



A retrospective study of nursing diagnoses, outcomes, and interventions for patients with mental disorders



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ABSTRACT

Aim: The aim of this study is to describe the most frequent NANDA-I nursing diagnoses, NOC outcomes, and NIC interventions used in nursing care plans in relation to psychiatric diagnosis. **Background:** Although numerous studies have described the most prevalent NANDA-I, NIC and NOC labels in association with medical diagnosis in different specialties, only few connect these with psychiatric diagnoses. **Methods:** This multicentric cross-sectional study was developed in Spain. Data were collected retrospectively from the electronic records of 690 psychiatric or psychogeriatric patients in long and medium-term units and, psychogeriatric day-care centres. **Results:** The most common nursing diagnoses, interventions and outcomes were identified for patients with schizophrenia, organic mental disorders, mental retardation, affective disorders, disorders of adult personality and behavior, mental and behavioural disorders due to psychoactive substance use and neurotic, stress-related and somatoform disorders. **Conclusion:** Results suggest that NANDA-I, NIC and NOC labels combined with psychiatric diagnosis offer a complete description of the patients' actual condition.

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1. Background

Over the last decades, in the context of mental health care, important reforms have taken place to promote the deinstitutionalization of patients in many occidental countries (WHO & Wonca, 2008). In this line, in Spain numerous changes have been undertaken to adopt a community-based model of mental health care (Ministry of Health, Equality Social Services, 2012). The Mental Health Strategy of the Spanish National Health System 2009–2013 is the current guidance document that, based on the evaluation of the present situation, outlines the main lines of strategy and objectives for the improvement of mental health care (Ministry of Health, Equality Social Services, 2012). This document acknowledges the relevance of nurses' function and promotes the incorporation of nurses who are certified as psychiatric-mental health clinical nurse specialist as part of interdisciplinary teams among all mental health care services. The mental health care services include a variety of different types of health care settings for adult patients: community mental health care centres, day care/psychosocial rehabilitation centres, community residential/supported living services,

acute psychiatric units, medium and long-term psychiatric units and psychogeriatric residential units (SIAP, 2009).

The nurses' role within the interdisciplinary teams can be supported and enhanced with research on nursing care and practice in the different mental health care services of the Spanish context. The use of standardized languages to describe the elements of the nursing process provides a systematic approach toward patient care and allows describing nursing practice in a precise way (Johnson, Moorhead, Bulechek, Maas, & Swanson, 2011; Nanda International, 2012; Thoroddsen, Ehnfors, & Ehrenberg, 2010). The nursing diagnoses classification of the NANDA-International (NANDA-I; Nanda International, 2012), the Nursing Outcomes Classification (NOC; Moorhead, Johnson, Maas, & Swanson, 2013) and the Nursing Interventions Classification (NIC; Bulechek, Butcher, Dochterman, & Wagner, 2013) are three coded and standardized nomenclatures that refer to the nursing process elements of diagnoses, interventions, and outcomes. Each element in NANDA-I, NIC and NOC taxonomies consists of a label name, a definition and a unique numeric code. NANDA-I, NIC and NOC terminologies have widely been researched and applied (Anderson, Keenan, & Jones, 2009; Johnson et al., 2011).

The three classifications together have the potential to represent the domain of nursing in all settings (Johnson et al., 2011). Thoroddsen et al. (2010) compared nursing diagnoses and nursing interventions in four selected nursing specialties, including surgical, medical, geriatric, and psychiatric areas. They concluded that NANDA-I and NIC taxonomies illustrated the specific knowledge of each specialty and were very useful in describing basic human needs and nursing care in clinical practice. Nonetheless, they argued that further research should be developed to identify specific nursing diagnoses, nursing interventions and outcomes in different specialties. Two studies identified nursing phenomena (Frauenfelder, Müller-Staub, Needham, & Van Achterberg, 2011) and nursing interventions (Frauenfelder, Müller-Staub, Needham, & Achterberg, 2013) mentioned in journal articles on adult psychiatric inpatient nursing care and compared them with the NANDA-I and NIC terminologies respectively. Both studies concluded that these taxonomies described the majority, but not all, of concepts mentioned in the literature. The authors suggested that additional development of the taxonomies is needed to include all the relevant phenomena and interventions for the nursing work in adult inpatient settings (Frauenfelder et al., 2011, 2013).

Numerous studies in different specialties have analyzed NANDA-I, NIC and NOC elements in association with medical diagnoses or diagnosis-related groups. It has been demonstrated that their concurrent application offers complementary information about a patient's actual condition that can be employed to predict patient outcomes or use of resources (Güler, Eser, Khorshid, & Yücel, 2012; van Beek, Goossen, & van der Kloot, 2005; Welton & Halloran, 2005). In psychiatry and mental health care, only two studies examining the prevalence of nursing diagnoses according to different psychiatric diagnoses have been located. Ugalde Apalategui and Lluch Canut (2011) described the most prevalent NANDA-I labels for nine diagnosis-related groups and Vilchez Esteve, Atienza Rodríguez, Delgado Almeda, González Jiménez, and Lorenzo Tojeiro (2007) for five psychiatric diagnoses. Moreover, two additional papers examined nursing diagnoses in patients with a specific psychiatric diagnosis, such as schizophrenia (Chung, Chiang, Chou, Chu, & Chang, 2010; Lluch Canut et al., 2009).

Beyond prevalence analyses, several research projects have examined the relationship between the number of nursing diagnoses, as a measure of nursing complexity, and patient outcomes. For example, Moon (2011) found that the number of nursing diagnoses was significantly related to the changes in selected NOC scores in ICU patients and Sherb et al. (2013) obtained similar results in patients with pneumonia or heart failure. In acute cardiac care, Meyer, Wang, Li, Thomson, and O'Brien-Pallas (2009) demonstrated that the

number of nursing diagnoses increased the likelihood of suffering medical consequences (e.g., medical errors with consequences, urinary tract or wound infections) and reduce the extent to which physical and mental health improved at discharge (measured by difference scores between admission and discharge in the SF-12 Health Status Survey). To the author's knowledge, this aspect has not been explored in psychiatric patients.

Examining nursing practice by analyzing NANDA-I, NIC and NOC labels mentioned in nursing records in mental health nursing practice may contribute to develop knowledge within the specialty. The aim of this study is to describe the most frequent nursing diagnoses, outcomes, and interventions used in nursing care plans for psychiatric and psychogeriatric patients in medium and long-term care facilities in relation to psychiatric diagnosis. The research questions were: (a) Which nursing diagnoses, outcomes and interventions are used in nursing care plans according to psychiatric diagnosis? (b) Is there any relationship between the variables number of nursing diagnoses, psychiatric diagnosis, age or gender and the degree of severity of problems associated with mental illness?

2. Research methods

2.1. Data collection procedures and sample

This multicentric cross-sectional study was performed in 5 psychiatric clinics in different regions of Spain. These centres belong to the Congregation of Sisters Hospitallers of the Sacred Heart of Jesus. The electronic medical record software used in these centres integrates NANDA-I, NIC and NOC taxonomies and nurses have used them routinely to develop healthcare plans for some years now.

Data were collected retrospectively from the nursing care plans included in the electronic patient records. No sampling strategy was used as the whole study population was included in the study. The study population consisted of all those records of patients fulfilling the inclusion/exclusion criteria who were hospitalized between June 2010 and July 2011. Subjects eligible for inclusion were adult (aged over 18) psychiatric and psychogeriatric patients, who had a nursing care plan with NANDA-I, NIC and NOC labels and stayed at any of the healthcare facilities under study. These were long-term psychiatric units, medium-term psychiatric units, long-term psychogeriatric units and psychogeriatric day-care centres. Long-term units are residential services and patients may stay there indefinitely. Patients usually stay in medium-term units between 1 and 6 months. As exclusion criteria, due to ethical considerations, all patients in a terminal condition were not considered eligible. Records of patients who were readmitted after discharge during the data collection period were excluded.

This research project was approved by the Ethical and Scientific Research Committee of Navarra. To ensure anonymity each electronic patient record was assigned an ID-number. Access to medical electronic records was granted by participating centres. In addition, although not necessary, written informed consent from all participants or their legal guardians was obtained to add ethical value to the study. In order to facilitate a systematic data collection, all members of the research team used a data collection form and received a training session.

2.2. Variables

The content of the data collection form consisted of 4 data sets relating to socio-demographic details, medical information, NANDA-I, NIC and NOC codes and the Health of the Nation Outcome Scale (HoNOS), respectively. The socio-demographic details collected were age, gender, marital status, socio-economic status, education and employment situation. The medical information included primary psychiatric diagnosis according to ICD-10 classification (secondary diagnoses, if present, were not considered), clinical area (psychiatry or psychogeriatrics) and type of healthcare setting (i.e. day-care centre,

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