

Validation of the nursing history for a Long-Stay Institution for the Elderly*

Validação do histórico de enfermagem para Instituição de Longa Permanência para Idosos

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ABSTRACT

Objective: to construct and validate the content of a nursing history for a Long Stay Institution for the Elderly. **Methods:** a methodological study divided into the following stages: identification of the main Nursing Diagnoses in the literature, development of the instrument, validation with specialists using the Delphi technique, and restructuring of the instrument based on the Self-Care Deficit Theory. **Results:** the 41 articles selected resulted in 78 main Nursing Diagnoses, which supported the development of an instrument with 104 items. A total of 37 experts were selected and invited for validation, and 10 agreed to contribute. After validation, the record was finalized with 90 items, with a Content Validation Index between 0.80 and 1.0 in the first round. The suggestions validated in the second round achieved 80-100% agreement to complete the validation of the instrument's content. **Conclusion:** the content of a nursing history for a Long-Stay Institution for the Elderly based on the Self-Care Deficit Theory was constructed and validated. **Contributions to practice:** this is an important resource that can be used in clinical practice.

Descriptors: Nursing Care; Nursing; Validation Study; Homes for the Aged; Nursing Process.

RESUMO

Objetivo: construir e validar o conteúdo de um histórico de enfermagem para Instituição de Longa Permanência para Idosos. **Métodos:** estudo metodológico dividido nas etapas: identificação dos principais Diagnósticos de Enfermagem na literatura, elaboração do instrumento, validação com especialistas pela técnica Delphi e reestruturação do instrumento baseado na Teoria do Déficit de Autocuidado. **Resultados:** os 41 artigos selecionados resultaram em 78 principais Diagnósticos de Enfermagem, que fundamentaram a elaboração de um instrumento com 104 itens. Foram selecionados e convidados 37 especialistas para validação, e 10 aceitaram contribuir. Após a validação, o histórico foi finalizado com 90 itens, com Índice de Validação de Conteúdo entre 0,80 e 1,0 na primeira rodada. As sugestões validadas na segunda rodada obtiveram concordância de 80 a 100%, de modo que a validação do conteúdo do instrumento foi concluída. **Conclusão:** foi construído e validado o conteúdo de histórico de enfermagem para Instituição de Longa Permanência para Idosos baseado na Teoria do Déficit de Autocuidado. **Contribuições para a prática:** trata-se de importante recurso que poderá ser utilizado na prática clínica. **Descritores:** Cuidados de Enfermagem; Enfermagem; Estudo de Validação; Instituição de Longa Permanência para Idosos; Processo de Enfermagem.

Introduction

The decline in birth and mortality rates is driving the aging process. There are epidemiological transitions, related to the predominance of chronic and degenerative diseases, and demographic transitions, marked by the presence of elderly people in the population and the reduction in the number of children. In Brazil, the number of elderly people increases every year, impacting the demand for care, attention, and new adaptations⁽¹⁾. In the 2022 demographic census, Brazilians considered elderly account for around 15.1% of the population, an increase from 11.3% in 2021⁽²⁾.

With the changes in the aging process, vulnerability in care, help in carrying out daily activities, and changes in family dynamics, many share the responsibility of care with Long-Stay Institutions for the Elderly (LSIEs), making it an important and indispensable service⁽³⁻⁴⁾.

LSIEs are collective residential institutions, government or private, designed to house people aged 60 or over, regardless of family support, promoting freedom, dignity, and citizenship, being an alternative that offers care, support, and access to health resources⁽⁴⁾.

Technical-scientific knowledge must be used to provide better nursing care, safely, in a critical-reflective process via the application of the Nursing Process, in the public or private sphere, based on legal aspects. From this, some important concepts have emerged, such as the nursing consultation, which is the practical application of the process to the subject, requiring its contextualization and constant updating, according to historical evolution⁽⁵⁻⁶⁾.

In order to provide safe care, with critical thinking and action, the Nursing Process must be supported by theories. This study was based on Dorothea Elizabeth Orem's nursing theory, which is the Self-Care Deficit Theory, to be applied to elderly people in LSIE⁽⁷⁾.

This process is made up of interconnected stag-

es: first, nursing assessment, in a continuous and systematic way, to get to know the individual, family, and community, in a given health-disease course, using anamnesis and physical examination. Next, nursing diagnoses are identified, in an interpretative method based on the nurse's history and clinical understanding of the human response to a certain health condition, which is recorded in a specific language, such as the NANDA International Classification of Nursing Diagnoses (NANDA-I)^(5,7-8). In the third stage, planning includes expected outcomes and interventions. In the fourth stage, implementation, these pre-established interventions are put into practice. Execution takes place by the nurse, the nursing team, the individual, and/or the family. In the fifth stage, the nursing evolution, the expected results are assessed, whether the diagnoses remain, whether they have been resolved, or whether new problems have arisen⁽⁵⁾.

A search was carried out to construct and validate the LSIE nursing history, based on Orem's theoretical framework, the Federal Nursing Council, and the guidelines of Brazil's Unified Health System (UHS). It is hoped that the history will enable a comprehensive approach to the elderly, identifying phenomena and making care more efficient and effective^(5,9).

The use of a nursing history for LSIEs can make it easier to understand the responses of these individuals to their incapacity, allowing the nursing professional to personalize and direct care. Recognizing the importance of assessing elderly people in LSIEs and the need for specific instruments capable of guiding systematized and coherent nursing care applicable to elderly residents^(5,7,10), the importance of this study for the field of aging and nursing stands out, especially in the practice of care.

For this reason, the aim of this study was to construct and validate the content of a nursing history for a Long Stay Institution for the Elderly.

Methods

A methodological study, carried out between

May and December 2022 in São Paulo, with a literature review to identify the main Nursing Diagnoses, build an instrument based on the Self-Care Deficit Theory⁽⁴⁾, and validate it with specialists using the Delphi technique.

In Stage 1, the clinical evidence was identified and a scoping review was carried out to support the development of the instrument and find the main diagnoses. The Problem, Concept, and Context (PCC) strategy was used, with Population: elderly people; Concept: the main Nursing Diagnoses; and Context: LSIE residents, whose research question was “What are the main Nursing Diagnoses present in elderly LSIE residents?”.

The review was structured according to the international guidelines of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) and the JBI, in the data sources Latin American and Caribbean Health Sciences Literature (LILACS), US National Library of Medicine (PubMed®), Scientific Electronic Library Online (SciELO), Scopus, Web of Science, Nursing Database (BDENF) and Cumulative Index to Nursing and Allied Health Literature (CINAHL).

The search strategies were developed with the support of a librarian, and the following descriptors were used: “homes for the aged AND geriatric nursing AND aged”, “nursing process AND homes for the aged”, “nursing process AND homes for the aged”, “nursing theory AND homes for the aged”, “nursing theory AND nursing process AND homes for the aged”.

The inclusion criteria were researched on “Nursing diagnoses for elderly LSIE residents”, published between 2011 and 2021, in Portuguese, English, or Spanish; the exclusion criteria were: incomplete and/or unfinished articles (in the project phase or without results).

Two researchers independently selected the studies, reading the pre-selected ones in full and evaluating the inclusion and relevance criteria. If they differed, a third researcher independently assessed the articles. Of the 833 studies found, 347 were excluded

due to duplication; 486 were screened, nine were excluded after reading the title and abstract, and 111 were assessed. Of these, 70 were excluded after reading, leaving 41 relevant articles for data collection, according to the protocol.

A total of 78 probable nursing diagnoses for elderly people in LSIEs were selected, which supported the needs of LSIE residents. In Stage 2, the instrument was developed using the Nursing Minimum Data Set (NMDS)⁽¹¹⁾ with references to NANDA-I Taxonomy II⁽⁸⁾ and the Self-Care Deficit Theory⁽⁷⁾.

During the screening, two researchers independently carried out an exploratory reading of the titles and abstracts, using filters according to the established criteria. In the event of disagreement, the third researcher independently assessed the studies. The PRISMA-ScR⁽¹²⁾ framework was used to organize and present the summary of the selection of articles. In this way, the main Nursing Diagnoses were selected and classified by domain, considering the guiding question and the clinical judgment of the researchers.

The Self-Care Deficit Theory emphasizes the individual’s ability to take care of themselves through a holistic approach. In this context, this theory assumes a crucial role, considering that the elderly person faces challenges related to health and self-care, whether due to aging or possible diseases considered chronic, in addition to identifying areas in need of additional support^(5,7). To construct the nursing history, the researchers used the conceptual framework of the Self-Care Deficit Theory. The proposed self-care requirements (universal, developmental, and health deviations) were taken into account in order to understand the self-care needs of older people in LSIE. This made it possible to identify specific areas in which the elderly person may need assistance or support to carry out self-care activities.

In Stage 3, the content was validated using the Delphi method⁽¹³⁾. The experts were chosen intentionally, based on their experience and the subject of the study, following criteria⁽¹⁴⁾. They were selected through the Lattes Platform and the Directory

of Research Groups in Brazil and through snowball sampling, through contact with the researchers, and through referrals from the experts⁽¹⁵⁻¹⁶⁾.

In the first round, 37 experts were invited to contribute anonymously via e-mail and Google Forms. Of these, 10 accepted, signed the Informed Consent Form, and sent in the completed form, forming the convenience sample⁽¹⁶⁾. The data collected was returned by e-mail, and content validation considered the degree of relevance, clarity, and accuracy of the items⁽¹⁷⁻¹⁸⁾. The Concordance Index (CI) was used to include items, with $CI \geq 0.80$ for validation and $CI < 0.80$ for exclusion. Once the specialist had accepted, the first round of responses was carried out within 15 days and the second round took place three months later, and feedback was requested within the same number of days as previously established.

In the second round, the instrument was reformulated according to the recommendations of the experts and the expertise of the researchers and sent back to the same group. Eight returned to the evaluation within the deadline, making suggestions and observations.

In the Universal Requirements, which are fundamental elements that all people need in order to maintain life and well-being, 24 items and the header obtained a Content Validity Index (CVI) > 0.80 and were validated in the first round, totaling 32 items. Seven items and header items with $CVI < 0.80$ required changes. In the second round, three items were excluded as they did not meet the cut off point established for the CVI. After the last round, the requirement was finalized with 26 items.

In Human Development Requirements, 4 items were validated in the first round, with no further requirements, and in Health Deviations, 50 were validated in the first round, with $CVI > 0.80$; 18 items were not validated, requiring alteration or exclusion, as suggested by the experts and assessed by the researchers. In the second round, after restructuring, six items obtained a $CVI < 0.80$ and were excluded.

The experts validated the relevance of the iden-

tification data and the information to be collected in the assessment, as well as in the planning of nursing care.

In the fourth stage, further changes were made, such as adjusting terms, replacing words, restructuring sentences, and excluding items, as suggested by the experts.

The instrument was altered based on the items validated after the sequences and obtained a CVI between 0.80 and 1.0, achieving the necessary agreement. Thus, without the need for further rounds, the validation of the content of the instrument was finalized, and the items were evaluated by the CVI⁽¹⁹⁾. In this study, the sum of the items' agreement obtained alternatives 4 and 5, while the items with a minimum agreement of 0.8/80% were valid. Formula 1 was used to evaluate each item:

$$CVI = \frac{\text{number of answers 4 or 5}}{\text{total number of responses}}$$

The validation process was completed after obtaining and analyzing the results using the indices. In the last round, suggestions with 80% agreement were validated. To analyze these results, the content index was used, which calculates the percentage of agreement between the experts, according to Formula 2:

$$\% \text{ agreement} = \frac{\text{number of participants who agree} \times 100}{\text{The total number of participants}}$$

The research was approved by the Research Ethics Committee of the Federal University of São Paulo, with Certificate of Presentation for Ethical Appreciation 50684021.0.0000.5505 and opinion 5,090,838/2021. The ethical principles of research with human beings were respected, in accordance with Resolution 466 of 2012 of the National Health Council.

Results

In the first stage of the study, which was to identify the main Nursing Diagnoses in the literature, the most obvious domain with the highest number

of Diagnoses was: Domain 1. Health Promotion, with six main ones, among them Frail Elderly Syndrome/ Frail Elderly Syndrome and Ineffective Health Control; Domain 2. Nutrition, with seven main diagnoses, such as Impaired swallowing and Unbalanced nutrition: less than body needs; Domain 3. Elimination and Exchange, with eight main diagnoses, such as Functional Urinary Incontinence and Urge Urinary Incontinence; Domain 4. Activity/Rest, with 18 main diagnoses, including Impaired ambulation, Impaired physical mobility, and Deficit in self-care for bathing/dressing/eating; Domain 5. Perception/Cognition, with six main diagnoses, such as Impaired memory and Chronic confusion; and Domain 11 Safety/Protection, with 15 main diagnoses, such as Risk of falls, Risk of pressure injury, and Impaired skin integrity.

During the preparation of the nursing history, ten specialists agreed to take part in the validation process, aged between 44 and 67, more than half of whom were female (80%); five had a PhD, two had a Master's degree and three had specializations; two had clinical practice and the others had clinical and academic practice. The specialists worked in elderly health.

The instrument was divided into identification data and Universal Requirements questions, in the following domains: 1. Health Promotion; 2. Nutrition; 3. Elimination and Exchange; 4. Activity/Rest; 6. Self-Perception; 7. Roles and Relationships; 8. Sexuality; 10. Principles of Life and 11. Safety/Protection. The questions in the Human Development requirement contained Domain 9, Coping/Tolerance to Stress. The domains present in the Health Deviations requirements were: 1. Health Promotion; 2. Nutrition; 3. Elimination and Exchange; 4. Activity/Rest; 5. Perception/Cognition; 7. Roles and Relationships; 8. Sexuality; 9. Coping/Tolerance of Stress; 11. Safety/Protection and 12. Comfort.

After the validation process of the statements that obtained a CVI ≥ 0.80 , the experts' recommendations and suggestions regarding relevance, clarity, and precision resulted in the nursing history, which

included the items from the Universal Requirements, the Health Deviations, and the heading.

The domains altered after evaluation were Health Promotion, Nutrition, Activity/Rest, Roles and Relationships, Sexuality, Coping/Tolerance of Stress, and Safety/Protection. The questions were excluded or changed according to the judgment of the experts.

For example, in Domain 7 - Roles and Relationships, the question referring to LSIE was formulated: "Has the fact that you are in LSIE reduced the bond with your family/friends?". During validation, one question had a CVI < 0.80 , and the experts suggested checking whether the elderly person had a relative who knew about their institutionalization; there was a missing question about how long the elderly person had lived in the institution. After a suggestion and evaluation by the researchers, the question "How long have you lived in LSIE? Has the fact that you are in the LSIE reduced the bond with your family/friends?" was reformulated and validated in the second round.

In domain 8 - Sexuality, questions about sexual activity, such as "Sexual activity? Yes or no?", "Do you use condoms? Yes or no", and "Fixed partner? Yes or no?" did not obtain the necessary validation. The experts suggested modifications such as caution in the questions, such as relativizing whether alone or as a couple, among others. After restructuring, the questions remained: "Do you have an active sex life? Yes or no?", "Do you or your partner use condoms? Yes or no?", "Do you have a steady partner with whom you can exchange intimacies? Yes or no?" and were validated in the second round.

In the second Delphi round, with the appropriate adjustments, questions with CVI < 0.8 were observed in the domains of Roles and Relationships, Sexuality, Activity/Rest, and Safety/Protection. After re-evaluation, as proposed, new changes were made, such as adjusting terms, replacing words, and restructuring sentences.

The instrument obtained a CVI between 0.80 and 1.0 in the first round. The suggestions were validated in the second round, obtaining the necessary

agreement of between 80 and 100%. Thus, there was no need for further rounds, and content validation was completed.

The final instrument was drawn up and validated on the basis of the experts' responses. Each question was formulated with a requirement and its meaning, based on the NANDA-I domains and sugges-

tions from the experts, which is why it was decided to develop each question according to the domain and what each requirement said, as shown in Figure 1.

Universal Requirements: these are the essential biological processes. They are those objectives necessary for all people to maintain the integrity of the structure and functioning of the human body and well-being (Figure 2).

Nursing history header	
General information	
Date:	
Full name:	Surname/social name:
Date of birth:	Age:
Sex: F () M () Non-binary () Prefer not to specify	
Skin color: () White () Black () Brown () Yellow () Indigenous () Undeclared	
International immigration and/or internal migration: () Black-African () Portuguese () Dutch () Arab () Japanese () Italian () Indigenous () Other:	
Schooling:	Previous occupation:
Marital status: () Single () Married/partnered () Divorced/separated () Widowed since when (year)? () Other:	
Do you have a physical disability? () Yes () No - Which? () Hearing () Visual () Intellectual/cognitive () Physical () Other:	
Health conditions/medical diagnosis: () Stroke () Anemia () Asthma () Diabetes mellitus (DM) () Coronary artery disease () Chronic obstructive pulmonary disease (COPD) () Epilepsy () High blood pressure (HBP) () Heart failure () Gastrointestinal ulcer () Depression () Urinary incontinence () Fecal incontinence () Cognitive decline (dementia) () Osteoarticular diseases (arthritis/arthrosis) () Hypothyroidism () Other:	
Time since diagnosis:	Previous surgeries:
Current complaint	

Figure 1 – Header of the nursing history based on the Self-Care Deficit Theory. São Paulo, SP, Brazil, 2023

Universal requirements	
Topic	Questions
Domain 1: Health Promotion	
Leisure	Would you like to start any physical activity? () Yes () No What is it?
Physical activity	What do you like to do to distract yourself?
Vaccination status	Is your vaccination up to date? Hepatitis B () Yes () No dT () Yes () No Influenza () Yes () No COVID-19 () Yes () No Antipneumococcal (VPP23) () Yes () No Yellow fever () Yes () No
Preventive examinations	Women Last visit to the gynecologist (year): Last Pap smear (year): Last mammogram (year): Male Prostate cancer screening (year):
Allergies	Do you have any allergies? () Yes () No Which?
Domain 2: Nutrition	
Physical assessment	Blood glucose (mg/dL) Weight (kg) Height (cm) BMI: (kg/m ²) Calf circumference (cm)

(the Figure 2 continue in the next page...)

Diet	Diet: <input type="checkbox"/> Oral <input type="checkbox"/> NET <input type="checkbox"/> Gastrostomy Feeding: <input type="checkbox"/> Not able to feed themselves, needing help <input type="checkbox"/> Eats alone, but with difficulty, requiring supervision and/or encouragement <input type="checkbox"/> Eats alone without difficulty Type of diet: <input type="checkbox"/> Normal/general <input type="checkbox"/> Bland <input type="checkbox"/> Light <input type="checkbox"/> Pasty <input type="checkbox"/> Liquid Appetite: <input type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased
Domain 3. Elimination and Exchange	
Physical assessment	Urine Daily frequency: Odor: Color: Stool Daily frequency: Odor: Color:
Domain 4. Activity/Rest	
Physical assessment	Blood pressure (mmHg) Heart rate (bpm) Respiratory rate (rpm) O ₂ saturation (%)
BADL For elderly people who need help with one or more activities, apply the Katz test	Do you need help getting out of bed? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you need help getting dressed? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you need help bathing? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you need help eating? <input type="checkbox"/> Yes <input type="checkbox"/> No
IADL For older people who need help with one or more activities, apply the Lawton test	Can you use the telephone? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable Are you able to go to distant places using transportation without the need for special planning? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable Are you able to go shopping? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable Are you able to prepare your own meals? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable Can you tidy the house? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable Can you do manual housework, such as small repairs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable Can you wash and iron your clothes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable Are you able to take your medication at the correct dose and time? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable Can you manage your finances? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Sleep	How many hours a day do you sleep? After a night's sleep, do you wake up feeling alert? <input type="checkbox"/> Yes <input type="checkbox"/> No
Domain 6. Self-perception	
Self-perception of health	In general, compared to other people your age, would you say that your health is: <input type="checkbox"/> The same <input type="checkbox"/> Better <input type="checkbox"/> Worse
Domain 7. Roles and Relationships	
Family relationships	Do you feel you have a family support network? <input type="checkbox"/> Yes <input type="checkbox"/> No In the last 30 days, have you met or been visited by friends or family? <input type="checkbox"/> Yes <input type="checkbox"/> No
Domain 8. Sexuality	
Sexual activity	Do you have an active sex life? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you or your partner use condoms? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a steady partner with whom you can exchange intimacies? <input type="checkbox"/> Yes <input type="checkbox"/> No Sexual satisfaction? <input type="checkbox"/> Yes <input type="checkbox"/> No Justify:
Domain 10 Principles of Life	
Religion	Do you have a religion? <input type="checkbox"/> Yes <input type="checkbox"/> No Which one?
Domain 11. Safety/Protection	
Physical assessment	Temperature (°C)
Dental prosthesis	Do you wear dentures? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Full prosthesis (denture) <input type="checkbox"/> Partial prosthesis (mobile bridge) <input type="checkbox"/> Does not use and does not need <input type="checkbox"/> Does not use, but needs <input type="checkbox"/> Uses - adapted/no need for replacement <input type="checkbox"/> Uses - not adapted/needs replacement

dT: adult diphtheria and tetanus; BMI: body mass index; NET: nasoenteral tube; BADL: Basic Activities of Daily Living; IADL: Instrumental Activities of Daily Living

Figure 2 – Universal Requirements. São Paulo, SP, Brazil, 2023

Human Development Requirements, i.e. the specific needs of each person to achieve maximum health and well-being, influenced by the physical, social, and cultural environment, involved life processes, human development, and influencing factors, preventing conditions that could hinder them (Figure 3).

Health deviations, i.e. changes in health status that prevented the individual from carrying out their self-care effectively, corresponded to functional and genetic issues, as well as medical assessment and care approaches. These were necessary conditions when the person was ill (Figure 4).

Human Development Requirements	
Topic	Questions
Domain 9. Coping/Tolerance of stress	
Old age	Regarding your aging, do you feel: () Happy () Sad () Indifferent
Grief	Have you recently lost people in your life? () Yes () No Who?
Retirement	Have you planned for your retirement? () Yes () No
LSIE	In relation to being in LSIE, do you feel: () Happy () Sad () Indifferent

LSIE: Long-stay Institution for the Elderly

Figure 3 – Human Development Requirements. São Paulo, SP, Brazil, 2023

Health deviations	
Topic	Questions
Domain 1. Health promotion	
Acceptance of the disease	With regard to your illness, do you take all possible measures to avoid complications? () Yes () No
Hygiene	Bathe daily () Yes () No Keep your hair clean () Yes () No Wash your hands frequently () Yes () No Brush your teeth after meals () Yes () No Has bad breath () Yes () No Uses deodorant daily () Yes () No Takes care of fingernails and toenails () Yes () No Always wears clean clothes () Yes () No Dental prosthesis in good condition () Yes () No
Skin care	Do you regularly use moisturizing cream? () Yes () No Do you regularly use sunscreen on your body and/or face? () Yes () No
Use of medication	How many medications do you take daily? Name, dose, frequency, and time of use Do you report any side effects from taking medication? () Yes () No What? () Do not know
Alcoholism: drinking alcoholic beverages on 2 or more days of the week, in amounts that exceed 30 g of alcohol per day for men (equal to 1 bottle of 650 mL beer or 2 shots of 50 mL brandy) and 15 g for women (equal to half a bottle of 650 mL beer or 1 shot of 50 mL brandy).	Do you or did you used to drink alcohol? () Yes () No How often? What is the dose?
Smoking	Do you currently smoke any tobacco products? () Yes () No If yes, how many? Are you an ex-smoker? () Yes () No Would you like to stop smoking? () Yes () No
Hospitalization	Have you been hospitalized in the last 12 months? () Yes () No If yes, how many? () 1 Hospitalization () 2 Hospitalizations or more If yes, what was the reason?
Domain 2. Nutrition	
Diet	Do you experience any changes during feeding? () Choking () Tiredness () Coughing () Other: Do you have problems chewing? () Yes () No Have you stopped eating any food because of problems with your teeth or dentures? () Yes () No Do you have problems swallowing? () Yes () No
If yes, apply the Mini-Nutritional Assessment scale	Have you experienced unintentional weight loss of at least 4.5 kg or 5% of your body weight in the last year, or 6 kg in the last 6 months, or 3 kg in the last month? () Yes () No

(the Figure 4 continue in the next page...)

Domain 3. Elimination and Exchange	
Sphincter continence	Do you ever accidentally lose urine? () Yes () No When? Do you use any kind of device? () Yes () No Which? () DVP () RVP Dysuria: () Yes () No Do you accidentally lose stools at any time? () Yes () No Do you accidentally lose stools at any time? () Yes () No Do you have hard stools? () Yes () No Do you need to make a lot of effort to evacuate? () Yes () No Do you have a feeling of incomplete evacuation? () Yes () No
Domain 4. Activity/Rest	
Physical activity	Do you find it difficult to do any physical activity? () Yes () No Which ones? () Bending, squatting, or kneeling () Lifting or carrying objects weighing approximately 5 kg () Raising or extending arms above shoulder level () Writing or handling and holding small objects () Walking 400 m (approximately four blocks) () Doing heavy housework, such as scrubbing floors or cleaning windows
Sleep	Do you have any difficulty falling asleep? () Yes () No Do you wake up during the night? () Yes () No If yes, what is the reason? Do you feel sleepy during the day? () Yes () No
Domain 5. Perception/Cognition	
Knowledge about the disease	Are you aware of the disease? () Yes () No
Eyesight If yes, apply the Snellen test. If the patient wears glasses, apply with glasses	Do you have vision problems that prevent you from carrying out any everyday activities? () Yes () No Do you wear glasses? () Yes () No Do you have any difficulty seeing (even when wearing glasses) () Yes () No
Hearing	Do you have hearing problems that prevent you from carrying out any everyday activities? () Yes () No Do you use hearing aids? () Yes () No Do you have any difficulty hearing or do people think you hear badly? () Yes () No
Cognition If yes, apply 10-CS	Has a family member or friend told you that you are becoming forgetful? () Yes () No Is this forgetfulness getting worse in recent months? () Yes () No Is forgetfulness preventing you from carrying out any everyday activities? () Yes () No
Domain 7. Roles and Relationships	
LSIE	How long have you lived in an LSIE? Has the fact that you are in LSIE reduced the bond with your family/friends? () Yes () No
Domain 9. Coping/Tolerance of Stress	
Mood For older adults who answered yes, apply GDS	In the last month, have you felt discouraged, sad, or hopeless? () Yes () No
Domain 11. Safety/Protection	
Oral examination	Presence of lesions on the oral mucosa () Yes () No Dry mouth (xerostomia - lack of saliva) () Yes () No Presence of saburrosa tongue (white tongue) () Yes () No Presence of oral candidiasis () Yes () No Presence of halitosis () Yes () No
Skin examination	Do you have a skin lesion? () Yes () No Skin color: () Pale () Cyanotic () Blushed () Red () Ichteric () Spots () Hematoma Skin moisture: () Normal () Dry () Increased
Allergies	Do you have any allergies? () Yes () No Which?
Falls If yes, apply the fall risk scale	Have you had any falls in the last year? () Yes () No How many episodes? () None () 1 episode () 2 episodes or more Where did you fall? () Bathroom () Bedroom () Cafeteria () Leisure area () Another place Did the fall cause any fractures? () Yes () No Where? Are you afraid of falling? () Yes () No
Violence	Have you ever suffered any kind of violence? () Yes () No What types of violence? () Physical () Psychological or emotional () Financial or material () Sexual () Neglect (abandonment)
Domain 12. Comfort	
Pain If yes, apply the pain intensity scale	Do you feel any pain? () Yes () No Do you have any pain lasting 3 months or more? () Yes () No Location of pain Characteristic of the pain

DVP: Delayed Vesical Probe; RVP: Relief Vesical Probe; LSIE: Long-Stay Institution for the Elderly; 10-CS: 10-Point Cognitive Screener; GDS: Geriatric Depression Scale

Figure 4 – Health deviations. São Paulo, SP, Brazil, 2023

Discussion

In this study, a nursing history for LSIEs was constructed and validated in the light of Orem's theory, structured according to the expertise of specialists, fragmented into headings of the NANDA-I Taxonomy II domains and self-care requirements, based on a scoping review and survey of the main Nursing Diagnoses for older people living in LSIEs.

Although nurses are aware of the need to implement the process, the literature highlights challenges, especially in terms of properly completing the first stage, due to the mismatch of information. For this reason, it is important to create an instrument that guides the information to be collected, helping nurses and organizing the collection⁽²⁰⁾.

Collecting information using an instrument is essential for the first and other phases of the Nursing Process, making it possible to obtain comprehensive data on the person, their family, and/or community, identifying health-related problems and potentialities. Thus, by organizing them in a tool, it is possible to draw up an appropriate care plan to prevent harm and promote self-care^(5,10), showing an important aspect of this study.

There are reports of the challenge of selecting Nursing Diagnoses that are appropriate to the practical context, especially due to the lack of clarity in the choice, which differs between nurses. Their appropriate use allows care to be guided on an individual basis, expressing scientific, biopsychosocial, and spiritual knowledge⁽²⁰⁾.

When dealing with the professional identity and thinking of nurses, it is important to constantly discuss and reflect on the process, reconstruct the practice and knowledge of the area, and differentiate ourselves from other professionals, which is a constant challenge⁽⁶⁾.

With the aim of making this instrument relevant to nursing practice, this study sought to present information that could guide nurses' clinical deliberations and contribute to changes in their work, especially in

LSIEs^(10,21). This process is crucial to nurses' work, as it allows them to evaluate and improve care⁽⁵⁾, supported by public policies for comprehensive care for the elderly, personalized and effective care, and providing information on nursing decisions^(10,21). Considering it a tool for improving the quality of care highlights the relevance of developing it in care⁽¹⁰⁾.

The theory's approach can be applied in a variety of contexts, encouraging the elderly to be active in their self-care, resulting in positive outcomes for health, quality of life, and well-being and directing care. This theory addresses the role of nurses in self-care guidelines, assisting in their interventions, and bringing benefits in actions for the elderly, generating autonomy in health care, being one of the most used in this scenario, as well as taxonomy II of NANDA-I^(5,7,22).

The instrument was created using the Self-Care Deficit Theory, since it suggests that, even in the face of limitations, the elderly have an innate and learned ability to carry out self-care, with their activities and basic care, as well as educating and empowering them to make informed decisions about their health, considering that they may also need nursing assistance for care that they cannot carry out on their own⁽²³⁻²⁴⁾.

Therefore, identifying the needs of the elderly is important in the context of LSIE, since nursing care aims to maintain and recover functional independence. Recognizing self-care deficits and categorizing the patient can help implement nursing actions focused on teaching care, and self-control and encouraging active participation by the elderly in their own self-care^(20,23-24).

Of all the domains, we will deal here with the most prevalent during the research. With regard to Domain 1 - Health Promotion, an integrative review showed the clinical implication of the importance of actions related to promoting active and participatory aging, providing benefits such as autonomy and well-being, and avoiding health problems and hospitalizations. The frailty and vulnerability of residents are closely associated, being related to decreased muscle strength, cognitive and functional decline, fear of falling, and a higher risk of death⁽²⁵⁾.

In Domain 2. Nutrition, the nurse, and the entire nursing team must be attentive, especially to the tasks of swallowing, the swallowing process, and the intake of nutrients in the context of the LSIE. When the elderly begin to live in the home, there are changes in their routine and eating habits, as well as depressive symptoms, inadequate supply, and food aversion, which can alter the resident's nutritional status and have consequences⁽²⁶⁾.

In Domain 3. Elimination and Exchange, it was seen that the greater the dependence of the elderly, the more diagnoses such as constipation, stress urinary incontinence, or urgency or mixed, such as involuntary loss of urine when sneezing or coughing before reaching the bathroom, may be present in this public, which requires care and attention by the nursing team to meet such demands⁽²¹⁾.

Urinary incontinence is considered one of the major syndromes in geriatrics and, for this reason, it is important for nurses to assess the presence and type of urinary incontinence, caring for the elderly appropriately, with support and educational actions⁽²⁷⁾.

Regarding Domain 4. Activity/Rest, studies carried out in LSIEs have revealed the prevalence of this domain, which may indicate a deficit in functionality and mobility and, with this, generate dependence in the elderly in their activities of daily living, especially basic ones, requiring help and nursing care to carry them out^(21,28).

In Domain 5. Perception/Cognition diagnoses such as impaired memory, chronic confusion, impaired communication, and poor emotional control have as their main characteristic the elderly person's difficulty in making decisions, as well as loss of short- or long-term memory and difficulty remembering objects and people, among others. An integrative review showed the prevalence of elderly people with depressive symptoms, cognitive impairment, and dementia in LSIE residents, which is why the nursing team must intervene as necessary to take care of the demands of this group and improve their quality of life⁽²⁸⁾.

In Domain 11 Safety/Protection, the more de-

pendent the elderly person, the greater the chance of diagnoses such as risk of aspiration, risk of falls, risk of pressure damage, risk of infection being present, as well as reduced visual acuity, altered gait and loss of balance, as seen in other studies. It is therefore important for nurses to assess and intervene to monitor these diagnoses, avoiding complications and suffering for the resident^(21,28-29). For this reason, the assessment and intervention of nurses and the nursing team are essential to monitor the evolution of diagnoses and promote improvements.

Finally, after the experts' appraisal and the necessary changes, it is understood that the instrument created includes most of the relevant information for analyzing the self-care needs of elderly residents in these institutions. It should be noted that its use does not replace clinical thinking or analysis by nurses.

Study limitations

The main limitations of this research are the convenience sample and the number of ten specialists to validate the nursing history, since this sample may not be representative of the target population.

Contributions to practice

The creation and validation of instruments consistent with the process, guided by theoretical precepts, is essential to assist nurses in implementation, with the first step being to assess LSIE residents and then propose individualized and appropriate actions, contributing to the professional practice scenario. It is believed that research in this context is in line with national and international efforts to improve nursing care in the aging process. The instrument in question can be used in the LSIE context.

Conclusion

The nursing history of a Long-Stay Institution for the Elderly was constructed and validated in the

light of the theory. It was structured according to the requirements of the Self-Care Deficit Theory and subdivided into headings of the domains of the NANDA-International Taxonomy II, demonstrating its relevance to clinical practice, identifying priority areas for interventions, allowing for a holistic, patient-centered approach, and personalizing nursing care for this public.

Authors' contribution

Conception and design or analysis and interpretation of data; Writing of the manuscript or relevant critical review of the intellectual content; Final approval of the version to be published and Agreement to be responsible for all aspects of the manuscript: Antunes JFS, Duran ECM, Costa PCP, Okuno MFP.

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