Original Article

Nursing interventions for elderly who aged in psychiatric institutions: crossed mapping

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Received: 12/14/2015.

Accepted: 07/20/2016.

Published: 11/30/2016.

Suggested citation:

Silva TG, Santana RF, Souza PA. Nursing interventions for elderly who aged in psychiatric institutions: crossed mapping. Rev. Eletr. Enf. [Internet]. 2016 [cited __/__/__];18:e1185. Available from: http://dx.doi.org/10.5216/ree.v18.39049.

ABSTRACT

Our objective was to cross map terms of Nursing language with the system of Nursing Interventions Classifications, in records of elderly with psychiatric disorders. This is a cross mapping documental study with an intentional sample composed by 30 records of elderly with psychiatric disorders. The data collection and analysis were conducted from July of 2013 to May of 2014, in three steps. We found 392 normalized interventions that resulted in 33 interventions, a mean of 13 per user, represented by 15 behavioral interventions and 10 of basic physiology domain. "Reality orientation", "Socialization enhancement", "Self-care assistance: instrumental activities of daily living" and "Family support" were in 100% of records. We described 16 activities per intervention. Crossed mapping allowed us to build terms corresponding to routine Nursing Interventions for mental health, contributing for assistance practice.

Descriptors: Health of the Elderly; Nursing Care; Geriatric Nursing; Psychiatric Nursing; Nursing Process.

INTRODUCTION

People with chronic mental disorders age due to the same motives that the rest of the population, that is, technological and scientific advance[1]. But in a different way, as some stay a long part of their lives in psychiatric institutions and they are used to routines, norms, and the traditional treatment of psychiatric diseases and their symptoms[2-3].

Nowadays, the implementation of rehabilitation care, a deinstitutionalization program, which is the main work axis developed in mental health, deals with the issue of the psychosocial reinsertion of people who aged in the institution, with severe losses of personal and social identity[4].

The progressive transfer of patients to outside of hospital installations requires autonomous and

independent individuals, so they are discharged and start living in therapeutic residences, with the help of other mental health services users, receiving financial help from the government[5]. Similarly, in gerontology, the fundamental principle of nursing care is to promote functional capacity, autonomy and independency – pillars to sustain nursing actions for elderly.

Consequently, nursing care for people who aged in psychiatric institutions is complex because it is unified with knowledge actions in gerontology and mental health. Assistance to users who reside in assistance nucleus aims at broadening of its autonomy and its capacity for self-care; to the stimulus of its cognitive functions; to the rescue of their condition as citizens. For that, these institutions develop different therapeutic and social activities, as workshops, outings for social insertions, visits to museums and trips.

However, the registration of these actions in records tends to be lower than what is practiced, due to assistance complexity. There is still the issue of few studies detailing standardized nursing language for mental health, so studies demonstrating its applicability mental health become interesting.

Within diverse existing classification systems to be used in steps of Nursing Process, Nursing Interventions Classifications (NIC) is noteworthy; it refers to interventions targeted in this study. This taxonomy has global coverage and it intends to document and communicate nursing care, through data integration in informatics systems, and to propitiate a source of data for actual research[6-9]. According to this classification system, one Nursing Intervention is defined as "any treatment based in judgment and clinical knowledge, a nurse can put it in practice to intensify patient's results"[7]. Yet, nursing activities are defined as "specific conducts or actions to implement one intervention which, assist patients to progress in the direction of the desired result"[7]. Nursing activities are in the concrete level of action, and there is a need of a series of activities to implement one action.

Thus, the relevance of studies treating Nursing Interventions for the deinstitutionalization process of users with long-term psychiatric disorders, when structured in a classification system, should allow nursing studies to be compared. Still, it can improve the communication between nurses and the multi-professional team, regarding the universe of nursing for mental health, and to determine permanent education of professionals, directed to actions that are effectively conducted in practice and, that contribute for improving care to users.

Considering the exposed, our study aimed to cross map nursing language terms with NIC, in records of elderly with psychiatric disorders.

METHODS

An applied descriptive and quantitative study, created in accordance with documental research technical procedure, using records as primary source of data collection. This method was chosen because it allows a linguistic and semantic comparison between non-standardized terminologies with the elected classification system[6,8-10].

The study was conducted at the Municipal Healthcare Institute Juliano Moreira, in Rio de Janeiro/RJ.

There was a multi-professional team in the institution and, the care with users included the individualized and contextualized guidance, advocating the deinstitutionalization of people.

This institute counted with 11 nurses and 50 nursing technicians, both divided between day and night shifts. Nurses were responsible for the integral care of users, composing a multi-disciplinary team also constituted by clinical and psychiatric physicians, physiotherapists, psychologists, nutritionists, social workers and, informal caregivers. The main function of this multi-disciplinary team was to work the possibility of hospital discharge through the articulation with teams from the Psychosocial Attention Center, services from Therapeutic Residencies and from the Going Back Home Federal Program (*"Programa Federal de Volta pra Casa"*).

The dependencies of the Municipal Healthcare Institute Juliano Moreira were constituted by three assistance nucleus and one acute patients' unit. The location choice considered the physical space of one assistance nucleus – specifically two welcoming centers of this nucleus, where users were admitted for more than 40 years.

The institution went through an adequacy process in the nursing service, aimed at implementing the Nursing Process. Thus, care to patients was registered in a print form from the unit. During the first three shifts of each month, nurses responsible for each house conducted the physical and psychic exam of each patient, thus also conducting Nursing Diagnoses and Interventions, which were also registered and printed as "plan of care".

Nurses were responsible for the execution of Nursing Interventions, and nursing technicians guided and supervised activities. For that, the registry of actions was extensive.

Nurses registered care without worrying about the use of standardized language. For this study, authors considered the registries and the context of Nursing Interventions described in free language. Data collection occurred since documentation in the printed medical record "plan of care" from January 2011, until the start of this study, in March of 2013.

Thirty users with psychiatric disorders, with at least six evolutions in the plan of care, participated in the study. Thus, the population was of 30 records, representing 100% of the total population. From those, we considered the last six nursing evolutions, totalizing 392 analyzed nursing evolutions.

After conducting a pilot test to train and improve the researcher in using the method, a crossed mapping was conducted from June to December of 2013, in three steps: (1) extraction and normalization of terms; (2) separation and comparison of non-standardized terms with the standardized by NIC; and (3) mapping evaluation and refining[6,8-10].

The first step was conducted from July to September of 2013. The researcher electronically extracted the information composing a database containing patient's data, medical diagnosis and, the part of the evolutions referring to the context of the exact intervention. For example: in the evolution' part which was described "to stimulate activities that value patient's independence", the terms "patient's independence" were highlighted after fragmenting the evolution part. Similarly, the part written "guided and helped the

user regarding daily oral and body hygiene", the terms "guided", "oral hygiene" and "body hygiene" were highlighted in the database.

We entered data in an Excel spreadsheet for Windows. After, data were normalized according to the adequacy of verbal terms, orthographic correction, standardizing gender, and number; excluding repetitions, synonyms and casual expressions which do not design particular concepts.

The researcher proceeded to the second step from October of 2013 to January of 2014, through crossed mapping of identified terms in the previous step, with Nursing Interventions of the NIC taxonomy. The following crossed mapping rules were considered: to map the meaning of words, not only words; to use key-words in the intervention to map NIC interventions; to use verbs as key-words in the intervention; to map the intervention with NIC labels for the activity; to keep consistency between the mapped intervention and NIC intervention definition; to use the most specific NIC intervention' label; and to map interventions with two or more verbs for two or more corresponding NIC interventions[6].

The nursing terms in free language were compared with NIC interventions. We categorized nursing terms with matching analysis, and when the term found was exactly matched with the term from the classification system, this was categorized with the exact combination. When this term presented similar concepts, synonyms and related terms, it was categorized as partial matching. To present the results, the exact and partial matches were considered of same value[6,8-10].

In the previous cited examples, the term "patient's independence", extracted after the fragmentation of the evolution part considered Nursing Intervention, was considered an exact match with the NIC. The terms "oriented", "oral hygiene" and "body hygiene" were considered partial match and correlated to the standardized NIC intervention "Self-care Assistance: Bathing/Hygiene". In this case, there is consistence between the context of the intervention described in the record and the intervention definition proposed by NIC, that is: "Assisting patient to perform personal hygiene".

The third step was concretized in May of 2014, evaluating and refining the crossed mapping. In this step, the data was analyzed by specialist nurses, in the field of Nursing Classification, Psycho-geriatric and Medical-Surgical Clinic. To select these nurses, we considered the minimal experience of five years, Doctoral title and, experience in studies about Nursing Classifications Systems. Through agreement of specialists, we established the relationship between intervention contexts, non-standardized terms and, NIC interventions. This step was conducted in individual and group cycles. Yet, in the second cycle, there was specialists' consensus and thus, analysis of statistical agreement was not necessary.

Data were analyzed considering its absolute and percentage frequency, mean and standard deviation. The study met the national and international ethic norms for research involving human beings (Protocol nº 088/2013).

RESULTS

Because this is an exclusively female institution, we obtained 100% of the sampling population

composed by females, with mean age of 74.5 years varying between 60 to 89 years. As presented on Table 1, the sample was majorly composed by single (87%), illiterate (93%), originated from Rio de Janeiro (40%) and, with admittance time between 40 to 49 years (53%). Regarding the source of income, most elderly (50%) did not have a source of income, and for those who had, the Benefit of Continuous Installment of the Organic Law of Social Assistance (BPC/LOAS) was the main one found (27%).

Table 1: Sociodemographic characteristics of elderly attended in nursing consultations, 30 records. Rio de Janeiro, RJ, Brazil, 2014.

Characteristics	n (%)
Age, years	
60-69	6 (20)
70-79	17 (57)
80-89	7 (23)
Marital Status	
Ignored	1 (3)
Married	1 (3)
Widowed	2 (7)
Single	26 (87)
Admittance time, years	
10-20	1 (3)
30-39	2 (7)
40-49	16 (53)
50-59	7 (24)
60-69	1 (3)
Origin	
Federal District	1 (3)
Sergipe	2 (7)
Rio Grande do Norte	2 (7)
São Paulo	2 (7)
Minas Gerais	7 (21)
Rio de Janeiro	17 (55)
Source of income	
Pension	2 (6)
BAR	5 (17)
BPC-LOAS	8 (27)
No information	15 (50)
Education level	
Incomplete middle school	2 (7)
Illiterate	28 (93)

BAR: Re-socialization Support Grant; BPC-LOAS: Benefit of Continuous Installment of the Organic Law of Social Assistance.

Referring to Nursing Interventions, from the 30 analyzed records, 392 normalized interventions were identified. It represented a mean of 13 interventions per user. Most interventions were about orientation for activities of daily living and to improve socialization. After crossing with the taxonomy and refining, 33 interventions equivalent to the NIC terminology emerged. From those, 11 (36%) presented more than 50% frequency. The interventions “Self-care Assistance: Instrumental Activities of Daily Living”, “Reality Orientation”, “Socialization Enhancement”, “Family support” and “Family Process Maintenance”, implemented by nurse in different contexts, were present in all records and presented a repetition mean of 3.9 times.

Table 2: Distribution of Nursing Interventions equivalent to Nursing Interventions Classifications (NIC), 30 records. Rio de Janeiro, RJ, Brazil, 2014.

NIC Code/Intervention	n (%)
Behavioral domain	
4820 Reality Orientation	30 (100)
5100 Socialization Enhancement	30 (100)
5440 Support System Enhancement	27 (90)
4720 Cognitive Stimulation	27 (90)
4920 Active Listening	27 (90)
5510 Health Education	27 (90)
4390 Milieu Therapy	27 (90)
4362 Behavior Modification: Social Skills	13 (43)
4976 Communication Enhancement: Speech Deficit	11 (36)
5220 Body Image Enhancement	11 (36)
5820 Anxiety Reduction	6 (20)
5390 Self-Awareness Enhancement	6 (20)
4978 Communication Enhancement: Visual Deficit	6 (20)
4490 Smoking Cessation Assistance	4 (13)
5000 Complex Relationship Building	4 (13)
Basic Physiological Domain	
1805 Self-care Assistance: Instrumental Activities of Daily Living	30 (100)
1710 Oral Health Maintenance	30 (100)
1803 Self-care Assistance: Feeding	24 (80)
1801 Self-care Assistance: Bathing/Hygiene	24 (80)
1802 Self-care Assistance: Dressing/Grooming	18 (60)
0450 Constipation/Impaction Management	13 (43)
1850 Sleep Enhancement	12 (40)
1860 Swallowing Therapy	10 (40)
0610 Urinary Incontinence Care	8 (26)
0410 Bowel Incontinence Care	6 (20)
Complex Physiological Domain	
3590 Skin Surveillance	17 (56)
4040 Cardiac Care	16 (53)
4070 Circulatory Precautions	9 (30)
2120 Hyperglycemia Management	7 (23)
3660 Wound Care	2 (6)
Family Domain	
7140 Family Support	30 (100)
7130 Family Process Maintenance	29 (96)
Safety Domain	
6490 Fall prevention	21 (70)

We observed mental health activities as well as gerontology in the standardization of interventions. The theme of each activity was related to the stimulus for autonomy and independency, building the deinstitutionalization process. In Chart 1, we descriptively present the main interventions implemented by nurses and their respective activities, allowing a better comprehension regarding the nursing role for elderly mental health. There is a variety of activities (117 in total), representing six activities implemented by prescribed interventions.

Chart 1: Implemented activities according the Nursing Intervention equivalent to the Nursing Interventions Classifications terminology, analyzed by Gerontology and Mental Health fields, 30 records.

Mental Health Interventions	
Intervention/Definition	**Activities**
4820 Reality Orientation Definition: promotion of the patient's awareness of personal identity, time, and environment	To call the patient by name when starting an interaction To inform the patient about the person, place and time, if needed To present reality in a way to preserve the patient's dignity To incentivize the patient to wear her own clothes; to assist them whenever necessary
5100 Socialization Enhancement Definition: facilitation of another person's ability to interact with others	To encourage social and community activities To encourage respect for other people's rights To encourage enhancement in the development of already created relationships
4390 Milieu Therapy Definition: the use of people, resources and events in the patient's immediate environment to promote optimal psychosocial functioning	To include the patient in decisions about their care To offer individualized nursing care, as appropriate To encourage the use of personal belongings To offer books, magazines and artistic/handcrafted materials, according to educational and cultural patient's needs
5000 Complex Relationship Building Definition: establishing a therapeutic relationship with a patient to promote insight and behavioral change	To narrow the physical distance between the nurse and the patient, as appropriate To establish therapeutic limits To help the user identifying areas that need to be addressed during groups meetings
Gerontology Interventions	
1805 Self-care Assistance: Instrumental Activities of Daily Living Definition: assisting and instructing a person to perform instrumental activities of daily living needed to function in the home or community	To determine the assistance need of the individual with the instrumental activities of daily living To guide the individual about alternative transportation methods To provide techniques for cognition improvement To assist the person to establish methods and routines for cooking, cleaning and shopping To guide the person about correct and safe food storage To refer the person to community services, if needed
6490 Fall prevention Definition: instituting special precautions with the patient at risk for injury from falling	To identify behaviors and factors that affect the risk of fall To identify environmental characteristics capable to increase the potential of falls To share observations with the patient about how to walk and move To provide support devices (walking stick and walker) To encourage the patient to use a walking stick or walker as appropriate To guide the patient to ask for help to move, as appropriate To provide adequate lighting to increase visibility
1710 Oral Health Maintenance Definition: maintenance and promotion of oral hygiene and dental health for the patient at risk for developing oral or dental lesions	To encourage and assist the patient to rinse the mouth To guide and assist the patient to perform oral hygiene after meals and whenever necessary To assist with denture care, whenever necessary

Regarding the activities that were not possible to map, we identified: "To be attentive for the presence of bruises and bleedings (nasal or in the gum, dark feces, bruises and hypotension)" and "To observe and register psychomotor changes". The first activity presented a broad term, which made the NIC mapping difficult. Yet, the second activity was related to changes in motor activities caused by psychotic disorder, which was not correspondent with the NIC.

DISCUSSION

The main data of our study is the standardized description of mental health nursing actions for long-term institutionalized people, which reflects a complex care reality, based on skills and knowledge of behavioral, physiologic and familiar interventions. These interventions are used in groups of nurses as the main tool for the deinstitutionalization process. An alternative proposal for mental healthcare that goes beyond significant medication treatment means to treat the user in his existence and in relation to his concrete life conditions[11-15].

Thus, it is important to highlight that from the seven NIC domains, only two were not mapped: "Health systems" and "Community"[7]. However, we considered to have existed nursing actions developed in these domains, but they were not described in the record – maybe because of the tradition of registering individual actions in the record.

In the Behavioral Domain, Nursing Interventions related to social questions were representatively described. Thus, they converge with the mental health nursing premise that allows establishing a trust relationship with the user, as described in the intervention "Complex Relationship Building". In this relationship, the user's autonomy is prioritized, as well as, building bonds, by the construction of therapeutic limits and by group activities[14].

In this context, nurses act as professionals of the multi-disciplinary team and they propitiate restructuring of activities and inclusion in the global dynamic. But, we did not find interventions that would direct cross with the NIC in the records, for example, case management.

However, the relevance of family-related Nursing Intervention was predominant, identified by the absence of family support, present in 100% of users, followed by the rupture of family processes, present in 96.7%. In this second group of interventions, only one elderly received family visits.

Data revealed the inheritance left by years of a hospital-centered assistance, marked by the segregation and social disaffiliation of psychiatric users who are elderly nowadays[15-16] and, that lost family conviviality for more than 40 years, which becomes a barrier in the construction/reconstruction of affective bonds.

Thus, the nurse needs to establish a trusting relationship with the user/family, guiding them about the disease, the treatment, medications' use, therapeutic activities, individual demands and the right for attention in the available network service at the community.

In the analysis of activities developed with the family, the conduction of educational activities is fundamental, as well as the contextual comprehension of the user/family about the importance to promote activities of daily living with autonomy and independency. To guide about factors related to changes in the psychic process regarding aging corroborate with findings of the complexity to care for these people[12,17-18].

Another interesting data refers to the female majority and age – some were very old, until 89 years. Two hypotheses can be weighted: of the most rejection of women with mental disorders, for being the family caregivers, or by the fact that men with mental disorders have higher mortality risk. Studies describe that

mental health longevity resides in resilience, that is, in the response ability to stressors caused by diseases and in the mode of how this interfere in life expectancy[12,18]. Thus, because of its progressive population increase, it is observed the need to focus in studies addressing elderly mental health[18].

Researchers show the absence of dentition, the lack of habits to conduct the oral hygiene, the aging process and the institutionalization as factors directly interfering in the risk to develop oral or dental lesions. Thus, the nurse needs to promote interventions aimed at the maintenance of user's oral health, guiding and assisting activities directly related to individualized oral health[12,18].

Regarding the occurrence of falls, studies show that elderly are the most affected by the loss of postural balance. Falls can be a result of decreased cognitive, physical and functional capacities[19-20]. In this scenario, nurses act identifying fall risks and proposing the use of assistive devices as walking stick or walker, in team meetings, when needed and if the user agrees.

Activities possible to be mapped were "To be attentive for the presence of bruises and bleedings (nasal or in the gum, dark feces, bruises and hypotension)" and "To observe and register psychomotor changes". On the first activity, terms were broad, which impeded NIC mapping and, the second activity relates to changes in motor activities caused by psychotic disorders.

We should weight that during the analysis of registries, there was the recognition of nursing registries about their roles in the deinstitutionalization process and their adequacy to NIC terminology, which could have contributed to systematize nursing assistance for mental health.

However, it is important to note that nursing resistance still exists regarding the use of taxonomies, because there are terms contrary to the actual work proposal in mental health, agreeing with data found in this study. Thus, we performed NIC term's adequacies, for example, changing the term "patient" for "user", which focuses in the prevention of diseases and health promotion, allowing the path directed to the community, with quality and life projects[21-22].

Other terms were also adequate, as "monitoring and controlling" to "assist and orient", thus propitiating rights to singularity and to respect of each user's specificity. It is understood that mental health nursing assistance is beyond technique. Thus, it can be agreed and built with the user, and not imposed to them. The term "determine" was substituted for "discuss", once assessments and adopted conducts for each user are discussed in team meetings, favoring the multi-disciplinary exchange and the quality improvement of assistance provided to users.

Still, about the adequacy of terms, the word "adjust" was changed to "narrow". The change of terms converges with studies that show that nurses should allow themselves to stop some practices and concepts. Besides, nursing is understood as a human relationship between one person that needs healthcare services and one nurse with a specialized training to recognize and respond to help needs[21,23].

About the unmapped terms, it is valuable to discuss the absence of a correspondent term for psychomotor agitation control, mental health and psychiatry. To detail their activities is recommended to submit and include a Nursing Intervention in the taxonomy.

Regardless of the study limitation imposed by the choice of crossed mapping as methodological tool, as it propitiates retrospective data collection and, by professionals of different shifts, daily as well as night ones; data reliability and validity resulted from peculiar characteristics of the studied location, with trained professionals and specialists in mental health and, also by the systematic registry in records, which facilitated data collection. We recognize that this method is a powerful instrument for the implementation process of standardized language in health services, once it allows nurses to compare data consistently and in a reproducible way[6-7,9,23].

However, we found that nurses from assistance nucleus which, are scenarios of this study, demands knowledge and skills related to gerontology and mental health. This is a complex care with an extension to almost all domains from the Nursing Interventions Classifications, although there are limits of the literature discussion of interventions, because there are poorly objectively described and they do not allow comparisons with findings of our study.

CONCLUSION

The study allowed us to identify 33 Nursing Interventions in records of elderly women from a long-term psychiatric institution, demonstrating the magnitude and complexity of nursing findings, besides behavioral, basic and complex physiological abilities.

When comparing interventions described in the records with the interventions and activities of the Nursing Interventions Classification, there is a need of standardized language and an instrument to guide the assistance provided, which can facilitate the creation of future studies compared with the nursing clinical practice in mental health.

Nursing interventions built for people who aged in the institution reflects demands of the elderly in process of psychosocial rehabilitation and promotion of the stimulus to conduct activities of daily living. Thus, to promote the socialization and care with oral and body hygiene are equally needed. Those are elderly who suffered losses throughout the years caused by institutionalization, who deserve to be rescued, independently of their biological age or human aging.

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