



Nursing diagnoses in elderly residents of a nursing home: A case in Turkey

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ABSTRACT

There are limited studies on nursing diagnoses of the elderly living in nursing homes worldwide. This study aimed to define the most frequent nursing diagnoses in the elderly residents of a nursing home elder care and rehabilitation center. Seventy-four elderly individuals were included in the study. Data were collected using the “Elderly Individual’s Introduction Form” between April 2007 to August 2007. The content of the form was based on a guide to gerontologic assessment, and Gordon’s Functional Health Patterns. The nursing diagnoses (NANDA-I Taxonomy II) were identified by the 2 researchers separately according to the defining characteristics and the risk factors. The consistency between the nursing diagnoses defined by the 2 researchers was evaluated using Cohen’s kappa (κ). There was an 84.7% agreement about nursing diagnoses defined by the 2 researchers separately. The weighted kappa consistency analyses showed there was an adequate level of consistency ($\kappa = 0.710$), and the findings were significant ($p < 0.0001$). The most frequent diagnoses were ineffective role performance (86.5%), ineffective health maintenance (81.2%), risk for falls (77%), and impaired physical mobility (73%). The diagnosis of ineffective role performance was more frequent in patients with dementia ($\chi^2 = 10.993$, $df = 1$, $p = 0.001$). There was a very significant relationship between dementia and the diagnosis of impaired verbal communication ($\chi^2 = 32.718$, $df = 1$, $p = 0.0001$). The relationship between mobility disorder and self-care deficit was also significant ($\chi^2 = 19.411$, $df = 1$, $p = 0.0001$). To improve quality in patient care, nurses should use nursing diagnoses with a systematic assessment and should help the elderly in health promotion or use of the maximum current potential.

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Introduction

The Turkish population is aging, just like the rest of the world.^{1–4} The Statistics Association of Turkey reported in 2008 that 6.84% of our population (4.893.423) was ≥ 65

years of age.⁵ This increase and the extended lifespan will cause a high degree of geriatric health problems and profound transformations in the family-social-economic-cultural structure of the society, which will have a direct influence on the health sector.^{2,4,6–10} In parallel with epidemiological changes, there is also an

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increase in the rate of chronic degenerative problems (coronary artery diseases [28%],¹¹ hypertension [33.7%],¹² diabetes [13.5%],¹³ osteoarthritis [10-35%]¹⁴ etc.), which will require support from qualified professionals and elderly community-oriented appropriate care models.¹⁵⁻¹⁸ The physiologic changes caused by aging bring about chronic diseases, psychological disorders, and problems (dementia [5-50%],¹⁹ depression [1-60%],^{20,21} sleep problems [60.9%]²²) rising from inactivity, thereby creating a vicious circle.²³

Elder care can differ in each country. Traditionally, elder care was provided by the family members. Increasingly in modern societies, it is now being provided by the state or charitable institutions. This change is caused by decrease in family size, a longer life expectancy for seniors, the geographical dispersion of families, and the tendency for women to be educated and work outside of the home.^{16,23,24}

Despite the different socio-cultural structure of Turkey when compared with most European countries, the aforementioned changes are now increasingly affecting Turkish citizens as they have those in most other countries. Elder services in Turkey are, on an institutional level, predominantly offered by nursing homes. Social Services and Child Protection Association, Social Insurance Institution, municipalities, charitable institutions, and other community institutions in Turkey have provided service to elderly people in 259 nursing homes since 2008.^{7,25} Unfortunately, The number of institutions currently has a 341 person-to-1-bed ratio for people aged 60 or above.²⁶ In addition, our programs serving elderly people are not as multifaceted as they are in other countries, and do not include rest homes (nursing homes), nursing home elder care and rehabilitation centers, elderly counseling centers, and national associations devoted to advocating for elders.^{7,23} Studies on home care programs in Turkey have continued to grow since 1994.⁷

According to law on the Republic of Turkey Pension Fund for civil servants, practices of services for senior persons are conducted through rest homes and nursing homes. In line with the provisions of regulations, nursing homes lodge elderly people over 60 years of age who are socially or economically deprived, can independently carry out their daily activities (eg, eating, drinking, toilet), do not have a grave sickness or disability that would necessitate continued treatment and care, and are mentally and psychologically sound. Some seniors do not have relatives who are legally obliged to look after them. Those who do have someone who is legally obliged, but financially unable to look after them, and those with adequate economic power but who are socially deprived, are admitted to nursing homes but required to pay for their lodging.^{16,23,25,26} Some nursing homes have special care units to carry out the nursing and rehabilitation of elderly people who are permanently or temporarily bedridden or require special attention, support, and protection as a result of physical or mental decline.^{16,23}

Provision of services for seniors in the nursing home elder care and rehabilitation center are consistent with nursing homes with a special care unit. It is a goal that all services provided for elders, such as people meeting their daily needs (eg, meals, cleaning, lodging), treatment and care, psychological and social consultancy, developing their social relations, spending of their leisure time, and adequate diets based on their nutrient consumption levels and health conditions are supervised in coordination by staff such as a physician, social service specialist, psychologist, dietician, physiotherapist, and nurse.²³ This professional supervision is required because most of the residents in this institution have cognitive problems such as dementia.

Yet, there are not enough nurses to provide for or supervise these services in Turkey. According to the World Health Organization (WHO), Turkey is last among 51 countries in Europe in terms of the number of nurses available per 1000 individuals. In our country, the number of nurses is 2.4 per 1000 persons, whereas this rate is 9.5 nurses in Germany, 8.4 nurses in Sweden, 5.8 nurses in Austria, and 3.7 nurses in Spain.²⁶ Duties and authorities of the nurses identified by the Social Services and Child Protection Association are to:

- collect data from seniors related to their diseases;
- prepare seniors for physical examination;
- help the physician, dentist, and physiotherapist arrange medical procedures;
- carry out medication administrations and monitor the effects of drugs;
- measure and evaluate vital signs;
- provide basic nursing skills for body systems;
- administer first-aid procedures and measures if necessary and inform physician about the situation;
- take necessary precautions when any infectious disease exists;
- accompany older persons referred to the hospital if necessary and deal with discharge from the hospital;
- administer infirmary affairs;
- ensure the general hygiene conditions in the institution;
- deal with meal delivery, monitor eating patterns, and encourage and assist elders with eating difficulty;
- record the nursing applications; and
- work in collaboration with the health care team.²⁷

Nursing care contributes to a higher quality of life for the elderly. This can be possible by a systematic and comprehensive care by nurses. A comprehensive assessment is the first stage of the nursing care process.²⁸⁻³⁰ Systematic data facilitate the definition of suitable nursing diagnoses leading to care. Nursing diagnoses are used as a basis for projecting outcomes and determining nursing interventions with the aim of reaching those projected outcomes.^{29,31,32} Although there has recently been a new international trend in the use of nursing diagnoses,³³ in our country their use is limited to those in the education field and a few private hospitals, but they are ignored by most nurses in

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