Application Of The Nursing Care Process To An Elderly Hospitalized Patient With Frailty Syndrome: A Case Study

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Abstract

Introduction: The frailty syndrome in older adults involves the impairment of various dimensions that constitute the human being; among the main ones are physical and psychosocial aspects, which render them vulnerable and at high risk of developing or worsening a disability.

Objetive: To provide care to hospitalized older adults with frailty syndrome through the nursing care process.

Methods: Case study. The nursing care process was addressed using the taxonomies of nursing diagnoses, outcomes, and interventions.

Results: The older adult in the study showed behavioral and attitudinal changes toward positive ways of coping with illness and promoting self-care.

Conclusion: Nursing interventions focused on daily accompaniment, closeness, reflection, and play help promote positive changes in older adults with frailty syndrome. It is confirmed that improving a patient's psychosocial aspects also contributes to physical improvement, thereby aiding in the prevention of disability.

INTRODUCTION

Frailty syndrome in older adults is characterized by a decrease in physiological reserve, evidenced by an increased risk of disability, loss of resilience, and greater vulnerability to adverse events. It manifests through higher morbidity and mortality rates [1].

The NANDA nursing taxonomy defines it as a dynamic state of imbalance involving functional impairment across all physiological systems. In fact, several authors associate it with pathological aging, which is characterized by reduced functional capacity due to the presence of risk factors and problems that lead to the emergence of geriatric syndromes [2,3].

The existing literature reveals that frailty indicators are high due to the presence of disease, sedentary behavior, polypharmacy, and stress, all of which contribute to disabilities and cognitive decline in older adults [4].

A recent study aimed at measuring the frailty index in a hospitalized older adult highlighted the pressing need to assess aspects related to physiological health and psychosocial components in order to carry out comprehensive interventions [5]. In fact, it has been established that hospitalization increases an older adult's vulnerability to developing frailty syndrome [6]. For this reason, recent studies emphasize the importance of addressing frailty in older adults to prevent further complications, such as dependency and disability [7,8].

In this context, the nursing professional has become a fundamental pillar in providing care to older adults in a state of frailty [9]. Indeed, providing nursing care that focuses on emotional aspects such as companionship, social support, understanding, and closeness is shown to influence the physiological well-being of these individuals.

The theorist Katie Eriksson states that the caritative caring offered by nurses is based on understanding the emotional voids experienced by individuals, rather than focusing solely on pathology. In fact, she asserts that the act of caring for the ill includes care components grounded in faith, hope, love, commitment, play, and learning [10].

METHODS

The nursing care process was applied to a frail older adult hospitalized under supervision due to deprivation of liberty. Approval was obtained from a university's Ethics and Environmental Impact Committee, according to file 10 of October 16, 2024. Written and oral informed consent was obtained before implementing the nursing process. The intervention began on March 6, 2025, and ended on April 4 of the same year.

The five stages of the nursing process were carried out: assessment, diagnosis, planning, implementation, and evaluation, using the NANDA, Nursing Outcomes Classification (NOC), and Nursing Interventions Classification (NIC) taxonomies.

The NANDA taxonomy provides a classification of nursing diagnoses, allowing for the identification of actual or potential health problems in individuals, families, and communities. Based on nursing judgment, this enables the planning of appropriate care interventions [11].

Next, the NOC taxonomy was used to plan the outcomes expected to be achieved for the patient. This step involved defining patient-centered care objectives along with their corresponding measurement scales [12].

Subsequently, the implementation phase was carried out using interventions guided by the NIC taxonomy [13].

Finally, the evaluation stage was conducted to determine whether the expected patient-centered goals had been successfully achieved.

Case Study

An 86-year-old male patient who was hospitalized with medical diagnoses of pneumonia and stomach cancer located in the neodistal esophageal region. He had been deprived of liberty for ten (10) years due to the alleged sexual abuse of a family member. During hospitalization, he was accompanied by a security guard assigned solely for surveillance, not to assist with his basic needs.

The patient had a longilineal body type, thin build, weighed 46 kg, measured 1.58 m in height, and had a BMI of 18.43. He exhibited a sad facial expression and an antalgic posture, lying in the right lateral decubitus position. He demonstrated voluntary and coordinated movements, with a slow gait present in all three phases: support, propulsion, and swing, and was at high risk of falls according to the Morse Scale. His speech was fluent and coherent, with a good voice tone. However, he had poor personal hygiene and emitted foul odors due to the absence of daily bathing, though his appearance was age-appropriate.

He exhibited intolerance to oral intake and persistent episodes of emesis with coffee-ground appearance, amounting to 2200 cc. He showed generalized pallor, semi-moist mucous membranes, pale conjunctivae, and dehydrated skin. He experienced epigastric pain upon palpation (rated 2/10). The patient stated: "In prison, I used to eat three times a day, but here I can't eat anything because I vomit it all; it's hard for me to keep food down." Laboratory findings revealed: hemoglobin 8.5 g/dL, hematocrit 26.2%, platelets 445,000/μL, blood glucose 112 mg/dL, total proteins 4.5 g/dL, albumin 3.2 g/dL, serum globulin 1.3 g/dL, calcium 1043 g/dL, chloride 96.9 mEq/L, potassium 3.15 mEq/L, sodium 133.4 mEq/L.

Based on the Barthel Index for activities of daily living, the patient scored 55, indicating severe dependency. He expressed: «I haven't been able to sleep well; I barely fall asleep, and only for short periods because I feel very sick. I'm weak, I don't even want to get up, I feel tired, and I don't think I can walk alone. I only get up to go to the bathroom and the chair, nothing more. When I was in prison, I could get up and do things on my own, but not here. I haven't even been able to bathe, brush my teeth, or shave by myself. Someone brought me clothes, but I can't change by myself, and I don't even feel like it.».

During the interview, the patient avoided eye contact; his speech was limited but he was willing to share personal details. Feelings and attitudes of frustration were evident. He scored 6 on the Yesavage Geriatric Depression Scale, indicating depression, and 24 on the Hamilton Anxiety Rating Scale, indicating anxiety symptoms.

He stated: «Now I'm old, weak, and tired. I have no will to live; I can't take care of myself anymore. I feel useless. I don't know what to expect from life. I don't want to go back to prison. I think my whole life has been full of suffering.».

A family assessment through an ecomap revealed moderate, bidirectional relationships with extended family, friends, and religion. However, no family or friends visited him during his hospitalization. Weak relationships were found with communication media, work, transportation, and recreation. The APGAR Family Scale score was 4, indicating mild family dysfunction, and the Duke Social Support Scale score was 20, indicating low perceived social support.

When asked about spirituality and religiosity, the patient responded: «I believe in God, but sometimes I think he forgot about me because of everything I've been through. Sometimes I pray alone and ask him to please remember me.». During the anamnesis, he showed disinterest in religious support and refused to pray, attend confession, or engage in any form of spiritual approach. He stated that he is not worthy of the compassion of the "Supreme Creator".

During the nursing assessment, the patient expressed dissatisfaction with his environment and illness. He complained about the lack of social and family support and about his physical and emotional suffering, attributed to aging, difficult life circumstances, solitude, incarceration, family separation, and worsening health conditions.

The main findings of the nursing assessment were hopelessness, spiritual suffering, generalized deterioration of the older adult, and personal neglect, conditions requiring continuous nursing care. Nonetheless, he is regarded as a unique and special individual.

Prioritized Nursing Diagnosis

Elderly Frailty Syndrome related to alterations in physical and emotional status, as evidenced by a decrease in activities of daily living (bathing, dressing, eating, using the toilet), presence of feelings of sadness and hopelessness, inadequate nutritional intake, and inadequate social connection.

Based on this diagnosis, nursing outcomes are proposed, one focused on physical health and another from a psychosocial approach, with their respective nursing interventions (see Table 1).

Table 1. Care Planning – NOC Outcome Classification – Physical Health Focus

Domain	**Perceived health**
Class	**Health and quality of life**
Outcome	**Personal health status**

Indicator	**Likert Scale**				
	Severely compromised	Substantially compromised	Moderately compromised	Slightly compromised	Not compromised
	1	**2**	**3**	**4**	**5**
Performance of instrumental activities of daily living		0	x		
Mobility level		0	x		
Energy level		0	x		

Subsequently, nursing interventions were carried out based on the NIC taxonomy.

Domain: Physiological: Basic
Class: Facilitation of Self-Care – Interventions to provide or assist with routine activities of daily living.
NIC: Self-Care Assistance
Activities: A therapeutic environment was provided to ensure a warm, relaxing, private, and personalized experience. A self-care routine was established, focused on daily bathing, hygiene, and adequate intake of iron, vitamin B12, or folic acid. In addition, through education and motivation, support was provided to help the patient assume responsibility for their own care.

Domain: Physiological: Complex
Class: Electrolyte and Acid–Base Control – Interventions to regulate electrolyte and acid–base balance and prevent complications.
NIC: Total Parenteral Nutrition Administration
Activities: With collaborative support, total parenteral nutrition was administered, along with blood transfusions, electrolytes, and medications. Continuous infusion monitoring and vital signs control were provided, along with patient support and accompaniment.
Additionally, a NOC planning process was carried out with a focus on emotional health (see Table 2).

Table 2. Care planning – NOC outcome classification – Emotional health focus

Domain	**Psychosocial health**				
Class	**Psychological well-being**				
Outcome	**Hope**				
Indicator	**Likert Scale**				
	Severely compromised	Substantially compromised	Moderately compromised	Slightly compromised	Not compromised
	1	**2**	**3**	**4**	**5**

Positive attitudes	0	x			
Expressions of trust	0	x			
Expressions of self-belief	0	x			

Subsequently, nursing interventions were carried out based on the NIC taxonomy from the psychosocial approach.

Domain: Behavioral

Class: Assistance in Coping with Difficult Situations

NIC: Emotional Support

Activities: The patient was allowed to engage in religious practices based on prayer and supplication for his well-being, following his traditions, rituals, and values. He was encouraged to write a letter to God as a way to request forgiveness, express gratitude, and release feelings of frustration. Additionally, a reflective environment was facilitated through an activity called "My Own Self," which helped the patient identify who he is, what he would like to change, what he wishes to do, what strengths he possesses, what hopes he holds, and who he can rely on in his daily life. The activity also made references and invitations to engage in actions that promote physical and emotional well-being. Expressions of motivation were reinforced daily to help the older adult value his self-worth and recognize the blessings received. The involvement of a psychology professional was encouraged during the hospitalization period.

Evaluation

Finally, in the fifth stage of the nursing care process, the evaluation is established. In this stage, the achievement of the proposed outcomes is described. The target score was increased by one (1) point in both of the proposed care plans: physical health focus (2-3); psychosocial focus (1-2).

After receiving daily nursing care, such as medication administration, support with enteral (oral) and parenteral nutrition, and monitoring of vital signs, the older adult began to feel better and showed an increased interest in taking care of his own health. This attitude was evident in his initiative to groom himself, bathe, and maintain general hygiene. This progress resulted in a renewed desire to eat, move around, and participate in leisure, social, and reflective activities. Through workshops that encouraged hope and a sense of purpose, he began to express self-confidence and strengthen his ability to cope with stress caused by his illness and environment. At the end of the interventions, the older adult expressed gratitude for the genuine care provided by the nursing professional. In fact, a noticeable change in his attitude and behavior regarding his own health was observed. It is worth highlighting that having experienced an inner encounter with the Supreme Being helped him release tension and feelings of frustration.

DISCUSSION

The application of the nursing care process, as developed in this study, yielded favorable results in the health of a frail older adult. In fact, it is identified how, through nursing interventions focused on the physical and psychosocial levels, attitudinal and behavioral changes related to

health are achieved. This statement is supported by a recent study on the importance of the nursing care process for identifying the needs of older adults and the impact of interventions aimed at coping with the experience of illness and unpleasant symptoms [14].

Regarding the nursing interventions focused on the physical component, they made it possible to obtain favorable results, which were accompanied not only by assistance but also by daily education and motivation processes for self-care. These premises constituted a favorable aspect to recognize the impact of interventions carried out by the nursing professional, based on clinical components. In this context, a study whose objective was to provide care to users with chronic diseases showed in its results an improvement in symptoms and signs of illness [15].

On the other hand, the nurse's approach to psychosocial aspects was a fundamental aspect in achieving positive results in the health of older adults, the target population of this study. Consequently, thanks to emotional support, the patient was able to have a different perspective on life and the experience of illness. The interventions, focused on the expression of feelings, release of negative emotions, and recognition of their internal resources, contributed to the improvement of symptoms associated with frailty. For this reason, it is confirmed that interventions centered on the being and the feeling are essential to bring about behavioral change in people and reduce health complications [16,17].

Indeed, a recent study that addressed the older adult from both physical and emotional approaches demonstrated a reduction in complications from illnesses such as depression [18]. These results are consistent with the present case study, where it becomes evident how emotionally centered interventions also contribute to the improvement of the person's physiological health.

CONCLUSION

The application of the nursing care process constitutes a fundamental tool to promote a comprehensive approach to individuals. It is concluded that the nursing professional plays a key role in caring for the frail, hospitalized, and incarcerated older adult; through daily support, motivation, creativity, and reflection, a behavioral change regarding his health was fostered, along with the prevention of future disabilities.

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