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

Vitoria Lídia Pereira Sousa; Andréa Carvalho Araújo Moreira; Francisco Eduardo Silva de Oliveira; José Wellington Cruz Magalhães Júnior

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 BDENF. From the 850 articles found, 10 were selected; Results: the articles were grouped according 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

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

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 conditions. 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 cases.

1Nursing Scholar of the Federal University of Vale do Acaráu. Brazil E-mail: vitorialidia05@gmail.com
2Nurse, Ph.D. Professor of the Nursing Course of the State University of Vale do Acaráu. Brazil E-mail: andreamoreiraeva@gmail.com
3Nursing Scholar of the Federal University of Vale do Acaráu. Brazil E-mail: eduardosilvaipu@gmail.com
4Graduated Nurse at the Federal University of Vale do Acaráu. Brazil E-mail: jrapx_k25@hotmail.com
The Brazilian psychiatric reform, a movement organized from a heterogeneous field of knowledge and practices that encompasses clinical, political, cultural and legal-juridical relations approaches, influenced the construction of the new models of mental health care adopted today. 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 health.

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 citizens.

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 population.

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 workforce.

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 partnerships.

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 theme.

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, BDENF). 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.
RESULTS

Of the 10 articles selected\(^9\)–\(^\text{18}\), all published from 2014 to 2018, one is from Canada\(^1\), three from European countries (Sweden, Portugal, Spain)\(^2\),\(^4\),\(^7\),\(^8\) and six from Brazil\(^5\),\(^6\),\(^9\),\(^\text{10}\),\(^11\),\(^12\),\(^13\),\(^14\),\(^15\),\(^16\),\(^17\),\(^18\). Two were published\(^9\),\(^14\) in 2014, three in 2015\(^9\),\(^15\),\(^17\), four in 2016\(^11\),\(^12\),\(^16\),\(^18\) and just one in 2018\(^10\). 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 design\(^19\). See Figure 2.
Therefore, it was found that eight articles were classified with evidence level 2C9-14,16,18 and the others with levels 417 and 515. Thus, eight articles presented an observation of therapeutic results and clinical evolution9-14,16,18. 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.
Studies predominated with nursing interventions corresponding to the following domains: catalyzing change\textsuperscript{9,13}, needs assessment\textsuperscript{9,11,12,14-16}, implementation\textsuperscript{11,12,15-18} and partnership\textsuperscript{10-12}. Domain 7, advocacy, was not identified in the findings. Six articles covered more than one area of competence\textsuperscript{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 system\textsuperscript{4}.

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 life\textsuperscript{40}. Interventions with these characteristics were found in the studies evaluated\textsuperscript{8-13}. Actions in this area are part of the catalyzing change domain, which focuses on enabling change and empowering individuals and communities to improve health\textsuperscript{7}.

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 drugs\textsuperscript{40}. 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 disorders\textsuperscript{8}.

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 care\textsuperscript{21}.

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\textsuperscript{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 process\textsuperscript{24}.

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 building\textsuperscript{7}. It is an essential competence in the work process of nurses, identified through the dialog between nurse and patient\textsuperscript{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 health\textsuperscript{12}.

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 health\textsuperscript{7}.

Among the articles that demonstrated nursing interventions in the needs assessment domain, three addressed the assessment of mental health status\textsuperscript{10,14,15}, and another two studies addressed the evaluation for detection of anxiety and depression\textsuperscript{11,12}. In view of that, risk assessments by health professionals are extremely valuable for the early identification of mental health problems\textsuperscript{12}.

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 dynamics\textsuperscript{16}. 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\textsuperscript{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
The development of health promotion interventions 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 elderly to view their problems and suffering as manageable. It is worth highlighting the importance of a continuous follow-up of the elderly with mental disorders, and this 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, but cognitive impairment due to their mental disorders reveals difficulties in remembering to take their medications.

Spiritual support was also identified as an ally to the treatment of psychological and emotional disorders, which allow for a reflection on the relevance of the implementation of nursing care in the human dimension. However, the group can be a powerful motivational strategy by allowing the elderly to view their problems and suffering as manageable. It is worth mentioning that domain number seven – advocacy – was not identified in the articles of the present study, and this domain is important to guide nurses in planning interventions.

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 practice. 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 adherence. The development of health promotion interventions 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 adherence.
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 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' conduct 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.

REFERENCES


