EMBRACEMENT FOR THE ELDERLY AND NURSING CARE SYSTEMATIZATION IN PRIMARY CARE

ACOLHIMENTO AO IDOSO E SISTEMATIZAÇÃO DA ASSISTÊNCIA DE ENFERMAGEM NA ATENÇÃO PRIMÁRIA

ACOGIMIENTO DEL ANCIANO Y SISTEMATIZACIÓN DEL CUIDADO DE ENFERMERÍA EN LA ATENCIÓN PRIMARIA

Fernanda Telles Guerra Carvalhêdo¹, Priscila da Silva Antonio², Daniella Soares dos Santos³

ABSTRACT
Objective: identify nursing diagnoses for elderly people in primary care. Method: descriptive, cross-sectional, study conducted with 30 elderly people. Data collection was performed by means of the elderly person’s health booklet in a health center in Paranoá, Distrito Federal, Brazil, after study approval by the Research Ethics Committee of the School of Health Sciences of the University of Brasilia (UnB), under the Protocol 0030/2012. Results: the nursing diagnoses identified were: Risk of fall; Risk of intolerance to activity; Sedentary lifestyle; Risk of unstable glycemia; Risk of infection; and Risk of loneliness. Conclusion: the identification of nursing diagnoses for elderly people enables the indication of their health needs and the planning of individualized care procedures by the nurse. Descriptors: Elderly; Nursing Diagnosis; Community Health Nursing.

RESUMO
Objetivo: identificar os diagnósticos de enfermagem de idosos na atenção primária. Método: estudo descritivo, transversal, realizado com 30 idosos. A coleta de dados foi realizada por meio da caderneta de saúde da pessoa idosa em um centro de saúde em Paranoá (DF), após aprovação do estudo pelo Comitê de Ética em Pesquisa da Faculdade de Ciências da Saúde da Universidade de Brasília (UnB), sob o Protocolo n. 0030/2012. Resultados: os diagnósticos de enfermagem identificados foram: Risco de queda; Risco de intolerância à atividade; Estilo de vida sedentário; Risco de glicemia instável; Risco de infecção; e Risco de solidão. Conclusão: a identificação dos diagnósticos de enfermagem dos idosos possibilita a indicação de suas necessidades de saúde e o planejamento de cuidados individualizados por parte do enfermeiro. Descriptors: Idosos; Diagnóstico de Enfermagem; Enfermagem em Saúde Comunitária.

RESUMEN
Objetivo: identificar los diagnósticos de enfermería de ancianos en la atención primaria. Método: estudio descritivo, transversal, realizado con 30 ancianos. La recogida de datos se realizó por medio de la libreta de salud de la persona anciana en un centro de salud en Paranoá, Distrito Federal, Brasil, después de la aprobación del estudio por el Comité de Ética en Investigación de la Facultad de Ciencias de la Salud de la Universidad de Brasilia (UnB), bajo el Protocolo 0030/2012. Resultados: los diagnósticos de enfermería identificados fueron: Riesgo de caída; Riesgo de intolerancia a la actividad; Estilo de vida sedentario; Riesgo de glucemia inestable; Riesgo de infección; y Riesgo de soledad. Conclusión: la identificación de los diagnósticos de enfermería de ancianos posibilita la indicación de sus necesidades de salud y la planificación de cuidados individualizados por el enfermero. Descriptors: Ancianos; Diagnóstico de Enfermería; Enfermería en Salud Comunitaria.

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INTRODUCTION

Population aging is a global phenomenon that began in developed countries, but in recent decades it has occurred in a more marked way in developing countries, becoming a major public health challenge today.¹

Changes in this population’s health status, due to decreased prevalence of infectious diseases and increased chronic degenerative diseases, have resulted in dependence on medicines and limited physical activities and walking ability.² Thus, various efforts have been made within the Brazilian National Health System (SUS) to ensure comprehensive health care to the elderly population with an emphasis on healthy and active aging.

In 1999, Portaria Ministerial 1,359/99 established the National Policy for the Elderly Health stating that agencies of the Ministry of Health promote the preparation of plans, projects, and actions that guarantee access to services and actions to promote, protect, and recover this population’s health.³ To do this, there was a need to reorganize the health work process and adopt measures that provide the elderly with permanence in their social environment, their autonomy and independence, and also ensure accessibility to health services. In this context, one of the strategies employed to achieve these goals has been the implementation of embracement service and the use of the elderly person’s health booklet.

Embracement is a strategy that aims, among other purposes, at universal access to health, the adoption of an embracing attitude in order to listen and provide appropriate responses to health complaints and demands, professional accountability, the creation of bonds, and increased capacity of the multidisciplinary teams to respond and intervene with the population’s health problems.⁴

Within elderly health, embracement is mainly aimed at being the gateway to SUS, welcoming the elderly individual, listening to her/his complaints and demands, analyzing the identified needs, and deciding her/his destiny.⁵ The data identified in embracement need to be documented, in order to enable the development of specific actions and monitor the evolution of her/his health status. To do this, the tool that has been used is the elderly person’s health booklet.

Once the information registered in the booklet enables the identification of several elderly health indicators, the possibility of using this data to prepare nursing diagnoses constituted the motivation for this study.

OBJECTIVE

- To identify nursing diagnoses for elderly people in primary care.

METHOD

Descriptive, cross-sectional, study conducted with 30 elderly people provided with care at the elderly embracement room in a health center in Paranoá, Distrito Federal, Brazil.

Data were collected within the period from November 2012 to February 2013, by using the elderly person’s health booklet, after the elderly people have received all information about the study and signed the free and informed consent term. The study was approved by the Research Ethics Committee of the School of Health Sciences of the University of Brasilia (UnB), under the Protocol 0030/2012.

The exclusion criteria adopted were: physical and/or mental weakness that made the elderly individual unable to receive information about the study and choose to participate or not in it; need for immediate forwarding/transfer to a referral center/urgency and emergency service.

Data were analyzed and descriptively presented in simple frequencies. For identifying the nursing diagnoses, the taxonomy of the North American Nursing Diagnosis Association was used.⁶

To conduct data collection, the elderly individuals who sought care at the elderly room were approached and invited to participate in the study. After being informed about the research objectives, they received the free and informed consent term, which was read along with each elderly individual and her/his questions were answered. Once they agreed to participate and signed the term, the details from their elderly person’s health booklet were transcribed into a data collection instrument which consisted in a photocopy of a booklet.

Later, the notes transcribed from the booklet were analyzed to identify the nursing diagnoses.

RESULTS

Table 1 displays data regarding the socioeconomic characterization of elderly people according to the elderly person’s health booklet.
Table 1. Distribution of socioeconomic data of elderly people according to the elderly person’s health booklet. Paranoá, 2013.

<table>
<thead>
<tr>
<th>Variable</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>• Female</td>
<td>83.4</td>
</tr>
<tr>
<td>• Male</td>
<td>16.6</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
</tr>
<tr>
<td>• Married</td>
<td>43.4</td>
</tr>
<tr>
<td>• Widowed/divorced</td>
<td>39.9</td>
</tr>
<tr>
<td>• Others</td>
<td>16.7</td>
</tr>
<tr>
<td>Educational level</td>
<td></td>
</tr>
<tr>
<td>• Illiterates</td>
<td>26.7</td>
</tr>
<tr>
<td>• Up to 4 years</td>
<td>43.3</td>
</tr>
<tr>
<td>• From 4 to 8 years</td>
<td>23.3</td>
</tr>
<tr>
<td>• Over 8 years</td>
<td>6.7</td>
</tr>
<tr>
<td>Retired*</td>
<td></td>
</tr>
<tr>
<td>• Yes</td>
<td>36.6</td>
</tr>
<tr>
<td>• No</td>
<td>30.0</td>
</tr>
</tbody>
</table>

*Lack of data in the booklet about this variable.

The variables contained in the elderly person’s health booklet that allowed identifying the nursing diagnoses were: lifestyle; living/staying alone at home; health self-evaluation; health problems; use of medicines (frequency and amount); hospitalizations and falls; allergies; pressure, glycemic, and weight control.

The nursing diagnoses were prepared by means of health information that was registered in the elderly individuals’ booklets and they are displayed in Table 2.

Table 2. Distribution of nursing diagnoses prepared by means of the elderly person’s health booklet. Paranoá, 2013.

<table>
<thead>
<tr>
<th>Nursing diagnoses</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk of fall</td>
<td>90</td>
</tr>
<tr>
<td>Risk of intolerance to activity</td>
<td>83.3</td>
</tr>
<tr>
<td>Sedentary lifestyle</td>
<td>66.6</td>
</tr>
<tr>
<td>Risk of unstable glycemia</td>
<td>36.6</td>
</tr>
<tr>
<td>Risk of infection</td>
<td>10.0</td>
</tr>
<tr>
<td>Risk of loneliness</td>
<td>6.6</td>
</tr>
</tbody>
</table>

The nursing diagnosis Risk of fall was the most prevalent among the elderly people whose health booklets were analyzed. The elderly people with this diagnosis had registered in their booklet information about one or more of the following characteristics: physical disabilities (visual and/or hearing); age over 65 years; and history of osteoporosis.

The second most prevalent diagnosis, Risk of intolerance to activity, was prepared by means of information related to smoking and history of underlying diseases, such as hypertension, heart disease, and lung disease.

In most cases, we identified little or no physical activity, something which gave support to prepare the diagnosis Sedentary lifestyle.

Diabetes was identified in 36.6% of the booklets analyzed. Since records on glycemic control were scarce in these booklets, we prepared the diagnosis Risk of unstable glycemia for these elderly people.

Records on smoking among elderly people with pulmonary disease were regarded as a risk factor for preparing the diagnosis Risk of infection, in these cases.

The presence of one or more information that may be related to the elderly individuals’ social life, such as marital status, retirement, report of living alone and/or staying alone most of the time, besides lack of physical activity, was analyzed and it supported the preparation of the diagnosis Risk of loneliness in 6.6% of the booklets.

The information about educational level, amount of medicines that the elderly people consume, and health self-evaluation, although not directly supporting the preparation of nursing diagnoses, were taken into account in analyses and discussions between the researchers.

It was noticed that in 76.6% of the booklets analyzed there was no record of the use of at least two types of medicines, out of these, 46.6% contained notes about health self-assessment as fair, poor, or very poor.

**DISCUSSION**

The elderly person’s health booklet of 30 elderly people provided with care in a health center in Paranoá allowed the identification
of much relevant information for nursing care planning aimed at this population.

The characterization of elderly people revealed a higher prevalence of women (83.3%). This finding may be related to facts already widely discussed in the literature, such as the greater women’s vulnerability to health status changes, greater concern and search for primary health care services, and high men’s mortality rate due to external factors.9-8 Regarding the economic situation, only in 36.7% of the booklets there is information about retirement. Taking into account the importance of knowing the elderly individual’s financial situation to meet her/his health needs, as well as to refer her/him to social services, lack of notes on this information hinders recognizing the need for intervention and providing this population with multiprofessional care.

For identifying the nursing diagnoses, data registered in each booklet were analyzed as a whole, i.e. the factors that relate as potentially and mutually aggravating or mitigating were regarded this way to choose the diagnosis that best describes the elderly individual’s answer to health situations, taking into account the limitations posed by the study design.

The prevalence of the diagnosis Risk of fall among these elderly people is consistent with the literature. The visual and hearing difficulties observed among these elderly people may be a factor of exposure to accidents and falls, both inside and outside home, as well as age over 65 years and history of osteoporosis, which were the other two factors contributing to prepare the diagnosis.9

This diagnosis, besides drawing attention to interventions against falls in the elderly individual’s environment, emphasizes the need for monitoring the decline in hearing and visual functions, inherent to aging, as well as the nutritional evaluation regarding calcium intake and the monitoring of need/use of medicines.

The diagnosis Risk of intolerance to activity was related to smoking and history of underlying diseases (hypertension, heart disease, and lung disease). Smoking was a factor that was present in 13.3% of the elderly people participating in the study, and other 3.3% were former smokers.

It is known that smoking, besides changing lipid profile, contributes to increase the formation of atheroma in arteries and it is a significant modifiable factor for hypertension and its complications, besides significantly increasing the occurrence of stroke. Such occurrences may be directly related to the amount of cigarettes/day, since over 40 daily units might increase the risk for stroke twice when compared to the use of less than 10 daily units. For former smokers, the decreased risk is already significant after 2 years of giving up smoking, and it is possible to achieve the same level of non-smokers within just 5 years.10-12

The preparation of intervention plans for these patients must include actions to minimize the consumption of cigarettes and the evaluation of its aggravating effects on underlying diseases already observed, in addition to specific care procedures for heart diseases and lung diseases, mainly due to their relation to the diagnosis Risk of infection.

The Risk of unstable glycemia was observed in 36.6% of the elderly individuals, out of these, 72.7% use an oral hypoglycemic agent and 9% use insulin. There is no medication record in 18.1% of booklets. Since there is a lack of glycemic control records in the booklets, we took into account the need for evaluating self-care. It was found out that, among these elderly people, 63.6% do not engage in any physical exercise, something which might directly imply in glycemic control and stability, besides reducing costs with chronic diseases in SUS.13

In 43.4% of booklets, there was information that the elderly individuals were married. However, in 33.3% of booklets there was information that these elderly individuals live or spend most of their time alone. Out of the elderly individuals, 60% do not engage in any physical activity.

The environment may be a trigger for negative feelings, such as loneliness, depression, and social isolation feelings; withdrawal from social life may directly affect future plannings. In general, avoiding physical and emotional loneliness might culminate in obtaining a longer and healthier life, because there is the possibility that the friendship relations, for instance, reduce the occurrence of diseases, walking disability, and death.14

In the sample of this study, 76.7% of patients do not engage in any physical activity and although only 6.6% of booklets contain data that allow preparing the diagnosis Risk of loneliness, it was regarded that interventions aimed at the practice of physical activities could benefit many of these elderly people.14 A finding that has not gone unnoticed in the study was the amount of medicines that the elderly people use. It is believed that one
of the factors that might be more related to the issue of using medicines among the elderly individuals is their educational level.15-16

Most elderly in this study has a low educational level, and 26.7% of them state to be illiterate. Whereas most elderly individuals use more than one medicine, there is a need for regular monitoring of this consumption, both regarding the adequacy of doses, schedules, and effects and the knowledge level among the elderly people regarding the drugs they are using. It is noteworthy that among the elderly people who consume several medications, 46.6% assess their health as fair, poor, or very poor. This fact may be related to the large amount of medicines that they use, as it is known that the daily frequency of intake of various medicines may turn into a stressor.17 Polypharmacy is a designation for the consumption of several medicines by a person and this may lead to the risk of accumulation of toxic substances in the body, metabolism and excretion difficulties regarding substances, and increased vulnerability to adverse reactions, in addition to possible neuro-sensory changes and cognitive dysfunctions, which may culminate in difficulty of therapy adherence.15-16

Guiding and planning the routine of medicine use may be regarded as a significant nursing intervention for elderly patients, above all for those who use more than one medicine.

The use of the NANDA Nursing Diagnoses Classification proved to be useful in the designation of the attention focus needed to elderly patient care, in this study, above all regarding the possibility of an inter-relation between the various health data that need to be observed for preparing individualized and effective care plans.7

The limitations posed by the study design do not allow generalizing our findings. However, it is believed that the elderly person’s health booklet may be used as an instrument to support the implementation of nursing care systematization in primary care.

CONCLUSION

Most elderly people were women, with a low educational level. A lack of information about the economic situation was noticed.

The nursing diagnoses identified were: Risk of fall, Risk of intolerance to activity, Sedentary lifestyle, Risk of unstable glycemia, Risk of infection, and Risk of loneliness.

The proposed interventions addressed the practice of physical activity, smoking reduction, improved social interaction, controlled use of medicines, dietary evaluation/guidance, and blood pressure and glycemic control.

The elderly person’s health booklet proved to be a suitable instrument to implement nursing care systematization in primary care.

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REFERENCES

Embrace the elderly and nursing care...


