and personnel, as well as transfer of patients to high complexity units offering specialized assistance.

These results differ from the literature, whose study showed a higher proportion for the classification of elderly and non-elderly hospitalized patients in the categories of minimum and intermediate care.[13] Another national survey addressing the care of basic human needs of hospitalized elderly, also conducted in clinical units, found a significant percentage of patients with dependence on nursing actions classified in the category of semi-intensive care, although the category of intermediate care showed greater predominance. It was also emphasized that the sample of the aforementioned study did not identify elderly requiring intensive care. [9] Currently, a similar study that used the SCPs proposed by Fugulin in adult patients hospitalized in an emergency hospital unit, demonstrating the predominant allocation of patients in the categories of intensive and semi-intensive care, with a high degree of dependence.[12] However, a survey conducted in a medical clinic to analyze the size of nursing staff found an inadequate number of staff due to the fact that patients, mostly elderly, demand high dependency care, classified in the category of semi-intensive care.[14] It should also be noted that no studies were found involving hospitalized elderly patients that indicated the prevalence of the intensive care category.

The nursing diagnosis Anxiety, emerging empirical indicators present in the patient classification tool proposed by Perroca, is defined as "a vague and uncomfortable feeling of discomfort or fear, accompanied by an autonomous response (the source is often non-specific or unknown to the individual); a feeling of apprehension caused by anticipation of danger. It is also defined as a warning sign calling attention to an imminent danger situation and allowing the individual to take measures to deal with the threat".[8] Anxiety is revealed as a clinical intercurrence that affects the elderly person in hospital, mainly in Intensive Care Units (ICU).[15] In the context of NANDA-I nursing diagnoses, anxiety is also revealed as a related factor for suicide risk in elderly people.[16] At the national level, research carried out in a surgical unit indicated the presence of this nursing diagnosis among the elderly.[17]

The diagnosis of self-care deficit for bathing was also revealed in the population studied, in line with another study.[17] NANDA-I defines it as "impaired ability to perform or complete bathing activities on its own".[8] This fact converges directly to the functional decline in the elderly person and, since it impacts on the performance of Daily Living Activities (DAAs), it also corroborates the gradual increase of dependence on care in the hospital environment.[18]

Another nursing diagnosis that converges to increase care dependency is impaired urinary elimination, being defined as "dysfunction in urine elimination".[8] Such a nursing diagnosis is more prevalent in the hospital setting in relation to the care of the elderly undergoing surgical procedures. [19]

The deficit of self-care for feeding is the "impaired ability to perform or complete feeding activities".[8] It should be noted that the elderly may present serious risks of imbalances due to changes in nutritional status. It is the role of nursing to recognize such changes, considering the wear and tear of the organic system, as well as the specific differences of each individual under palliative care, meeting the needs of the elderly, in the hospital environment. [20]

Elderly impaired bed mobility is defined as "limitation of independent movement from one position to another in the bed".[8] In this regard, a survey found that 83.4% of elderly people in hospital were diagnosed with nursing.[21]

Considering the elderly patient with impaired mobility in bed due to certain factors related to pain, alteration of cognitive function, insufficient muscle strength, [8] the risk of impaired skin integrity is confirmed. In this respect, NANDA-I defines it as "vulnerability to alteration in the epidermis and/or dermis, which may compromise health".[8] In accordance with the present research, studies have pointed out the prevalence of the diagnosis risk of integrity of damaged skin in hospitalized elderly people.[17],[20] Analyzing the aforementioned nursing diagnosis, it is emphasized that such risk corroborates the occurrence of integrity of damaged skin, defined as "epidermis and/or dermis altered".[8]

The impaired physical mobility was also another diagnosis that was highlighted in this study. Authors described their research, the presence of impaired physical mobility in 52% of

the elderly hospitalized,[22] In this approach, NANDA-I defines it as "limitation in the independent and voluntary physical movement of the body or of one or more extremities".[8]

Checking the association between nursing diagnoses and care categories, it was found that the greater the degree of dependence of elderly people on nursing care, the greater was the frequency of nursing diagnoses. In this perspective, it is emphasized that the nurse must recognize the profile of patients defining their degree of dependence on care, in order to also subsidize the management of nursing professionals, thus planning safe care and interventions, minimizing iatrogenicity and improving the quality of care. [12]

Another important aspect that the present study pointed out was the statistically proven significance about the presence of nursing diagnosis of impaired urinary elimination, self-care deficit for food and impaired bed mobility increase the possibility of an elderly person being in total dependence on nursing care.

CONCLUSION

The aging process is linked to factors such as chronic conditions that converge with the increase of hospitalizations in the elderly population, contributing consequently to the dependency on care, and especially nursing assistance. In this approach, the nurse is responsible for identifying nursing diagnoses related to dependence with the purpose of guiding the care given to the elderly patient in the hospital environment.

Regarding nursing diagnoses emerging from SCPs, anxiety was most frequently pointed out, followed by self-care deficit for bathing, impaired urinary elimination, self-care deficit for eating, impaired bed mobility, risk of impaired skin integrity, impaired physical mobility and impaired skin integrity. There was a statistically significant association between most nursing diagnoses and care categories, with higher prevalence for semi-intensive and intensive care, thus indicating that the higher the degree of dependence of the elderly on nursing care, the higher the frequency of nursing diagnoses. There was also a statistically significant association between the presence of impaired urinary elimination nursing diagnosis, self-care deficit for feeding and impaired bed mobility increasing the possibility of an elderly person being totally dependent on nursing care. In view of the above, it should be noted that once hospitalized, the elderly population is vulnerable to progressive dependence on care. The empirical results demonstrated by this research present essential subsidies for the planning and implementation of specific nursing interventions, with the aim of improving the quality of care provided, and the development of other similar studies that subsidize the practice, covering nursing care aimed at elucidating the dependence of hospitalized elderly people.

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