

RESEARCH PAPER

Nursing focuses in older people with mental disorders

Focos de Enfermagem em pessoas mais velhas com problemas de saúde mental

Focos de Enfermería en las personas mayores con problemas de salud mental

Joaquim Passos*

Carlos Sequeira**

Lia Fernandes***

Abstract

Background: Mental disorders in the elderly are often associated with cognitive losses, and psychological and behavioural symptoms which compromise their quality of life. These manifestations are relevant to Nursing practice.

Objective: To identify the most common mental health-related Nursing focuses among older people.

Methodology: A sample of 75 users (≥ 65 years old), with mental illness diagnosed using the International Classification of Diseases, Ninth Revision (ICD-9), in a Psychiatry and Mental Health Unit was assessed. The instruments used were: the Mini-Mental State Examination; the Clock-Draw Test; the Geriatric Depression Scale; the Zung Anxiety Scale; the Barthel Index; the Lawton and Brody Index; and the Gaffar's Social Classification.

Results: The most common medical diagnoses were depression and dementia. Most users had cognitive impairments, depression, and anxiety, and showed moderate dependence in Basic Activities of Daily Living and some level of dependence in Instrumental Activities of Daily Living. The most common Nursing focuses were memory, fatigue, anxiety, nervousness, insomnia and attention.

Conclusion: Cognitive changes, dementia and depression were associated with a higher number of Nursing focuses.

Keywords: psychiatric nursing; nursing focus; nursing diagnosis; mental health; aged; aged, 80 and over.

Resumo

Enquadramento: As perturbações mentais nos idosos associam-se frequentemente a perdas cognitivas, sintomas psicológicos e comportamentais que comprometem a sua qualidade de vida, constituindo manifestações relevantes para a prática de Enfermagem.

Objetivo: Identificar os focos de Enfermagem relacionados com a saúde mental mais comuns nas pessoas mais velhas.

Metodologia: Foram avaliados 75 utentes (≥ 65 anos), com doença mental diagnosticada pela Classificação Internacional de Doenças, 9ª Revisão (CID-9), num Departamento de Psiquiatria e Saúde Mental. Instrumentos: Mini-Exame do Estado Mental; Teste do Relógio; Escala de Depressão Geriátrica; Escala de Ansiedade de Zung; Índice de Barthel; Índice de Lawton e Brody; e Classificação Social de Gaffar.

Resultados: Diagnósticos médicos mais comuns: depressão e demência. A maioria dos utentes apresentava défice cognitivo, depressão, ansiedade, dependência moderada nas Atividades Básicas de Vida Diária e algum nível de dependência nas Atividades Instrumentais de Vida Diária. Focos de Enfermagem mais comuns: memória, cansaço, ansiedade, nervosismo, insónia e atenção.

Conclusão: As alterações cognitivas, a demência e a depressão estavam associadas a maior número de focos de Enfermagem.

Palavras-chave: enfermagem psiquiátrica; foco de enfermagem; diagnóstico de enfermagem; saúde mental; idoso; idoso de 80 anos ou mais.

Resumen

Marco contextual: Los trastornos mentales en las personas mayores se asocian con problemas cognitivos, síntomas psicológicos y de comportamiento que afectan a la calidad de vida de estas personas y son relevantes para la práctica de enfermería.

Objetivo: Identificar los focos de Enfermería relacionados con la salud mental más comunes en las personas mayores.

Metodología: Fueron evaluados 75 usuarios (≥ 65 años), con diagnóstico de enfermedad mental por la Clasificación Internacional de Enfermedades, 9 revisión (CIE-9), en un Departamento de Psiquiatria y Salud Mental. Instrumentos: Mini-Examen del Estado Mental; Test del Reloj; Escala de Depresión Geriátrica; Escala de Ansiedad de Zung; Índice de Barthel; Índice de Lawton y Brody; y Escala de Clasificación Social de Gaffar.

Resultados: Los diagnósticos médicos más comunes son depresión y demencia. La mayoría de los usuarios presentaba deterioro cognitivo, depresión, ansiedad, dependencia moderada en las Actividades Básicas de la Vida Diaria y un cierto grado de dependencia en las Actividades Instrumentales de la Vida Diaria. Los focos de Enfermería más comunes son memoria, fatiga, ansiedad, nerviosismo, insomnio y atención.

Conclusión: Los trastornos cognitivos, la demencia y la depresión se asociaron con un mayor número de focos de Enfermería.

Palabras clave: enfermería psiquiátrica; foco de enfermería; diagnóstico de enfermería; salud mental; anciano; anciano de 80 o más años.

* Clinical Nurse Specialist in Mental Health and Psychiatric Nursing. PhD. student in Gerontology from the ICBAS-UP/UA. Invited Assistant Professor at the Higher School of Health of the Polytechnic Institute of Viana do Castelo, Higher School of Health, 4900-314, Viana do Castelo, Portugal [joaquimpassos@hotmail.com]. Address for correspondence: Escola Superior de Saúde - Rua D. Moisés Alves de Pinho, 4900-314, Viana do Castelo, Portugal

** Coordinating Professor of the Porto Higher School, 4200-072, Porto, Portugal. Coordinator of the Scientific-Pedagogical Unit of "Management of Signs and Symptoms". Coordinator of the Research Group "NurEd: Innovation & Development in Nursing" - CINTESIS-FMUP. Director of the Portuguese Journal of Mental Health Nursing. President of the Portuguese Society of Mental Health Nursing [carlossequeira@csef.pt].

*** Associate of Professor of the Faculty of Medicine of the University of Porto / Psychiatrist at the Hospital Centre of São João do Porto. PhD. in Medicine, Faculty of Medicine of the University of Porto, 4200 - 319 Porto, Portugal [lfernandes@med.up.pt].

Received for publication: 13.01.14

Accepted for publication: 04.03.14

Introduction

The trend in population ageing has been increasing in Portugal, as in most European countries, with a significant increase in the number of older people in the Portuguese population. This trend reinforces the problems with ageing and leads to greater concerns involving the living conditions and health/disease processes of the elderly.

In addition to these evidences, the prevalence of chronic diseases and the coexistence of physical and mental comorbidities in this population contribute to worsening their problems. Regarding mental illness, the available data point out to an increase in depressive disorders and dementia, expressed in psychopathological manifestations, which are often presented as clinical syndromes that hinder the assessment process (Canabrava et al., 2012). These data call for a thorough analysis so as to understand their true nature and translate them into sensitive constructs to the Nursing terminology. Many of these conditions are areas or focuses that are relevant to clinical practice (Passos, Sequeira, & Fernandes, 2010, 2012; Sequeira, 2010), and they should be recognised by nurses on the basis of a common language that supports the standardisation of documentation and subsequent valuation of practice through the identification of Nursing-sensitive diagnoses, interventions and outcomes (Conselho Internacional de Enfermeiros, 2011). This study aimed to respond to some of these concerns, namely to identify the most common mental health-related Nursing focuses among older people with mental illnesses. It also aimed to examine the relationship between these focuses and the socio-demographic, clinical and functionality factors. Furthermore, it aimed to contribute to the creation of an ICNP (International Classification for Nursing Practice) Catalogue on mental health that addressed the elderly's needs, and of a questionnaire for clinical assessment in mental health and psychiatric Nursing. Furthermore, the ICNP was used to conceptually frame this study, as the International Council of Nurses (ICN) and the Portuguese Nurses Association (*Ordem dos Enfermeiros*) propose this classification and it is part of the international classifications recognised by the World Health Organization (WHO). The ICNP is widely used in clinical decision support systems, both nationally and internationally (Conselho Internacional de Enfermeiros, 2011).

Background

According to Benedetti, Borges, Petroski, and Gonçalves (2008), mental disorders affect 20,0% of the elderly population and, among these disorders, dementia and depression have higher prevalence. Population ageing has led to an increase in the prevalence of chronic degenerative diseases, especially dementia, and, therefore, the maintenance of cognitive health takes on key importance in the prevention of dependence and functional disability (Apóstolo, Cardoso, Marta, & Amaral, 2011). Population ageing has also resulted in an increase of physical illnesses and social problems. Similarly, depression is described as an incapacitating disease, with consequences in the overall functioning and satisfaction of the older person's needs (Benedetti et al., 2008). A set of cognitive losses occur associated with these psychopathological conditions, especially in older people, as well as other psychological and behavioural symptoms that determine specific problems and needs.

Therefore, nurses should examine and analyse this issue from a holistic and multi-dimensional perspective in order to identify the most relevant focuses for Nursing and create scientific evidence that will improve the response at the levels of prevention, treatment and rehabilitation of older people with mental health disorders. In this domain, the ICN recommends the nurses' involvement in the research process and highlights the need for evidence-based data that will allow establishing standards for representing Nursing practice in health information systems based on knowledge and the context of global health care (Conselho Internacional de Enfermeiros, 2011). As a result, it encourages nurses, in the different contexts of their interventions, to identify relevant focuses for Nursing practice related to health priorities or specific groups and populations so as to contribute to the creation of ICNP Catalogues and improve the classification (Conselho Internacional de Enfermeiros, 2011). Focuses are areas of attention relevant to Nursing (for example, anxiety, confusion, sadness, loneliness, self-esteem, etc.). They are essential for the nurse to establish a Nursing diagnosis, which is the basis for planning the assistance (Conselho Internacional de Enfermeiros, 2011). The correct identification of a Nursing focus is a key step towards the recognition of a problem

or specific need and the development of a diagnosis which allows for the planning of an appropriate response.

Research questions

What are the most common mental health-related Nursing focuses among older people with mental illnesses?

What is the relationship between these focuses and the socio-demographic, clinical and functionality factors?

Methodology

Taking into account the purpose and objectives of the study, a descriptive study and an exploratory analysis were conducted, using a quantitative and correlational approach.

Participants

A sample of 75 participants was selected in a Psychiatry and Mental Health Unit (hospitalisation and outpatient consultation) of the Local Health Unit of the Alto Minho, EPE (ULSAM, EPE). Participants were aged 65 years or more, both male and female, and had mental illnesses diagnosed according to the International Classification of Diseases, Ninth Revision (ICD-9) (World Health Organization, 1978). Users with visual or hearing impairments were excluded, as well as those with severe communication impairments which prevented the application of the assessment protocol.

Instruments

In order to adapt the assessment protocol to the context and purpose of the research, instruments adjusted to the purpose of the study and the population characteristics were selected. The versions which have been validated or adapted for the Portuguese population were also used. The following instruments were used: 1) the Mini-Mental State Examination (MMSE), which considered the new cut-off points adapted for the Portuguese population (Morgado, Rocha, Maruta, Guerreiro, & Martins, 2009) and in which the *Cognitive impairment* corresponds to scores of: 0 - 2 years of education ≤ 22 ; 3 - 6

years of education ≤ 24 ; and 7 or more years of education ≤ 27 ; 2) the Clock Draw Test (CDT), whose cut-off points ranged from 0 to 10: > 6 - normal and ≤ 6 - abnormal (Cacho, García-García, Arcaya, Vicente, & Lantada, 1999); 3) the Geriatric Depression Scale (GDS - 15 items), with the scores of *without depression* ≤ 5 and *with depression* > 5 (Barreto, Leuschner, Santos, & Sobral, 2008); 4) the Zung Anxiety Scale (ZAS), which followed the cut-off points of *without anxiety* < 40 and *with anxiety* ≥ 40 (Serra, Ponciano, & Relvas, 1982); 5) the Barthel Index (BI), whose cut-off points corresponded to: *Total independence* with 20; *Moderate dependence* from 13 to 19; *Severe dependence* from 9 to 12; and *Total dependence* from 0 to 8 (Araújo, Ribeiro, Oliveira, & Pinto, 2007); 6) the Lawton & Brody Index (LI), with the scores of *Total independence* - 23 and *Some level of dependence* < 23 (Araújo, Ribeiro, Oliveira, Pinto, & Martins, 2008); and 7) the Graffar's Social Classification (GSC), which considered the following division: 0 - 2 class I; 3 - 4 class II; 5 - 6 class III; 7 - 8 class IV; and 9 - 10 class V (Fernandes, 2004).

Procedure

Participants were identified through the listing of planned consultations. Assessment interviews were conducted by the researcher in the hospitalisation unit or outpatient consultation units between April and September, 2011. The researcher provided information on the study, inviting users to participate with their informed consent. Twenty-one inpatients were assessed, together with 46 outpatients, 6 patients in nursing homes and 2 patients at home. Some users were assessed in nursing homes or at home due to physical or health problems preventing them from going to the units. Fifty-two caregivers were also interviewed and information was collected on the health care providers of 71 patients (psychiatrists, psychologists, social workers and nurses).

For the socio-demographic and clinical characterisations, the information was recorded in a specific form, which was an integral part of the research protocol. To complete the characterisation, in addition to the assessment interviews, the records in the Support System for Nursing Practice (SAPE) and Medical Practice (SAM) were analysed, as well as the patients' individual files.

In relation to clinical information, informal interviews were also performed to psychiatrists so as to update

information on the medical diagnosis, and to nurses so as to analyse information on mental health-related Nursing focuses and on the selection criteria and parameters used.

As regards clinical Nursing information, only mental health-related Nursing focuses were considered. These were classified according to the ICNP, version 2 (Conselho Internacional de Enfermeiros, 2011).

Based on the information obtained from applying the assessment protocol and other previously described procedures, this study aimed to identify the most common mental health-related focuses relevant to Nursing in the population group under analysis. In this sense, the total and partial scores of the instruments used were considered, as well as the information obtained from the analysis of items, or groups of items, and the different domains of instruments, which, in a direct or combined way, enabled to identify mental health-related clinical areas or focuses of interest to Nursing practice. Using the ICNP (version 2), we sought to enhance the information obtained, taking into account the conceptual description of each mental health-related Nursing focus so as to select those which presented changes or some level of impairment.

Authorisation was obtained from the Ethics Committee and the Board of Directors of the Institution where the study was conducted. Users and informal caregivers were asked to give their informed consent. Necessary measures were taken to protect confidentiality.

Statistical analysis

Data were organised, classified and statistically analysed using the *Statistical Package for the Social Sciences* (SPSS) software, version 19.0. To analyse the relationship between the main variables, Chi-square tests (χ^2) and the Point Biserial Correlation Coefficient (r_{pb}) were used. The Partial Correlation Coefficient was also used to analyse some correlations, thus controlling for other factors. A significance level was set at 0.05.

Results

Data were obtained from a sample of 75 users, aged between 65 and 93 years ($M = 73.3$ years; $SD = 6.6$), with 0 to 9 years of education ($M = 2.76$ years; $SD =$

1.96). In the sample, 73.3% were female, and of these 49.3% were married, 50.7% lived with their partners, 74.7% lived in rural areas and 94.7% belonged to very low social classes. They were assessed in outpatient consultations (73.3%), their main diagnoses were depressive disorder (36.0%) and dementia (29.3%), and 98.7% had somatic comorbidities. Most participants (69.3%) had informal caregivers and lived with their caregiver (56.0%).

Results on the cognitive, psychological and functionality condition

The total score of the instruments used showed that 52.0% of participants indicated the presence of *cognitive impairment* using the MMSE ($M = 22.28$; $SD = 6.45$) and 66.7% had an *abnormal* result in the CDT ($M = 4.65$; $SD = 3.40$). They also had *depression* (GDS - 61.3%), mean score of 8.14 ($SD = 4.32$), and 81.3% indicated *anxiety* using the ZAS ($M = 48.49$; $SD = 8.41$). With respect to functionality, 49.3% had *moderate dependence* in Basic Activities of Daily Living (BADLs) using the BI, 42.7% had *total independence* and 4.0% *severe dependence* or *total dependence* ($M = 17.52$; $SD = 3.68$). As for Instrumental Activities of Daily Living (IADLs) assessed using the II, 77.3% had *some level of dependence* ($M = 13.41$; $SD = 8.05$).

Mental-health related Nursing focuses

The results identified 42 mental-health related Nursing focuses, which registered changes and a higher likelihood of becoming a health problem among older people with mental illnesses. This analysis facilitated the identification of different clinical conditions in the identified focuses (current, abnormal, impaired, deteriorated, decreased, high, etc.), which made it possible to consider them as relevant areas of attention among this population. Table 1 shows the frequency of the most common focuses in relation to the total sample and in the outpatient and inpatient groups. The Nursing focuses in which patients showed some changes were considered present, while in the remaining cases they were considered absent. As regards the total sample, the most frequent focuses were memory (90.7%), fatigue (86.7%), anxiety (84.0%), nervousness (78.7%) and insomnia (77.3%). The most common focuses among outpatients were memory (92.7%), fatigue (87.3%), anxiety (83.6%), insomnia and nervousness (78.2%, each), attention (67.3%) and

loneliness (63.6%). Finally, the most frequent focuses among inpatients were attention (95.0%), thought (90.0%), anxiety, memory, concentration, fatigue and cognition (85.0%, each).

Table 1
Frequency of Nursing focuses

Nursing Focuses	Total Sample (n = 75)				Outpatients (n = 55)				Inpatients (n = 20)			
	Present		Absent		Present		Absent		Present		Absent	
	n	%	n	%	n	%	n	%	n	%	n	%
Anxiety	63	84.0	12	16.0	46	83.6	9	16.4	17	85.0	3	15.0
Attention	56	74.7	19	25.3	37	67.3	18	32.7	19	95.0	1	5.0
Self-esteem	31	41.3	44	58.7	19	34.5	36	65.5	12	60.0	8	40.0
Fatigue	65	86.7	10	13.3	48	87.3	7	12.7	17	85.0	3	15.0
Cognition	51	68.0	24	32.0	34	61.8	21	38.2	17	85.0	3	15.0
Concentration	49	65.3	26	34.7	32	58.2	23	41.8	17	85.0	3	15.0
Depression	38	50.7	37	49.3	25	45.5	30	54.5	13	65.0	7	35.0
Helplessness	25	33.3	50	66.7	14	25.5	41	74.5	11	55.0	9	45.0
Despair	27	36.0	48	64.0	16	29.1	39	70.9	11	55.0	9	45.0
Insomnia	58	77.3	17	22.7	43	78.2	12	21.8	15	75.0	5	25.0
Fear	41	54.7	34	45.3	32	58.2	23	41.8	9	45.0	11	55.0
Memory	68	90.7	7	9.3	51	92.7	4	7.3	17	85.0	3	15.0
Nervousness	59	78.7	16	21.3	43	78.2	12	21.8	16	80.0	4	20.0
Orientation	35	46.7	40	53.3	24	43.6	31	56.4	11	55.0	9	45.0
Thought	52	69.3	23	30.7	34	61.8	21	38.2	18	90.0	2	10.0
Perception	42	56.0	33	44.0	27	49.1	28	50.9	15	75.0	5	25.0
Nightmare	40	53.3	35	46.7	31	56.4	24	43.6	9	45.0	11	55.0
Loneliness	49	65.3	26	34.7	35	63.6	20	36.4	14	70.0	6	30.0
Stress	29	38.7	46	61.3	21	38.2	34	61.8	8	40.0	12	60.0
Sadness	48	64.0	27	36.0	33	60.0	22	40.0	15	75.0	5	25.0
Desire to live	24	32.0	51	68.0	16	29.1	39	70.9	8	40.0	12	60.0

Distribution of the Nursing focuses by psychiatric diagnoses

In order to identify the distribution of the Nursing focuses in relation to the medical diagnoses, their frequency distribution was analysed (Table 2). Results showed that most Nursing focuses appeared more often associated with diagnosis of depression and dementia, which were also the most prevalent diagnoses. They also showed that focuses related to mood changes (sadness, desire to live, self-esteem, desolation, depression, euphoria, suicidal

ideation and suicide attempt) and anxious disorders (anxiety, stress, fear, nervousness, fatigue, nightmare, anguish, coping and despair) were more frequent among people with a medical diagnosis of depression, whereas focuses related to changes in behaviour (agitation, aggressive behaviour, disorganised behaviour and insomnia) and cognition (thought, delirium, erroneous belief, hallucination, orientation, attention, concentration, cognition, learning, communication and confusion) were more common among people with a diagnosis of dementia.

Table 2

Frequency distribution of the Nursing focuses by medical diagnoses

Nursing Focuses	Depressive disorder (n = 27)	Dementia (n = 22)	Bipolar disorder (n = 9)	Schizophrenia Other psychoses (n = 4)	Alcohol dependence (n = 4)	Adjustment disorder (n = 4)	Anxiety disorder (n = 3)	No Diagnosis (n = 2)
Alcohol abuse	---	1	---	---	3	1	---	---
Agitation	2	1	---	---	---	---	---	---
Hallucination	1	6	2	---	---	---	---	---
Anguish	3	1	---	---	---	---	---	---
Anxiety	26	17	8	3	3	4	2	---
Learning	3	13	---	2	1	1	---	---
Attention	17	20	6	4	4	2	1	2
Self-control	1	3	---	1	3	1	---	---
Self-esteem	13	11	3	1	---	2	1	---
Fatigue	26	19	6	4	4	3	3	---
Cognition	17	19	3	3	4	2	1	2
Aggressive behaviour	---	6	1	---	---	---	---	---
Disorganised behaviour	1	2	---	1	---	---	---	---
Communication	7	9	---	1	3	---	1	1
Concentration	15	18	6	2	4	2	1	1
Confusion	2	13	---	2	1	1	---	---
Coping	8	4	3	1	1	2	1	---
Erroneous belief	---	4	2	---	1	---	---	---
Delirium	---	4	2	---	1	---	---	---
Depression	19	11	1	2	2	2	1	---
Helplessness	10	9	1	---	3	2	---	---
Despair	11	9	2	1	1	3	---	---
Desolation	11	3	---	---	---	1	---	---
Euphoria	---	1	2	---	---	---	---	---
Lack of hope	9	2	1	---	2	1	1	---
Will power	8	5	---	---	1	1	1	---
Suicidal ideation	7	3	3	1	---	3	1	---
Insomnia	25	16	7	2	4	2	2	---
Fear	19	7	6	1	3	4	1	---
Memory	25	22	7	3	4	2	3	2
Nervousness	19	17	9	4	3	4	3	---
Orientation	8	17	1	2	4	1	1	1
Thought	17	19	4	3	4	2	1	2
Perception	9	17	6	2	4	2	1	1
Nightmare	14	12	4	2	4	4	---	---
Marital satisfaction	5	3	1	---	1	1	---	---
Socialisation	4	9	2	1	3	1	---	---
Loneliness	19	16	5	2	4	2	1	---
Stress	17	4	2	1	2	2	1	---
Suicide attempt	4	---	---	1	---	1	---	1
Sadness	23	13	2	3	2	3	2	---
Desire to live	11	5	3	1	1	3	---	---

Analysis of the relationship between the Nursing focuses and the socio-demographic, clinical and functionality variables

With regard to the association between the Nursing focuses and the psychiatric diagnoses and taking into account that depression and dementia were the most common diagnoses, representing a total of 65.3% of the sample, we aimed at analysing potential associations between them. Both the associations and correlations between the Nursing focuses and some socio-demographic (age and gender), clinical and functionality factors were also analysed.

Results showed that there was a significant positive correlation between the diagnosis of dementia and age ($r_{pb} = .35$; $p = .002$), suggesting that, unlike depression, an advanced age was associated with the diagnosis of dementia.

As for gender, the Chi-square test performed for the diagnosis of dementia did not allow for a significant conclusion on the difference between men and women ($X^2(1) = 3.23$; $p = .072$). In relation to the diagnosis of depression, there was a significant difference between genders ($X^2(1) = 5.22$; $p = .022$), thus concluding that men (15.0%) were less vulnerable to depression than women (43.6%).

As regards the association between the Nursing focuses and the clinical and socio-demographic variables (Table 3), positive correlations were found between age and the focuses of learning, attention, cognition, confusion, will power, orientation, and thought. On the other hand, negative correlations were

found between the same variable and the focuses of anxiety, coping, despair, desolation, suicidal ideation, stress, sadness, and desire to live. With respect to gender, there was only one positive association between the focus of stress and this variable ($X^2(1) = 4.01$; $p = .045$), thus concluding that women (45.5%) showed more changes in this focus than men (20.0%). As for the relationship between the Nursing focuses and the psychiatric diagnoses (depression and dementia) and taking into account the associations found, we aimed at verifying the importance of the age and gender variables in this relationship, i.e., we aimed at determining whether the observed relationship was being influenced by those socio-demographic variables. After being controlled for age and gender, the data obtained allowed us to verify that only the focuses of hallucination ($p = .011$), confusion ($p < .001$), orientation ($p < .035$), learning ($p = .001$), aggressive behaviour ($p < .001$), and perception ($p = .044$) emerged positively correlated with dementia. Similarly, in relation to depression, there were only positive correlations with the focuses of sadness ($p = .003$), depression ($p = .016$), desolation ($p = .002$), and stress ($p = .005$). On the other hand, the focuses of learning ($p = .046$), aggressive behaviour ($p = .035$), confusion ($p = .017$), and perception ($p = .004$) were negatively correlated with the medical diagnosis of depression. As regards the remaining Nursing focuses, no correlation was found with the presented medical diagnoses.

Table 3
Frequencies, associations and correlations between the Nursing focuses and the diagnoses of dementia and depression, age and gender (n = 75)

Nursing Focuses	Dementia		Depression		Age		Gender (n = 20) / (n = 55)		
	%	p	%	p	(r_{pb})	p	M (%)	F (%)	p
Hallucination	27.3	.009	3.7	.097	.12	.304	10.0	12.7	.748
Anxiety	77.3	.306	96.3	.029	-.31	.006	75.0	87.3	.200
Learning	50.1	.001	11.1	.022	.41	.001	35.0	23.6	.325
Attention	90.9	.037	63.0	.080	.30	.008	70.0	76.3	.575
Cognition	86.4	.028	63.0	.483	.32	.005	70.0	67.3	.823
Aggressive behaviour	27.3	.001	0.0	.037	-.00	.993	10.0	9.1	.905
Confusion	59.1	.001	7.4	.007	.39	.001	35.0	21.8	.246
Coping	18.2	.284	27.6	.663	-.25	.028	20.0	29.1	.431
Erroneous belief	18.2	.090	0.0	.037	.08	.518	15.0	7.3	.309
Delirium	18.2	.090	0.0	.037	.08	.518	15.0	7.3	.309
Depression	50.0	.941	70.4	.010	-.19	.111	45.0	52.7	.554
Despair	40.9	.568	40.7	.521	-.23	.047	30.0	38.2	.514

Desolation	13.6	.375	40.7	.001	-.26	.026	10.0	23.6	.192
Will power	22.7	.849	29.6	.188	.31	.007	30.0	18.2	.269
Suicidal ideation	13.6	.176	25.9	.770	-.26	.027	35.0	20.0	.179
Insomnia	72.7	.539	92.6	.018	-.19	.106	65.0	81.8	.124
Fear	31.8	.010	70.4	.040	-.23	.050	40.0	60.0	.124
Orientation	77.3	.001	29.6	.027	.54	.001	60.0	41.8	.163
Thought	86.4	.039	63.0	.370	.30	.008	70.7	69.1	.940
Perception	77.3	.017	33.3	.003	.16	.170	60.0	54.5	.674
Stress	18.2	.019	63.0	.001	-.28	.015	20.0	45.5	.045
Sadness	59.1	.568	85.2	.004	-.26	.026	65.0	63.6	.913
Desire to live	22.7	.267	40.7	.224	-.25	.031	35.0	30.9	.737

As for the association between the Nursing focuses and some clinical and functionality factors, correlation analyses were performed for the most common focuses. The analyses were based on the total scores obtained on the scales used in the assessment protocol. Results showed that there were (positive and negative) correlations between several Nursing focuses and the results of some instruments (Table 4). The focuses related to the cognitive domain were associated with the patients' lower scores on the cognitive tests (MMSE/CDT) and lower functionality (BI/LI). These data suggest that people with more cognitive difficulties would have greater

Nursing needs in some of those areas. In turn, it also imposed difficulties in satisfying their basic needs and, above all, their instrumental needs. On the other hand, the focuses related to mood and anxiety were associated with higher scores on the respective scales (GDS/ZAS), which allowed to conclude that the presence of high levels of anxiety and depression in patients would imply greater Nursing needs in different focuses of these psychological domains. In turn, problems in the focuses related to mood and anxiety did not compromise functionality and the performance of ADLs so much.

Table 4

Correlations between the Nursing focuses and the total scores of the clinical assessment instruments (n = 75)

Nursing focuses	MMSE		CDT		GDS		ZAS		BI		LI	
	(<i>r_{ph}</i>)	<i>p</i>	(<i>r_{ph}</i>)	<i>p</i>	(<i>r_{ph}</i>)	<i>p</i>	(<i>r_{ph}</i>)	<i>p</i>	(<i>r_{ph}</i>)	<i>p</i>	(<i>r_{ph}</i>)	<i>p</i>
Anxiety	.16	.183	-.02	.876	.42	.000	.66	.000	-.08	.510	-.04	.726
Learning	-.80	.000	-.57	.000	.14	.234	-.03	.810	-.57	.000	-.70	.000
Attention	-.57	.000	-.71	.000	.13	.256	.02	.840	-.35	.002	-.51	.000
Fatigue	-.03	.786	-.16	.178	.44	.000	.43	.000	-.08	.475	-.14	.226
Cognition	-.53	.000	-.65	.000	.26	.027	.20	.088	-.33	.004	-.45	.000
Concentration	-.47	.000	-.70	.000	.23	.045	.17	.141	-.31	.007	-.47	.000
Depression	-.03	.786	-.19	.105	.81	.000	.46	.000	-.14	.217	-.14	.234
Insomnia	.20	.081	-.03	.813	.12	.325	.36	.001	.05	.664	.08	.497
Fear	.24	.041	.11	.355	.29	.011	.42	.000	.09	.428	.07	.548
Memory	-.30	.009	-.32	.005	.11	.364	.10	.392	-.21	.077	-.28	.014
Orientation	-.73	.000	-.59	.000	.10	.380	-.14	.225	-.45	.000	-.56	.000
Thought	-.51	.000	-.68	.000	.23	.047	.17	.153	-.32	.006	-.48	.000
Perception	-.41	.000	-.63	.000	.18	.125	.19	.115	-.22	.050	-.44	.000
Nightmare	-.05	.664	-.16	.175	.21	.070	.37	.001	-.06	.627	-.07	.540
Loneliness	-.27	.019	-.37	.001	.64	.000	.41	.000	-.21	.070	-.34	.003
Sadness	-.05	.643	-.02	.854	.69	.000	.43	.000	-.02	.848	.04	.719

Discussion

These results confirm depression and dementia as the most frequent medical diagnoses, which is in line with data from other authors (Apóstolo et al., 2011; Benedetti et al., 2008; Canabrava et al., 2012; Passos et al., 2010, 2012). These data are also in line with the results of the applied instruments, since most participants presented cognitive impairments on the MMSE and CDT and depression on the GDS.

Associated with these medical diagnoses, a wide range of psychological, cognitive and behavioural changes were identified, which represented relevant focuses of attention to Nursing practice. Most of these mental health-related Nursing focuses, which are mostly related to the cognitive and emotional domains, seem to be common among older people. This is taking into account the results presented in this study, in past studies (Passos et al., 2010, 2012), and in data from other authors (Sequeira, 2010).

On the other hand, it was found that Nursing focuses on the cognitive domain were correlated with increased age, thus contributing to multiple Nursing diagnoses, such as decreased attention, impaired cognition, current confusion, decreased will power, impaired orientation and abnormal thought. This has also been reported by other authors (Ferreira, Tavares, & Rodrigues, 2011; Santos, et al., 2008; Teixeira & Fernandes, 2003). It was also found that younger patients had more changes in the focuses related to the psychological domain (anxiety and mood), thus leading to diagnoses such as current anxiety, impaired coping, current despair, current desolation, increased stress, present suicidal ideation, present sadness, and decreased desire to live. Other authors have also identified changes in some of these areas among older people; however, they make no distinction in relation to age (Santos et al., 2008; Teixeira & Fernandes, 2003). The presence of many of these focuses, especially those related to the cognitive domain, creates many difficulties for the elderly and jeopardises the achievement of their life goals. Though requiring particular attention, this condition has not had the best response in Nursing care, as priorities have been more oriented towards the satisfaction of basic needs at the expense of these people's cognitive stimulation and promotion of autonomy. In the same way, in psychiatric and mental health settings, psychological suffering and other

emotional changes have not been getting the best response from nurses, given the current decrease in resources and the excessive focus on the previously mentioned aspects.

Furthermore, it was found that the focuses related to the cognitive and behavioural domains appeared to be more associated with the diagnosis of dementia, while those related to the psychological domain (emotions) appeared to be more associated with the medical diagnosis of depression. These results are in line with previous studies (Passos et al., 2010, 2012). Other authors have also mentioned the prevalence of cognitive and behavioural problems associated with dementia (Sequeira, 2010), in the same way that some studies associated the changes in emotions with the diagnosis of depression (Unutzer, 2007). It was also observed that, after controlling for the socio-demographic factors, a positive correlation was only maintained between the focuses of hallucination, learning, aggressive behaviour, confusion, orientation, and perception and the medical diagnosis of dementia. On the other hand, the medical diagnosis of depression was only positively correlated with the focuses of depression, desolation, stress, and sadness. Taking into account these correlations, the results obtained allow us to conclude that such focuses may be important determinants of these medical diagnoses.

Results also pointed out to the existence of a significant correlation between the Nursing focuses on the cognitive domain and the scores obtained on the cognitive tests, as well as in relation to the functionality indices. These changes had a major impact on the ADLs, which is in line with the perspective from other authors (Araújo et al., 2007, 2008; Ferreira et al., 2011). However, these difficulties were predominantly present at the level of instrumental activities, as it has also been observed in other studies (Apóstolo et al., 2011; Sequeira, 2010).

On the other hand, the most frequent focuses related to the psychological domain (mood and anxiety) were correlated with higher scores on the scales of depression and anxiety (GDS/ZAS). This suggested that people with higher levels of anxiety and depression had more problems at the emotional level, which is in line with the literature (Unutzer, 2007). However, the changes observed in some cognitive related-focuses, such as cognition, concentration and thought, were also correlated with higher levels of depression,

which is corroborated by previous studies (Apóstolo et al., 2011; Gonçalves & Martín, 2007). These data suggest the existence of comorbidities in terms of cognitive and emotional symptomatology, which cause suffering and dysfunctionality in the group of people under analysis. This evidence highlights the importance of a good assessment in order to more accurately identify the nature of the problems, their causes and associated needs.

Therefore, it is important to develop effective assessment strategies and methods to accurately identify the actual problems and needs of older people and their determinants. The detailed study of these events is critical to the valuation of the factors resulting from those needs and the planning of a care intervention that complies with the clinical and social nature of the phenomena characterising the ageing process and these users' issues.

The data obtained seem to be sensitive to the clinical nature of the most common medical diagnoses (depression and dementia). Despite the fact that users benefited from medical or nursing treatment/intervention, a wide range of signs and symptoms were identified using the above mentioned instruments. These signs and symptoms often dominate the clinical scenario, and their identification is a challenge and a priority target for Nursing practice.

Despite the rigour used in the methodology and analysis of the results obtained in this study, there were still some limitations. These related to the difficulty in identifying the presence or absence of some Nursing focuses due to the lack of information on the description of their specific concepts, as well as the similarity between contents. This resulted from the fact that, in some focuses, the ICNP includes concepts with overlapping characteristics, which makes it difficult to value the collected information and, in particular, to accurately identify the focus under analysis and its respective changes.

Conclusion

This study made it possible to identify and classify the prevalence of mental health-related Nursing focuses among older people, as well as understand their association with some socio-demographic, clinical and functionality variables, thus contributing to a better perception of the problems affecting this

population. In this way, some conclusions were drawn from this research study related to the performance of the activities of daily living, as well as the physical and psychological well-being of the elderly.

Dementia and depression are important determinants of mental health-related Nursing focuses and diagnoses among older people, highlighting the importance of an accurate assessment of the different dimensions and events which characterise people's ageing and adaptation process to the physical and psychological changes and life contexts.

This work made it possible to envision the next steps to be taken, particularly regarding the creation of an ICNP Catalogue on the needs of the elderly in the areas of mental health and psychiatry and the development of a questionnaire for clinical nursing assessment in this domain.

References

- Apóstolo, J. L. A., Cardoso, D. F. B., Marta, L. M. G., & Amaral, T. I. O. (2011). Efeito da estimulação cognitiva em idosos. *Revista de Enfermagem Referência*, 3(5), 193-201. doi:10.12707/RIII11104
- Araújo, F., Ribeiro, J. L. P., Oliveira, A., & Pinto, C. (2007). Validação do Índice de Barthel numa amostra de idosos não institucionalizados. *Revista Portuguesa de Saúde Pública*, 25(2), 59-66.
- Araújo, F., Ribeiro, J. L. P., Oliveira, A., Pinto, C., & Martins, T. (2008). Validação da escala de Lawton e Brody numa amostra de idosos não institucionalizados. In *Actas do 7º Congresso Nacional de Psicologia da Saúde* (pp. 655-659). Portugal: Universidade do Porto.
- Barreto, J., Leuschner, A., Santos, F., & Sobral, M. (2003). *Escala de depressão geriátrica*. Lisboa, Portugal: Grupo Estudos de Envelhecimento Cerebral e Demências.
- Benedetti, T. R. B., Borges, L. J., Petroski, E. L., & Gonçalves, L. H. T. (2008). Actividade física e estado de saúde mental de idosos. *Revista Saúde Pública*, 42 (2), 302-307. doi:10.1590/S0034-89102008005000007
- Cacho, J., García-García, R., Arcaya, J., Vicente, J. L., & Lantada, N. (1999). Una propuesta de aplicación y puntuación del test del reloj en la enfermedad de Alzheimer. *Revista Neurologia*, 28(7), 648-655.
- Canabrava, D. S., Brusamarello, T., Capistrano, F. C., Mazza, V. A., Mercês, N. N. A., & Maftum, M. A. (2012). Diagnóstico e intervenções à pessoa com transtorno mental com base na consulta de enfermagem. *Cogitare Enfermagem*, 17(4), 661-668.
- Conselho Internacional de Enfermeiros. (2011). *CIPE versão 2: Classificação internacional para a prática de enfermagem*. Lisboa, Portugal: Ordem dos Enfermeiros.

- Fernandes, L. (2004). *Factores biopsicológicos e dinâmica familiar na doença asmática* (Tese de Doutoramento não publicada). Universidade do Porto, Faculdade de Medicina, Portugal.
- Ferreira, P. C. S., Tavares, D. M. S., & Rodrigues, R. A. P. (2011). Características sociodemográficas, capacidade funcional e morbididades entre idosos com e sem declínio cognitivo. *Acta Paulista de Enfermagem*, 24(1), 29-35.
- Gonçalves, D. C., & Martín, I. (2007). Intervenção na depressão geriátrica através da reminiscência. *Psicologia Argumento*, 25(51), 371-384.
- Morgado, J., Rocha, C. S., Maruta, C., Guerreiro, M., & Martins I. P. (2009). New normative values of Mini-Mental State Examination. *Sinapse*, 9(2), 10-16.
- Passos, J., Sequeira, C., & Fernandes, L. (2010). Implicações da saúde mental no envelhecimento activo: Uma perspectiva de enfermagem. In C. Sequeira & L. Sá (Coords.), *Do diagnóstico à intervenção em saúde mental*. Porto, Portugal: Sociedade Portuguesa de Enfermagem de Saúde Mental.
- Passos, J., Sequeira, C., & Fernandes, L. (2012). Prevalência dos focos de enfermagem de saúde mental em pessoas mais velhas: Resultados da pesquisa documental realizada num serviço de psiquiatria. *Revista Portuguesa de Enfermagem de Saúde Mental*, 7, 7-12.
- Santos, A. S. R., Souza, P. A., Valle, A. M. D., Cavalcanti, A. C. D., Sá, S. P. C., & Santana, R. F. (2008). Caracterização dos diagnósticos de enfermagem identificados em prontuários de idosos: Um estudo retrospectivo. *Têxto Contexto Enfermagem*, 17(1), 141-149. doi:10.1590/S0104-07072008000100016
- Sequeira, C. (2010). *Cuidar de idosos com dependência física e mental*. Lisboa, Portugal: Lidel.
- Serra, A. V., Ponciano, E., & Relvas, J. (1982). Aferição da escala de auto-avaliação de ansiedade, de Zung, numa amostra de população portuguesa – II.: – Sua avaliação como instrumento de medida. *Psiquiatria Clínica*, 3(4), 203-213.
- Teixeira, M. B., & Fernandes, R. A. Q. (2003). Diagnósticos de enfermagem identificados em idosos com distúrbio mental. *Revista Brasileira de Enfermagem*, 56(6), 619-623. doi:10.1590/S0034-71672003000600005
- Unutzer, J. (2007). Clinical practice. Late-life depression. *The New England Journal of Medicine*, 357(22), 2269-2276. doi:10.1056/NEJMc073754
- World Health Organization. (1978). International classification of diseases (ICD-9). Geneva, Switzerland: Autor

