

Nursing skills in the health promotion of elderly people with mental disorder

Competências de enfermagem na promoção da saúde do idoso com transtorno mental

Competencias de la enfermería en la promoción de salud al anciano con trastorno mental

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ABSTRACT

Objective: to analyze the nursing intervention related to the skills in the health promotion of elderly people with mental disorders. **Method:** it is about an integrative review of the literature. The seek for publications about the theme, from 2014-2018 was made in the following database: SCOPUS, MEDLINE/PubMed, SciELO, Cochrane, LILACS, and BDNF. From the 850 articles found, 10 were selected; **Results:** the articles were grouped accordingly with the eight domains of the Galway's Skills Model for Health Promotion: to catalyze changes, leadership, evaluation of needs, planning, implementation, impact evaluation, partnership, and defense. The most evident domains were: to catalyze changes, evaluation of needs, implementation and partnership. The level 2C of scientific evidence prevailed. **Conclusion:** it was identified that the skill of health promotion developed by nurses may contribute, diminishing the consequences of mental disorders in elderly people's life.

Descriptors: Mental disorders; aged; health promotion; nursing.

RESUMO

Objetivo: analisar as intervenções de enfermagem relacionadas às competências de promoção da saúde de idosos com transtorno mental. **Método:** trata-se de uma revisão integrativa da literatura. A busca de publicações sobre o tema, de 2014-2018, foi realizada nas bases de dados SCOPUS, MEDLINE/PubMed, SciELO, Cochrane, LILACS e BDNF. Dos 850 artigos encontrados, 10 foram selecionados. **Resultados:** os artigos foram agrupados de acordo com os oito domínios do modelo de competências para promoção da saúde de Galway: catalisar mudanças, liderança, avaliação das necessidades, planejamento, implementação, avaliação do impacto, parceria e defesa. Os domínios mais evidenciados foram catalisar mudanças, avaliação das necessidades, implementação e parceria. Predominou o nível 2C de evidência científica. **Conclusão:** identificou-se que as competências de promoção da saúde desenvolvidas por enfermeiros podem contribuir, reduzindo as consequências dos transtornos mentais na vida do idoso.

Descritores: Transtornos mentais; idoso; promoção da saúde; enfermagem.

RESUMEN

Objetivo: evaluar las intervenciones de enfermería relacionadas a las competencias de promoción de salud al anciano con trastorno mental. **Método:** se trata de una revisión integrativa de la literatura. La búsqueda de publicaciones acerca del tema, entre el 2014 y el 2018 se ha realizado con bases de datos SCOPUS, MEDLINE/ PubMed Scielo, Cochrane, LILACS y BDNF. De los 850 artículos encontrados, 10 han sido seleccionados. **Resultados:** los artículos han sido reunidos de acuerdo con ocho dominios del Modelo de Competencia para la Promoción de Salud de Galway: catalizar cambios, liderazgo, evaluación de necesidades, planificación, implementación, evaluación del impacto, parcerias y defensa. Los dominios más evidenciados fueron catalizar cambios, evaluación de las necesidades, implementación y parceria. Ha predominado el nivel 2C de comprobación científica. **Conclusión:** se ha identificado que las competencias de la promoción de salud desarrolladas por enfermeros pueden contribuir, reduciendo las consecuencias de los trastornos mentales en la vida de los ancianos.

Descriptores: Trastornos mentales; anciano; promoción de salud; enfermería.

INTRODUCTION

Health care for the elderly is of concern to the sectors of society, since the overlap of biological, emotional, social and economic factors in the aging process leads to weaknesses and to the emergence of multiple chronic conditions¹.

Upon reaching old age, some individuals may have psychiatric conditions that are common at this stage of life. Mental disorders affect about one third of the elderly. These individuals are just as vulnerable to psychiatric disorders as younger people, with a 40% incidence of neurotic disorders, 18% of affective disorders and 6% of alcohol abuse records, as well as dementia and psycho-organic syndromes present in 36% of the cases².

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The Brazilian psychiatric reform, a movement organized from a heterogeneous field of knowledge and practices that encompasses clinical, political, cultural and legal-judicial relations approaches, influenced the construction of the new models of mental health care adopted today³.

With the orientations and reformulations of the care model reinforced by the Psychiatric Reform, nurses' care began to value the importance of maintaining the citizenship of the psychiatric patients and social life. Thus, care in Mental Health began to be guided by the promotion and production of life and health⁴.

Nursing care for individuals with mental disorders includes the emotional, physical, spiritual, social and family aspects, in order to ensure follow-up, promotion, maintenance and recovery of their health, as well as assisting the social reintegration of the person, considering their rights as citizens⁵.

With regard to nursing care for the elderly, it is essential that actions be permeated by health promotion. In this context, understanding that aging is characterized by specific changes, the professional must have skills to deal with the diversity of situations presented by this population⁶.

Thus, for the care directed to the health promotion of the elderly with mental disorders to be efficient, it is necessary that nurses incorporate specific skills. The Galway Conference, held in Ireland in June 2008, aimed at a global exchange and collaboration between countries, with a view to identifying and building core competencies in health promotion and health education, as well as the development of workforce⁷.

The Galway Consensus outlines values and principles, a common definition and eight key competency domains required for effective engagement in health promotion practices. The domains are the following: catalyzing change; leadership; needs assessment; planning; implementation; impact assessment; advocacy; and partnerships⁷.

Given this context, the following question arose: Which nursing interventions are related to the health promotion skills of the elderly with mental disorders?

The answer to this question may contribute to a critical reflection of the nursing care practice in the health promotion of the elderly with mental disorders, aiming to improve the performance of nurses. Thus, the objective of this study was to analyze the nursing interventions related to the competencies for health promotion of the elderly with mental disorders.

METHODOLOGY

This is an integrative review, a method that aims to gather and synthesize research results on a delimited theme or issue, in a systematic and orderly manner, contributing to the deepening of the knowledge of the investigated theme⁸.

To achieve the proposed objective, the following steps were followed: identification of the problem or theme (elaboration of the guiding question, establishment of descriptors), establishment of criteria for inclusion/exclusion of articles (selection of articles); categorization of studies according to competences and level of scientific evidence; definition of the information to be extracted from the selected works; analysis and discussion; synthesis of the findings evidenced in the analyzed articles.

The inclusion criteria for the selection of articles were the following: contemplating the proposed objective of the research; being available in full, electronically and for free; having been published from 2014 to 2018, since the most recent scientific evidence on the subject was sought; and being written in English, Portuguese or Spanish. Editorials, letters to the editor, papers published in event annals, reflection articles and repeated articles were excluded.

The bibliographic survey was conducted from October to December 2018, through consultations in the following databases: SCOPUS, National Library of Medicine and National Institutes of Health (MEDLINE/PubMed), Scientific Electronic Library Online (SciELO), Cochrane, Latin American and Caribbean Health Sciences Literature (*Literatura Latino-Americana e do Caribe em Ciências da Saúde*, LILACS) and the Nursing Database (*Base de Dados em Enfermagem*, BDEF). On the national databases, the following descriptors were used: "trastornos mentais" AND "idoso" AND "enfermagem", according to the terminology of the Health Sciences Descriptors (*Descritores em Ciências da Saúde*, DeCS). In the international databases, the descriptors used were "mental disorders" AND "aged" AND "nursing", according to the MeSH (Medical Subject Headings) terminology.

To describe the searches and select the studies, the Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA) was used; 10 articles were identified, as shown in Figure 1.

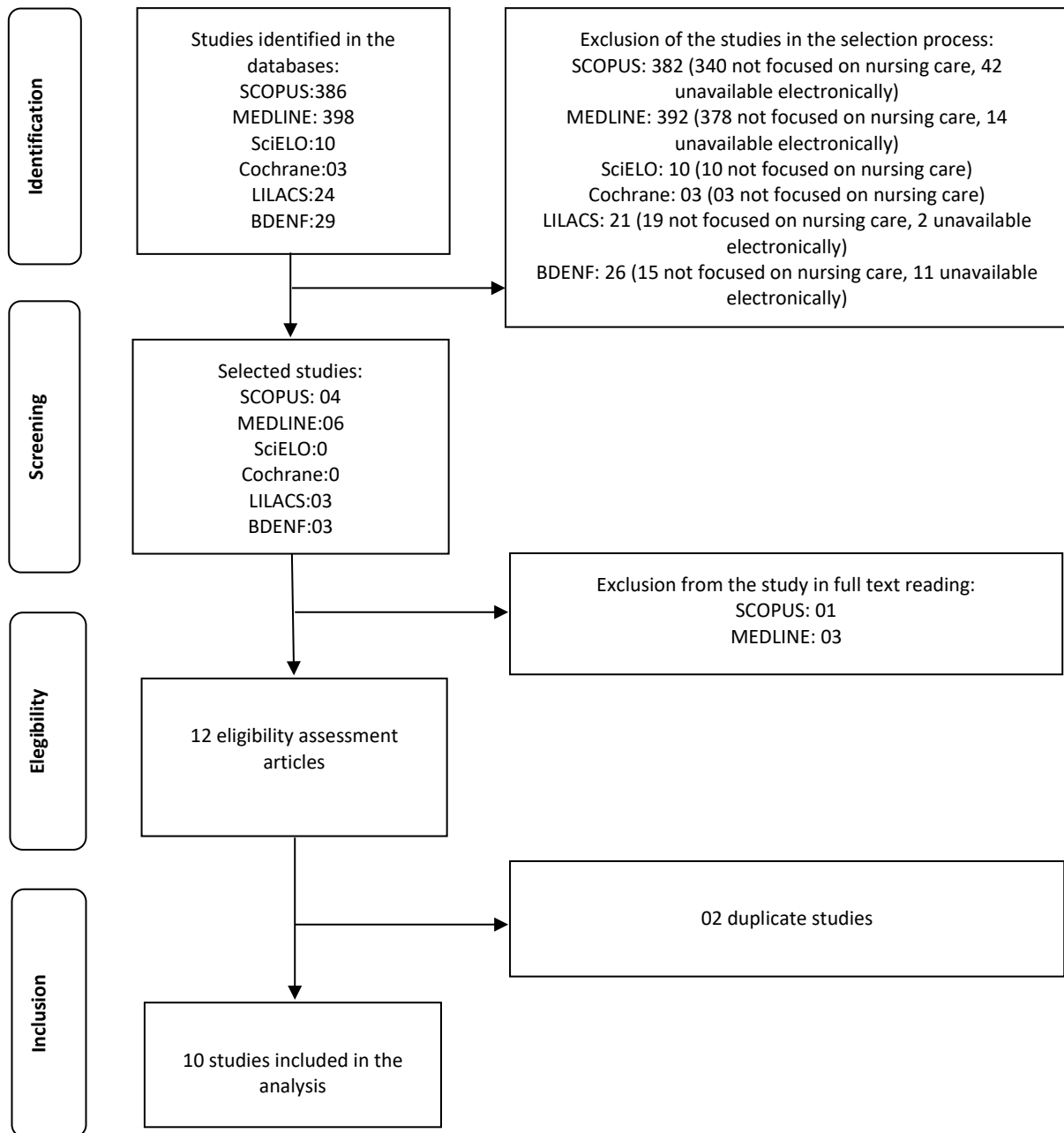


FIGURE 1: Selection process of the studies in the databases.

RESULTS

Of the 10 articles selected⁹⁻¹⁸, all published from 2014 to 2018, one is from Canada¹¹, three from European countries (Sweden, Portugal, Spain)^{12,14,17} and six from Brazil^{9,10,13,15,16,18}. Two were published^{9,14} in 2014, three in 2015^{13,15,17}, four in 2016^{11,12,16,18} and just one in 2018¹⁰. The investigations found were classified according to the Evidence-Based Practice (EBP). This classification complies with *Oxford Centre Evidence-Based Medicine* (Figure 2), which stratifies the evidence according to the methodological design¹⁹. See Figure 2.

Evidence level	Types of study
1 A	Systematic reviews and meta-analyses of comparable clinical trials. Well-designed randomized controlled studies with a relevant clinical outcome.
1 B	Randomized controlled studies with a narrow confidence interval.
1 C	All or nothing results. Case study of controlled cases.
2 A	Homogeneous systematic review of cohort studies (with comparison groups and control of variables).
2 B	Cohort study with poor quality randomization, control or not long follow-up, cross-sectional cohort study.
2 C	Research results (observation of therapeutic results or clinical evolution).
3 A	Homogeneous systematic review of case studies with control group.
3 B	Case studies with control group.
4	Case reports and series without case control definition.
5	Opinion of respected authorities or experts. Review of non-systematic literature.

FIGURE 2: Classification of the types of study by level of evidence.

Therefore, it was found that eight articles were classified with evidence level 2C^{9-14,16,18} and the others with levels 4¹⁷ and 5¹⁵. Thus, eight articles presented an observation of therapeutic results and clinical evolution^{9-14,16,18}. We found an article with its methodology based on the case study¹⁷ and another that used the integrative literature review as a research method¹⁵. Such findings are not considered strong evidence for clinical application; however, the reflections and proposals seem to have been pertinent to the studies involving health promotion for the elderly with mental disorders. The distribution of articles according to the domains of competence and to the nursing interventions is described in Figure 3.

Competence Domains Nursing interventions
<p>Domain 1: Catalyzing changes</p> <ul style="list-style-type: none"> -Health education^{9,10} -Bond between nurse and patient^{9,10} -Support in self-care¹¹ -Informative support on the effects of the physical and social activities¹² -Encouraging a healthier lifestyle¹² -Empowering the patient^{12,13} -Motivation to quit addictions⁹ <p>Domain 2: Leadership</p> <ul style="list-style-type: none"> -Dialog^{9,12} <p>Domain 3: Needs assessment</p> <ul style="list-style-type: none"> -Assessment to detect anxiety and depression^{11,12} -Assessment of the functioning level¹¹ -Assessment of the mental health status^{12,14,15} -Lifestyle assessment⁹ -Assessment of the family needs¹⁶ <p>Domain 4: Planning</p> <ul style="list-style-type: none"> -Care Planning¹⁶ <p>Domain 5: Implementation</p> <ul style="list-style-type: none"> -Home visit¹² -Pharmacological control^{12,15} -Systematic follow-up^{9,11,17} -Spiritual support^{12,18} -Social support¹⁶ <p>Domain 6: Impact Assessment</p> <ul style="list-style-type: none"> -Systematic assessment of the patient's response to the treatment¹¹ <p>Domain 8: Partnership</p> <ul style="list-style-type: none"> -Referral to other services, such as psychotherapy¹¹ -Joint primary care operations and municipal social services¹² -Partnership with other health professionals^{11,12} -Partnership with the family¹⁰

FIGURE 3 - Distribution of the articles according to the competence domains and to the nursing interventions

Studies predominated with nursing interventions corresponding to the following domains: catalyzing change⁹⁻¹³, needs assessment^{9,11,12,14-16}, implementation^{9,11,12,15-18} and partnership¹⁰⁻¹². Domain 7, advocacy, was not identified in the findings. Six articles covered more than one area of competence^{9-12,15,16}.

DISCUSSION

Building a competent health promotion workforce, with the necessary knowledge to develop, implement and evaluate health promotion policies and practices, is critical to claiming and sustaining investments by the public health system⁴.

The nurse plays an important role in quality-of-life care in health promotion. Empowerment and health education allow for a change in attitude and empowerment for people and the community, support for adherence to treatments, motivation to identify factors that interfere with treatment, such as physical exercise, healthy diet and active participation, i.e., health depends on quality of life²⁰. Interventions with these characteristics were found in the studies evaluated⁹⁻¹³. Actions in this area are part of the catalyzing change domain, which focuses on enabling change and empowering individuals and communities to improve health⁷.

In one of the articles included in this review, health education activities focused on the care of the elderly in the use of psychotropic drugs, in which the actions involved guidance for both the elderly and caregivers regarding the correct use of drugs¹⁰. In another study, health education actions focused on self-care were highlighted. Among the interventions carried out, there were the guidelines regarding the consequences of smoking, which directly affects the quality of life of the elderly with mental disorders⁹.

Nursing interventions to catalyze change require a differentiated attitude from the professional, in which the bond must be established from the first contact. Thus, trust must be reciprocal between professional and patient, because there is a need to believe that changes are possible, even in the face of complex social and health vulnerability. In the daily routine of the primary health services, barriers to an effective bonding, accountability and commitment of the professionals are common to envisage advances in the paradigm of psychosocial care²¹.

Thus, it is necessary that nurses use care models that ensure an effective nursing consultation, in order to meet human demands and needs, with data collection and evaluation, which would lead to the diagnosis of the situation, a diagnosis that requires an intervention to be evaluated by the results obtained^{22,23}.

Loss of cognition in the elderly has direct consequences on their quality of life, which may lead to functional decline, with decreased and/or loss of skills for the development of daily life activities, which directly interferes with their empowerment process²⁴.

In the Galway Consensus, leadership is the targeting of strategies and opportunities for participation in the development of healthy public policies, mobilization and resource management for health promotion and capacity building⁷. It is an essential competence in the work process of nurses, identified through the dialog between nurse and patient^{9,12}. In one of the review studies, nurses used dialog to provide emotional support and discuss problems in the daily lives of the elderly, as well as to offer information about patients' treatment, thus promoting health¹².

The third domain is the assessment of needs and resources of communities and systems, leading to the identification and analysis of behavioral, cultural, social, environmental and organizational determinants that promote or compromise health⁷.

Among the articles that demonstrated nursing interventions in the needs assessment domain, three addressed the assessment of mental health status^{12,14,15}, and another two studies addressed the evaluation for detection of anxiety and depression^{11,12}. In view of that, risk assessments by health professionals are extremely valuable for the early identification of mental health problems¹².

The assessment of family reality was an important nursing intervention identified. Nurses and health professionals need to be in direct contact with the family to facilitate the process of early identification and recognition of problems and suffering that may alter family dynamics¹⁶. In addition, the caregiver is an indispensable element in the follow-up process of the elderly, and nurses need to provide care support, coping strategies, as well as consider personality traits in accepting their role^{25,26}.

Nursing interventions in the needs assessment domain were more identified in the studies, as they are probably the skills most worked on during the training and qualification of nurses. However, it requires specific knowledge and should be a practice disseminated not only by specialized care, but throughout the care network. Thus, it is worrying to

observe the incipient discussion about education/training in nursing in mental health, in the legitimate spaces of the category, which deals with the guidelines for nursing education²⁷.

Planning aims at the development of measurable goals and objectives in response to needs assessment and to the identification of strategies based on knowledge derived from theory, evidence and practice⁷. In this domain, the relevance of planning for qualified care is emphasized, including the evaluation and monitoring of families regarding physical, emotional and social difficulties, as well as the early perception and recognition of the problems and suffering of family members who provide care to the elderly with mental disorder¹⁶.

Implementation, the fifth competency, is the effective and efficient deployment of culturally sensitive and ethical strategies to ensure the greatest possible improvement in health, including the management of human and material resources⁷. In this domain, home visits, systematic follow-up, pharmacological control, spiritual support and social support were found.

The development of health promotion groups for the elderly with mental disorders was not evidenced in the articles of this review. However, the group can be a powerful motivational strategy by allowing the exchange of experiences and contributing to treatment adherence²⁸.

Home visits, as a technology of interaction in health care, are a means of knowing the patient's reality of life, favoring the establishment of bonds and the understanding of important aspects of the dynamics of family relationships²⁹. One of the articles in the review included a study conducted in Sweden, where nurses performed preventive home visits for elderly individuals from 75 years old, using dialog to promote mental health, thus performing a fundamental care action for the health maintenance of the elderly with mental disorders¹².

It is worth highlighting the importance of a continuous follow-up of the elderly with mental disorders, and this follow-up is a guideline evidenced in some of the articles^{9,11,17}, since the continuous follow-up provided by the nursing staff allows them to be closer to the patients, as well as to identify clinical and functional changes in a timely manner.

Pharmacological control was evidenced as essential in the treatment of patients with mental disorders^{12,15}, as they require regular follow-up, particularly those who are resistant to the drug regimen¹¹. In addition, many patients have cognitive impairment due to their mental disorders, revealing difficulties in remembering to take their medication.

Spiritual support was also identified as an ally to the treatment of psychological and emotional disorders, which allows for a reflection on the relevance of the implementation of nursing care in the human dimension of spirituality^{12,18} as the sense of purpose and meaning of life increases^{30,31}.

Social support is a relevant variable in disease prevention, health promotion, therapeutic adherence, and in the disease recovery process³². An educational program, cited among the articles, aimed to help older people with dementia to seek greater social support and thereby help in problem solving and stress reduction. In addition, the program conducted psychoeducational training with family members¹⁶.

Impact assessment, the sixth competence, aims to determine the scope, effectiveness and impact of the health promotion policies and programs. This includes the use of appropriate assessment and research methods to support improvement, sustainability and dissemination programs⁷. An article included in this review performed a systematic assessment of patient response to treatment¹¹. The information obtained from this domain is important to guide nurses in planning interventions.

Only one study addressed the impact assessment domain aimed at ensuring the effectiveness and readjustment of health promotion interventions performed by nursing. Thus, interventions bring weaknesses when their effects on health promotion of the study population are unknown.

Based on the eighth competence, partnerships, which, according to the Galway Consensus, would be cooperative work among disciplines, sectors and partners to improve the impact and sustainability of health promotion programs and policies⁷, in some studies, the partnership with the family and the interdisciplinary team was evidenced, with referral of the patient to other sectors or services. In this sense, the nurse must recognize that alone he will not meet all the social and health needs that the elderly person demands, and should perform a multi-professional approach that includes preventive, curative and rehabilitative actions that contribute to improving the quality of life of the elderly³³.

It is worth mentioning that domain number seven – advocacy – was not identified in the articles of the present research. Patient and community advocacy aims to improve health and well-being by favoring important aspects of quality of life and health promotion⁷. For the elderly with mental disorders, this advocacy role entails defending their

interests and encouraging them to maintain health care. The professional should feel co-responsible for the patient, especially when dealing with vulnerable populations, such as the elderly and patients with mental disorders.

Given the above, the importance is verified of inserting knowledge about health promotion skills in the training of nurses, in order to offer a nursing care focused on the population, prioritizing promotion, protection, recovery and rehabilitation of health actions to the detriment of the biomedical model, which focused only on the disease and its cure.

Thus, it is emphasized that it is essential that nurses take ownership of health promotion skills, aiming to offer comprehensive care to the elderly with mental disorders, so that they can minimize the impact of the disease.

The study supports health promotion actions and makes it possible to evaluate nursing interventions to plan improvements in the health care practices. Identifying nursing competencies in the health promotion of the elderly with mental disorders enables nurses to provide greater clarity and visibility of their work, resulting in increased quality of care for a historically and socially discriminated public.

CONCLUSION

The domains of competence for nurses' practice in health promotion of the elderly with mental disorders most evidenced in the publications were the following: catalyzing change, needs assessment, implementation and partnership. The advocacy domain was not reported in any article. The competences allow the nurse to stand out as a health promoting agent, thus being essential for the nursing care process.

One limitation identified in the study was the reduced number of databases consulted. Thus, in new studies it is necessary to include other databases aimed at deepening and investigating other health promotion actions carried out by the nursing professionals.

As for the levels of scientific evidence, level 2C predominated, meaning moderate scientific evidence. Thus, it is prudent to recognize that the studies in question did not apply methods that lead to the synthesis of the best scientific evidence.

In the analyzed articles, it was possible to identify that the health promotion skills developed by nurses can contribute to reducing the consequences of mental disorders in the lives of the elderly. The results of this study may support the nurses' conducts in the practice of health promotion of these patients, as well as encourage nurses to apply the interventions herein discussed.

It is recommended that health promotion skills be incorporated into the syllabus of undergraduate nursing courses in order to qualify nurses' training for a practice based on comprehensive care, with a broader view of health as a starting point.

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