

The Nursing Process in Geriatric Care: A Comprehensive Approach

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Abstract

The Nursing Process in Older People Care is a crucial framework in geriatric nursing, addressing the needs of the ageing population. It comprises five interrelated phases: assessment, diagnosis, planning, implementation, and evaluation (ADPIE). Assessment involves evaluating health status, functional abilities, cognitive functions, psychosocial well-being, and environmental factors. Specialized assessment tools, like the Comprehensive Geriatric Assessment (CGA), aid in gathering data for holistic care planning. Diagnosis and care planning focus on geriatric syndromes, addressing issues like falls, frailty, incontinence, and cognitive impairments. Care plans are meticulously crafted, emphasizing independence and quality of life. Implementation involves executing interventions tailored to older individuals, coordinating care, providing education, managing medications, and collaborating with interdisciplinary teams. Evaluation and reassessment are crucial for continuous improvement. The complexity of geriatric care necessitates specialized knowledge and interdisciplinary collaboration. Effective application of this framework enhances patient outcomes, improves quality of life, and promotes individualized care.

This article explores possible diagnosis in the various domains, classes and possible diagnoses in the Nursing Care for Older People.

Keywords: Nursing education; Care of older adults; Gerontologic Nursing; Geriatric Nursing; Nursing; Nursing Process; Nursing Interventions; Reflection; Critical Reasoning; Care Plan

Introduction

A specialised approach to nursing care is required due to the particular healthcare difficulties posed by the ageing generation. One of the most important frameworks for providing healthcare is the nursing process, which is a critical instrument for meeting the complex demands of the elderly. The purpose of this article is to examine the role, stages, and application of the nursing process in the context of providing care for older adults.

The ageing population is both a human achievement and one of the biggest problems facing society today. Global ageing will raise health, social, and economic pressures in the twenty-first century (Reis da Silva, 2023a; Reis da Silva, 2023b). According to Buxton's (2021) data, the life expectancy at birth in the United Kingdom (UK) was 82.9 years for females and 79.0 years for men between 2018 and 2020 (table 1).

	Males	Females
England	79.3 years	83.1 years
Scotland	76.8 years	81 years
Wales	78.3 years	82.1 years
Northern Ireland	78.7 years	82.4 years

Source: Office for National Statistics

Table 1 – Life Expectancy in United Kingdom

Approximately 11 million individuals in the UK are 65 years of age or older, making up approximately 19% of the country's total population (Centre of Ageing Better, 2021; Reis da Silva, 2023a; Reis da Silva, 2023b). According to estimates, this percentage will rise to around 13 million persons, or 22% of the population, who are 65 years of age or older in ten years.

Reorganising health services and hiring more qualified personnel to help the elderly is one of the major socioeconomic changes that the ageing population seems to be causing (Alcântara, et al. 2019; Reis da Silva, 2023a; Reis da Silva, 2023b). Older persons are more prone to frailty since ageing affects health status even if it is a normal phenomenon. Ageing may necessitate referring older persons to a residential or nursing facility, among other

problems outside health. Using the nursing process and nursing care systematisation is one approach to offer comprehensive and high-quality care to older individuals living in institutions (Reis da Silva, 2024a). There is no professional regulation in the United Kingdom, despite the Nursing and Midwifery Council (2018) highlighting and recommending it (Ajibade, 2021).

This descriptive research aims to identify the most prevalent nursing diagnosis and was created through a review of publications published in nursing and residential facilities in the United Kingdom. The lack of a

standardised nursing diagnosis language in the nation is emphasised and translating it into "NANDA's language" requires study (Valcarengi et al., 2014).

The elderly residing in a residential or nursing home was one of the inclusion requirements. The following themes made up the data collecting and analysis tool, which was based on Wanda Aguiar Horta's (2011) framework and used the Theory of Basic Human Needs (TBHN) as the guiding theoretical model (figure 1):

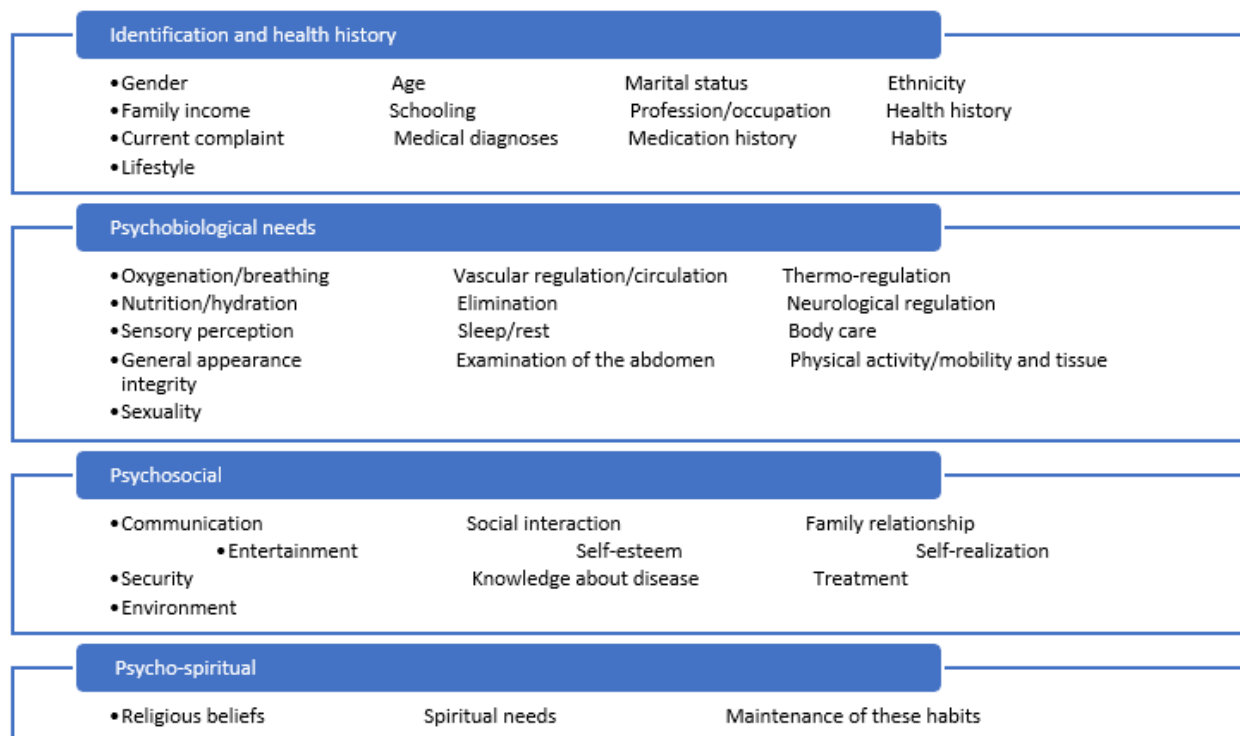


Figure 1 – Theory of Basic Human Needs (TBHN)

It was feasible to discover the Nursing Diagnosis included in the NANDA-I taxonomy, 2018/2020 edition, after examination of the most prevalent illnesses in older persons (Herdman, & Kamitsuru, 2018).

The reasoning, analytical and synthetic reasoning could be applied while taking into account clinical reasoning, critical thinking abilities, the nurses' scientific knowledge and experiences in relation to the conclusions drawn from each older adult's clinical examination and anamnesis, as well as the standard language used in the NANDA-I taxonomy, which led to the Nursing Diagnosis (Fawcett, 2016; Souza et al., 2021).

Understanding the Nursing Process

Nurses use the nursing process, a methodical approach to problem-solving, to provide patient-centered care. Assessment, diagnosis, planning, implementation, and evaluation (ADPIE) are its five interconnected steps. This concept recognises the distinct physical, psychological, and social elements of ageing persons, which when applied to older adults, corresponds with the holistic character of geriatric nursing (Ubaldo et al., 2017; Ajibade, 2021; Toney-Butler & Thayer, 2022).

According to Ubaldo et al. (2017) and Ajibade (2021), the nursing process is the clinical approach used by the profession. It is a scientific method for identifying the health and illness conditions that underpin nursing care and helping to prevent, promote, and restore the health of individuals, families, and communities. According to Taylor-Butler and Thayer (2022) there are five steps in the nursing process: data collection, diagnosis, planning, implementation, and assessment. Nursing diagnoses, outcomes, and interventions may all be categorised using nursing taxonomies—and they ought to be. One of the most widely used nursing taxonomies is NANDA International Inc. (NANDA-I), which is regarded as a reliable standard for

identifying nursing diagnoses. According to Herdman and Kamitsuru (2018), NANDA-I defines nursing diagnoses as "clinical judgements regarding an undesirable human response to a health condition/life process that exists in a person, family, group, or community."

In addition to supporting evidence-based nursing, the nursing diagnosis can assist lower clinical risks and consequences (Herdman & Kamitsuru, 2018). In addition to supporting evidence-based nursing, the nursing diagnosis can assist lower clinical risks and consequences (Herdman & Kamitsuru, 2018). The importance of nursing in the development of clinical and critical judgement aimed at preventing harms, promoting health, and controlling potential complications is highlighted when acknowledging institutionalised older adults as a vulnerable and specific group (Souza et al., 2017; Herdman, & Kamitsuru, 2018). Accordingly, it is necessary to identify the care demands established by the Nursing Diagnosis, as these are presented as a pertinent action for the clinical and scientific performance of nurses (Souza et al., 2017; Alcântara et al., 2019). Considering the aforementioned, the goal of this study is to uncover NANDA-I Taxonomy nursing diagnoses in older persons who are institutionalised.

Assessment in Geriatric Nursing

In the initial phase of the nursing process, assessment plays a pivotal role. It involves gathering comprehensive data about the older adult's health status, functional abilities, cognitive functions, psychosocial well-being, and environmental factors. Considering the complexity of ageing, nurses employ validated assessment tools specific to geriatric populations, such as the Comprehensive Geriatric Assessment (CGA), to ascertain a thorough understanding of the individual's needs (Toney-Butler & Thayer, 2022).

Diagnosis and Care Planning

Based on the assessment findings, nurses formulate nursing diagnoses and establish care plans tailored to address the identified health issues and concerns of older adults. Nursing diagnoses in this context may encompass geriatric syndromes like falls, frailty, incontinence, and cognitive impairments. Care plans are individualized, aiming not only to manage acute conditions but also to promote optimal functioning and enhance the quality of life for older individuals (Chatterji et al., 2014; Vieira et al., 2017; Toney-Butler & Thayer, 2022).

Implementation and Interventions

Execution of the care plan involves implementing interventions that target the specific needs of older adults. Nurses play a pivotal role in coordinating care, providing education, managing medications, collaborating with interdisciplinary teams, and fostering a therapeutic environment conducive to the well-being of the elderly population. Interventions often focus on preventive measures, rehabilitation, and maximizing independence (Toney-Butler & Thayer, 2022).

Evaluation and Reassessment

The final phase involves evaluating the effectiveness of interventions and reassessing the older adult's response to the care provided. Continuous reassessment allows nurses to modify care plans, address evolving needs, and ensure that care remains aligned with the older individual's goals and preferences (Toney-Butler & Thayer, 2022).

Literature Review:

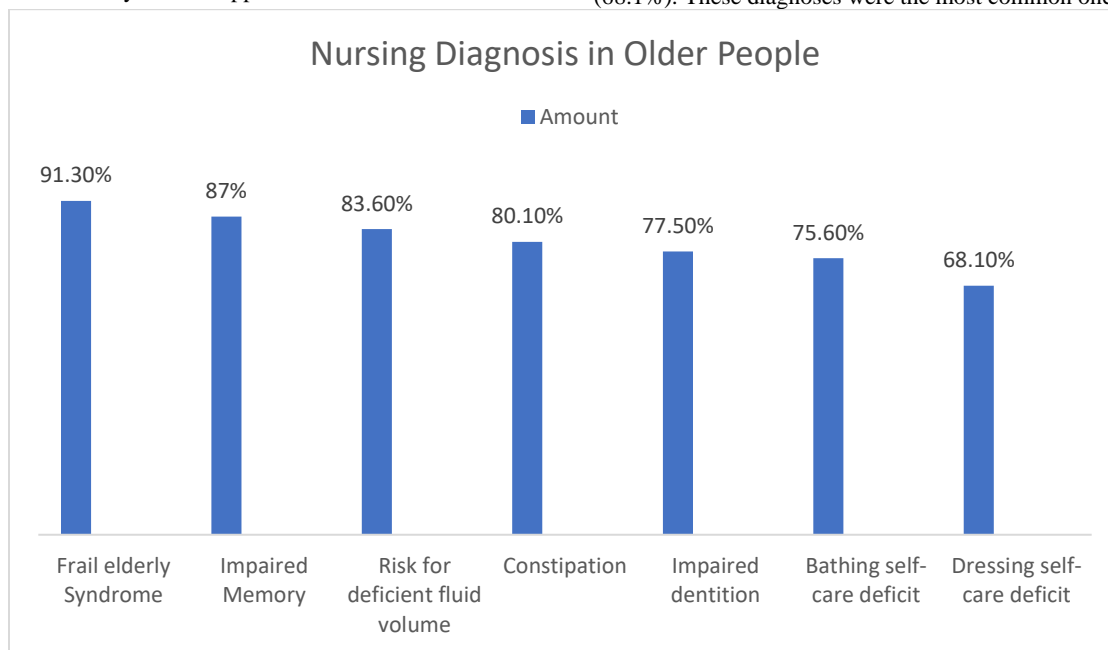
At first, 40 papers in all were located, and their abstracts and titles were examined. Nine articles might be included thanks to this step. Three phases of operationalized content analysis were applied to the chosen resources. In

the first, all of the nursing diagnoses that were discovered in the research were chosen after the materials were read and put into a table. In the second, the North American Nursing Diagnosis Association (NANDA) (Herdman and Kamitsuru, 2018) - listed nursing diagnoses were examined in order to determine their identity, establish their presence, and provide an accurate description. This point made it possible to exclude diagnoses that were not included in NANDA or that had contradictory descriptions. A fresh interpretation of the diagnoses was done in the third stage with the aim of classifying them such that only those found in two or more investigations were kept. Subsequently, NANDA categorised them based on their definition and the domain to which they belonged. As shown in Table 2, the domain-based analysis of the materials led to the identification of 31 nursing diagnoses for the institutionalised old person.

3,121 words were found in the review that illustrated how the basic human needs of older persons had changed. These phrases included vulnerable circumstances, dysfunctions, and life processes where nursing must step in using the nursing process. 149 words and phrases were retrieved after repeats were removed. 244 NDs are categorised by NANDA-I into 13 different categories of human requirements (Araújo et al., 2014; Herdman & Kamitsuru, 2018).

51 different Nursing Diagnosis titles were obtained after the papers were evaluated. Of these, 10 (19.6%) have names of risk diagnoses and 41 (80.4%) have titles of actual nursing diagnoses (Tables 2 – 12).

The following nursing diagnoses were found in at least 60% of the older adults: frail elderly syndrome (91.3%), impaired memory (87%), risk for deficient fluid volume (83.60%), constipation (80.10%), impaired dentition (77.50%), bathing self-care deficit (75.60%), and dressing self-care deficit (68.10%). These diagnoses were the most common ones (graphic 1).



Graphic 1 – More common diagnoses in Older People

- **Decreased diversional activity engagement**
 - Reduced stimulation, interest, or participation in recreational or leisure activities.
- **Sedentary lifestyle**
 - A habit of life that is characterized by a low physical activity level

2 - Health management

- **Frail elderly syndrome**
 - Dynamic state of unstable equilibrium that affects the older individual experiencing deterioration in one or more domain of health (physical, functional, psychological, or social) and leads to increased susceptibility to adverse health effects, in particular disability.
- **Risk for frail elderly syndrome**
 - Susceptible to a dynamic state of unstable equilibrium that affects the older individual experiencing deterioration in one or more domain of health (physical, functional, psychological, or social) and leads to increased susceptibility to adverse health effects, in particular disability.
- **Ineffective protection**
 - Decrease in the ability to guard self from internal or external threats such as illness or injury.

Table 2 –Nursing diagnoses for the institutionalized elderly, their definition for domain 1 (Health Promotion)

1 - Ingestion

- **Imbalanced nutrition: less than body requirements**
 - Intake of nutrients insufficient to meet metabolic needs.
- **Impaired swallowing**
 - Abnormal functioning of the swallowing mechanism associated with deficits in oral, pharyngeal, or oesophageal structure or function.

5 - Hydration

- **Risk for electrolyte imbalance**
 - Susceptible to changes in serum electrolyte levels, which may compromise health.
- **Risk for imbalanced fluid volume**
 - Susceptible to a decrease, increase, or rapid shift from one to the other of intravascular, interstitial and/or intracellular fluid, which may compromise health. This refers to body fluid loss, gain, or both.
- **Deficient fluid volume**
 - Decreased intravascular, interstitial, and/or intracellular fluid. This refers to dehydration, water loss alone without change in sodium.
- **Risk for deficient fluid volume**
 - Susceptible to experiencing decreased intravascular, interstitial, and/or intracellular fluid volumes, which may compromise health.

Table 3 – Nursing diagnoses for the institutionalized elderly, their definition for domain 2 (Nutrition)

1 - Urinary function	2 - Gastrointestinal function	4 - Respiratory function
<ul style="list-style-type: none"> • Impaired urinary elimination <ul style="list-style-type: none"> • Dysfunction in urine elimination. • Functional urinary incontinence <ul style="list-style-type: none"> • Inability of a usually continent person to reach the toilet in time to avoid unintentional loss of urine. 	<ul style="list-style-type: none"> • Constipation <ul style="list-style-type: none"> • Decrease in normal frequency of defecation accompanied by difficult or incomplete passage of stool and/or passage of excessively hard, dry stool. • Risk for constipation <ul style="list-style-type: none"> • Susceptible to a decrease in normal frequency of defecation accompanied by difficult or incomplete passage of stool, which may compromise health. • Chronic functional constipation <ul style="list-style-type: none"> • Infrequent or difficult evacuation of faeces, which has been present for at least 3 of the prior 12 months. • Risk for chronic functional constipation <ul style="list-style-type: none"> • Susceptible to infrequent or difficult evacuation of faeces, which has been present nearly 3 of the prior 12 months, which may compromise health. 	<ul style="list-style-type: none"> • Impaired gas exchange <ul style="list-style-type: none"> • Excess or deficit in oxygenation and/or carbon dioxide elimination at the alveolar-capillary membrane.

Table 4 – Nursing diagnoses for the institutionalized elderly, their definition for domain 3 (Elimination and Exchange)

1 – Sleep/rest	2 – Activity/Exercise	3 – Energy Balance	4 – Cardiovascular/pulmonary responses	5 – Self-care
<ul style="list-style-type: none"> • Disturbed sleep pattern <ul style="list-style-type: none"> • Time-limited awakenings due to external factors. 	<ul style="list-style-type: none"> • Impaired bed mobility <ul style="list-style-type: none"> • Limitation of independent movement from one bed position to another. • Impaired physical mobility <ul style="list-style-type: none"> • Limitation in independent, purposeful movement of the body or of one or more extremities. • Impaired wheelchair mobility <ul style="list-style-type: none"> • Limitation of independent operation of wheelchair within environment. • Impaired standing <ul style="list-style-type: none"> • Limitation of ability to independently and purposefully attain and/or maintain the body in an upright position from feet to head. • Impaired walking <ul style="list-style-type: none"> • Limitation of independent movement within the environment on foot. 	<ul style="list-style-type: none"> • Fatigue <ul style="list-style-type: none"> • An overwhelming sustained sense of exhaustion and decreased capacity for physical and mental work at the usual level. 	<ul style="list-style-type: none"> • Ineffective breathing pattern <ul style="list-style-type: none"> • Inspiration and/or expiration that does not provide adequate ventilation. 	<ul style="list-style-type: none"> • Impaired home maintenance <ul style="list-style-type: none"> • Inability to independently maintain a safe growth-promoting immediate environment. • Bathing self-care deficit <ul style="list-style-type: none"> • Inability to independently complete cleansing activities. • Toileting self-care deficit <ul style="list-style-type: none"> • Inability to independently perform tasks associated with bowel and bladder elimination. • Self-neglect <ul style="list-style-type: none"> • A constellation of culturally framed behaviours involving one or more self-care activities in which there is a failure to maintain a socially accepted standard of health and well-being

Table 5 – Nursing diagnoses for the institutionalized elderly, their definition for domain 4 (Activity/Rest)

4 - Cognition	5 - Communication
<ul style="list-style-type: none"> • Risk for acute confusion <ul style="list-style-type: none"> • Susceptible to reversible disturbances of consciousness, attention, cognition and perception that develop over a short period of time, which may compromise health. • Chronic confusion <ul style="list-style-type: none"> • Irreversible, progressive, insidious, and long-term alteration of intellect, behaviour and personality, manifested by impairment in cognitive functions (memory, speech, language, decision making, and executive function), and dependency in execution of daily activities • Impaired memory <ul style="list-style-type: none"> • Persistent inability to remember or recall bits of information or skills 	<ul style="list-style-type: none"> • Impaired verbal communication <ul style="list-style-type: none"> • Decreased, delayed, or absent ability to receive, process, transmit, and/or use a system of symbols.

Table 6 – Nursing diagnoses for the institutionalized elderly, their definition for domain 5 (Perception/Cognition)

1 – Self-Concept	2 – Self-Esteem
<ul style="list-style-type: none"> • Hopelessness <ul style="list-style-type: none"> • Subjective state in which an individual sees limited or no alternatives or personal choices available and is unable to mobilize energy on own behalf. 	<ul style="list-style-type: none"> • Situational Low self-esteem <ul style="list-style-type: none"> • Development of a negative perception of self-worth in response to a current situation.

Table 7 – Nursing diagnoses for the institutionalized elderly, their definition for domain 6 (Self- Perception)

3 – Role Performance
<ul style="list-style-type: none"> • Impaired Social Interaction <ul style="list-style-type: none"> • Insufficient or excessive quantity or ineffective quality of social exchange.

Table 8 – Nursing diagnoses for the institutionalized elderly, their definition for domain 7 (Role relationship)

2 – Coping responses
<ul style="list-style-type: none"> • Anxiety <ul style="list-style-type: none"> • Vague, uneasy feeling of discomfort or dread accompanied by an autonomic response (the source is often nonspecific or unknown to the individual); a feeling of apprehension caused by anticipation of danger. It is an alerting sign that warns of impending danger and enables the individual to take measures to deal with that threat. • Grieving <ul style="list-style-type: none"> • A normal, complex process that includes emotional, physical, spiritual, social, and intellectual responses and behaviours by which individuals, families, and communities incorporate an actual, anticipated, or perceived loss into their daily lives. • Chronic sorrow <ul style="list-style-type: none"> • Cyclical, recurring, and potentially progressive pattern of pervasive sadness experienced (by a parent, caregiver, individual with chronic illness or disability) in response to continual loss, throughout the trajectory of an illness or disability.

Table 9 - Nursing diagnoses for the institutionalized elderly, their definition for domain 9 (Coping/Stress Tolerance)

2 - Beliefs
<ul style="list-style-type: none"> • Readiness for enhanced spiritual well-being • A process of choosing a healthcare decision that includes personal knowledge and/or consideration of social norms, which can be strengthened.

Table 10 - Nursing diagnoses for the institutionalized elderly, their definition for domain 10 (Life Principles)

1 - Infection	2 – Physical injury
<ul style="list-style-type: none"> • Risk for infection • Susceptible to invasion and multiplication of pathogenic organisms, which may compromise health. 	<ul style="list-style-type: none"> • Impaired dentition • Disruption in tooth development /eruption pattern or structural integrity of individual teeth. • Risk for falls • Susceptible to increased susceptibility to falling, which may cause physical harm and compromise health. • Risk of pressure ulcer • Susceptible to localized injury to the skin and/or underlying tissue usually over a bony prominence as a result of pressure, or pressure in combination with shear • Impaired tissue integrity • Damage to the mucous membrane, cornea, integumentary system, muscular fascia, muscle, tendon, bone, cartilage, joint capsule, and/or ligament. • Risk for impaired tissue integrity • Susceptible to damage to the mucous membrane, cornea, integumentary system, muscular fascia, muscle, tendon, bone, cartilage, joint capsule, and/or ligament, which may compromise health

Table 11 - Nursing diagnoses for the institutionalized elderly, their definition for domain 11 (Safety/Protection)

1 – Physical comfort	3 - Social comfort
<ul style="list-style-type: none"> • Acute Pain • Unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage; sudden or slow onset of any intensity from mild to severe with an anticipated or predictable end, and with a duration of less than 3 months. • Chronic Pain • Unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage; sudden or slow onset of any intensity from mild to severe, constant or recurring without an anticipated or predictable end, and with a duration of greater than 3 months. 	<ul style="list-style-type: none"> • Risk of loneliness • Susceptible to experiencing discomfort associated with a desire or need for more contact with others, which may compromise health. • Social Isolation • Aloneness experienced by the individual and perceived as imposed by others and as a negative or threatening state.

Table 12 - Nursing diagnoses for the institutionalized elderly, their definition for domain 12 (Comfort)

Discussion:

A study (Castro & Carreira, 2015) on institutionalized elderly people found that 31% of nursing and residential homes lack leisure activities or are inadequate for their health conditions. The elderly often do not feel like engaging in these activities. A study (da Silva et al., 2016) on the perception of therapeutic workshops showed that participants recognize the benefits of

these activities and improved quality of life. Therefore, it's crucial to encourage recreational activities and laser sessions for the well-being and quality of life of these elderly individuals.

Harvey et al. (2015) found that older adults spend an average of 9.4 hours a day sedentary, which is linked to nursing diagnoses of sedentary lifestyle. Sanford et al. (2020) found that 41.0% and 30.4% of older adults met pre-

frailty and frailty screening criteria, while 42.9% met sarcopenia and weight loss screening criteria. These findings highlight the importance of understanding frail elderly syndrome, risk for frail elderly syndrome, imbalanced nutrition, and impaired memory. Reis da Silva (2023b) found that 33% of the older population falls annually, this is important to important to understand some of the nursing diagnosis, namely – ineffective protection (domain 1, class 2) and risk of falls (domain 11, class 2).

Food is crucial for the elderly's nutrition and survival, but factors such as biological, psychological, and economic aspects can disrupt unbalanced nutrition (Reis da Silva, 2024b). Senescence causes physiological degeneration of the swallowing mechanism, affecting all stages of swallowing. Understanding the anatomy of the oral cavity, pharynx, larynx, and oesophagus is essential for monitoring and guiding swallowing (Teixeira, 2024a; Teixeira, 2024b). Dysphagia, a condition causing interference or difficulty in swallowing, requires specific care for prevention and rehabilitation. According to studies, elderly persons drink less fluid than younger groups do because of physiological changes such diminished renal function and thirst (Teixeira, 2024a; Teixeira, 2024b; Reis da Silva, 2024b; Reis da Silva, 2024h). Age also causes a decrease in total body water, which results in reduced fluid reserves. Common drugs like laxatives and diuretics can promote water loss. Concerns about incontinence, memory impairments, social isolation, having physical access to beverages, and swallowing difficulties are other variables (Volkert et al., 2019; Vilmundardóttir & Skúladóttir, 2021; Edmonds et al., 2021). Since dehydration is a risk factor for all older persons, it is important to pay extra attention to and promote fluid consumption (Volkert et al., 2019; Vilmundardóttir & Skúladóttir, 2021; Edmonds et al., 2021; Reis da Silva, 2024c). Class 5 (Hydration) in domain 2 (nutrition) diagnoses, such as electrolyte imbalance, imbalanced fluid volume, insufficient fluid volume, and deficient fluid volume, are pertinent to older persons (Reis da Silva, 2024b, Reis da Silva, 2024c).

Bitencourt et al (2016) found that most elderly people display dysuria, which is linked to multiple causes, including ageing and bladder weakness. This can lead to urinary incontinence, which is often overlooked due to low education levels and negative feelings (Bitencourt et al., 2016; Matos et al., 2019). Intestinal constipation, a common issue among the elderly, is correlated with factors such as age, environmental conditions, diets, genetics, socioeconomic factors, public health, and cultural diversity (Santos and Barbosa, 2017; Deb et al., 2020).

Santos and Barbosa's (2017) study found that consuming fruits and vegetables along with water can help reduce the risk of constipation. Diagnosis of constipation is crucial for adequate dietary behaviour, as the consumption of vegetables and fruits, along with increased water intake, can lead to satisfactory and painless faecal elimination. Physical activity also assists in the formation and elimination of faeces.

Immobility, weakening of the abdominal and pelvic floor muscles, malnourishment, rectal hyposensitivity, long-term medical problems, long-term pharmaceutical usage, and the ageing influence on intestinal motility are the main risk factors for constipation in older persons. In the senior population, persistent constipation may occur as a result of psychological, social, and behavioural issues. Serious anorectal problems, including faecal impaction, haemorrhoids, anal fissures, and rectal bleeding, can result from chronic constipation (Giaquini et al., 2017; Santos and Barbosa, 2017; Mari et al., 2020).

In the nursing diagnosis, impaired gas exchange, it is essential to carry out a deep analysis of the basic needs affected by the patient, adjusting any basic activity to a planned, critical and scientific assistance. The identification of the diagnosis is more present in people with cardiac alterations and can indicate the presence of important disorders, given its close relationship with the cardiovascular system (Roman et al., 2016).

Age-related changes in spatiotemporal gait characteristics are linked to postural stability, which is especially important for elderly persons who rely on their eyesight. Older persons face difficulties and a higher risk of falls due to increased gait variability, especially when there are mediolateral disturbances (Osoba et al., 2019). According to Osoba et al. (2019), virtual

reality training has demonstrated encouraging results on balance and gait, making the diagnosis of poor standing pertinent to older persons.

To reduce mobility issues and preserve motor abilities, health promotion and preventative measures are crucial (Chatterji et al., 2014; Giaquini et al., 2017). Care for problems resulting from immobilisation and regular muscle stimulation is essential for significant illnesses, such as those affecting wheelchair users and bedridden patients. According to Reis da Silva (2023b, 2023c), weariness plays a major role in older individuals' health, and objective measurements may be used to gauge exhaustion. In class 4, cardiovascular/pulmonary responses, inefficient breathing patterns are also being studied. Risk factors for ineffective breathing include anxiety, pain, fatigue, respiratory muscle fatigue, obesity, hyperventilation, body position that prevents lung expansion, and bronchial secretion (Herdman & Kamitsuru, 2018; Prado et al., 2018; Prado et al., 2019). A number of illnesses, smoking, and age are also taken into account (Prado et al., 2018; Prado et al., 2019).

Senior citizens must practise self-care since they may find it difficult to perform everyday tasks that they used to find simple. In order to help patients and their families manage their health issues and engage in self-care more effectively, healthcare practitioners play a crucial role in providing support and encouragement to these individuals (Alqahtani & Alqahtani, 2022). Patients' quality of life may be enhanced as a result (Alqahtani & Alqahtani, 2022). According to research by Gao et al. (2022), older individuals' rate of impaired activity of daily living (ADL) rises with age, especially for those who are over 80. Due to their greater physical labour and familial duties, men are more vulnerable. ADL impairment is greater in older persons with chronic illnesses and physical impairments than in those without these disorders (Reis da Silva, 2023a; Reis da Silva, 2023b).

Delirium, a common but often overlooked symptom, can lead to acute confusion and increased mortality (Jackson et al., 2016; Vieira et al., 2017; Gao et al., 2022). Delirium symptoms include dementia, dehydration, and polypharmacy (Jackson et al., 2016; Vieira et al., 2017; Reis da Silva, 2024i). Professionals involved in patient care must recognize these features and initiate rehabilitation strategies promptly. Neuroleptics and benzodiazepines are commonly used in pharmacological treatment, while non-pharmacological treatments include creating a calm environment and involving relatives. According to Jackson et al. (2016), chronic confusion is linked to an irreversible, protracted, and/or gradual decline in cognition and personality. In order to prevent memory impairment, nurses need to be aware of possible dangers such falls, infections, incontinence, pressure ulcers, dehydration, delirium, immobility, and depression (Reis da Silva, 2023b). It is important for nurses to be able to recognise the underlying reasons of difficulties and advocate for measures that can assist senior citizens live better lives (Yaffe et al., 2014).

The nursing diagnosis of impaired verbal communication has been found to be prevalent in clinical contexts, with 60% of studies reporting a high prevalence. However, the Impaired Verbal Communication diagnosis has been superficially used in clinical practice without a precise assessment of communication impairment (Puggina et al., 2016).

In the self-perception domain, two diagnoses were identified: hopelessness and situational low self-esteem. Hopelessness can be associated with depressive disorders, as people with depression tend to evaluate themselves negatively (Reis da Silva, 2024b). Low self-esteem can lead to feelings of sadness, anxiety, discouragement, isolation, fear, impotence, various pains, expression of disabilities, denial, rumination of problems, self-accusation, hostile behaviour towards oneself and others, and decreased interest and motivation for self-care (Reis da Silva, 2024b; Reis da Silva, 2024g).

In the domain roles and relationships, impaired social interaction was identified as a related issue due to ageing and the discontinuity of previous social interactions (Martins et al., 2010; Reis da Silva, 2024g). Anxiety is characterized as a chaotic situation, and institutionalization can cause anxiety and depression due to fear of being forgotten, rejected, and abandoned by family and society (Reis da Silva, 2024b). Older adults are disproportionately affected by grief, with 63.2% of them confirming feeling sad. In the principles of life domain, readiness for improved spiritual well-

being was identified as a relevant diagnosis, as elderly people naturally suffer losses over their lives, leading to negative health consequences (Martins et al., 2010; Colvin and Ceide, 2021).

The diagnosis of readiness for improved spiritual well-being is relevant in the principles of life domain, as elderly people naturally suffer losses over their lives, leading to negative health consequences. Religion and spirituality can be tools to help face stressful situations (Malone and Dadswell, 2018). The elderly's immune system changes make them more susceptible to infections, such as pneumonia, urinary tract infection, surgical site infection, and sepsis, which are more severe and difficult to treat than in adults (Bertol et al., 2020). Impaired dentition is a public health problem, especially experienced by the elderly, and oral health policies must be guided to reduce damage (Wong et al., 2019). The ageing process decreases the turgor and elasticity of the skin, making it essential for nurses to assess the turgor and hydration level of the elderly's skin to prescribe specific nursing interventions (Mitchell, 2022). Research shows that 71.4% of the elderly suffer from one to two falls, with intrinsic causes being dizziness/vertigo and extrinsic, slippery or wet floors (Reis da Silva, 2023b; 2024d). The elderly population may become more susceptible to chronic pain due to exposure to trauma, infections, and chronic degenerative diseases (Reis da Silva, 2024e; Reis da Silva, 2024f). Pain limits their ability to maintain their usual routine, impacting their quality of life and limiting social interaction (Reis da Silva, 2024d). Additionally, the elderly face greater risk for social isolation and loneliness, with elderly people acknowledging that loneliness can increase with age (Reis da Silva, 2024g).

Challenges and Considerations in Geriatric Nursing Process

Complexity of Geriatric Care

Nursing care for older individuals is inherently complex due to the prevalence of multiple chronic conditions, polypharmacy, cognitive decline, functional limitations, and psychosocial issues (Reis da Silva, 2024e; Reis da Silva, 2024i). The nursing process in geriatric care demands a nuanced understanding of these complexities to deliver holistic and effective care (Chatterji et al., 2014; Herdman & Kamitsuru, 2018; Ajibade, 2021; Reis da Silva, 2023a; Reis da Silva, 2023b).

Communication and Collaboration

Collaboration among healthcare professionals, effective communication with older adults and their families, and sensitivity to cultural and ethical considerations are crucial elements in the successful application of the nursing process in geriatric care. Nurses must employ empathetic communication skills and cultural competence to establish trust and ensure patient-centered care (Herdman & Kamitsuru, 2018; Ajibade, 2021).

Implications of this article:

This article will have implications in the nursing practice, nursing research policy development and nursing education. In Nursing Practice, it will be enhancing patient-centered Care - Understanding the nursing process in geriatric care equips nurses with a structured approach to deliver patient-centered care tailored to the unique needs of older adults. This knowledge promotes better assessment, individualized care planning, and implementation of interventions focused on maximizing health outcomes and quality of life for elderly patients (Herdman & Kamitsuru, 2018; Ajibade, 2021). By comprehending the nursing process in geriatric care, nurses can enhance their competence in managing complex geriatric syndromes, addressing polypharmacy issues, and effectively managing the multifaceted health challenges faced by older individuals (Herdman & Kamitsuru, 2018; Ajibade, 2021; Reis da Silva, 2024i). A comprehensive grasp of the nursing process fosters better collaboration among healthcare professionals. Nurses, working collaboratively with interdisciplinary teams, can advocate for holistic care, integrating diverse perspectives for optimal outcomes in geriatric patients.

Articles addressing the nursing process in geriatric care contribute to the body of evidence-based practice in nursing. Such studies explore innovative approaches, assessment tools, interventions, and care models specific to older populations, fostering ongoing research and advancements in geriatric

nursing. Research on the nursing process in geriatric care identifies gaps in knowledge, paving the way for further investigation into areas such as effective assessment strategies, interventions for geriatric syndromes, psychosocial aspects of ageing, and the impact of nursing interventions on the quality of life for older adults.

This article focusing on the nursing process in geriatric care provide valuable insights for policymakers. These insights inform the development of policies aimed at improving geriatric healthcare services, allocating resources efficiently, and advocating for frameworks that support comprehensive and person-centered care for the elderly. Knowledge derived from research and articles on the nursing process contributes to setting and refining standards of care in geriatric nursing. This can influence policy decisions related to staffing ratios, training requirements, and quality benchmarks in geriatric healthcare settings (Herdman & Kamitsuru, 2018; Ajibade, 2021).

Discussing the nursing process in geriatric care influences nursing education by informing the development of curricula that incorporate specialized training in gerontology and geriatric nursing. This ensures that future nurses receive adequate preparation and knowledge to meet the complex needs of an ageing population (Herdman & Kamitsuru, 2018; Ajibade, 2021; Fitzpatrick et al., 2023). This article might also serve as a valuable resource for continuing education programs, workshops, and professional development initiatives aimed at enhancing the skills and knowledge of practicing nurses in geriatric care, ensuring ongoing competence and quality care provision (Herdman & Kamitsuru, 2018; Ajibade, 2021; Fitzpatrick et al., 2023).

In summary, articles elucidating the nursing process in geriatric care significantly contribute to nursing practice, research, policy development, and education. They serve as catalysts for improved patient care, advancements in evidence-based practice, policy formulation, and the cultivation of competent and compassionate geriatric nursing professionals.

Conclusion

In conclusion, the nursing process serves as a fundamental framework in delivering comprehensive and individualized care to older adults. Its systematic approach, encompassing assessment, diagnosis, planning, implementation, and evaluation, aligns with the multifaceted needs of the ageing population. Effective application of the nursing process in geriatric care requires specialized knowledge, interdisciplinary collaboration, and a holistic approach, ensuring optimal health outcomes and enhanced quality of life for older individuals.

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