

Nursing care provided to a patient diagnosed with schizophrenia, using the International Classification for Nursing Practice (ICNP®)

Opieka pielęgniarska wobec pacjenta z rozpoznaniem schizofrenii przy wykorzystaniu Międzynarodowej Klasyfikacji Praktyki Pielęgniarskiej ICNP®

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STRESZCZENIE

OPIEKA PIELĘGNIARSKA WOBEC PACJENTA Z ROZPOZNANIEM SCHIZOFRENII PRZY WYKORZYSTANIU MIĘDZYNARODOWEJ KLASYFIKACJI PRAKTYKI PIELĘGNIARSKIEJ ICNP®

Wstęp. Zaburzenia ze spektrum schizofrenii są dużym wyzwaniem współczesnej psychiatrii. Dane epidemiologiczne wskazują na tendencję wzrostową tego zaburzenia, a także innych ze spektrum schizofrenii. W perspektywie oznacza to, iż niezbędna będzie wysokospecjalistyczna opieka zarówno pielęgniarska jak i lekarska, szeroko rozumiana opieka środowiskowa oraz nowoczesna rehabilitacja redukująca deficyty poznawcze i wykonawcze.

Cel. Celem pracy jest propozycja wykorzystania Międzynarodowej Klasyfikacji Praktyki Pielęgniarskiej ICNP® w procesie diagnozowania i planowania opieki wobec pacjenta z rozpoznaniem schizofrenii.

Material i metoda. Praca opiera się na metodzie indywidualnego przypadku, do analizy uzyskanych danych wykorzystane zostały techniki badawcze takie jak: wywiad, obserwacja, pomiar, analiza dokumentacji. Narzędzia badawcze stanowiły: Karta Indywidualnej Opieki Pielęgniarskiej, Karta Oceny Stanu Psychicznego, Skala Oceny Ryzyka Samobójstwa SAD PERSONS, Skala Depresji Becka - BDI (*Beck's Depressions Inventory*), Globalna Ocena Funkcjonowania (*GAF, Global Assessment of Functioning*), Skala HADS - M (*Hospital Anxiety and Depression Scale*) oraz skala oceny zmęczenia wg C - HOBIC.

Wyniki. Zebrane dane umożliwiają postawienie 15 diagnoz według ICNP®. Dla 3 wybranych zredagowano plan opieki pielęgniarskiej, który uwzględniał w zależności od potrzeb pacjenta interwencje pielęgniarskie.

Wnioski. ICNP® jako klasyfikacja diagnoz pielęgniarskich umożliwia redagowanie diagnoz pielęgniarskich odnoszących się do stanu psychicznego podmiotu opieki, różne interwencje dają możliwość dużego ich wyboru.

Słowa kluczowe:

pielęgniarka, schizofrenia, ICNP®

ABSTRACT

NURSING CARE PROVIDED TO A PATIENT DIAGNOSED WITH SCHIZOPHRENIA, USING THE INTERNATIONAL CLASSIFICATION FOR NURSING PRACTICE (ICNP®)

Introduction. Schizophrenia spectrum disorders are a major challenge for modern psychiatry. Epidemiological data indicate an increasing trend in the prevalence of such disorders, as well as other disorders from the schizophrenia spectrum. In a long-term perspective, this means that highly specialised (both nursing and medical) care, broadly understood community care, and innovative rehabilitation methods able to reduce cognitive and executive deficits will be necessary.

Aim. The aim of this paper is to propose the use of the International Classification for Nursing Practice (ICNP®) in the process of diagnosing and planning care for patients with schizophrenia.

Material and method. The paper is based on the individual case study method and for the analysis of the obtained data the following research techniques were used: interview, observation, measurement, documentation analysis. The research tools: Individual Nursing Care Card, Mental Health Assessment Card, SAD PERSONS Scale for Suicide Risk Assessment, Beck Depression Inventory (BDI), Global Assessment of Functioning (GAF), Hospital Anxiety and Depression Scale (HADS), and C-HOBIC Fatigue Assessment Scale.

Results. The collected data allow the formulation of 15 diagnoses in accordance with ICNP®. For the three selected diagnoses, a nursing care plan was drawn up, which included, depending on the patient's needs, nursing interventions.

Conclusions. ICNP® as a classification of nursing diagnoses allows the drafting of nursing diagnoses related to the mental state of the subject of care; various interventions provide a large selection of them.

Key words:

nurse, schizophrenia, ICNP®

INTRODUCTION

Mental disorders, including those from the spectrum of schizophrenia, continue to pose a substantial challenge to modern medicine. The mechanism behind their formation, their exact causes, and targeted therapies — especially of those forms which are resistant to pharmacotherapy — have not yet been fully understood. According to the report “Epidemiology of Psychiatric Disorders and Availability of Psychiatric Health Care EZOP — Poland” from the country’s first survey carried out on a group of 10 thousand respondents, a total of 30% of them suffered from mental health deficiencies. This means that the need for mental support and possible future treatment will affect about one-third of the population [1]. In this time of restricted social interactions, the problem is becoming increasingly manifested. The requirements to be met by treatment facilities are gradually increasing as well, which means that when faced with difficult or problematic situations such a facility is unable to solve them on its own, thus exposing itself to crisis situations.

One of the more prominent problems of schizophrenic patients is the high risk of exposure to stigmatisation, isolation and social discrimination. According to research by the World Health Organization (WHO), 9 out of 10 patients have experienced negative attitudes from others as a result of being diagnosed with the disease [2]. This shows a lack of awareness among general public as well as prevalence of stereotypes and prejudices against the mentally ill.

The life and social functioning of a patient diagnosed with schizophrenia is primarily focused on taking up everyday challenges. Seemingly mundane, standard activities such as getting up from bed, washing or eating breakfast, may in time become a problem or even a struggle for survival [3].

AIM

The aim of the paper is to present the process of care for a patient with a diagnosis of schizophrenia, using the International Classification for Nursing Practice (ICNP®).

MATERIAL AND METHOD

The paper is based on the individual *case study* method, also referred to as *casuistic method*. The study focuses on *human subject*. The following research techniques were used: interview, observation, measurement, analysis of nurse’s and physician’s documentation, and research tools: Individual Nursing Care Card, Mental Health Assessment Card, Paterson’s SAD PERSONS Scale for Suicide Risk Assessment, Beck Depression Inventory (BDI), Global Assessment of Functioning (GAF), and Hospital Anxiety and Depression Scale (HADS). From the catalogue of quality benchmarks of nursing care results according to C-HOBIC, which is compatible with the ICNP® classification, a fatigue assessment scale was selected and validated into Polish. The obtained patient results and their interpretations are presented in Table 1.

The process of collecting patient data was carried out in January and February 2019 at the 1st Department of Psychiatry, Psychotherapy and Early Intervention of the Independent

Public Clinical Hospital No. 1 in Lublin. Prior to the research process, informed consent to the study was obtained from the patient and information on voluntary participation and anonymity was provided.

Description of the case

The patient was admitted to the hospital due to exacerbation of the symptoms resulting from schizophrenia (ICD - 10: F20.2, diagnosed at the age of 17) and coexisting diseases: diabetes mellitus, hypertension, and drug-related liver damage. In addition, the respondent reported decreased appetite, constipation, high fatigue, resting tremors, and sleep disorders.

The man, who is single, lives with his deceased mother’s sister, in their family home, in the countryside, and is an only child. His mother died in 2008. The patient receives a disability benefit for people who have disabilities and are incapable of taking up gainful employment.

During the interview, he displayed a reduced mood, apathy and periodically occurring anxiety. The patient also reports auditory hallucinations themed around death [quote]: “I sometimes hear a voice telling me to kill myself; one time I even asked another patient at the ward to do it”; persecutory and paranoid delusions [quote]: “I know someone is eavesdropping and keeps badmouthing me”; “on Monday, I heard a voice – it told me that the nurse wanted to do something bad to me and that she was adding poison to my food”; disturbed sleep.

The patient is being administered the following medications: Klozapol, Fluanxol, Lamitrin, Kwetaplex XR, Ketrel, Amaryl, Lipanthyl, Metocard, Essentiale Forte, Tisercin. Non-pharmacological treatment methods are also used, including occupational therapy (art therapy, culinary training), therapeutic conversations with a psychologist or psychotherapist, and meetings of the ward’s community to discuss their everyday problems.

■ Tab. 1. Interpretation of patient’s results from the applied testing tools

Research tool	Result
SAD PERSONS Scale for Suicide Risk Assessment	according to the SAD PERSONS scale (10 out of 14 points), the patient qualifies for the group of high suicide risk – hospitalisation is necessary
Beck Depression Inventory (BDI)	according to Beck Depression Inventory (BDI), the patient scored 35 out of 63 points, which indicates depressive symptoms of moderate intensity
Global Assessment of Functioning	patient’s assessment on the health-disease continuum is 32 out of 100 points, which means that the emerging symptoms of the disease make it difficult for the patient to function in psychological, social and professional terms
HADS-M scale	according to the HADS-M scale, the patient in category A (anxiety) received 15 out of 21 points, which means that the intensity of anxiety disorders is severe; in category D (depression) he received 16 out of 21 points, which is also associated with severe intensity of depressive symptoms
C-HOBIC Fatigue Assessment Scale	According to the C-HOBIC scale, the patient qualifies for level 2 (moderate level) of fatigue intensity due to reduced energy and being unable to complete activities he had started

Methodology of nursing diagnoses according to ICNP®

Drafting an ICNP®-based nursing diagnosis in accordance with ISO 18104:2011 involves the selection of reference terminology from a seven-axis model that includes

the following axes: subject of care (1); actions (interventions) (2); client (beneficiary) (3); evaluation (assessment, diagnosis) (4); location (5); time (6); measures used (7). A correctly formulated nursing process, according to the above mentioned premises, is based on the principle of combining terms located on different axes [4].

In order to formulate a nursing diagnosis, one should use the terms from the “evaluation” axis (assessment, diagnosis), which includes both negative and positive diagnoses, as well as from the “subject of care” axis which describes an important area from the nurse’s point of view. If a selected diagnosis needs to be more detailed, the terms from the axes “location” (pain), “client” (lack of parent knowledge) or “time” (intensity of pain) should be used [4].

When planning a nursing intervention, it is necessary to follow the rules provided for in the standard. They stress the need to use terminology derived from at least two axes, i.e. the “actions” (interventions) axis and to select the term which specifies the objective or subject of the action (without the “evaluation” axis). It is also possible to specify selected nursing interventions based on terminology that describes such characteristics as “means”, “time”, “location”, “client” and “object” [4].

The International Classification for Nursing Practice (ICNP®) from 2017, available online [5], was used to establish diagnosis and plan nursing care for the selected clinical case.

RESULTS

Using ICNP® for the care provider, the following nursing diagnoses were made:

1. severe [10025877] constipation [10000567];
2. abnormal [10013269], disturbed sleep [10027226];
3. moderate [10025865] fatigue [10000695];
4. partial [10014081] lack of appetite [10033399];
5. severe [10025877] trembling [10022846];
6. partially [10014081] impaired ability to participate in care planning [10035134];
7. presence of [10046624] impaired cognitive functions [10022321];
8. presence [10046624] of a problem with high complexity of treatment regime [10042319];
9. high [10009007] risk of social isolation [10047213];
10. partly [10014081] impaired acceptance of health status [10029480];
11. completely [10019876] impaired psychological status [10038411];
12. high [10009007] risk of depressive mood [10032329];
13. high [10009007] risk of suicide [10015356].

In order to present an example of the ICNP® nursing process, three nursing diagnoses have been selected for the purposes of this study and appropriate patient-oriented interventions have been planned for them.

Diagnosis: Partially [10014081] impaired ability to participate in care planning [10035134];

Definition: Self-care - an activity performed by oneself: ensuring the availability of resources necessary to maintain oneself, to function normally and to satisfy basic individual and intimate needs and activities of everyday life.

Subject: Self-care [10017661]

Client: unit [10010018]; adult [10001889], patient [10014132]

Aim of care: to improve the level of patient self-care

Nursing interventions/activities	Tools/resources
Evaluating self-care [10021844].	nurse [10013333], evaluation tool [10002832],
Evaluating the degree of independence [10002723]	nurse [10013333], evaluation tool [10002832],
Evaluating psychological status [10030734].	nurse [10013333], evaluation tool [10002832],
Teaching self-care [10045014].	nurse [10013333], health education service [10039459]
Assisting in self-care [10035763].	nurse [10013333]
Promoting self-care [10026347].	nurse [10013333], health promotion service [10008776], health promotion service [10008776]
Promoting positive psychological status [10032505].	nurse [10013333], health promotion service [10008776], health promotion service [10008776]
Evaluation of psychosocial response to instructing [10007107].	nurse [10013333], technique of feedback provision [10007772]
Maintaining dignity and privacy [10011527]	nurse [10013333]
Protecting patient rights [10015919]	nurse [10013333]

Diagnosis: Completely [10019876] impaired psychological status [10038411]

Definition: status - property: condition of a person in relation to others, relative position of a person.

Subject: psychological status [10015988]

Client: unit [10010018]; adult [10001889], patient [10014132]

Aim of care: supporting psychological support of the subject of care.

Nursing interventions/activities	Tools/resources
Evaluating mood [10038938].	nurse [10013333], evaluation tool [10002832],
Evaluating anxiety [10041745].	nurse [10013333], evaluation tool [10002832],
Evaluating sadness [10038940].	nurse [10013333], evaluation tool [10002832],
Evaluating aggressive behaviour [10035684]	nurse [10013333], evaluation tool [10002832],
Identifying psychological status [10044241].	nurse [10013333]
Establishing trust [10024396].	nurse [10013333],
Managing delusions [10035802].	nurse [10013333],
Managing hallucinations [10035818].	nurse [10013333],
Managing mood [10036256].	nurse [10013333],
Promoting effective coping [10035936].	nurse [10013333], health promotion service [10008776]
Counselling on hope [10026212].	nurse [10013333],
Teaching of adaptive techniques [10023717].	nurse [10013333], health education service [10039459]
Monitoring confusion [10045424].	nurse [10013333],
Evaluating psychosocial response to the care plan [10007153].	nurse [10013333], technique of feedback provision [10007772]
Maintaining dignity and privacy [10011527]	nurse [10013333]
Protecting patient rights [10015919]	nurse [10013333]

Diagnosis No. 15: high [10009007] risk of suicide [10015356].

Definition: suicide: self-destructive behaviour: performing suicidal actions that lead to death.

Subject: suicide [10019072]

Client: unit [10010018]; adult [10001889], patient [10014132]

Aim of care: to counteract patient's suicidal thoughts and attempts.

Nursing interventions/activities	Tools/resources
Assessing environmental safety [10039751]	nurse [10013333], assessment tool [10002832], risk reduction technique [10038794]
Applying suicide prevention measures [10036336]	nurse [10013333], risk reduction technique [10038794]
Maintaining continuous surveillance [10005093]	nurse [10013333], risk reduction technique [10038794]
Promoting medication adherence [10038051]	nurse [10013333]
Supporting psychological status [10019161]	nurse [10013333]
Maintaining dignity and privacy [10011527]	nurse [10013333]
Protecting patient rights [10015919]	nurse [10013333]

DISCUSSION

While reviewing the available literature to carry out comparative analysis of the above mentioned classifications of nursing diagnoses, it was noted that there are many natively Polish titles addressing the practical use of ICNP® in the care of patients with different disease units; however, there is no literature devoted to the use of this classification in psychiatric ward conditions.

The International Council of Nurses (ICN), which studies the potential of and changes in ICNP®, prepares catalogues (subsets of nursing data) dedicated to specific disease entities and health-related situations. They are used to develop the IT systems of healthcare facilities and the healthcare system, which improves the processes of diagnosing and planning nursing care for patients. Unfortunately, no catalogue has yet been created with regard to psychiatric disorders. According to an official announcement on the ICN website, it is currently under preparation [6].

When analysing the use of the classification of nursing diagnoses in this study, it was noted that the ICNP® classification offers many possibilities as regards creating a range of nursing diagnoses which pertain to the mental sphere of a patient hospitalised in a psychiatric hospital.



CONCLUSIONS

1. Based on the ICNP classification, the following nursing diagnoses resulting from the case study analysis were made: constipation, sleep disorders, fatigue, lack of appetite, tremor, impaired ability to plan care, impaired cognitive functions, high complexity of treatment regime, risk of social isolation, impaired acceptance of health status, impaired psychological status, depressive mood, risk of suicide.

2. ICNP® provides a wide range of possibilities for creating nursing diagnoses which pertain to the patient's mental health, despite the lack of a catalogue dedicated to patients with mental disorders.

3. The nursing interventions listed in ICNP® allow for a variety of interventions which respond to the needs of the healthcare facility.

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