



SYSTEMATIZATION OF NURSING CARE TO INSTITUTIONALIZED ELDERLY BASED ON VIRGINIA HENDERSON

SISTEMATIZAÇÃO DA ASSISTÊNCIA DE ENFERMAGEM AO IDOSO INSTITUCIONALIZADO FUNDAMENTADA EM VIRGINIA HENDERSON

SISTEMATIZACIÓN DE LA ATENCIÓN DE ENFERMERÍA AL ANCIANO INSTITUCIONALIZADO BASADA EN VIRGINIA HENDERSON

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This is an experience report that aims to describe the application of the nursing process to an institutionalized elderly, based on Virginia Henderson's theory. The case study was developed in a long-stay institution for the elderly in Fortaleza, Ceará, Brazil, from May to August 2010, by filling out a form, physical examination and observation. Identifying the needs of elimination, communication, recreation and learning allowed to raise the nursing diagnoses, respectively: urge urinary incontinence; impaired social interaction; diversional activity deficit; and impaired memory. The nursing interventions were directed to the health and independence of the elderly. The application of systematic nursing care impacted positively on the health of the elderly, demonstrating the applicability of the nursing systematization based on Henderson's theory in the scenery in which the study was developed.

Descriptors: Aged; Institutionalization; Nursing Care; Nursing Process; Nursing Theory.

Trata-se de um relato de experiência, cujo objetivo foi descrever a aplicação do processo de enfermagem a um idoso institucionalizado, fundamentado na teoria de Virginia Henderson. O estudo de caso foi aplicado em uma instituição de longa permanência para idosos de Fortaleza-Ceará-Brasil, entre maio e agosto de 2010, mediante preenchimento de formulário, exame físico e observação. A identificação das necessidades de eliminar, comunicar, recreação e aprender possibilitou levantar, respectivamente, os diagnósticos de enfermagem: incontinência urinária de urgência, interação social prejudicada, atividades de recreação deficientes e memória prejudicada. As intervenções de enfermagem estiveram direcionadas para a saúde e independência do idoso. A aplicação de cuidados sistematizados de enfermagem repercutiu positivamente na saúde do idoso, demonstrando a aplicabilidade da sistematização fundamentada em Henderson no cenário do estudo.

Descritores: Idoso; Institucionalização; Assistência de Enfermagem; Processos de Enfermagem; Teoria de Enfermagem.

Se trata de un relato de experiencia, cuyo objetivo fue describir la aplicación del proceso de enfermería a un anciano institucionalizado, según la teoría de Virginia Henderson. El estudio del caso fue aplicado en una institución de larga permanencia para ancianos de Fortaleza-Ceará, Brasil, de mayo a agosto de 2010, a través de formulario, examen físico y la observación. La identificación de las necesidades de eliminación, comunicación, recreación y aprendizaje ha posibilitado plantear, respectivamente, los diagnósticos de enfermería: incontinencia urinaria de urgencia, problemas de interacción social, recreación con discapacidad y problemas de memoria. Las intervenciones de enfermería se dirigen a la salud y la independencia de los ancianos. La aplicación de los cuidados sistematizados de enfermería impactó positivamente en la salud del anciano, señalándose la aplicabilidad de la sistematización basada en Henderson en el ambiente del estudio.

Descriptor: Ancianos; Institucionalización; Atención de Enfermería; Procesos de Enfermería; Teoría de Enfermería.

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Demographic studies have shown a fast and intense growth of the world's elderly population, especially in developing countries like Brazil. The increase in aging population is followed by higher morbidity rates, causing higher rates of physical and mental disabilities⁽¹⁾.

In this context, changes in cognitive status and dependence in performing everyday activities cause difficulties for relatives in caring for the elderly, being one of the major reasons for the growing demand for long-stay institutions (LSIs) for the elderly, as an alternative for the continuing care to this share of the population⁽²⁾.

For its fully functioning, these institutions require a multidisciplinary team that can develop a coordinated work, directed to effective care of institutionalized elderly, in order to promote autonomy and independence, encouraging them for self-care. In this scenario, we highlight the nurses, developing their activities with the elderly through a care process that includes the biopsychosocial and spiritual aspects experienced during institutionalization; thus, allowing them to develop a comprehensive and human care, and consequently improving the quality of life of institutionalized elderly⁽³⁾.

There is concern about the quality of care offered to these individuals, leading to the search for strategies that provide improved care⁽⁴⁾. Within this context, the systematization of nursing care (SNC), through the application of the nursing process, arises as a possibility to guide the care of the elderly living in LSIs, focusing on the comprehensive dimensions of care. Its operationalization allows full evaluation of the elderly, identifying needs and response patterns to health

problems, helping to determine appropriate solutions in meeting these needs⁽⁵⁾.

To properly perform the SNC, there are several nursing theories, which should be known by nurses in order to select the one that best meets the needs of the context and of institutionalized elderly, in a comprehensive perspective⁽⁶⁾.

Among the many nursing theories, we highlight the Virginia Henderson's Nursing Theory, which plans to establish, through concepts and models, bases of knowledge to guide professional practice. In her theoretical model, the author considers the patient as an individual who needs help to achieve independence and integrity of mind and body. Therefore, she proposed fourteen basic needs that represent the areas in which health problems can occur and must be met in order for the individual to maintain their physical and mental integrity, ensuring their full growth and development. This list comprises the components of nursing care considered of the exclusive competence of nurses, who are responsible to assist the individual, sick or healthy, to become independent in meeting their basic needs as quick as possible⁽⁸⁾. So, we consider that this theory fits well on care for the elderly more vulnerable and less able to meet their own needs⁽⁷⁾, especially the elderly living in LSIs.

Despite the SNC and nursing theories being essential for clinical practice, their use is still not unanimous, being necessary its understanding for the use among nurses, in order to provide a quality care and proper language in the context of LSIs⁽³⁾.

It is known that the SNC should be based upon a nursing theory, enabling to direct clinical care routine based on scientific knowledge. From this perspective, we chose to study an institutionalized elderly in order to use

the nursing language and encourage the application of this technology in LSIs. This study aimed to describe the experience of the SNC application to an elderly resident in a long-stay institution, using the Virginia Henderson's Nursing Theory as theoretical framework.

The implementation of the nursing process based on Henderson's theory is a strategy to meet the demands caused by the aging process and institutionalization, allowing to identify nursing diagnoses that approach the basic needs of the elderly, which are essential to the care planning, since they will serve as the basis for nursing interventions contextualized with the reality experienced by the subject.

Studies using this approach are needed, as they evidence the importance of the SNC and nursing theories to professional practice, supporting an assistance aimed at the health of institutionalized elderly, meeting their basic needs of daily life, maintenance and restoration of health conditions, providing them a better quality of life.

METHOD

This is a descriptive study of experience report type, carried out in a public LSI in Fortaleza, Ceará, Brazil, assigned for the elderly poor, abandoned, without family ties, and/or at personal and social risk. The subject was an elderly resident in the above mentioned institution, monitored from May to August 2010, during the internship activities of the Gerontological and Geriatric Nursing class, offered in the seventh semester of the Undergraduate Nursing Course at the Universidade Estadual do Ceará (UECE). The subject was selected by convenience. It was an elderly newly admitted to the institution, with difficulties in adapting to

the place, requiring initial assessment for knowledge and individualized care planning.

The elderly voluntarily agreed to participate in the study and signed the Free and Informed Consent Form, oriented on its realization and the confidentiality of information, as recommended by Resolution 196/96 of the National Health Council, which regulates the ethical aspects for research involving human beings. The project that originated this work was approved by the Research Ethics Committee of UECE under Protocol No. 08386825-9.

The data collection instrument consisted of a form specifically designed for this study, which took into consideration the assumptions of the nursing process steps, namely: data collection, nursing diagnosis, planning (expected outcomes and interventions), implementation and evaluation. The organization and structuring of the instrument for data collection followed the fourteen basic needs listed by Virginia Henderson: breathe normally; eat and drink adequately; eliminate body wastes; move and maintain desirable postures; sleep and rest; dress and undress; maintain body temperature; keep the body clean and well groomed and protect the integument; avoid environmental dangers; communicate with others; worship according to one's faith; work in such a way that there is a sense of accomplishment; play or participate in various forms of recreation; and learn⁽⁸⁾.

The application of this instrument enabled to obtain subjective and objective information on the biopsychological and sociocultural aspects, as well as on the needs of the elderly, according to Henderson's proposal. Physical examination also enabled additional data collection, through the information that helped the realization of critical thinking and clinical judgment,

determinants to establish diagnoses, expected outcomes and nursing interventions.

After analyzing the collected data, we identified the defining characteristics, risk and related factors that helped determining the nursing diagnoses, according to Taxonomy II proposed by the North American Nursing Diagnosis Association International (NANDA-I)⁽⁹⁾. From the diagnoses determined, we proceeded to the planning, the implementation according to the Nursing Interventions Classification (NIC)⁽¹⁰⁾ and, finally, the evaluation, determining whether the expected results were achieved, according to the Nursing Outcomes Classification (NOC)⁽¹¹⁾.

RESULTS

Case Presentation

Aged, 62 years old, male, Caucasian, born in Maranguape-CE, Brazil, divorced, incomplete basic education, with a son. He is currently unemployed, not retired. Lives in the institution for one year. Presents a clinical history of recurrent urinary tract infection. Reports urinary incontinence, which affects his diurnal rest by the need to go to the bathroom several times, and lack of recent memory (considered "brain weakness"). He says he has no friends in the LSI and does not like talking to anyone. Does not perform any physical and/or recreational activities. As regards to physical examination, he is oriented in time and space, voicing his needs, but uncommunicative, cleaned, walks without assistance, presents regular walk. Intact skin, normal colored, acyanotic, anicteric, afebrile (36.5°C),

and maintained turgor. Incomplete teething, visual impairment in the right eye. Spontaneous breath, eupneic, maintained chest expansion; lung auscultation: breath sounds present, no adventitious sounds. Brachial pulse: 80bpm, blood pressure: 100x72mmHg (seated, right arm), normal rhythmic sounds without murmur. Distended abdomen, normal bowel sounds, no pain on palpation. Non-palpable nodes. Preserved driving force. Good diet acceptance (four meals a day). Sleeps at nighttime. Eliminations present, with characteristic staining and odor. Weight: 62.7 kg, height: 1.56 m.

Healthcare Plan

Data collection and physical examination enabled to detect problems related to the needs of *elimination, communication, recreation* and *learning*, in the light of the Henderson's theoretical framework. Based on these problems, we formulated the nursing diagnoses appropriate to the situation of the elderly, according to the Taxonomy II NANDA-I.

Based on the nursing diagnoses established, we observed that the elderly had care demands in physical, psychological and social aspects, with the possibility of improving the health status and facilitate the adaptive process through individualized care planning.

Figure 1 presents the needs identified, their respective nursing diagnoses, and the expected nursing outcomes, especially for the elderly in the study.

Altered needs	Nursing diagnosis	Expected outcomes
Elimination	Urge urinary incontinence, related to urinary tract infection.	Report the absence/reduction of incontinence episodes.
Communication	Impaired social interaction, related to absence of significant others.	Positive changes in social behavior and interpersonal relationships.
Recreation	Diversional activity deficit, related to the elderly unwillingness.	Participate in leisure activities that can improve the quality of life.
Learning	Impaired memory, related to age and lack of environmental stimuli.	Improve the ability of concentration, reasoning and retaining new information, and minimize the loss of recent memory.

Figure 1 - Nursing care planning for an institutionalized elderly in the light of Virginia Henderson's theoretical framework. Fortaleza-CE, Brazil, May/Aug., 2010.

The planned interventions were implemented through individual and group activities, and were developed by students and professor of the Undergraduate Nursing Course during the internship

curriculum activities in the LSI. Figure 2 presents the interventions and activities implemented with the elderly in the study.

Nursing interventions	Activities performed
Urinary Habit Training	Explanation of the causal and contributing factors; Determining the time lag between the urgency and the need to urinate; Guidelines on increasing the waiting time to urinate, increasing bladder capacity.
Socialization Enhancement	Providing supportive individual relationship; Stimulating verbalization of feelings of discomfort about social situations; Offering positive support to improve behavior and social interactions; Stimulating group activities, promoting the relationship among the members through openness and sincerity.
Recreation Therapy	Researching the history of activities/preferences and possible modifications; Changing the daily routine and including in schedule planning; Encouraging the practice of activities according to limitations and preferences.
Memory Training	Stimulating the development of activities that exercise the memory to minimize its impairment; Establishing a routine for daily activities, with fixed hours for sleeping, eating, leisure, etc.; Encouraging physical activity.

Figure 2 - Nursing interventions and activities applied to an institutionalized elderly. Fortaleza-CE, Brazil, May/Aug., 2010

For the nursing diagnosis *Urge urinary incontinence* we prioritized individual moments with the elderly in nursing consultations and monitoring. Since urinary incontinence is an awkward and delicate issue to work with, we created a private environment in which the elderly feels safe and comfortable expressing his condition.

Thus, the consultation took place in a relaxing way, with time for the elderly to express his feelings, beliefs, and especially his incontinence problem and expectations regarding treatment. From the testimony of the elderly, we performed guidelines to minimize and/or treat his problem, enabling him to return to social interaction, as well as control of eliminations, eliminating the demand described by the theoretical framework.

For the diagnoses *Impaired social interaction* and *Diversional activity deficit* we prioritized group dynamics.

DISCUSSION

With aging increases vulnerability to physical limitations, cognitive impairment and chronic diseases, which can be intensified by the institutionalization process, determining different levels of dependency and leading to increased needs of elderly who experience this reality. A prior investigation conducted in the same LSI of this study highlighted the profile of the institutionalized population, which presents a sedentary lifestyle, loneliness, mental and physical disabilities, lack of family to assist in self-care, and insufficient financial support, since most are not retired nor have other sources of income⁽⁴⁾.

Based on the above, we confirm that the care for the institutionalized elderly requires a special attention that addresses their peculiarities and meets their real

We emphasize that the elderly was involved in planning activities, in order to arouse his interest in participating in them. During recreational moments, he was encouraged to interact with other elderly in the LSI, enabling the creation of bonds and companionship.

The interventions for the diagnosis *Impaired memory* involved individual and group activities. Individually, the elderly was encouraged to maintain a daily routine and develop daily activities that stimulated the memory, namely: watching TV, reading newspapers and magazines, doing crossword puzzles, among others offered by that place. With the group, the elderly participated in recreational activities involving the stimulation of recent and remote memory, and that referred to moments of his life, such as round of conversations, songs, memory game, and forming a band composed of some elderly residents in the LSI.

needs, given the potential fragility and loss of autonomy and independence⁽¹²⁾.

In this perspective, the National Health Policy for Older Persons, established by Ordinance No. 2528, October 2006, states that the healthcare practices for the elderly require a comprehensive, interdisciplinary and multidimensional approach, considering the great

interaction between physical, psychological and social factors that influence their health, besides the importance of the environment in which they live. Interventions need to be conducted and guided in order to promote the autonomy and independence of the elderly, encouraging them for self-care⁽¹³⁾.

One of the ways to provide quality and organized care for the elderly resident in LSIs is to use the SNC.

Thus, the operationalization of nursing care consisted of a systematic plan that encouraged the nursing process steps in the light of Virginia Henderson's theoretical framework⁽⁸⁾.

By using this theory, it allowed us to analyze and understand the complexity of the elderly, relating their changes with the essential needs for human survival. It enabled to collect and identify relevant data for nursing care in a holistic and human approach, effectively adapting to the therapeutic conducts defined in the context of institutionalized elderly.

Given the issues identified, which had been causing damages in the elderly's life for some time, we identified the nursing diagnoses. It is worth mentioning that the identified diagnoses are peculiar to the senescence, when changes occur and, in some situations, compromise from physiological aspects, such as urinary elimination, to the interest in interacting with other people.

Faced with these diagnoses, we designed the nursing care planning, whose actions were directed to solving the problems identified, and to evaluate its results in order to promote a better quality of life of institutionalized elderly. We also sought to develop a care plan according to the reality of the elderly and the institution, making them active participants when it comes to planning their care and its implementation.

Therefore, it becomes evident the need for nurses to use the SNC and nursing theories, technologies that can provide individualized and human care, and encourage the participation of the elderly in the development and implementation of their care plan⁽¹⁴⁾, resulting in increased efficiency.

In the implementation phase of the nursing interventions, we prioritized activities of health promotion and education in the care of the individual in

study, since these strategies encourage the active participation of the elderly by improving their own living conditions. Through dialogued educational activities, we worked, along with the elderly, the behaviors and attitudes needed for him to achieve competence for independence. Therefore, we sought to foster his awareness and commitment attitudes so that the treatment improved his self-esteem, participation in group activities, social interaction and self-care. Thus, the educational practice has always been focused on learning attitudes that increased the autonomy and independence, providing the best quality of life for this elderly.

In this perspective, we confirm the empowerment as an innovative educational technology that allows dialogic learning and the establishment of critical consciousness, in which the elderly find meaning for their own new healthy lifestyle, autonomous and personalized⁽¹⁵⁾. Thus, they will be able to learn and act, gaining significance to society and exercising full citizenship, improving their health conditions.

From nursing interventions implemented, we observed greater participation of the elderly in recreational and social activities performed in the LSI and improved capacity for the urine stored in bladder, greatly reducing the constant trips to the bathroom. Furthermore, we observed improvement regarding the storage of information, verified during recreational activity carried out with residents of the LSI. In this activity, we verified that the elderly was able to memorize some sequences of image pairs (recent memory), besides remembering and singing songs that reminded him of his young days (remote memory). Thus, we observed that there was, in the short term, an improvement in general health.

The results of this study confirm that the SNC, when applied correctly and in all its phases, represents a great benefit for nursing care, as it not only promotes a more qualified care, but also improves the organization of nursing activities and provides greater professional autonomy⁽¹⁶⁾. Thus, its use should be encouraged in different scenarios of nursing professional practice, highlighting, among others, the possibility to implement it in LSIs.

FINAL CONSIDERATIONS

In the context of institutionalized elderly, we identified in the study several problems that required effective conducts, addressing not only the control of the pathophysiological imbalances, but also focusing on psychosocial spiritual aspects.

The application of the SNC, based on the Henderson's framework, allowed to develop an assistance guided on scientific knowledge, culminating in the achievement of results outlined and consequently in better interaction and participation of the elderly in the activities of the institution. In this sense, we identified that the SNC is a scientific technology that guides the clinical practice of nurses and their team, extremely important for the daily care of institutionalized elderly, enabling the discussion about their needs in order to minimize and treat their problems.

However, despite the successful results observed in this experiment, we detected some difficulties to implement the SNC in the institution, such as the minimal involvement of professionals in the activities reported and little interest to use such language.

Although we recognize the limitations of this study, for it was performed with only one senior, we believe that the application of the SNC may contribute to guide the perspectives through the confirmation of the

results achieved. Thus, we recommend for nurses to use the SNC as a methodological instrument that enables greater efficiency and effectiveness of clinical practice.

We also emphasize the importance of further studies involving the applicability of the SNC in LSIs, based on different nursing theories, conducted in order to familiarize and spread the language and our practice in clinical care for the elderly.

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Received: Feb. 28th 2012

Accepted: Aug. 30th 2012