

Original

Nursing diagnoses, outcomes, and interventions related to the activity/rest domain in institutionalized older adults

Diagnósticos, resultados e intervenções de enfermagem relacionados ao domínio Atividade/Repouso em pessoas idosas institucionalizadas

Diagnósticos, resultados e intervenciones de enfermería relacionados con el dominio actividad/reposo en adultos mayores institucionalizados

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Abstract

Objective: To identify the main nursing diagnoses of the NANDA-I Activity/Rest domain and propose a care plan for institutionalized older adults. **Methods:** A descriptive, observational study with a quantitative approach, conducted with 52 older adults residing in a Long-Term Care Facility for Older Adults in the Northern region of Brazil. All eligible older residents of the institution participated during the data collection period (August 2022 to March 2024), with data obtained through nursing consultations, using an instrument based on the Theory of Basic Human Needs and the Katz Index for functional assessment. Diagnostic inference was performed based on the NANDA-I Taxonomy (2021–2023). Subsequently, a care plan was developed using the NOC (2024) and NIC (2020) classifications. **Results:** Eight nursing diagnoses related to the Activity/Rest domain were identified, with a predominance of mobility impairments and self-care deficits. The care plan included 37 outcomes and 23 nursing interventions directed at the identified needs. **Conclusion:** The findings evidenced a predominance of impairments related to mobility and self-care, supporting the development of a care plan structured around diagnoses, outcomes, and nursing interventions based on the NANDA-I, NOC, and NIC classifications.

Descriptors:

Homes for the Aged; Fragile elderly; Nursing care; Nursing Diagnosis; Nursing process.

Whats is already known on this?

The Activity/Rest domain in institutionalized older adults requires continuous functional assessment, physical and cognitive stimulation, an adequate environment, and actions to preserve autonomy, prevent functional decline, and promote quality of life.

What this study adds?

It identifies the main nursing diagnoses of the Activity/Rest domain in institutionalized older adults and presents a proposed care plan based on the NANDA-I, NOC, and NIC classifications, directed at needs related to self-care and mobility.

Resumo

Objetivo: Identificar os principais diagnósticos de enfermagem do domínio Atividade/Repouso da NANDA-I e propor um plano de cuidados para pessoas idosas institucionalizadas. **Métodos:** Estudo descritivo, observacional, de abordagem quantitativa, realizado com 52 idosos residentes em uma Instituição de Longa Permanência para Idosos da região Norte do Brasil. Participaram todos os residentes elegíveis da instituição durante o período de coleta de dados (agosto de 2022 a março de 2024), que foram obtidos por meio de consultas de enfermagem, utilizando instrumento fundamentado na Teoria das Necessidades Humanas Básicas e no Índice de Katz para avaliação funcional. A inferência diagnóstica foi realizada com base na Taxonomia NANDA-I (2021-2023). Posteriormente, foi elaborado um plano de cuidados utilizando as classificações NOC (2024) e NIC (2020). **Resultados:** Foram identificados oito diagnósticos de enfermagem relacionados ao domínio atividade/repouso, com predominância de comprometimentos da mobilidade e déficits de autocuidado. O plano de cuidados contemplou 37 resultados e 23 intervenções de enfermagem direcionados às necessidades identificadas. **Conclusão:** Os achados evidenciaram predominância de comprometimentos relacionados à mobilidade e ao autocuidado, subsidiando a elaboração de um plano de cuidados estruturado em diagnósticos, resultados e intervenções de enfermagem fundamentados nas classificações NANDA-I, NOC e NIC.

Descritores:

Instituição de Longa Permanência para Idosos; Idoso fragilizado; Cuidados de enfermagem; Diagnóstico de Enfermagem; Processo de enfermagem.

Resumen

Objetivo: Identificar los principales diagnósticos de enfermería del dominio Actividad/Reposo de NANDA-I y proponer un plan de cuidados para ancianos institucionalizados. **Métodos:** Estudio descriptivo, observacional y de enfoque cuantitativo, realizado con 52 residentes en una Institución de Larga Permanencia para Personas Mayores de la región Norte de Brasil. Participaron todos los residentes mayores elegibles de la institución durante el período de recolección de datos (agosto 2022 - marzo 2024), obtenidos mediante consultas de enfermería, utilizando un instrumento basado en la Teoría de las Necesidades Humanas Básicas y el Índice de Katz para la evaluación funcional. La inferencia diagnóstica se realizó con base en la Taxonomía NANDA-I (2021-2023). Posteriormente, se elaboró un plan de cuidados utilizando las clasificaciones NOC (2024) y NIC (2020). **Resultados:** Emergieron ocho diagnósticos de enfermería relacionados con el dominio Actividad/Reposo, con predominio de alteraciones de movilidad y déficits de autocuidado. El plan de cuidados incluyó 37 resultados y 23 intervenciones de enfermería dirigidos a las necesidades identificadas. **Conclusión:** Los hallazgos evidenciaron un predominio de alteraciones de la movilidad y autocuidado, lo que respaldó la elaboración de un plan de cuidados estructurado a partir de diagnósticos, resultados e intervenciones de enfermería basados en NANDA-I, NOC y NIC.

Descriptores:

Hogares para Ancianos; Anciano Frágil; Atención de Enfermería; Diagnóstico de Enfermería; Proceso de Enfermería.

INTRODUCTION

The progressive increase in the older adult population has caused significant changes in the demographic profile, directly reflecting on the reorganization of health services and on the need for strategies aimed at preserving functionality and autonomy throughout aging. In Brazil, the country faces a considerable demographic transformation. Although this fact represents an important achievement, it also requires greater attention, since population aging brings with it many changes in all spheres of life, whether social, economic, or health-related.⁽¹⁾

Aging, associated with chronic conditions, can compromise the performance of basic and instrumental activities of daily living, reducing the functional autonomy of the older adult and increasing the need for self-care support. This impairment may generate pain, mobility limitations, greater risk of falls, hospitalizations, dependence, and social isolation.⁽²⁾

In addition to clinical aspects, transformations in family structures, the reduced availability of informal caregivers, and the high costs related to continuous care contribute to the growing demand for Long-Term Care Facilities for Older Adults (LTCFs), which assume a fundamental role in the care of older adults with different degrees of functional dependence.^(3,4)

Institutionalization may represent not only an opportunity for care and protection but also a factor associated with functional decline. Studies demonstrate that the reduction of physical, cognitive, and social stimuli may favor increased dependence and frailty, even among previously independent older adults.^(2,3) Frailty, in turn, is understood as a multidimensional syndrome resulting from the interaction of biological, psychological, and social factors, associated with increased vulnerability to adverse events, such as disability, hospitalization, and mortality.⁽⁵⁾

Among the needs frequently compromised in institutionalized older adults, those related to the Activity/Rest domain of the NANDA-I Taxonomy stand out, which encompasses aspects such as mobility, ambulation, self-care, sleep and rest pattern, activity tolerance, and energy conservation. Alterations in these components are directly associated with loss of functional independence and increased demand for nursing care, becoming a priority focus of clinical assessment and care planning in LTCFs.

From the theoretical perspective of nursing, Wanda de Aguiar Horta's Theory of Basic Human Needs offers important support for the identification of affected needs and for the organization of care. This theory understands the human being as an integral being and guides nursing care based on psychobiological, psychosocial, and psychospiritual needs, enabling individualized interventions aimed at promoting autonomy and quality of life.

In this context, the fundamental role of nurses stands out in the early identification of functional alterations, frailty, and compromised human needs, as well as in the planning of interventions directed at maintaining the functional capacity of the older adult. To this end, it becomes essential that these professionals be qualified to develop systematized and evidence-based care, especially in the context of LTCFs.⁽⁶⁾

Nursing care for institutionalized older adults should be structured based on the Nursing Process, as recommended by Federal Nursing Council (COFEN) Resolution No. 736/2024, ensuring the appropriate identification of affected needs, the establishment of nursing diagnoses, and individualized care planning.⁽⁷⁾

In this sense, the articulation between the stages of the Nursing Process, namely assessment, diagnosis, planning, implementation, and evaluation, and the nursing theoretical frameworks constitutes an essential element to qualify the care provided to institutionalized older adults.⁽⁸⁾

The use of standardized language systems favors the operationalization of this process, contributing to the identification of diagnoses, the definition of expected outcomes, and the selection of interventions based on the specific needs of each individual. Notable among these are the North American Nursing Diagnosis Association (NANDA)⁽⁹⁾ for the identification of Nursing Diagnoses (ND), the Nursing Outcomes Classification (NOC)⁽¹⁰⁾ for the classification of Outcomes, and the Nursing Interventions Classification (NIC)⁽¹¹⁾ for Interventions.

Despite the relevance of the Systematization of Nursing Care in the context of LTCFs, it is observed that the national and international literature still presents limitations regarding the development of structured care plans that articulate nursing diagnoses, outcomes, and interventions specifically directed at alterations related to the Activity/Rest domain in institutionalized older adults. Although there are studies describing nursing diagnoses in this population, a scientific gap remains regarding the construction of systematized care proposals based on standardized languages and nursing theoretical frameworks.

Thus, considering the high frequency of functional impairments related to activity and rest in older adults residing in LTCFs and the need to strengthen evidence-based clinical practice, this study aimed to identify the main nursing diagnoses of the Activity/Rest domain of the NANDA-I Taxonomy and propose a care plan for institutionalized older adults.

METHODS

This study is characterized as descriptive, observational, with a quantitative approach, developed in a Long-Term Care Facility for Older Adults located in the Northern region of Brazil, aimed at caring for older adults in situations of social vulnerability.

The institution investigated is a philanthropic Long-Term Care Facility for Older Adults, intended to receive older adults in situations of social vulnerability and offering multiprofessional assistance and continuous care. This LTCF has a team composed of professionals from the areas of nursing, medicine, physiotherapy, nutrition, psychology, and social work, caring for older adults with different degrees of functional dependence.

The investigated population consisted of 52 older adults residing in the institution during the data collection period, carried out between August 2022 and March 2024. Individuals aged 60 years or older, of both sexes, who remained institutionalized throughout the data collection period were eligible. Older adults who were hospitalized during the data collection period or who did not have sufficient information in the institutional records to carry out the proposed assessment were excluded.

Participants were approached individually, after authorization from the institution's coordination. Initially, eligible older adults were identified through institutional records and, subsequently, invitations to participate in the study were made. In cases of cognitive impairment or inability to autonomously express their will, the legal guardian was contacted for clarification and authorization of participation.

Data collection was conducted by students in the sixth and seventh semesters of the undergraduate Nursing course at a public university, previously trained and supervised by the responsible faculty member. The information was obtained through individual nursing consultations, carried out in an environment that ensured privacy and comfort for the participants.

The instrument used was developed by the researchers based on Wanda Horta's Theory of Basic Human Needs, covering sociodemographic, clinical, functional, and family variables. The content was structured to support the identification of affected human needs and to support the process of diagnostic inference. The development of the instrument occurred based on the scientific literature and the assumptions of the Theory of Basic Human Needs, and it was previously discussed and reviewed by the researchers involved in the project, with experience in gerontology and the Nursing Process. To complement the information, the medical records of the older adults residing in the institution were consulted.

Before the beginning of data collection, a pilot test was carried out in the institution itself with a small group of older adults eligible for the study. This stage allowed the adequacy of the instrument to be assessed regarding clarity, applicability, and capacity to obtain the information necessary for identifying basic human needs and nursing diagnoses. After the pilot test, specific adjustments were made to improve the instrument and standardize data collection. The participants included in this stage did not compose the final sample of the research.

To assess the degree of dependence in basic activities of daily living, the Katz Index was applied,⁽¹²⁾ which analyzes performance in six activities: bathing, dressing, toileting, continence, transferring, and feeding. Based on this instrument, the participants were classified as "independent," "partially dependent," or "totally dependent," according to the number of compromised activities.

The Katz Index was selected because it is widely used in the assessment of basic activities of daily living in institutionalized older adults, is easy to apply, and allows the identification of levels of dependence directly related to the diagnoses of the Activity/Rest domain investigated in this study. The exclusive use of this instrument was chosen because the objective of the study was centered on the identification of diagnoses related to basic activities of daily living, especially those linked to the Activity/Rest domain of NANDA-I. Although there are complementary instruments aimed at assessing instrumental activities of daily living, such as the Lawton and Brody Scale, the Katz Index proved sufficient to respond to the proposed objective.

Diagnostic inference was performed by two researchers with experience in the Nursing Process and use of the NANDA-I Taxonomy. Initially, the data collected were analyzed independently by each

evaluator to identify the nursing diagnoses. Then, the results were compared and discussed in consensus meetings. In cases of divergence, the data were reassessed until clinical consensus was obtained between the researchers, seeking to increase the reliability of the diagnostic classification.

All participants, or their legal guardians, when applicable, were informed about the objectives of the research and signed the Free and Informed Consent Form, as recommended by Resolution No. 466/2012 of the National Health Council.

The data were organized in electronic spreadsheets and analyzed with the aid of Microsoft Excel® software, with univariate analyses performed using absolute and relative frequencies, as well as measures of central tendency and dispersion. Subsequently, the results of the functional assessment and of the basic human needs were grouped and interpreted descriptively, supporting the process of diagnostic inference and the development of the care plan.

The information obtained in the nursing consultations was analyzed in light of Wanda de Aguiar Horta's Theory of Basic Human Needs⁽¹³⁾ and subsequently translated into Nursing Diagnoses, according to NANDA-I Taxonomy II (2021–2023).⁽⁹⁾

Based on the diagnoses identified, nursing planning was developed using the Nursing Outcomes Classification (NOC, 2024)⁽¹⁰⁾ and the Nursing Interventions Classification (NIC, 2020).⁽¹¹⁾ The development of the care plan occurred from the selection of the most frequent diagnoses identified in the sample, with the expected outcomes (NOC) and the most appropriate nursing interventions (NIC) subsequently defined for each diagnosis, considering the clinical characteristics of the participants and the feasibility of implementation in the institutional context.

This study is part of the larger project entitled "Nursing care in gerontology: integrating teaching and service," approved by the Human Research Ethics Committee under Opinion No. 6.170.047.

RESULTS

The sociodemographic and clinical characterization of the institutionalized older adults participating in the study is described in Table 1.

Table 1. Sociodemographic and clinical characteristics of institutionalized older adults (n=52)

Variable	n	%
Male sex	48	92.3
Female sex	4	7.7
Brazilian	48	92.3
Foreigner	4	7.7
Single	40	76.9
Other marital statuses	12	23.1
Low education level	37	71.2
Low income	21	40.4
Without children	18	34.6
Mean ± SD		
Age (years)	75,9 ± 9.2	
Time of institutionalization (years)	3.1 ± 3.9	

Source: Developed by the authors, 2024.

The Katz Index revealed that 76.9% (n=40) of the older adults presented partial or total dependence in at least one ADL (Katz B, C, D, E, F, and G).

The activities in which the older adults presented greater dependence were "bathing" and "dressing" (71.2%; n=37), "continence" (57.7%; n=30), "toileting" and "transferring" (51.9%; n=27). The activity "feeding" was the only one that obtained a higher percentage of independence (75.0%; n=39).

Regarding mobility, it was found that 44.2% (n=23) ambulated with or without assistance, while 28.8% (n=15) were bedridden or confined to bed/wheelchair, and 26.9% (n=14) used a wheelchair.

For older adults with dependence in ADL, eight nursing diagnoses related to the Activity/Rest domain were identified. Of these, four belonged to the "activity and exercise" class and four belonged to the "self-care" class (Table 2).

In the “self-care” class, the following ND were identified: bathing self-care deficit (71.2%; n=37), dressing self-care deficit (71.2%; n=37), toileting self-care deficit (46.2%; n=24), and feeding self-care deficit (25.0%; n=13). In the “activity and exercise” class, the most frequent ND were: impaired physical mobility (55.8%; n=29), impaired bed mobility (28.8%; n=15), impaired sitting (21.2%; n=11), and impaired transfer ability (19.2%; n=10) (Table 2).

Table 2. Distribution of nursing diagnoses belonging to the Activity/Rest domain identified in institutionalized older adults. Boa Vista, RR, Brazil, 2024.

Class/Nursing diagnosis	n	%
Self-Care		
Bathing self-care deficit (00108)	37	71.2
Dressing self-care deficit (00109)	37	71.2
Toileting self-care deficit (00110)	24	46.2
Feeding self-care deficit (00102)	13	25.0
Activity/Rest		
Impaired physical mobility (00085)	29	55.8
Impaired bed mobility (00091)	15	28.8
Impaired sitting (00237)	11	21.2
Impaired transfer ability (00090)	10	19.2

Source: Developed by the authors, 2024.

Based on these diagnoses, nursing outcomes and interventions were developed considering the socio-environmental context of the investigated LTCF, as presented in Chart 1.

Guided by the need for nursing care that specifically met the particular demands of older adults, a care plan was designed that took into account the outcomes (NOC) and interventions (NIC) appropriate for each diagnosis (NANDA-I).

Thus, the care plan was composed of eight Nursing Diagnoses, 37 outcomes, and 23 nursing interventions. Chart 1 below presents the ND and the main outcomes and interventions developed for older adults.

Chart 1. Proposed care plan for institutionalized older adults with nursing diagnoses focused on the activity/exercise and self-care classes. Boa Vista, RR, Brazil, 2024.

Diagnosis (NANDA-I)	Outcomes (NOC)	Interventions (NIC)
Bathing self-care deficit (00108) Defining Characteristics: Inability to wash the body or access the bathing location without assistance. Related Factor: Decreased muscle strength, impaired mobility, cognitive impairment.	Mobility (0208) Self-care behavior: activities of daily living - ADL (0300) Self-care behavior: Bathing (0301) Self-care behavior: Hygiene (0305) Knowledge: dementia management (1851) Patient satisfaction: functional assistance (3005)	Self-Care Assistance: Bathing/Hygiene (1801) Facilitate the patient's bathing independently, as appropriate; Provide assistance until the patient is able to fully assume care. Exercise Therapy: Balance (0222) Guide the patient on the importance of exercise therapy in maintaining and improving balance. Exercise Therapy: Joint Mobility (0224) Assist with regular rhythmic joint movement within the limits of pain, endurance, and joint mobility. Dementia Management: Bathing (6462) Encourage the patient to assist with bathing according to their ability.
Dressing self-care deficit (00109)	Endurance (0001)	

Defining Characteristics: Inability to dress or remove clothing items without assistance. Related Factor: Decreased muscle strength, impaired mobility, cognitive impairment.	Self-care behavior: activities of daily living - ADL (0300) Self-care behavior (0302) Neurological function (0909) Body Mechanics Performance (1616) Patient satisfaction: functional assistance (3005)	Self-Care Assistance: Dressing/Grooming (1802) Be available to assist with clothing, as needed; Maintain privacy while the patient is dressing; Reinforce efforts to dress independently. Exercise Therapy: Balance (0222) Guide the patient on the importance of exercise therapy in maintaining and improving balance. Memory Training (4760) Provide an opportunity for concentration, such as a memory game, as appropriate.
Toileting self-care deficit (00110) Defining Characteristics: Inability to perform adequate intimate hygiene without assistance. Related Factor: Decreased muscle strength, impaired mobility, cognitive impairment.	Mobility (0208) Self-care behavior: activities of daily living - ADL (0300) Self-care behavior: Hygiene (0305) Knowledge: dementia management (1851) Patient satisfaction: functional assistance (3005)	Self-Care Assistance: Bathing/Hygiene (1801) Facilitate the patient's bathing independently, as appropriate; Provide assistance until the patient is able to fully assume self-care. Dementia Management (6460) Monitor cognitive functioning using a standardized assessment instrument; Select individual and group activities adjusted to the patient's cognitive abilities and interests.
Feeding self-care deficit (00102) Defining Characteristics: Inability to feed oneself independently. Related Factor: Decreased muscle strength, neuromuscular impairment, cognitive impairment.	Self-care behavior: activities of daily living - ADL (0300) Self-care behavior: feeding (0303) Self-care behavior: instrumental activities of daily living - IADL (0306) Quality of Life (2000) Patient satisfaction: functional assistance (3005)	Self-Care Assistance (1800) Provide assistance until the patient is able to fully assume self-care; Assist the patient in accepting dependency needs; Encourage independence, but intervene when the patient has difficulty performing the activity. Self-Care Assistance: Feeding (1803) Position the patient comfortably to eat; Provide frequent cues and supervision, as appropriate. Exercise Therapy: Muscle Control (0226) Offer step-by-step guidance for each motor activity during exercise or activities of daily living; Use motor activities that require attention and use of both sides of the body; Incorporate activities of daily living into the exercise protocol, as indicated. Life Skills Enhancement (5326) Adapt the teaching content to the patient's cognitive, psychomotor, and affective abilities and disabilities.
Impaired physical mobility (00085) Defining Characteristics: Limitation in independent physical movement of the body or of one or more extremities.	Balance (0202) Mobility (0208) Body Mechanics Performance (1616)	Self-Care Assistance: Essential Activities of Daily Living - EADL (1805) Obtain tools to assist with daily activities;

Related Factor: Decreased muscle strength, neuromuscular impairment, impaired balance.	Patient satisfaction: functional assistance (3005)	Determine whether physical or cognitive abilities are stable or declining and respond appropriately to changes. Exercise Therapy: Ambulation (0221) Guide on the availability of assistive devices, if appropriate; Assist the patient in initial ambulation and as needed; Encourage independent ambulation within safe limits. Exercise Therapy: Balance (0222) Guide the patient on balance exercises, such as standing on one leg, leaning forward, stretching exercises, and resistance exercises, as appropriate; Encourage the patient to maintain a widened base of support, if necessary. Exercise Therapy: Joint Mobility (0224) Assist the patient in developing a schedule for active range-of-motion exercises; Encourage ambulation, if appropriate.
Impaired bed mobility (00091) Defining Characteristics: Inability to move independently from one position to another in bed. Related Factor: Decreased muscle strength, pain, neuromuscular impairment.	Mobility (0208) Comfort Status: Physical (2010) Body Mechanics Performance (1616) Patient satisfaction: functional assistance (3005)	Exercise Therapy: Joint Mobility (0224) Assist with regular rhythmic joint movement within the limits of pain, endurance, and joint mobility. Environmental Management: Comfort (6482) Position the patient to facilitate comfort; Monitor signs of pressure or skin irritation, especially over bony prominences. Cognitive Stimulation (4720) Orient regarding time, space, and person.
Impaired sitting (00237) Defining Characteristics: Impaired ability to achieve or maintain a sitting position independently. Related Factor: Impaired balance, decreased muscle strength, impaired physical mobility.	Balance (0202) Mobility (0208) Body Mechanics Performance (1616) Patient satisfaction: functional assistance (3005)	Exercise Therapy: Balance (0222) Guide the patient on the importance of exercise therapy in maintaining and improving balance; Offer assistive devices; Assist in standing up or sitting down and turning the body from side to side to stimulate balance mechanisms. Exercise Therapy: Joint Mobility (0224) Assist the patient in sitting on the side of the bed with legs dangling or in a chair, as tolerated.
Impaired transfer ability (00090) Defining Characteristics: Inability to transfer independently between two nearby surfaces. Related Factor: Decreased muscle strength, impaired physical mobility, impaired balance.	Mobility (0208) Transfer Performance (0210) Coordinated Movement (0212)	Self-Care Assistance: Transfers (1806) Guide the patient regarding all appropriate techniques, with the aim of achieving the highest level of independence; Provide assistive devices to help the individual transfer independently, as appropriate.

Source: Developed by the authors, 2024.

DISCUSSION

The results of this study evidenced a high frequency of functional dependence among institutionalized older adults, since 76.9% presented partial or total dependence in at least one basic activity of daily living. The greatest limitations were observed in the activities of bathing, dressing, continence, transferring, and toileting. These findings corroborate studies conducted in LTCF, which point to the loss of functional capacity as one of the main health problems in this population, associated with aging, the presence of chronic diseases, and physical frailty.^(13,14)

The high dependence observed in the sample directly affected the identification of nursing diagnoses related to self-care. The diagnoses bathing Self-Care Deficit and dressing Self-Care Deficit were the most prevalent, both identified in 71.2% of the older adults. These results are compatible with studies conducted in long-term care institutions that also identified self-care impairments among the main nursing problems in this population.⁽¹⁴⁾

In addition to the predominant frequency of these diagnoses, the results suggest that limitations for self-care may be related to cognitive and functional alterations common in aging. Activities previously performed independently become progressively more complex in the face of cognitive decline and reduced physical capacity, compromising tasks such as body hygiene, choosing clothing, and organizing daily routine.^(14,15) In this context, interventions aimed at cognitive stimulation and the maintenance of remaining capacities become fundamental to preserve the autonomy of institutionalized older adults.^(16,17)

The findings also demonstrated important impairment of physical functionality, evidenced by the presence of the diagnoses Impaired Physical Mobility (55.8%), Impaired Bed Mobility (28.8%), Impaired Sitting (21.2%), and Impaired Transfer Ability (19.2%). These results indicate that limitations related to mobility constitute a frequent problem in the studied population, directly affecting functional independence and the performance of daily activities.^(18,19)

From the perspective of the Theory of Basic Human Needs, the results found evidence impairment of psychobiological needs related to mobility, self-care, and the maintenance of functional independence. Thus, the use of this theoretical framework made it possible to understand the findings in an integral way and supported the development of a care plan directed at the needs identified in the studied population.⁽¹³⁾

The results found also reinforce the importance of multiprofessional work in preserving the functional capacity of institutionalized older adults. Considering that the functional dependence observed in this study involves physical, cognitive, and social aspects, the implementation of integrated strategies among nursing, physiotherapy, occupational therapy, and other professionals becomes essential to minimize functional losses and promote greater participation of older adults in their daily activities.⁽¹⁹⁾

The high frequency of diagnoses related to self-care and mobility justified the development of a care plan based on the NANDA-I, NOC, and NIC classifications. The proposed interventions include actions aimed at muscle strengthening, improvement of balance, cognitive stimulation, and encouragement of functional independence, aspects widely described in the literature as fundamental for maintaining functional capacity in institutionalized older adults.⁽²⁰⁾

With regard to mobility, the predominance of the diagnosis Impaired Physical Mobility demonstrates that alterations in gait, balance, and the ability to move constitute important care challenges in this population. Studies indicate that these alterations increase the risk of falls, compromise the performance of activities of daily living, and favor the worsening of functional dependence.^(21,22)

In this sense, the results of the present study corroborate evidence indicating physical exercises and interventions aimed at muscle strengthening, balance, and joint mobility as important strategies for maintaining functionality. The incorporation of these actions into the proposed care plan may contribute to reducing the functional limitations observed among the older adults assessed.^(23,24)

Based on the diagnoses identified, the care plan developed sought to direct interventions capable of promoting functionality, preserving remaining capacities, and stimulating self-care whenever possible. This proposal is aligned with the assumptions of the Theory of Basic Human Needs, which guides individualized care centered on the needs of the older adult.⁽²⁶⁾

For older adults with a higher degree of dependence, the results reinforce the need for assistance that goes beyond the execution of technical procedures, encompassing aspects related to dignity, privacy, respect, and humanization of care. In these situations, it is up to nursing to offer integral support, preserving residual autonomy and promoting comfort and safety during daily care activities.⁽²⁶⁾

In addition, the proposed interventions include actions related to muscle strengthening, fall prevention, memory stimulation, and encouragement of social participation, aspects that can be

implemented in an articulated manner between the nursing team and the other professionals of the institution.^(24,27)

The findings of this study also reinforce the strategic role of nurses in functional assessment, identification of nursing diagnoses, and care coordination. The use of standardized languages favors the systematization of care and contributes to the planning of interventions more appropriate to the needs of the institutionalized older adult population.^(7-11,28)

This study presents important limitations, including the descriptive design, the small sample size, and conduction within a single LTCF, factors that limit the generalization of the results. In addition, possible measurement biases related to data collection and to the clinical judgment used during the process of diagnostic inference cannot be ruled out. Although the diagnoses were established by consensus among experienced researchers, no formal process of diagnostic validation by external specialists was performed. Additionally, the developed care plan has a theoretical character and was not submitted to implementation or assessment of clinical effectiveness, which limits inferences about its impacts on the outcomes of older adults.

Despite these limitations, the study presents relevant contributions to gerontological nursing by identifying the main diagnoses related to the Activity/Rest domain and proposing a care plan structured in standardized languages. The results may support clinical practice in LTCF and provide a basis for future investigations aimed at validating and assessing the effectiveness of the proposed interventions.

CONCLUSION

The results evidenced a high frequency of functional dependence among institutionalized older adults, especially those related to the activities of bathing, dressing, toileting, and mobility. Based on the assessment performed, eight nursing diagnoses belonging to the Activity/Rest domain of NANDA-I were identified, with a predominance of diagnoses related to self-care and physical mobility.

Based on these findings, a care plan structured according to the NANDA-I, NOC, and NIC classifications was developed, directed at the needs identified in the studied population. The study contributes to the systematization of nursing care in Long-Term Care Facilities for Older Adults by presenting a care proposal based on standardized language and aligned with the demands observed in the investigated context.

CONTRIBUTIONS

Study conception or design: Ferreira LG, Caldart RV. Data collection: Ferreira LG, Eulálio RBN, Silveira GC, Cruz AL. Data analysis and interpretation: Ferreira LG, Caldart RV. Manuscript drafting or critical revision: Bezerra NKS, Silva PS, Caldart RV. Final approval of the version to be published: Bezerra NKS, Silva PS, Caldart RV.

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