

Proposal of a care plan for street people

Proposta de plano de cuidados para pessoas em situação de rua

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Abstract

Introduction: For qualified assistance to street people, multidisciplinary care with individualized care is necessary. In this way, nursing contributes to the development of organized interventions based on a holistic approach to the patient. **Objective:** Propose nursing diagnoses, results and interventions for People on the Street based on their daily activities. **Materials and Methods:** Cross-sectional study, with a quantitative approach, carried out in a Specialized Reference Center for Homeless People in Sobral, Ceará, Brazil. The sample had 52 participants. Data collection took place through an individual interview, from April to June 2017, guided by a structured questionnaire based on the Daily Living Activities Model. The patients' responses were tabulated, and the Nursing Diagnoses that obtained a frequency greater than 40% were included in the care plan. **Results:** 34 nursing diagnoses were identified, which were divided according to the activities of daily living (maintaining a safe environment, communicating, breathing, eating, eliminating, work and distraction, sexuality, sleep and death), 16 of which are at risk and 18 reals. **Conclusion:** The care plan favors nursing care based on the various problems that involve the health-disease process of the homeless population.

Keywords: street people; patient care planning; daily activities; nursing process

Resumo

Introdução: Para uma assistência qualificada à Pessoa em Situação de Rua, é necessário atendimento multidisciplinar com individualização do cuidado. Desse modo, a enfermagem contribui no desenvolvimento de intervenções organizadas e pautadas em abordagem holística do paciente. **Objetivo:** Propor diagnósticos, resultados e intervenções de enfermagem para Pessoas em Situação de Rua com base em suas atividades de vida diária. **Materiais e Métodos:** Estudo transversal, de abordagem quantitativa, realizado em Centro de Referência

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Especializado para Pessoas em Situação de Rua em Sobral, Ceará, Brasil. A amostra contou com 52 participantes. A coleta dos dados ocorreu por entrevista individual, no período de abril a junho de 2017, norteadas por questionário estruturado baseado no Modelo de Atividades de Vida Diária. As respostas dos pacientes foram tabuladas, sendo incluídos no plano de cuidados os Diagnósticos de Enfermagem que obtiveram uma frequência maior que 40%. **Resultados:** Foram identificados 34 diagnósticos de enfermagem, os quais foram divididos conforme as atividades de vida diária (Manutenção de um ambiente seguro, comunicar, respirar, alimentar, eliminar, trabalho e distração, sexualidade, sono e morte), sendo 16 de risco e 18 reais. **Conclusão:** O plano de cuidados favorece a assistência de enfermagem com base nos diversos problemas que envolvem o processo saúde-doença da população em situação de rua.

Palavras-chave: pessoas em situação de rua; planejamento de assistência ao paciente; atividades cotidianas; processo de enfermagem

Introduction

Street People (SP) are considered a vulnerable and heterogeneous population group that share the situation of poverty, unconventional housing, and overlapping of social vulnerabilities¹. The morbidity and mortality rates of SP are high compared with those of the general population because SP constantly suffer from numerous infectious and non-infectious diseases, as well as abuse of alcohol and other drugs².

The number of SP has been considerably increasing in several countries³. In addition to social vulnerabilities, these individuals have difficulties in accessing the health services, especially those of primary health care, which often leads to disease exacerbation and makes SP seek care at emergency departments⁴.

In order to facilitate the access of these individuals to health care, the Ministry of Health planned several actions to help them recover their citizenship; among these, the implementation of consultation offices in the street stands out, an action related to primary care and focused on disease prevention and health promotion as a way to support improvements in the quality of life of SP⁵.

Qualified health care requires multidisciplinary assistance to SP, so as to provide individualized care according to the needs of each patient. Thus, nurses contribute to the development of organized interventions based on a holistic approach to the patients. The Systematization of

Nursing Care (SNC) is a methodological tool that involves data collection, identification of diagnoses, planning, provision of health care, and evaluation of this process⁶.

The SNC is based on a taxonomy classification system that allows identifying problems and grouping and interpreting data that help to solve these problems. These taxonomies favor the planning of Nursing interventions and terminological standardization across the multiprofessional team.

They also represent an important resource to promote the autonomy of the Nursing professionals, thus providing them more safety in care actions, care continuity, and greater proximity between patients and professionals, with strengthening of bonds⁷.

Especially in the context of SP, the Nursing diagnoses, expected outcomes, and interventions are proposed on the basis of clinical judgments on processes experienced by individuals and involving real or potential health problems that directly or indirectly affects their activities of daily living⁸.

For these individuals, the activities of daily living are directly related to well-being and survival. Therefore, it becomes relevant to associate the use of methodologies inherent to Nursing with the activities of daily living to plan health care based on the peculiarities of SP and that may support effective health promotion actions.

Consequently, this study aimed to propose Nursing diagnoses, outcomes, and

interventions for SP, based on their activities of daily living.

Methods

A descriptive, cross-sectional and quantitative study was conducted from April to June 2017 at the Specialized Reference Center for SP named *Centro POP* and located in Sobral, state of Ceará, Brazil. This is a public and state unit that is a reference in the specialized assistance of the adult population living in the street⁷.

The target audience of the study were 60 SP who attended *Centro POP*. The inclusion criteria were being an user of *Centro POP* and aged 18 years old or over. SP under the effects of psychotropic substances and who had some cognitive impairment were excluded. After applying the eligibility criteria, 52 individuals took part in the research.

Data collection took place by means of individual interviews conducted by a nurse and two Nursing students, with a mean duration of 15 minutes. This moment was guided by a structured questionnaire including two stages, the first with the sociodemographic characterization of the participants, and the second with questions based on the 12 Activities of Daily Living proposed in the Roper-Logan-Tierney model, namely: maintaining a safe environment, breathing, elimination, communication, washing and dressing, controlling temperature, working and playing, mobilization, expressing sexuality, sleeping, and dying⁹.

The choice of this model was justified by the fact that people perform a myriad of important activities for the maintenance of health and well-being. Among the SP, these activities are closely related to health and can help the professional in planning and delivering basic health care so as to consider the dependence of SP in the execution of the activities of daily living⁹.

Data collection was conducted using a holistic approach, for the interpretation of

the diverse information obtained through conversations and observations. In this way, initially, the data collected were categorized based on the activities of daily living and, subsequently, the problems present in each activity were analyzed individually.

For the purposes of this study, Risner's framework was used, which establishes the stages of analysis, with categorization of data and identification of incomplete or incongruent information; and synthesis, from the groupings of evidence into patterns, comparison of patterns with theories, models, standards and concepts, the generation of inferences or hypotheses, and the proposal of relationships¹⁰.

In the analysis stage, the diverse information contained in the participants' answers was converted into defining characteristics and related factors. In the synthesis stage, these results were grouped on the basis of impaired activities of daily life and then real or risk Nursing Diagnoses (NDs) were proposed according to NANDA-I Taxonomy II¹¹.

It is worth noting that the care plan for SP included only the NDs with a frequency greater than 40%. After definition, they were associated to the Nursing Outcomes Classification (NOC) taxonomy, which standardizes the names and definitions of the outcomes for use in the practice, in education and in research¹². And, for the Nursing interventions, the Nursing Interventions Classification (NIC) was used, which proposes a series of activities that the nurse can carry out with the individual and with the community¹³.

The study received the favorable opinion of the Research Ethics Committee (*Comitê de Ética em Pesquisa*, CEP) of the State University of Vale do Acaraú (UVA), under No. 2,083,621, of 2017. The ethical precepts regarding voluntary and consented participation were respected.

Results

Regarding the profile of the study participants, 88.5% (46) were male and

11.5% (6) were female. The mean age was 37.62 years old with a difference of (± 9.8). In relation to marital status, 51.9% (27) were single, 25% (13) divorced, 13.5% (7) married, 7.7% (4) were in a stable union, and 1.9% (1) were widowed.

SP were predominantly Catholics (50%; 26), followed by 30.8% (16) of Evangelicals, 17.3% (9) of atheists, and 1.9% (1) of Jehovah's Witnesses. In relation to schooling, 53.84% (28) had 0 to 8 years of study; 40.39% (21), 9 to 11; and only 5.77% (3) had more than 12 years of study.

Among the reasons that led them to live in the street, 65.39% (34) involved family conflicts, 23.07% (12) drug abuse, and 11.54% (6) unemployment. With regard to their time living in the street, most

of the study participants were homeless for less than 6 months (38.47%; 20) and for more than 4 years (28.84%; 15). It was identified that 91.4% (47) reported the desire to change their socioeconomic status and leave the streets, whereas 91.4% (47) were satisfied with their current condition.

The diagnoses that obtained a frequency higher than 40% were included in the care plan. Chart 1 lists these Nursing diagnoses of each activity of daily living, the expected outcomes and the intervention proposals.

Chart 1 - Nursing diagnoses, expected outcomes, and main interventions according to the relationship between NANDA, NOC, and NIC present in street people. Sobral – Ceará, 2017.

Activity of daily living	Nursing diagnosis	Expected outcomes	Main interventions
Maintenance of a safe environment	Risk for compromised human dignity (00174)	Personal safety behavior	-Prevention against violence; -Prevention regarding drug use; -Impulse control; -Risk identification.
Communicating	Readiness for enhanced communication (00157)	Ability to express verbal and non-verbal messages	-Enhanced socialization; -Active listening; -Promotion of family completeness.
	Risk for impaired attachment (00058)	Role performance	-Improvement in self-perception; -Promotion of bonds; -Emotional support; -Improvement in the support system.
Breathing	Ineffective airway clearance (00031)	Respiratory Status: Airway Patency	-Stimulation of coughing; -Assistance to quit smoking; -Asthma control; -Control of infections.
Feeding	Imbalanced nutrition: less than body requirements (00002)	Self-care: Feeding	-Control of hyperglycemia; -Nutritional counseling; -Diet planning.
	Risk for contamination (00180)	Risk control and knowledge: health resources	-Risk identification; -Immunization control; -Education in health.
Eliminating	Impaired urinary elimination (00016)	Urinary elimination	-Assistance in self-care; -Training of the urinary habit; -Exercises for the pelvic muscles; -Care in urinary incontinence.
	Constipation (00011)	Bowel elimination	-Control of constipation;

			-Hydration control; -Bowel control; -Promotion of physical activity.
Work and Distraction	Ineffective impulse control (00222)	Coping, self-esteem and social interaction	-Emotional support; -Aid to solve problems; -Counseling; -Encouraging self-evaluation of behavior.
	Impaired social interaction (00052)	Social involvement and social interaction skills	-Counseling; -Discussing feelings; -Group therapy; -Aid with healthy defenses.
	Risk-prone health behavior (00188)	Control of the symptoms, adherence behavior	-Establishment of mutual goals; -Support to decision-making; -Self-responsibility.
Sexuality	Ineffective sexuality pattern (00065)	Role performance	-Sexual counseling; -Family planning; -Improvement in self-perception; - Teaching: safe sex and enhanced role.
Sleep	Disturbed sleep pattern (00198)	Sleep	-Security enhancement; -Control over the environment; -Calming technique; -Simple relaxation therapy.
	Impaired comfort (00214)	Enhanced sleep	-Control over the environment; -Facilitation of the relaxation process; -Supervision: safety; -Muscle relaxation.
Death	Death anxiety (00147)	Self-control of fear	-Enhanced coping; -Promotion of hope; -Spiritual support; -Reduced anxiety; -Active listening.
	Grieving (00136)	Resolution of grieving	-Counseling; -Active listening; -Emotional support; -Enhanced coping; -Promotion of hope.

Thirty-four NDs were identified and then classified according to activities of daily living, of which 6 were classified as risk NDs and 18 as real NDs. The most prevalent risk diagnoses were the following: risk-prone health behavior, risk for compromised human dignity, risk for impaired attachment, and risk for contamination.

Conversely, the real diagnoses were the following: death anxiety, constipation, impaired urinary elimination, impaired

comfort, grieving, disturbed sleep pattern, impaired social interaction, imbalanced nutrition: less than body requirements, ineffective sexuality pattern, ineffective impulse control, ineffective airway clearance, and readiness for enhanced communication.

The care plan targeted at the street population resulted from the analysis of the main basic human needs affected and of the individual's dependence level. Furthermore, it is necessary for nurses to resort to their

experience and practice to prioritize the real needs of the individual.

Discussions

The profile of the study participants is characterized by men, single, young adults and with low instructional level. Such profile is similar to the ones found in other studies conducted in the Brazilian South, Southeast and Northeast regions^{14-16,1}, as well as in other countries in North America, Africa, Europe and Latin America^{17-29, 8}.

Since they account for the highest number of SP, male individuals should find, within the Unified Health System (*Sistema Único de Saúde*, SUS), the strengthening of the National Policy for Street People established by Decree No. 7,053 of November 23rd, 2009, which could support actions that contemplate their health needs during their entire life cycle.

The predominant reason for homelessness was family conflicts (65.39%), followed by drug abuse (23.07%). A study with SP conducted in the state of Minas Gerais, identified that 83.3% reported family conflicts and lack of support as reasons for living in the street²⁰. Drugs are also determinants for intrafamily conflicts and have become one of the reasons for homelessness²¹. This problem is associated with numerous conflicts, such as precarization or complete breakdown of formal working relationships and breakdown of family and community bonds²².

Therefore, SP require care and measures that meet their particularities. Nurses experience health care needs in their working process, which requires planning and organization strategies centered on professionals that provide care to SP, due to individual peculiarities and the several biopsychosocial factors involving their care. Thus, nurses are essential for the longitudinal follow-up of SP so as to ensure their access to the health services and to qualified assistance²³.

This study identified 34 NDs according to the activities of daily living, 16 being of risk and 18 real. There was greater prevalence of the risk-prone health behavior and risk for impaired human dignity diagnoses. A study with SP conducted in the state of São Paulo, Brazil, identified that 80% were engaged in behaviors that prevented effective health maintenance. There is also scarcity of public policies aimed at health promotion for this population segment, leading them to commonly receive precarious care, either because of prejudice by the health professionals, who finds it difficult to relate with the homeless, or because of the proposed treatment²⁴.

These individuals have difficulties in entering the health and education services due to their precarious living conditions, in addition to the violence to which they are daily exposed, making them more susceptible to diseases and problems. Therefore, health professionals should welcome this population, deliver qualified care and provide them with guidance so that the SP themselves may be able to perform self-care and strengthen their bonds with the health services¹⁵.

There is a constant risk for compromised human dignity, due to the violence to which SP are exposed in the street, since most of them do not have a steady and safe place to sleep, leading to impairments in other diagnoses, sleep pattern, and comfort³.

A risk for impaired attachment was observed, consistent with another study conducted in the state of Rio Grande do Norte, which signaled alcohol abuse as the main reason that distances them from their family and from social life, ultimately resulting in impaired social interaction⁶.

The loss of social bonds is a gradual and acute process of social detachment in which SP are found on the center of the threshold between poverty and deprivation. Because of this situation, they sometimes adopt survival strategies such as asking for alms or engaging in illegal activities, which

corroborates the construction of the marginal social identity²⁵.

The following diagnoses were also identified: ineffective airway clearance, risk for contamination, impaired urinary elimination, constipation, ineffective impulse control, ineffective sexuality pattern, death anxiety, and grieving, resulting in impaired quality of life for these individuals. It was possible to note that one diagnosis leads to another and that they are interconnected.

The diagnoses related to breathing reflect constant exposure to the hostile street environment, to cold, to strong wind, and to rain. The respiratory diseases can be aggravated due to the inequalities resulting from the unequal insertion of the individuals in society. In addition to being a risk factor for tuberculosis, homelessness is associated with an increased occurrence of negative outcomes for this disease²⁶.

A research with 20 SP conducted in the state of Minas Gerais corroborates the findings of this study, confirming the presence of emotional, sexuality and elimination problems. The difficulty in meeting basic needs is one of the main causes for these problems; thus, ensuring access to hygiene and personal care can strengthen self-esteem and reduce prejudice²⁶.

According to another study, the main expected outcomes were the following: self-care, risk control, social engagement, and adherence behavior. Additionally, the most relevant Nursing interventions were as follows: assistance for self-care, counseling, impulse control, risk identification, diet planning, group therapy, promotion of hope, active listening, teaching, education in health, reduced anxiety, and spiritual support⁶.

Nursing interventions are important to insert SP not only in the health services but also in society, thus improving their socialization and communication through the provision of appropriate welcoming, active listening, and support for these

individuals to regain hope in human dignity⁶.

It is worth emphasizing that the planning of emancipatory interventions represents an important element, because they bring individuals to the center of care, defining their identity and the needs for the elaboration of the health care practices. Consequently, including the subjects in the center of care represents placing them as the protagonists of their own lives²⁷.

In addition to that, the Nursing interventions must focus on a system of support and education in health to encourage the appropriate performance of the activities of daily living. Identifying the health needs of this population through the Nursing Process can establish the required links for the implementation of the Nursing actions. SP require multidisciplinary and intersectoral care and need to be seen in the light of equality and universality ensured by the principles established by the SUS⁸.

In this context, it is worth noting that care systematization is an instrument that strengthens decision-making, with regard to differences, enhancing the individual, social and collective capacities, considering the real context in which people live, allowing for the provision of holistic and safe care appropriate to the actual needs of each individual²⁸.

Therefore, it is expected that the findings of this study contribute to reflections on the need for interventions focused on effective care for SP and that the Nursing practice be increasingly more humanized, respecting the particularities of this (most of the times excluded) group. It is worth emphasizing that the interventions were not implemented, the study was developed up to the planning stage (care plan).

The limitations are related to the operationalization of data collection, due to the peculiarities of the research setting. The fact that the study was conducted with SP followed-up at *Centro POP* is also a limitation, because the diverse information

collected can diverge from that collected among individuals without this support.

It is important to highlight that additional studies are required with a multidisciplinary team to implement the care plan created in this study and to reach better understanding on the potentialities of the difficulties found in this process. In addition to that, the studies are important to increase the visibility of this group to public managers, researchers, and the general population.

Conclusion

The profile of the study participants is predominantly characterized by men, young adults, single and with low instructional level. Through the activities of daily living, it was possible to identify 34 real and potential diagnoses. The study findings reinforce the importance of the care plan standardization, based on Nursing diagnoses, expected outcomes, and

interventions, as a way to clarify the health needs of SP and thus to underline the importance of the nurses' role in the multiprofessional team.

Within the SNC, Nursing diagnoses can allow identifying the necessary interventions to develop outcomes that are the responsibility of the Nursing professional and to provide Nursing assistance based on several problems involving the health-disease process of SP.

Although the study has a population limitation resulting from the sole inclusion of SP attending *Centro POP*, it presented a relevant identification of diagnoses, as well as the development of a care plan, a reflection on the problems and needs of SP, apart from prejudice and negligence. It is also worth highlighting the scarcity of studies on the theme; thus, there is an imperative need to conduct new studies on the SNC directed to the street population.

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