

ICNP® nursing diagnoses, outcomes and interventions for community elderly

Diagnósticos, resultados e intervenções de enfermagem da CIPE® para idosos comunitários
Diagnósticos, resultados e intervenciones de enfermería de la CIPE® para ancianos comunitarios

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ABSTRACT

Objective: To construct a nomenclature of nursing diagnoses, outcomes and interventions for elderly people under follow-up in the Family Health Strategy by using the International Classification for Nursing Practice and the theoretical reference of Virginia Henderson. **Method:** Methodological study developed according to guidelines of the International Council of Nurses. **Results:** A total of 127 concepts of nursing diagnoses/outcomes were constructed and distributed according to nursing care components in the subcategories of Biological/Physiological, Psychological, Social and Spiritual/Moral components. For these diagnoses, were proposed 551 nursing interventions. **Conclusion:** The concepts constructed may favor integral care for the elderly in the Family Health Strategy and the structuring of a terminological subset for this clientele.

Descriptors: Aged; Terminology; Classification; Nursing; Family Health Strategy.

RESUMO

Objetivo: Construir uma nomenclatura de diagnósticos, resultados e intervenções de enfermagem para pessoas idosas acompanhadas na Estratégia Saúde da Família, utilizando a Classificação Internacional para a Prática de Enfermagem e o referencial teórico de Virginia Henderson. **Método:** Estudo metodológico, desenvolvido conforme as diretrizes preconizadas pelo Conselho Internacional de Enfermeiros. **Resultados:** Foram construídos 127 conceitos de diagnósticos/resultados de enfermagem, distribuídos segundo componentes dos cuidados de enfermagem, nas subcategorias dos Componentes Biológicos/Fisiológicos, Psicológicos, Sociais e Espirituais/Morais. Para esses diagnósticos foram propostas 551 intervenções de enfermagem. **Conclusão:** Espera-se que os conceitos construídos possam favorecer o cuidado integral à pessoa idosa na Estratégia Saúde da Família e a estruturação de um subconjunto terminológico para essa clientela.

Descritores: Idoso; Terminologia; Classificação; Enfermagem; Estratégia Saúde da Família.

RESUMEN

Objetivo: Construir una nomenclatura de diagnósticos, resultados e intervenciones de enfermería para ancianos acompañados en la Estrategia Salud de la Familia, utilizando la Clasificación Internacional para la Práctica de Enfermería y el referencial teórico de Virginia Henderson. **Método:** Estudio metodológico desarrollado conforme a las directrices preconizadas por el Consejo Internacional de Enfermeros. **Resultados:** Se construyeron 127 conceptos de diagnósticos/resultados de enfermería, distribuidos según componentes de los cuidados de enfermería en las subcategorías de los Componentes Biológicos/Fisiológicos, Psicológicos, Sociales y Espirituales/Morales. Para estos diagnósticos se propusieron 551 intervenciones de enfermería. **Conclusión:** Los conceptos construidos pueden favorecer el cuidado integral a los ancianos en la Estrategia Salud de la Familia, y la estructuración de un subconjunto terminológico para esa clientela.

Descritores: Anciano; Terminología; Clasificación; Enfermería; Estrategia de Salud Familiar.

INTRODUCTION

The rapid and intense growth of the number of elderly people, especially in developing countries such as Brazil, has stimulated discussions about the need to expand access to health services and equipment for this population, in view of their greater vulnerability to diseases and disabilities⁽¹⁾. Actions in the Family Health Strategy (FHS) can be reoriented towards the elderly's health needs, and contextualized with the reality experienced by the population in the family and community, thereby resulting in integral health care⁽²⁾.

Nurses play an important role in caring for the elderly in the FHS. This activity must be accomplished by adopting the Nursing Process, which is the main methodological instrument for the systematic performance of nurses' professional practice. Its use in clinical practice enables the application of Nursing theoretical foundations, the organization and orientation of individualized, personalized and humanized care⁽³⁾.

Nurses have several conceptual models for the operationalization of the Nursing Process in the development of scientific knowledge based actions. Among them, the Nursing Care Model (NCM) presented by Virginia Henderson emphasizes the use of scientific knowledge for problem solving in professional practice with actions based on integral and individualized care. According to the theory, every person is a unique and complex being with fundamental needs expressed in the biological/physiological, psychological, social and spiritual/moral components. These are common needs to any human being, and even though they do not represent health problems, they can be problematic areas. Hence, they are also the focus of nursing practice, where the purpose is to maintain or recover the autonomy and independence of subjects as quickly as possible⁽⁴⁾.

The use of the Nursing Process favored the establishment of nursing classification systems, among which, the International Classification for Nursing Practice (ICNP®). This classification brings together the terms and concepts of professional practice, enables clinical reasoning and documentation of nursing records. In addition, it favors the development of terminological subsets, which are groupings of concepts of nursing diagnosis, outcomes and interventions directed to specific areas of nursing care. The subsets allow a unified professional language and the evaluation of elements describing its practice⁽⁵⁾.

Using the scientifically-based Nursing Process with a standardized language leads to a reflective performance, better care provision, broadens professional autonomy, and facilitates the communicative process among nursing professionals and with other health team professionals. In an integrative review, it was found that FHS nursing practices are usually developed in an unsystematic way and/or do not follow a guiding theory, which makes continuity of care actions for the elderly and their family difficult. The authors emphasized the need for studies addressing systematized nursing care for the elderly based on Nursing theoretical and methodological frameworks⁽⁶⁾.

The aim of the present study is to fill these gaps in compliance with international recommendations for the development of ICNP® terminological subsets⁽⁷⁾. Proposing a technological instrument that facilitates the systematized nursing practice supported by an

appropriate theoretical framework to the context of care, clinical reasoning and standardized nursing vocabulary, will contribute to professional recognition resulting from the registration and quality of care in the FHS nursing practice.

OBJECTIVE

To develop a nomenclature of nursing diagnoses, outcomes and interventions for elderly people in follow-up in the FHS by using the ICNP® and the theoretical reference of Virginia Henderson.

METHOD

Ethical aspects

The study was approved by the Research Ethics Committee of the Universidade Estadual do Ceará. All participants signed the Informed Consent form (IC).

Design, place of study and period

Methodological study resulting from a Master's thesis developed in the Postgraduate Program in Nursing and Health Clinical Care of the Universidade Estadual do Ceará, in 2014. The study was developed in sequenced steps by adopting the guidelines of the International Council of Nurses (ICN) for the development of terminological subsets⁽⁷⁻⁸⁾, namely: 1) identification and validation of relevant terms for the health priority and clients elected; 2) cross-mapping of terms identified with terms of the ICNP® Version 2013; 3) development of concepts of nursing diagnoses, outcomes and interventions based on the validated terms and in Henderson's NCM.

Criteria for the inclusion of specialists

For the content validation of relevant terms to the chosen priority, was selected a group of experts through advanced search in the Lattes Platform of the National Council of Scientific and Technological Development (CNPq) website. Nurses elected as specialists should hold at least a Master's degree, work with the Nursing Process and the ICNP® focused on the elderly population served in Primary Health Care, care, teaching and/or research. Out of the 15 nurses who met the inclusion criteria, only five accepted to participate in the study. They returned the completed form, signed the IC form and composed the final sample.

Study protocol

In the first stage, were analyzed the official documents on elderly people published in Brazil⁽⁹⁻¹³⁾ in order to identify the clinically and culturally relevant terms for the FHS nursing practice. These documents were read in full for extracting the terms, which were decomposed in simple terms (nouns, verbs, adverbs and adjectives) that generated a list of 880 terms. Next, the terms related to medical procedures, diseases and medicines were excluded, and was formed a list of 616 terms. These underwent a normalization and standardization process with removal of

duplicates, graphic corrections and gender and number adjustments, thereby reaching the total of 373 terms.

The relevant terms were included in a form and underwent content validation by a group of experts selected according to the previously mentioned inclusion criteria and by considering the literature recommendations⁽¹⁴⁾. Participants completed the validation instrument and indicated agreement or disagreement with the relevance of terms identified for clinical nursing practice with elderly people under follow-up in the FHS. In the end, there was space for comments and suggestions.

Then, was calculated the Concordance Index (CI) among participants for each term through the formula: $CI = CN / (CN + DN)$, where CN = concordance number and DN = discordance number⁽¹⁵⁾. Terms with a $CI \geq 0.80$ were considered valid⁽¹⁶⁾, and 332 terms were validated. Unvalidated terms belonged to components of the body system and were included in more comprehensive terms. No further rounds of evaluation were required.

In the second step, validated terms were imported into Microsoft Office Access® spreadsheets, and was performed the cross-mapping process with terms of the Seven Axis Model, ICNP® Version 2013⁽¹⁷⁾. As a result of this process, were obtained 271 constant terms and 61 terms not included in this terminology, which were grouped in alphabetical order, and formed the bank of terms of this study.

In the third step, were developed the concepts of nursing diagnosis, outcomes and interventions from the developed and validated terms in the previous steps and guidelines of the ICN embodied in the ISO 18104. In the development of concepts of nursing diagnoses/outcomes, were included a term of the Focus axis and a term of the Judgment axis, as well as additional terms of other axes, as necessary. In the development of concepts of interventions, was used a term of the Action axis and a Target term. The latter was any term of the other axes, except for the Judgment axis. Additional terms could be included, if necessary⁽¹⁷⁾.

Analysis of results

The concepts of nursing diagnosis/outcomes and interventions were organized in charts in alphabetical order, and categorized according to Henderson's NCM.

The results were discussed based on the theoretical framework adopted and the relevant literature.

RESULTS

A total of 127 concepts of nursing diagnoses/outcomes were categorized according to the nursing care components as follows: 95 (74.8%) concepts in Biological/Physiological Components; 19 (15%) in Psychological Components; six (4.7%) in Social Components; and seven (5.5%) concepts in Spiritual/Moral Components (Chart 1).

For the concepts of constructed diagnoses, were proposed 515 nursing interventions by taking into account the ICN guidelines, the clinical judgment and experience of authors. Some examples of concepts of nursing diagnosis/outcomes and interventions are presented in Charts 2, 3, 4 and 5 given the limited space in the article.

Chart 1 – Distribution of concepts of nursing diagnoses/outcomes for elderly subjects according to the nursing care components, Fortaleza, Ceará, Brazil, 2014

BIOLOGICAL/PHYSIOLOGICAL COMPONENTS
Need to breathe: Improved breathing; Impaired breathing; Dry cough; Productive cough; Use of tobacco.
Need to eat and drink: Adherence to diet; Improved appetite; Ability to prepare food effectively; Ability to prepare food; Impaired swallowing; Impaired dentition; Lack of adherence to dietary regime; Proper hydration; Insufficient food intake; Impaired fluid intake; Appropriate body weight; Increased body weight; Decreased body weight.
Need to eliminate: Constipation; Diarrhea; Disposition for improved bowel elimination; Disposition for improved urinary elimination; Improved bowel elimination; Improved urinary elimination; Bowel incontinence; Urinary incontinence; Urge incontinence of urine; Urinary retention.
Need to sleep and rest: Fatigue; Improved sleep; Impaired sleep.
Need to move and maintain proper posture: Effective ability to transfer; Impaired ability to transfer; Effective ambulation; Impaired ambulation; Intolerance to physical activity; Impaired physical mobility.
Need to dress and undress: Ability to dress and undress effectively; Impaired ability to dress and undress; Ability to groom effectively; Impaired ability to groom.
Need to maintain normal body temperature: Fever; Hyperthermia; Hypothermia; Proper body temperature.
Need to stay clean, care and protect the skin: Ability to bathe effectively; Impaired ability to bathe; Ability to perform self-care effectively; Impaired ability to perform self-care; Ability to perform oral hygiene effectively; Impaired ability to perform oral hygiene; Peripheral edema; Improved peripheral edema; Impaired skin integrity; Impaired oral mucous; Skin integrity; Dry skin; Itching (specify location); Risk for pressure injury; Risk for impaired skin integrity; Pressure injury (specify stage and location).
Need to avoid dangers: Adherence to therapeutic regime; Anxiety (specify); Death-related anxiety; Low self-esteem; Acute confusion; Chronic confusion; Effective pain control; Ineffective pain control; Depression; Disposition for maintaining improved health; Acute pain (specify intensity and location); Chronic pain (specify intensity and location); Ineffective coping; Improved coping; Lack of adherence to therapeutic regime; Clear frailty; Hyperglycemia; Hypoglycemia; Intake of alcoholic beverage; Impaired health maintenance; Fear; Adequate blood pressure; Altered blood pressure; Fall; Risk for depression; Risk for frailty; Risk for drug intoxication; Risk for fall; Risk for caregiver burden; Risk for trauma; Risk for violence directed at third parties; Risk for disuse syndrome; Risk for domestic violence; Caregiver burden.
PSYCHOLOGICAL COMPONENTS
Need to communicate: Decreased hearing ability; Impaired verbal communication; Impaired sexual functioning; Disposition for improved communication; Impaired social interaction; Social isolation; Ineffective sexuality pattern; Impaired family process; Satisfactory family process; Risk for social isolation; Risk for loneliness; Altered sensitivity (specify location); Chronic sadness.
Need to learn: Poor caregiver knowledge about elderly care; Poor caregiver knowledge about therapeutic regime of the elderly; Poor knowledge about health status; Poor knowledge about therapeutic regime; Effective memory; Impaired memory.
SOCIAL COMPONENTS
Need to work and self-realization: Ineffective role performance; Impotence.

To be continued

Chart 1 (concluded)

<p>SOCIAL COMPONENTS</p> <p>Need to get distracted: Deficient leisure activities; Ability to perform leisure activity effectively; Impaired ability to perform leisure activity; Improved disposition for leisure activity.</p>	<p>SPIRITUAL/MORAL COMPONENTS</p> <p>Need to live according to beliefs and values: Spiritual distress; Conflicting religious belief; Hopelessness; Disposition for facilitating religious belief; Anticipatory grief process; Dysfunctional grief process; Suffering (specify).</p>
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Chart 2 – Examples of concepts of nursing diagnosis/outcomes and interventions for elderly subjects according to Biological/Physiological Components, Fortaleza, Ceará, Brazil, 2014

Nursing diagnosis/ outcome	Nursing interventions
Impaired ability to dress and undress	Evaluate the need for adaptation resources to dress and undress; Encourage the elderly's independence to dress and undress by respecting their limitations; Guide family members and caregivers about easy-to-wear clothing (prefer loose, button-down clothing); Perform clothing training with the elderly.
Constipation	Identify the causes of bowel constipation; Investigate the bowel habit of the elderly and characteristics of feces; Teach techniques for bowel management (abdominal massage, manual stool extraction, use of suppositories when necessary); Stimulate the adjustment of fluid intake by the elderly; Guide the selection of a high fiber diet.
Impaired dentition	Evaluate the elderly's oral cavity during nursing visits; Guidance on oral hygiene after meals and whenever necessary; Guidance on the correct technique of tooth brushing and/or hygiene of dental prostheses; Encourage regular follow-up with the dentist.
Lack of adherence to therapeutic regime	Assess barriers to adherence to therapeutic regime; Encourage adherence to therapeutic regime; Guidance on the benefits of therapeutic regime for the elderly's quality of life; Guide the elderly about health complications when they fail to follow the therapeutic regime.
Fever	Monitor the temperature curve; Guide the use of physical means for fever control; Encourage fluid intake; Administer antipyretic medication if necessary; Observe disorientation/confusion reactions.
Urinary incontinence	Investigate the causes of urinary incontinence; Stimulate adequate fluid intake; Investigate the use of medications that may contribute to incontinence (diuretics, antidepressants); Provide guidance regarding urination at scheduled intervals and respect the first desire to urinate; Orient the elderly and/or caregiver on the use of diapers and/or external collector at night; Provide guidance on strengthening exercises for pelvic floor muscles.
Risk for impaired skin integrity	Perform skin inspection during the nursing visit; Explain the damage of skin lesions to the elderly's quality of life; Guidance on skin care; Guidance on skin hydration.
Risk for fall	Track the risk for falls and other accidents at home; Encourage the use of resources that facilitate locomotion; Guidance on the type of appropriate footwear; Provide guidance for elderly subjects and/or family members on preventive measures of falls and adaptations at home.
Impaired sleep	Evaluate the habitual sleep pattern of the elderly; Advise the reduction of the intake of stimulant foods (caffeine, chocolate, carbonated drinks); Teach the elderly and/or family/caregiver about comfort measures and muscle relaxation techniques; Guidance on the importance to follow a sleep and rest routine; Plan the environmental organization by promoting comfort and providing adequate conditions to promote sleep.

Chart 3 – Examples of concepts of nursing diagnosis/outcomes and interventions for elderly subjects according to Psychological Components, Fortaleza, Ceará, Brazil, 2014

Nursing diagnosis/ outcomes	Nursing interventions
Poor knowledge about the therapeutic regime	Provide guidance on the therapeutic regime and its importance for health; Recommend regular follow-up in primary health care unit and/or available health services; Encourage the elderly to follow the guidelines at home; Encourage family involvement in the care plan.

To be continued

Chart 3 (concluded)

Nursing diagnosis/ outcomes	Nursing interventions
Impaired memory	Evaluate the causes and degree of limitation of memory deficit; Apply the mini mental state examination during nursing consultations; Use a feedback technique to stimulate the memorization of guidelines given to elderly people; Teach the elderly about the memory training technique; Refer the elderly for psychological/cognitive assessment if necessary.
Ineffective sexuality pattern	Consider the importance of sexual activity for the elderly; Guidance on anatomy and the impact of aging on sexuality; Listen and appreciate the elderly's feelings about the altered sexual pattern; Identify alternative acceptable forms of sexual expression to the elderly/partner; Develop strategies together with the elderly for coping with the situation.
Impaired family process	Evaluate the dynamics of family relationships/functioning; Help the family to identify and solve conflicting situations; Observe family communication patterns; Help the elderly to identify a network of supportive people and resources outside the family.
Risk for social isolation	Assess the risk for social isolation; Identify the support systems available for the elderly; Help the elderly to identify a network of supportive people and resources; Promote socialization; Encourage participation in leisure activities.
Changed sensitivity (specify location)	Evaluate the degree of limitation resulting from sensitivity changes (specify location); Explain about changes in sensory perception arising from the aging process; Listen and appreciate the elderly's feelings and expressions about sensorial alterations; Promote the elderly's sensorial stimulation.
Chronic sadness	Evaluate the factors causing/contributing to sadness; Stimulate the elderly to verbalize the situation; Listen and appreciate the elderly's feelings and concerns; Provide emotional and spiritual support to the elderly; Refer the elderly to psychology/psychiatry service, if necessary.

Chart 4 – Examples of concepts of nursing diagnosis/outcomes and interventions for elderly subjects according to Social Components, Fortaleza, Ceará, Brazil, 2014

Nursing diagnosis/ outcomes	Nursing interventions
Deficient leisure activities	Assess the factors causing/contributing to lack of interest in leisure/recreation activities; Encourage participation in leisure activities; Identify the elderly's favorite leisure activities; Encourage the elderly's participation in family gatherings that provide moments of joy/wellness; Guidance on the benefits of leisure for the quality of life; Guidance on family involvement in the planning of leisure/recreation activities for the elderly.
Ability to perform leisure activity effectively	Reinforce the benefits of leisure for the quality of life; Strengthen guidelines on family involvement in the planning of recreational/leisure activities for the elderly; Praise the elderly's performance when participating in leisure activities.
Impaired ability to perform leisure activity	Evaluate the causes of difficulty to perform leisure activities; Help the elderly in leisure activities by respecting their limitations; Guide the family involvement in the planning of leisure/recreation activities for the elderly.
Ineffective role performance	Determine the role of the elderly in the family; Help the elderly to develop strategies for dealing with changes of roles; Listen and appreciate the elderly's feelings and expressions about their current condition and change of roles; Identify and reinforce the strengths/personal abilities of the elderly; Encourage participation in domestic activities and/or reintegration into the labor market by respecting the elderly's limitations; Encourage participation in groups of support/vocational guidance.
Impotence	Investigate the factors causing/contributing to the feeling of impotence; Listen and appreciate the elderly's feelings and expressions about their current condition and future perspectives; Determine family relationship patterns and social behaviors; Identify and reinforce the strengths/personal abilities of the elderly; Promote the elderly's independence by respecting their limitations; Help the elderly to set realistic goals for the future.

Chart 5 – Examples of concepts of nursing diagnosis/outcomes and interventions for elderly subjects according to Spiritual/Moral Components, Fortaleza, Ceará, Brazil, 2014

Nursing diagnosis/outcome	Nursing interventions
Spiritual distress	Determine the factors causing/contributing to spiritual distress; Evaluate the religious/spiritual beliefs of the elderly; Listen and appreciate the elderly's feelings and opinions about their beliefs and values.
Hopelessness	Identify the factors causing/contributing to the feeling of hopelessness; Evaluate the level of hopelessness of the elderly; Provide emotional and spiritual support to the elderly; Encourage the elderly to develop and practice their spirituality/religiosity.
Disposition for facilitating religious belief	Encourage the elderly to maintain a facilitating religious belief; Strengthen participation in religious ceremonies; Encourage the caregiver/family member to stimulate the elderly's religious practice; Praise elderly subjects for exercising their religious practice.
Anticipatory grief process	Investigate the causes of anticipatory grief; Evaluate the impact of the elderly's subjective and previous experiences with death; Listen and appreciate the elderly's feelings and expressions about the feeling of anticipatory grief; Provide emotional and spiritual support to the elderly.
Dysfunctional grief process	Evaluate grief; Support the grieving process; Develop strategies to cope with grief together with the elderly; Provide emotional and spiritual support to the elderly; Help the elderly to identify a network of people and support resources; Refer the elderly to Psychology service if necessary.
Suffering (specify)	Investigate the causes of spiritual suffering in the elderly; Evaluate the elderly's spiritual beliefs; Determine the importance of spirituality in the elderly's life; Encourage the elderly to expand and practice their spirituality; Provide emotional and spiritual support to the elderly; Encourage participation in support groups.

DISCUSSION

In the present study, the expression nursing diagnosis/outcome was used for these two phenomena of professional practice. The difference between them is nurses' evaluation by considering that diagnosis is a decision regarding the clients' condition, problems and/or needs, and the outcome is the response obtained after implementing the interventions⁽¹³⁾. Its use in clinical practice will not replace the nurses' rationale and decision-making process, through which they judge the answers classified as nursing diagnoses and outcomes⁽⁷⁾.

Most concepts of nursing diagnoses/outcomes were related to the Biological/Physiological Components, according to Henderson's NCM. They were expressed in care demands derived from biofunctional changes inherent in the aging process that predispose the elderly to dependence and illness. These findings were already predicted, since in the theoretical model adopted, this component includes the greatest number of essential needs for maintaining a person's health and life, and they influence the satisfaction of other needs⁽⁴⁾. Similar results were found in a study with the objective of constructing statements of nursing diagnoses of the ICNP® based on the Life Model. Among these statements, 54.3% were classified in the biological factors influencing the life activities of elderly subjects in Primary Health Care⁽¹⁸⁾.

The aging process is determined by biological, physiological, and anatomical changes that lead to greater limitations for performing individual bodily functions. They can also lead to adaptive

difficulties, illness, and require health professionals' knowledge, especially from nurses, for performing actions for prevention of dependence and disability, and health promotion⁽¹⁹⁾.

Understanding the aging process beyond biophysiological aspects is critical. Care to the elderly must be focused on the real needs of this population and consider the biopsychosocial and spiritual aspects of aging in an integral approach⁽¹⁸⁾. According to the theoretical framework used in the present study, all fundamental needs are interdependent, interrelated and part of an indivisible whole in the constitution of human beings. Every need contains psychological, social, and cultural components, even those that seem only biophysiological at first glance. The satisfaction of these needs is different for each person and varies according to psychological, sociocultural and spiritual factors and the individual perception of health and illness⁽⁴⁾. The psychological, social and spiritual/moral components also supported the construction of the nomenclature of nursing diagnoses, outcomes and interventions, and their inclusion was appreciated in the care plan of elderly subjects.

In this nomenclature, nursing intervention proposals were developed according to diagnostic concepts. There was an expressive number of interventions linked to educational practices for the elderly's health promotion. This result is in line with the theoretical framework adopted⁽⁴⁾ and the Primary Health Care model⁽²⁰⁾, where individuals' empowerment is prioritized in health promotion for their greater control over how to maintain, improve or recover their health. Making human needs the foundation of

nursing care can be a guide for FHS nurses in the health promotion of the population in order to meet their basic needs and transmit information for behavior change, adoption of healthy lifestyles or health recovery.

Health promotion has been used as an alternative for the development of healthy changes and practices for individuals and collectivities. It enables a greater quality of health and life of the population, reduces vulnerabilities, and provides an understanding of the health-disease process as a social production⁽²¹⁾. The main purpose of health promotion actions for the elderly is to maintain a healthy and active life in their environment with autonomy and physical, psychic and social independence. In order that actions achieve the desired results, nurses must bond with the elderly, family and community, guarantee the provision of guidelines for the health-disease process, and the necessary resources to facilitate and implement learning. Individuals' autonomy is paramount in this co-participatory relationship, since it allows their integration into society and transforms elderly subjects into the main agents of their health-illness-care process, which corroborates the principles of gerontological care^(18,22).

The use of the nomenclature of nursing diagnoses, outcomes and interventions based on the theoretical assumptions of Henderson is an instrument that facilitates health promotion, humanization of care and the quality of professional practice. It enables the provision of elderly centered care by considering the values, interests and desires of the individual, family and community in the planning and implementation of clinical nursing practice.

The provision of systematized care for the elderly in the FHS is a huge challenge and responsibility for nurses. The process demands technical-scientific knowledge and reflection on professionals' own conceptions about the aging process and clinical practice with the objective of improving care strategies that mobilize responses to meet the specific needs of this group. Successful results obtained with implementation of the vocabulary inventory of the International Classification of Public Health Nursing Practices (Portuguese acronym: CIPESC[®]) in Primary Health Care units of Curitiba-PR prove and reinforce the possibility of using the Nursing Process and a standardized language based on theoretical references to systematize the clinical nursing practice. Consequently, it will increase the visibility of professionals at this level of health care to the population⁽²³⁾.

Limitations of the study

As the concepts of nursing diagnosis/outcomes and interventions constructed in this study were not validated by specialists, other studies should be conducted for their content validation. Clinical validation should also be done through clinical case studies with elderly people in follow-up with FHS teams at home and in primary health care units with the objective to check its applicability.

Contributions to the area of nursing

The application of the results of this study in clinical practice will contribute to the implementation of the Nursing Process, the use of ICNP[®] by FHS nurses, and the development of care actions based on scientific knowledge and standardized language, which will result in an individualized, humanized and resolute care to the elderly.

Other contributions to the clinical nursing practice will be: identification of the specialized and peculiar language used by nurses in the clinical care to elderly people in the FHS; record of care actions performed, which facilitates the communicative process among nurses and other multiprofessional team members; possibility of including new terms and concepts in the ICNP[®], thereby contributing to its continuous development and improvement; greater visibility, recognition and professional autonomy; scientific, technological and innovative advances in Nursing.

CONCLUSION

The use of ICNP[®] terminology in this study for developing concepts of nursing diagnoses, outcomes and interventions has favored the specification of professional practice concepts in elderly care in the FHS, subsidized the operationalization of the Nursing Process at this level of care and generated information and knowledge to improve the quality of care, teaching and research.

The concepts of nursing diagnoses/outcomes and interventions contemplated do not finish the domain of this health priority. Other studies should be conducted in order to structure the ICNP[®] terminology subset for elderly care in the FHS with attention to the importance of studies on nurses' role based on the scientific method and a standardized language.

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