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## NURSING DIAGNOSES IN THE ELDERLY OF A NORTHEASTERN REGION

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### ABSTRACT

**Objective:** To identify nursing diagnoses in elderly participants in activities carried out in the Social Assistance Referral Centers of the municipalities of Aracoiaba, Aratuba, Itapiúna, Mulungu and Pacoti, located in the Baturité-Ceará Massif.

**Method:** A cross-sectional study was carried out between January and July 2014 with 134 elderly people. The following criteria for inclusion of the elderly in the study were considered: age of 60 years or older, physical and mental ability to respond to the form used for data collection, acceptance to perform a physical examination.

**Results:** The nursing diagnoses identified in at least 30% of the sample were: Disposition for improved spiritual well-being (99.3%), Poor knowledge (83.6%), Risk of falls (45.5%), Fatigue (41.8%), Unbalanced nutrition: more than body needs (37.3%), Sedentary lifestyle (34.3%), Chronic pain (34.3%), and Impaired urinary elimination (32.8%).

**Conclusion:** Nurses should be attentive to the health demands of the elderly population in order to intervene in their real needs, promoting a higher quality of life.

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### INTRODUCTION

The world population is experiencing an aging process. Overall, most countries have experienced an increase of number and proportion of the elderly in the population. This social transformation affects several sectors, including health (file:///C:/Users/IFCE/Downloads/ desafios\_envelhece\_conle.pdf). Aging is marked by functional changes that tend to affect the elderly in their life cycle. Although the health of the elderly is not determined exclusively by the absence or presence of pathological conditions (Valério, 2013), it is noticed that, in old age, the elderly become more fragile and

vulnerable to illnesses (Leite, 2013), especially related to the development of chronic-degenerative diseases (Tavares, 2012). Thus, since the elderly represent an expressive part of the Brazilian and world population, it is necessary that society, government agencies and health professionals plan and implement actions to meet their main health demands<sup>3</sup> contemplating its various dimensions, that can be social, emotional, physical or spiritual. In this context, as health team members who have greater contact with the geriatric population during the practice of care, nurses have work tools that favor the identification of injuries and allow the implementation of a care plan scientifically based<sup>5</sup> on the Nursing Process (NP), which guarantees the development of systematized actions. The NP is organized in five related steps,

namely, history (anamnesis and physical examination), diagnosis, planning, implementation of interventions and evaluation (Tannure, 2015). The elaboration of nursing diagnoses represents the conclusion of data collection, where the whole research about the patient and their pathology is consolidated (Clares, 2016), giving the nurses a broad view of the health problems that affect the elderly person. Among the nursing diagnosis classification systems available, NANDA I is one of the most widely used and applied in the world. Nurses from all regions use it as a tool to carry out care, teaching and research. Moreover, this classification has contributed significantly to the development and refinement of nursing diagnoses by establishing a taxonomic conceptual system that allows the standardization of language among nurses (Herdman, 2015) and facilitates the planning and sharing of interventions related to the identified health problems, justifying the importance of its use. Several studies have investigated the profile of nursing diagnoses in health institutions in which elderly people are debilitated by pathological processes. However, little is known about the diagnostic incidence in elderly populations outside the hospital context and primary health care, such as those participating in activities developed in Social Assistance Referral Centers (SARC) in the Northeast countryside. The objective of this study was to identify the nursing diagnoses present in the elderly participants of activities carried out in the Social Assistance Referral Centers of the municipalities of Aracoiaba, Aratuba, Itapiúna, Mulungu and Pacoti, located in the Baturité-Ceará Massif.

activity and rest, perception, cognition, relationships, coping and tolerance to stress, principles of life, safety, protection, comfort, growth and development (Herdman, 2013). The identification data investigated were: gender, age, schooling, marital status, individual income, family income and number of people living with the elderly. In the family history, we surveyed the presence of cardiovascular diseases, such as: hypertension, diabetes mellitus, dyslipidemias, cardiopathies and stroke.

The individual health conditions investigated were related to the presence of acute or chronic diseases, physical condition at the moment of the interview (tired, stressed, sad), use of medications and life habits (physical exercise, active or passive use of tobacco, alcohol consumption, drug use). In addition, the elderly were also questioned about the habits and difficulties related to nutrition (dietary pattern, number of meals per day, difficulties in chewing and swallowing food), elimination activities (elimination pattern, presence of discomfort, impediments), rest (present sleep pattern and satisfaction with rest), cognition (difficulty to reading, writing, learning new things), family interaction, life principles (feeling of faith, coping with adverse situations), sexuality (pattern, perception, recent modifications), among others. After the interview, a physical examination was performed. Throughout the study, the process of elaboration and inference of the diagnoses followed these steps: collection, interpretation/grouping of information and naming of categories (Gordon, 1994).

**Table 1. Distribution of nursing diagnoses in elderly participants of activities in the Social Assistance Centers of Reference (SARC) of a Northeastern region**

Nursing diagnoses	N°	%	CI 95%
Disposition for improved spiritual well-being	133	99.3	95.9%100.0%
Poor knowledge	112	83.6	76.2% 89.4%
Risk of falls	61	45.5	36.9% 54.3%
Fatigue	56	41.8	33.3% 50.6%
Unbalanced nutrition: more than the bodily needs	50	37.3	29.1% 46.1%
Sedentary lifestyle	46	34.3	26.3%43.0%
Chronic pain	46	34.3	26.3% 43.0%
Impaired urinary elimination	44	32.8	25.0% 41.5%

Source: Author's elaboration.

## MATERIALS AND METHODS

A descriptive and cross-sectional study was carried out to investigate variables necessary for the elaboration of nursing diagnoses. Data were collected between January and July 2014, with 140 elderly people distributed in the Social Assistance Reference Centers of Aracoiaba, Aratuba, Itapiúna, Mulungu and Pacoti, located in Baturité-Ceará Massif. The selection of the research site was based on previously established criteria, namely: the coordination's approval of participation of the elderly in the study through the signing of a letter of consent; existence of a larger active group of elderly people; and availability of a place reserved for anamnesis and physical examination with the participants. Regarding the criteria for inclusion of the elderly in the study, we considered: age of 60 years or older, physical and mental ability to respond to the form used for data collection, acceptance to perform a physical examination. Initially, the study objectives were explained and the elderly who agreed to voluntarily participate signed the ICF. Then, a form adapted from Filha (2007) was applied, containing questions related to identification, family history and individual health conditions related to NANDA-I domains such as health promotion, nutrition, elimination ,

The NANDA-I Taxonomy II was used as a reference for naming nursing diagnoses (HERDMAN, 2013). The choice of this Taxonomy occurred because it is known and used worldwide in clinical nursing practice. Data were organized in sheets in the Microsoft Excel software 2010 and statistical analysis was done with the Epi Info software version 3.5.2. It is worth mentioning that the research was sent to the Research Ethics Committee (REC) of the University of Luso-Afro-Brazilian Integration (UNILAB), obtaining approval with Opinion number 1,437,444. The study incorporated in all its phases the principles of Resolution 466/2012 of the National Health Council regarding research involving human beings and ensuring that the participants had their identities protected and their right of voluntary participation respected, ensuring the possibility of withdrawal at any time, according to their desire, without any financial, material or assistance onus.

## RESULTS

The study was carried out with 140 elderly participants of activities developed in the Social Assistance Referral Centers (SARC) from Baturité-Ceará Massif. The following

municipalities were included: Aracoiaba (n = 12), Aratuba (n = 32), Itapiúna (n = 19), Mulungu (n = 36) and Pacoti (n = 35). We identified that 73.1% of the elderly were women with a mean age and schooling of 70.98 and 2.67 years, respectively. Regarding marital status, 55.2% did not live with their partners, were single, widow/widowed or divorced. Individual income averaged seven hundred and seventy-seven real and nine cents. Family income was one thousand and twenty-two real and sixty cents, for an average of 2.62 people living with the elderly. The following table shows the nursing diagnoses that were present in at least 30% of the sample. Eight nursing diagnoses were identified with the minimum percentage required for description (30%). The most present diagnosis was Disposition for improved spiritual well-being (99.3%) and the least observed Impaired urinary elimination (32.8%).

## DISCUSSION

Female population was predominant in the study (73.1%). Several researches show greater female population longevity. This is marked as a "feminization" of population aging, which is a result of the longer life expectancy of women who live an average eight years longer than men. One of the corroborating factors for this phenomenon is the greater continuous medical follow-up among women than among men throughout their lives (Kuchemann, 2012). In this context, it is imperative that nurses develop strategies to promote greater male participation in promotion and preservation of health, as well as in activities that aim to identify early functional changes, since they are also subject to illness. Regarding the participants profile, the mean age was 70.98 years and 55.2% did not have partners, being single, widow/widowed or divorced. Research conducted in Recife also presented similar results in which 44.8% of the elderly women were widows and 48.3% were in the age group between 70-79 years (Annes, 2007). This situation may be indicative of the greater life expectancy of the Brazilian population, especially of women.

The low level of schooling, 2.67 years, identified in the sample studied is one of the main indicators of the population health situation and is intrinsically associated to problems in the maintenance of health by the elderly population, such as difficulty in following diets, prescriptions and other recommendations. This leads the elderly to be generally dependent on someone. It is essential that health professionals pay more attention to communication, seeking to provide autonomy to them whenever possible (Dutra, 2016). Thus, it is essential to assess the level of schooling, considering that this is an important factor for the development of health care strategies. As to the financial profile, this revealed the role of economic support played by the elderly, since the individual monthly income corresponded to seven hundred and seventy-seven real and nine cents and the family income, to one thousand one hundred and twenty-two real and sixty cents, for an average of 2.62 people residing with the elderly. It is assumed that the family members live in the same residence with the elderly due to the poor financial condition and/or to provide the necessary support, because changes inherent in aging make the elderly depend on others to perform various tasks, among them, the instrumental activities of daily life that, although simple, may be challenging for the elderly. Regarding nursing diagnoses, as previously mentioned, those present in at least 30% of the population were considered for description.

The nursing diagnosis Disposition for improved spiritual well-being was identified in 99.3% of participants. This is understood as the pattern of experiencing and integrating meaning and purpose to life, through a connection with oneself, with others, art, music, literature, nature and/or with a superior being that is sufficient for well-being and it can be strengthened. We noticed that all the elderly people who presented this diagnosis affirmed to see God as a motivating being and apt to help them in the resolution of personal problems. Although knowing what factors motivate the elderly in their life cycle is considered important, studies on the subject are scarce, and more knowledge about this subject is important. Nursing diagnosis Poor knowledge, that is the absence or deficiency of cognitive information related to a specific topic (NANDA), was found in 86.3% of the sample. Furthermore, the analysis of sociodemographic data reveals that the mean low educational level, 2.67 years of schooling, further reinforces the presence of this diagnosis. It is important that nurses develop health education actions with this public in order to improve their knowledge about their lifestyle.

The nursing diagnosis Risk of falls was observed in 45.5% of the sample. This is defined as increased susceptibility risk for falls that can cause physical damage (NANDA). Fall is conceptualized as an unintentional displacement of the body to a level lower than the initial position and is determined by multifactorial conditions that compromise stability, that is, mechanisms involved in maintaining posture (Gomes, 2014). This event is also an important factor related to decrease in the elderly quality of life, due to the fact that it is the major cause of disability and even death (Chianca, 2013). A definition found in the literature for the cause of falls states that these occur due to the total loss of postural balance, and may be related to the sudden neural insufficiency and osteoarticular mechanisms involved in maintaining posture. People belonging to any age group are at risk of suffering from it. However, in the elderly population, the risk of falling has a great significance, since it occurs with great frequency and it can generate disability, injury and death (Chianca, 2013). The nursing diagnosis Fatigue, an oppressive and sustained feeling of exhaustion and decreased ability to perform physical and mental work at the usual level (NANDA), was present in 41.8% of the participants. In João Pessoa, PB, Brazil, this diagnosis was present in 56.3% of the sample. The study presented states of illness and treatment, debilitated physical condition and anemia as related factors (Fernandes, 2016).

The literature indicates that fatigue happens commonly due to events such as anemia, heart failure, hemodialysis and cancer. It is characterized by lethargy, drowsiness, decreased motivation, suffering, extreme need for rest and discomfort.<sup>17</sup> The negative impacts of fatigue on the elderly's quality of life and the need for early interventions to help them are evident. Unbalanced Nutrition: more than the body needs, present in a significant percentage (37.3%) of participants, is understood as an important factor to be considered in the health of the elderly. The identification of nutritional diagnosis as well as of factors favoring such diagnosis in the elderly is complex but essential for the development of specific intervention policies. Complexity is related to the multiple physiological and psychological changes inherent to aging itself, as well as other social, economic and lifestyle factors that may directly interfere with the elderly nutritional status (Ferreira, 2018). Sedentary lifestyle, defined as a life habit characterized by a low level of physical activity (NANDA), was present in 34.3%

of the sample. The literature points out that there are few studies dealing with sedentary lifestyle as a nursing diagnosis. This life habit poses a threat to health because it represents an important risk factor for the emergence and maintenance of several chronic diseases (Martins, 2018). It is important to emphasize that the practice of physical activities brings several benefits to health, such as reduction of cholesterol levels, burning of calories, muscle and bone strengthening, improvement in lung capacity and flexibility of joints, besides acting in prophylaxis and in treatment of various clinical conditions, such as diabetes, obesity and systemic arterial hypertension (Martins, 2014). Besides the sedentary lifestyle, the nursing diagnosis Unbalanced nutrition: more than the bodily needs, found in 37.3% of the participants, contributes to the increased cardiovascular risk in the elderly. It is known that inadequate eating habits along with other factors such as sedentary lifestyle found in the present study, in the form of nursing diagnosis, can lead to obesity. The latter, in turn, has as one of its consequences the increased risk for development of several diseases such as Chronic Renal Disease (CKD), diabetes and arterial hypertension (Kovesdy, 2017). Chronic pain, identified in 34.3% of the elderly in the form of nursing diagnosis, is defined as an unpleasant sensory and emotional presence that arises from actual or potential tissue injury or described in terms of such injury (International Association for the Study of Pain); sudden or slow onset, from light to strong intensity, constant or recurrent, without an anticipated or predictable termination and lasting more than six months (NANDA).

Pain is considered a public health problem because of its high prevalence, economic impact and functional impairment (Silva, 2012). In addition, it is the main cause of physical limitations, especially in individuals over 60 years of age, negatively impacting quality of life, as well as increasing agitation, stress and social isolation (Lopes, 2014). This symptom is among the main factors that may negatively impact the elderly's quality of life, as it limits their activities and increases agitation, risk for stress and social isolation. Pain chronicity is associated with suffering, discomfort, anxiety, frustration, anger, changes in mood and social isolation, changes in sleep patterns and activities of daily living (Silva, 2012). Impaired urinary elimination was found in 32.8% of the participants. This is defined as dysfunction of urinary elimination (NANDA). It should be noted that the urinary system may present changes with aging, such as loss of collagen and difficulty in bladder contraction, urethra resistance, changes in voiding flow, reduced glomerular filtration rates, differential elimination of creatinine, water and salt. As a consequence, the appearance of genitourinary pathological manifestations, such as renal failure, infection and urinary incontinence, are increased (LEME, 2011).

Identifying the nursing diagnoses present in the elderly population is an important action developed exclusively by nurses. These professionals should be attentive to the elderly population health demands in order to intervene in their real needs, promoting a higher quality of life. However, the research presented as limitations the reduced sample and the non-inclusion of Social Assistance Referral Centers of all municipalities that make up the Baturité Massif, and it is necessary to replicate the study in places where it was not developed. The identification of sociodemographic and nursing diagnosis profiles in the elderly population of the Baturité massif represents a contribution to nursing. This study

also contributed to a more targeted nursing care to the real needs of the studied population.

## Conclusion

The present study made it possible to identify nursing diagnoses in a population of 134 elderly people participating in activities in the Reference Centers of Social Assistance of the Baturité-Ceará Massif. Eleven diagnoses were identified, distributed in eleven NANDA I domains, which presented a minimum percentage of 30%. As we observed, each nursing diagnosis found has a direct repercussion on the elderly's life cycle. With exception of Disposition for improved spiritual well-being, all other domains point to limitations in the participants' daily activities. It is important that nurses be attentive to the demands of this public, since they correspond to a significant portion of the population and they need specific care.

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