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Nursing Diagnoses of the Homeless Population in Light of Self-care Theory

Felicialle Pereira da Silva[a,*], Francisco de Assis Siqueira Paiva[b], Carolina Pereira Guedes[b], Iracema da Silva Frazão[c], Selene Cordeiro Vasconcelos[d], Murilo Duarte da Costa Lima[e]

[a] Nursing Graduate Course of UNINASSAU, Neuropsychiatry and Behavioral Sciences Program – UFPE, Brazil
[b] UNINASSAU, Brazil
[c] Post-graduation in Nursing – UFPE, Brazil
[d] Neuropsychiatry and Behavioral Sciences, Nursing Graduate Course UFPB, Brazil
[e] Neuropsychiatry and Behavioral Sciences Postgraduate Program UFPE, Brazil

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ABSTRACT

BACKGROUND: A growing number of people find themselves in conditions of extreme poverty, which often makes living on the streets the only option. Living conditions in this setting exert a direct impact on health and self-care. Health care for the homeless population should be planned in an interdisciplinary and intersectoral manner. In this context, nursing diagnoses constitute an essential part of the systemization of care.
OBJECTIVES: The aims of the present study were to identify nursing diagnoses of a homeless population and propose nursing interventions based on the findings in light of the Nursing Outcomes Classification and Nursing Interventions Classification.
DESIGN AND SETTING: A descriptive, cross-sectional study with a quantitative approach was conducted on the streets of the city of Recife in northeastern Brazil.
PARTICIPANTS: The sample consisted of 274 male and female adult homeless individuals.
METHODS: Data collection involved the administration of a semi-structured interview, the Alcohol, Smoking and Substance Involvement Screening Test and the International Neuropsychiatric Interview.
RESULTS: The most prevalent diagnoses were related to risk-prone health behaviors (78.1%), inadequate health maintenance (67.1%), along with sleep deprivation (100%), feelings of hopelessness (100%) and low self-esteem (99%).
CONCLUSIONS: The experience enabled the identification of the peculiarities of the population, bringing nursing practice closer to health promotion for the homeless. Adequate public policies and training for health teams are needed to address the health needs of the homeless population.

INTRODUCTION

The expanded concept of health has resulted from theoretical and political discussions that serve as the basis for the Brazilian public healthcare system and its doctrines (Brazil, 1990). In this system, health is considered a universal right and each individual should be seen in an integral manner. Integrality in this sense presupposes that one's lifestyle and subjective conditions exert a direct influence on one's health. Therefore, aspects of society, such as the poor distribution of wealth, unemployment and social inequality, can lead individuals to conditions of extreme poverty, which compromises their survival (Tiradentes & Fernandes, 2008).

A growing number of people live in situations of poverty, in which hunger, hopelessness, violence, unemployment and substance abuse have made living on the street the only option in large cities throughout the world (Lopes, 2014). In Brazil, a national survey on the homeless population conducted in 2008 revealed a contingent of 31,922 individuals living on the streets of the cities analyzed (Brazil, 2008). The street is where homeless individuals strive to find sustenance in a complex social subsystem associated with tremendous stigma and access to health care is practically nonexistent (Ferreira & Machado, 2007).

To enable access of these individuals to health care, the Brazilian Health Ministry created a strategy linked to the primary care policy denominated “street clinic” (Brazil, 2010; Brazil, 2012). This service was created to expand access to health services to homeless individuals, by offering integral care in their own life context. Street clinics are composed of multidisciplinary teams that carry out itinerant activities directed at the needs of this population and also develop actions in partnership with the teams of local primary care services, when

* Corresponding author at: Rua Joaquim Nabuco, 529 ap 704 Graças, Recife, Pernambuco CEP 52011-901, Brazil.
E-mail address: felicialle.silva@ufpe.br (F.P. da Silva).

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necessary. Nursing contributes to these teams with the holistic approach to integral care (Silva & Sena, 2008).

Nurses should develop organized actions and work processes based on the Systematization of Nursing Care, which is a methodological tool of nursing care regulated by Resolution 358/2009 of the Federal Nursing Board in Brazil (Amirati, Vannucchi, & Leão, 2013). Nursing is part of systematized care that involves a survey of nursing history data, the identification of diagnoses, suggestions for health actions and the evaluation of the effectiveness of such actions (NANDA, 2015; Tiradentes & Fernandes, 2008). Nursing diagnoses are based on a taxonomic classification system involving unifying structures that enable the grouping and interpretation of data for the determination of specific forms of care. Such diagnoses assist in nursing intervention planning and contribute to the use of standardized terminology among members of the health team (Caritá, Nini, & Melo, 2010; COFEN, 2009).

In the context of the homeless population, nursing diagnoses are based on clinical judgments regarding processes experienced by individuals living on the streets involving real and potential health problems that either directly or indirectly affect aspects of self-care. According to Dorothea E. Orem, "self-care is the performance or practice of activities that individuals initiate and perform on their own behalf to maintain life, health and well-being." (Hartweg, 1991; Orem, 2001). For the homeless population, therefore, self-care is an essential component of a better quality of life and, consequently, survival.

The aims of the present study were to identify nursing diagnoses of a homeless population and propose both nursing interventions and expected outcomes based on the findings in light of the Nursing Interventions Classification (NIC), which standardizes terminology for the prescription of care for patients (Tannure & Gonçalves, 2008) and Nursing Outcomes Classification (NOC), which lists the expected results for each nursing diagnosis identified (Moorhead, Johnson, Maas, & Swanson, 2010).

METHODS

A descriptive, cross-sectional study with a quantitative approach was conducted. This type of design enables the description of the characteristics of a particular population or phenomenon as well as the determination of associations among the variables investigated (Gil, 2010). The study was conducted on the streets of the city of Recife, which is the capital of the state of Pernambuco in northeastern Brazil. The public healthcare system in this city is divided spatially into districts encompassing the 94 neighborhoods with primary care services placed at strategic locations mapped by the municipal administration (IBGE, 2013; Recife, 2014a, 2014b).

The study involved the homeless population according to the criteria of the Ministry of Social Development and Hunger Alleviation (Brazil, 2008). The sample was selected in a stratified and randomized manner based on the mapping of the homeless population performed by the Secretary of Social Development and Human Rights of Recife City Hall in 2014. This census quantified 719 adults sleeping on the streets of the city (Recife, 2014a, 2014b).

Considering a 5% margin of error, 95% reliability and expected prevalence of 50% (rate that gives the largest sample size), it was determined that 251 individuals would be needed for the sample. Homeless males and females aged 18 years or older with adequate physical and cognitive capacities to participate in the study were included. Each participant signed a statement of informed consent.

Six to eight individuals were interviewed per day throughout the study. All interviews were conducted on weekdays. The interviews lasted between 20 and 30 min. However, the establishment of trust, which is considered an essential component of this type of research, required more time, with several visits to the same locations to enable the continuity of the data collection. The researcher received training on the use of the data collection instruments and participated in meetings with the teams of the "street clinics" to gain an understanding of previously mapped areas and prepare for the field work considering the peculiarities of the setting as well as the need for protection and safety.

Data collection involved the administration of a socio-demographic questionnaire, the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) (Henrique, De Micheli, Lacerda, Lacerda, & Formigoni, 2004) and the International Neuropsychiatric Interview (MINI Plus 5.0.0) (Amorim, 2000). In the present study, the term "drug" was used to denote any substance that affects physical or behavioral functioning (WHO, 1994).

Nursing diagnoses of real or potential health problems were determined based on Taxonomy II of NANDA-I and constituted the bases for the development of nursing interventions and outcomes (NANDA, 2015) which is a theoretical reference for nursing processes (Tiradentes & Fernandes, 2008). Diagnoses of risk (potential problems) regard vulnerability to the development of a health problem and the identification of such risk should be included in the planning of health promotion actions. The diagnoses of real and potential problems among the homeless individuals served as the basis for the development of nursing interventions and the delineation of expected results (NANDA, 2015). The diagnoses of greater prevalence were used to determine the more evident needs of the population in question and choose the most appropriate interventions to achieve the desired results.

Data collection was performed using a holistic approach to the interviewees for the interpretation of the information obtained through both conversation and observation. A pilot study was conducted with 25 individuals in the first month of the research in the most populous administration district of the city to determine the need for changes to the methods. All interviews were conducted on an individual basis without the presence of third parties to ensure privacy and confidentiality.

The Statistical Package for the Social Sciences (SPSS version 23) was used for the statistical analyses. Descriptive statistics involved the calculation of relative frequencies for the categorical variables as well as mean, standard deviation and median values for the numerical variables. The results were presented in tables and charts with their respective domains and analyzed based on the self-care theory put forth by Dorothea E. Orem (1991). The frequency of real diagnoses was expressed in percentage values. In contrast, percentage values were not used to express the occurrence of potential problems. This study received approval from the human research ethics committee (certificate number: CAAE 429263 15.2.00005208) and was conducted in compliance with the ethical principles stipulated in Resolution 466/12 of the Brazilian National Board of Health (Brazil, 2012) (Charts 1 and 2).

RESULTS

Two hundred seventy-four homeless individuals participated in the present study. Table 1 displays the socio-demographic characteristics. The male sex accounted for 52.9% of the sample and the female sex accounted for 47.1%. The predominant age range was 30 to 39 years

Chart 1
Nursing diagnosis of potential problems in homeless population and related factors, Recife, Brazil, April 2015 to May 2016.

Nursing diagnosis of potential problems
-Risk of acute confusion related to daily drug use
-Risk of unstable blood sugar related to uncontrolled diabetes
-Risk of impaired liver function related to excessive alcohol intake
-Risk of loneliness related to abandonment by family and stigma
-Risk of compromised human dignity related to low self-esteem and lack of opportunities
-Risk of compromised resilience related to drug abuse
-Risk of spiritual suffering related to distress and lack of expectations
-Risk of under-nutrition related to economic factors
-Risk of suicide related to situational low self-esteem

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