MISTREATMENT AGAINST THE ELDERLY IN THE NURSING PERSPECTIVE: AN INTEGRATIVE REVIEW

ABSTRACT
Objective: Identifying preventive strategies of nursing intervention to prevent mistreatment against the elderly.
Method: An integrative review from the research question "What are the strategies for nursing prevention against mistreatment?" in database Lilacs and Scielo virtual library in the past 10 years. From the 48 articles found 39 were selected.
Results: We identified evidences regarding problems (elderly and their families) of mistreatment in 100% of the articles putting public policies for clarification of their rights; health professionals have unpreparedness to meet with the elderly mistreatment in 72.2% and the issue of abandonment/neglect in 91.6% of the references.
Conclusion: There is need for clarification on prevention with care for the elderly and the importance of proper family interaction, effective public policies, and teams prepared in hospitals and primary health care network, qualification of nursing professionals to cases of violation of the rights of senior citizens.

Descriptors: Elderly; Family; Violence; Nursing.

RESUMO
Objetivo: Identificar as estratégias preventivas de intervenção da enfermagem para evitar os maus-tratos aos idosos.
Método: revisão integrativa a partir da questão de pesquisa << Quais as estratégias de prevenção da enfermagem contra os maus-tratos?>> na base de dados Lilacs e biblioteca virtual Scielo nos últimos 10 anos. Dos 48 artigos encontrados 39 foram selecionados.
Resultados: identificaram-se evidências quanto aos problemas (idosos e familiares) de maus tratos em 100% dos artigos colocando as políticas públicas para esclarecimento de seus direitos; profissionais de saúde que apresentam despreparados no atendimento a idosos com maus tratos em 72,2% e a questão do abandono/negligência em 91,6% das referências.
Conclusão: há necessidade de prevenção com esclarecimento sobre os cuidados aos idosos e a importância de uma adequada interação familiar, políticas públicas efetivas, equipes preparadas nas unidades hospitalares e na rede básicas de saúde, qualificação dos profissionais de enfermagem para casos de violação dos direitos dos idosos. Descritores: Idoso; Família; Violência; Enfermagem.

RESUMEN
Objetivo: identificar las estrategias preventivas de intervención de enfermería para prevenir el maltrato a los ancianos.
Método: una revisión integradora con la pregunta de investigación << ¿Cuáles son las estrategias para la prevención de la enfermería contra los malos tratos?>> en la base de datos Lilacs y Scielo biblioteca virtual en los últimos 10 años. De los 48 artículos encontrados 39 fueron seleccionados.
Resultados: se identificaron evidencias de los problemas (personas mayores y sus familias) de los malos tratos en el 100% de los artículos que ponen las políticas públicas para la clarificación de sus derechos; profesionales de la salud tienen la falta de preparación para reunirse junto al abuso de ancianos en el 72,2% y la cuestión del abandono/ negligencia en el 91,6% de las referencias.
Conclusión: no hay necesidad de aclarar en la prevención con la atención a las personas mayores y la importancia de una adecuada interacción de la familia, las políticas públicas eficaces, equipos preparados en los hospitales y la red de atención primaria de la salud, la cualificación de los profesionales de enfermería a los casos de violación de los derechos de personas mayores. Descritores: Ancianos; Familia; Violencia; Enfermería.

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INTRODUCTION

Population aging has brought emerging issues, such as abuse against the elderly, which, due to their biopsychosocial nature, aspires to further investigation and urgent solutions. Nationally, the obstacles involving the public disclosure of data on violence against the elderly have as impediment the fact that violence is a broad subject, complex and difficult to capture.¹

Care is required for elderly communication, how they behave, their gestures and facial expressions. This can provide much more than just evaluation of their injuries, deficits or disabilities and perhaps this is the only opportunity to detect such situations.

The Family Health teams, alongside with other professionals who deal directly with the population as nursing, has an important role to give greater visibility to the problem, in order to identifying specific strategies for each site. This approach to comprehensive care for the elderly has been strengthened mainly through the Pact for Health 2006, which creates a unique program of Attention to the Elderly to run in teams of the Family Health Strategy, involving the participation of several actors for this purpose, as the family, community and health professionals.²

Violence, in this sense is a concept related to the processes and interpersonal relationships of groups, classes and gender or objectified in institutions, when they employ different ways, methods and means of annihilation, or its direct or indirect coercion, causing them physical, mental and moral damages.¹

Even with all the care proposed by the status of the elderly (Law N. 10.741 in 2003), for full protection of that, there is still a bias disparity assigned to the elderly. Occurring throughout the world and in some societies the unpreparedness of how to act and take care of the elderly is a relevant concern.

Actions to identify cases of elderly victims of violence are: evaluation of the case and the training of professionals who provide the service; complaint, home visit, consultation with the social service; home visits, lectures and, in the case of mistreatment complaint, the guidance on rights, in addition to dialogue stimulus with family and, if possible, with the offender; and use of risk assessment tools in the clinical history. Generally, the call to meet an elderly victim of violence usually part of a neighbor who had compassion on the situation triggers the application.⁴

Nursing engaged in gerontological of studying the aging process shall comply with the cultural and social changes that occur in the elderly. The elderly is but liberal with the progress they invested in their health or maintain a stable balance for an elderly person.

It constituted the Action Plan to Combat Violence against Elderly, for the period 2007-2010, the result of a joint effort of the federal government, the National Council for the Rights of the Elderly (CNDI) and social movements. Its main objective is to promoting actions that lead to the fulfillment of the Elderly Statute and the International Plan of Action on Ageing (UN/2002) that deal with confrontation to social exclusion and all forms of violence against this social group. The Plan aims to establishing action strategies to prevent and combat violence against the elderly, planned, organized, monitored and evaluated at all stages of its implementation.⁵

At the same time, nursing work support the family and consequently the care for the elderly. In order to understand all the nuances of abuse caused by this family sphere, one should take into consideration the old potentially. Given these considerations, it is here to make the issue problem of this study about the difficulties encountered by the elderly, the mistreatment arising from their families, caregivers, long term care facilities for the elderly.

Thus, the objectives of the study are: preventive strategies for nursing action to prevent ill-treatment. The goal is to identifying preventive strategies for nursing action to preventing the abuse of the elderly.

The rationale and relevance lies in the fact that older people need care strategies used the available public health policies. The relevance of the development of nursing care for elderly quality of life before the occurrence of maltreatment bring reflections on the importance of recognizing welcoming strategies for the elderly and their impact within families. Nursing actions proposed for the guidance and care for their families and caregivers has relevant scientific basis, allowing a constant proximity between patient, family/caregivers.

METHODOLOGY

An integrative review study in order to achieving the proposed objective; there was adopted the sequence of the following steps: selection of the guiding question, on the subject of review; establishment of criteria for inclusion and exclusion of articles and selection of studies for composition of the sample; definition of information to be extracted from the selected studies; analysis
Mistreatment against the elderly in the nursing...  

The guiding question of the study was: What are the prevention strategies of nursing against mistreatment?

The inclusion criteria of the assessed articles for integrative review articles have been published in Portuguese; adherence to the goal; articles published in full cooperating with the theme of abuse against the elderly and articles published and included in these databases in the last ten years (2003-2013). Exclusion criteria were articles that showed repetitions, items that had no line of thematic thoughts of ill-treatment of the elderly, and were not published in full and their approach did not have any nursing contributions in the host process for the elderly on maltreatment.

Data collection period was 8th August 2012 to 8th August 2013. The selection of articles was made from Lilacs (Latin American and Caribbean Health Sciences) and virtual library SciELO (Scientific Electronic Library of Online). We decided to do the search in international database because the purpose of this review was to identifying preventive strategies of nursing intervention carried out to prevent mistreatment against the elderly in Brazil.

The selection of these sources of searches of articles was due to the fact that their relevant representation in nursing and health in terms of updated publications and provide evidence for development of knowledge.

The search strategy considered sets of terms related to the study population - elderly (P) and the intervention assessed for the identification of violence (I). There were selected descriptors of controlled vocabularies of each database: old AND family AND violence, nursing.

A floating reading of selected references by descriptive statistics were a total of 48 articles of which, in the SciELO base there were 27 articles (69.2%) which had suitability to the study and presented all the criteria. In Lilacs there were selected 12 articles (30.8%) which had adequate context to the study.

Since the (SciELO) 7 references (18%) did not add the proper context for the study and (Lilacs) 2 references (5%) found did not show the same adequacy context the established criteria. Therefore, the analysis was performed in the quantity of 39 items.

The data collection instrument used for organizing the content obtained in the references was a table containing the following items: a year, database, publication type and methods/techniques used, and essence of content and knowledge production.

RESULTS

Seeking for analysis of the references and the content read in the articles as they are organized annually, database, publication type and methods / techniques used, and essence of content and knowledge production.

Of the 39 selected articles it was obtained in 2013 the percentage of 2.6% (an article); in 2012 23% (nine items); in 2011 8% (three articles); in 2010 23% (nine items); those two years was the largest percentage number of articles, in 2009 20% (eight items); in 2008 5% (two articles); 2.6% in 2007 (an article); 2.6% in 2006 (an article); in 2005 8% (three articles); 2.6% in 2004 (an article); in 2003 and have 2.6% (an article).

As for the database and the template search in the articles, of the 39 total articles in SciEL0 was found 69.2% (27 articles) and Lilacs a percentage of 30.8% (12 articles). It is noteworthy that there were 100% (39 articles) all in Portuguese.

Seeking to analyze the type of publication and methodological approach the read articles were grouped and selected as: qualitative studies 15% (six items); quantitative studies 10% (four items) and qualitative - quantitative 7.7% (three articles). The type case study 20% (eight items), such as data collection instruments have semi - structured 20% (08 articles), unstructured interview 7.7% (three articles), structured interviews 2.6% (01 Article). The Literature Review was on 25% (ten articles). Reports of the Elderly Protection Police Stations 10% (04 articles), to speak on the cross-sectional study 10% (four articles) the various studies (18%), and the random sample (18%).

Regarding the essence of the content and production of knowledge emphasized the hidden problems in the homes of elderly people with their families and caregivers regarding the ill-treatment in 100% of the articles (39 articles), placing the Public Policy, the Elderly, National Policy elderly, National Policy for the Elderly Health, as a starting point for clarification and understanding of constitutional rights in favor of the elderly with 64% of articles (23 articles).

In addition, it was identified that the references stand on health professionals who have unpreparedness to meet the elderly mistreatment in hospitals and basic health units in 72.2% (26 articles). Population aging and the problems they cause in the lives of...
the elderly was also featured in 80.5% (29 articles) references.

Yet the essence of the content and production of knowledge, institutional, abandonment/neglect, self-neglect in 91.6% (33 articles) as relevant to the identification of strategies to support the elderly. The importance of religion as a life support to poor elderly treated in 14% (05 articles) was identified and the diseases acquired through the consumption of alcohol and drugs of the family that harm the elderly in their own home in 39% (14 articles) references.

It is noteworthy that the references reported that, in the international context countries (United States, Canada, the Netherlands, Finland, China and others) there are numbers of attacks on elderly steadily in 36.1% (13 articles). With regard to the socio-demographic profile of the population of elderly people beaten in Brazil were 30.7% (12 articles) references.

About the recommendation of the authors we have the following results: the burden on caregivers, family with dependent elderly and subsequent attacks by 41% (16 articles) should be taken into account; prevention to family with clarification on care for the elderly and the importance of a good family interaction with 30.7% (12 articles); more comprehensive public policies of government authorities with 23% (nine items); the performance of geriatric and gerontological teams in hospitals and basic health units for strict control of the elderly abused 10.2% (04 articles); qualification of professionals in the public service to meet the violation of the rights of the elderly 36.5% (15 articles).

It was observed in the item recommendation of the authors 22.2% of references (eight articles) that sought to enable an interaction between the generations of young people, the elderly and the very family itself in the process of past and present participation without further traumas; 53.8% (21 articles) about the adequacy of institutions sheltering the elderly for abandonment by the family; 7.7% (three articles) on the socialization of the elderly with their community; 7.7% (three articles) discussion of a good educational intervention for family members with nursing care in the elderly/family/caregiver, to prevent future attacks.

There were other additional recommendations as the importance of the Health System in the reception of elderly victims of violence in 10.2% of the references (four articles); an appropriate targeting older victimized by sexual violence in 12.8% of the references (05 articles).

**DISCUSSION**

Hosting covers several steps of the nursing professionals who work in the logical planning existential complicity in favor of the population. For such community interaction with a social policy that favors the elderly in the law enforcement process to potential abuse imposed by family/caregivers is a relevant factor.

The community has the power to alert the police about the abuses suffered by the elderly, because the laws favor and can be applied to families and caregivers and others who promote aggression. All health professionals have a duty to promote family interaction/caregiver/ population in the socio-educational process, to decrease the mistreatment imposed on the elderly.

The structuring of the Basic Health Units with information and family talks to a better understanding of the rights acquired by the elderly and combat violence imposed the same is one of the preventive measures that can be effective. In addition, from the perspective of professionals of the Family Health Strategy, the search for a shared language with older people about their experiences, which respects the complexity of the situation and values the suffering resulting from violence, it seems to be a good channel for a performance based in health promotion and prevention of violence.

The removal of the problem called the elderly violence prevention begins with the family, who will take care of the elderly. Empowering these families with explanations of active aging, scheduling activities that put them informed is a necessary evidence for the whole family.

Empowering nursing with courses and lectures for the preparation of welcoming the elderly victimized by aggression imposed by family members or strangers is another perspective. When the elderly demand the health service in the event of aggression, it is extremely important that health professionals, including nurses, know how to identify the incident in an attempt to find solutions to the problem of abuse and neglect. It deserves a special attention to emergency services and health centers, as they represented the main entrance doors of maltreatment victims.

Another important aspect is to program the population with information for a more human look to the elderly who are so marginalized by the time that becomes necessary in future
interventions, educate the public about the rights of the elderly. Educating professionals, caregivers and the public about abuse is also a key to prevention. The lack of awareness about violence against the elderly can lead to that the public is not able to detect and/or report elder abuse and the extreme consequences: death of the victim or the aggressor.9

The awareness of the population about violence to the elderly begins with the preparation of schools to students and parents about the care they need to have with the elderly who live their homes, because with the family education the healing purpose of elderly violence/family gets closer, educate and empower our people to always non-violence to the elderly.

The host of the elderly in their isolation process, making home visits through the interdisciplinary team is another tonic to be taken into account. The fragility of the elderly needs to be worked through love, respect that health professionals; especially the nurse needs to demonstrating affection, to meeting the old battered and weakened in its world, using that time their professional intuition, to conquer and streamline the legal procedures that will prevent any possibility of future assault of family members, the interaction is important between family/elderly/nursing in the process of discovery of abuse problems.

The participation of health workers in the teams also favors actions for the identification of seniors in situations of violence to the extent that agents make house calls frequently and may have access to situations that do not appear in clinical practice in health units. In addition, its origin in the community allows often the suspicion of situations that go unnoticed by the authorities.10

Aging is inevitable. Despite the physical consequences have resources and technology to mitigate the functional deficits. But it is possible and desirable to eliminate prejudice, undo stereotypes, and increase the independence and the opportunity to participate as a citizen of the elderly, professional and human being with rights, duties, achievements and overruns.11

Broadening public policies in favor for institutionalized elderly with broad hosting to their socialization, family/caregiver/nursing is a necessary component.

Not all long-term care facilities have a host deficit for the elderly and their families. With that all health professionals have to establish their conduct of humanitarian work and care, and the government has an obligation to structure the long-term institutions that are run by the state or municipality empowering its employees in dealing elder/family for a coexistence worthy for all.12

Even with the lack of preparation of the families, the elderly living needs to be peaceful and dignified. The elderly need to be heard and respected, religion is a form of warmth while healing in its purpose of uniting families and prevent possible acts of violence. The host exists through the ages, and gerontological nursing shifts his gaze from the past to a futuristic look that accompanies aging of the elderly and seeks to change with the interdisciplinary team violence imposed by family/caregivers/unknown, the elderly.12

In fact, despite the efforts of the health sector to recommend actions and diagnostic practices, treatment and prevention of domestic violence and the establishment of guidelines concerning the training of human resources in relation to the implementation of specific policy, curricular changes in this direction yet are slow, precise and little known.12

With the coming of gerontology, it changes the direction of aging in the eyes of our society, through time. The old becomes an independent being through their choices, but at the same time is replaced by an active discrimination by family members. The interdisciplinary team is focused on family restructuring in supporting and sheltering the elderly who suffer continued violence. The questions are to be directed in favor of the elderly, through a reality made up of conversations, activities and proposed the recognition of errors made by the family of the elderly.

The analysis of studies on the nature of the content showed that mistreatment of elderly come perpetuated through decades with great survival of the elderly. In an aging society observes a contradiction: while it stimulates all forms, life extension, little is valued aging individuals. There is a veiled charge for the elderly is autonomous, independent, disease or the presence of these, which are controlled and preserved functional capacity. That is, the person must be long-lived, but preserving the vigor and freshness of youth. Violence is one of many aspects of modern life that cause fear of the elderly.13

The family disorganization caused by financial difficulties, together with the obligation to accept the elderly or the elderly at home, has destabilized the power to host the elderly. Soon, whatever the form of violence used, all kinds of ill-treatment of elderly primarily involve a breach of trust, in
which the mental or physical health of an elderly person is affected by another person who is responsible for welfare. This abuse ranging from physical violence, including beatings, slaps, kicks, shakes or other explicit forms of physical force to hurt, to willful neglect or not, psychological abuse and related financial exploitation.  

With the increase in population number among the elderly, families of the unpreparedness in all countries changed in the care process. Capitalism has become the main focus of structuring families, the elderly with that passes from the foreground into the background. Awareness has to cover everyone in our society through global discussion in the process mistreatment and dignity of life for the elderly, policies remain dead in alertness world population, we are all getting older, while most countries that have not a policy structured in favor of the elderly, need to train health professionals and the public to react and defend the elderly abused in their homes, nursing homes and in their day to day human society.

The Protection of the Elderly Police were created to support host to abused seniors in their difficulties with their family, caregivers, relatives, strangers, in the process of violence to the elderly, by unprepared even to talk about the violence suffered. In this case, the elderly should be referred to the relevant bodies and institutions such as the Police of Police, the Municipal Councils for the Rights of Older Persons, the Public Ministry, among others.

The elderly have difficulty compromising their families in the process of violence; therefore, the Bureau of the Elderly Protection Police is projected as a villain undermining the fragile structure of the home of the elderly. The disclosures of these specialized police need to go through a high analysis of structuring through campaigns explaining the importance of a complaint of ill-treatment of these seniors and their follow through interdisciplinary team in the reception implemented the elderly.

It appears that, in the physical domain, there are limitations brought about by the disease to the daily maintenance; psychological, some references to feelings and emotions; the environment, the context lived by the community with urban infrastructure and violence; and in social relations, belonging to the family group and friends.  

Health professionals must be prepared to diagnose suspected or confirmed cases of ill-treatment, for; then, to work with the elderly in order to tell you about the damage to health as well as actions to be taken and what their rights.  

Failure to diagnose violence, mainly against the elderly, passes through various stages of discovery. And the nurses have to have a different view, placing the elderly in a questioning level, the difficulties of talking, exposing your problem to be with his family, his moment of isolation and at the same time bring that old to his side leading the same to another location away from your family, and interacting with it and showing who was there is a person who wants to hear it and not criticize it at the moment so delicate.

There structure of a human being begins with his family and through their ethical behavior remains stable throughout life. More with some families occur inadequate disorder for trivial reasons, which lead to stability, by means of violence for no apparent reason, brings the old protagonist of abuse. Addressing such violence to a suitable host with clarification families and society through campaigns put through newspapers, television, Internet and monitoring of the interdisciplinary team in the communities taking the knowledge of the laws to better understanding of what is violence as a whole.

The differences appear in all types of violence imposed on the population, the more fragile consistency prevails in the classes that are the elderly. The rights are exposed to all people especially the elderly; more knowledge about the laws in poverty exists in all Brazil. Help these frail elderly in the process of combating violence requires a long-term policy scheduled, with home visits in the homes of the elderly, awareness of laws made in favor of the elderly in old process/family, old directing the authorities after possible aggression, to emotional, psychological and social care.

The establishment of Public Policies for the Elderly, National Policy for the Elderly, National Policy for the Elderly Health that has their positive structure for all older people, remains more disregarded in the process of being not aware of their rights in their articles by population.

The Elderly Statute and the National Policy for the Elderly are not considered by the elders, either through ignorance or lack of credibility that government structures inspire citizens. Maybe that's why they do not resort to public authorities.

Professionalizing the health sector for individualized treatment for elderly women who arrive at the hospital victim of sexual violence and do not have the necessary care.
for their physical and emotional pain was another reality found in the references.

The technique for drug prophylactic conduct arises as a host breathes in hospitals against sexual violence with the elderly; surpassing human hosting. The interdisciplinary team having its opposite nursing must manage the concerns and fears of those elderly who come to the hospital victims of sexual abuse. Nurses need to act calmly, and respecting, protecting the elderly with direct contact with their team; isolating the feedback that will make them more isolated in the world of pain. Instruct the respect and eliminate the constraint is an important support.

Prevention must arise as a starting point for warning Elder abuse. For the elderly need to structure their inner strength through strategies mounted by the interdisciplinary team, with knowledge of their strength in the legal parameters of the law, showing their ability to expose their feelings and facing their limitations calmly with integrity, and respecting themselves.

Considering the multiple meanings about how this phenomenon presents a collective revaluation it is necessary, which requires understanding in the areas of education, justice, public safety, social services, health, and especially by social movements in order to promote a society whose primary value is the life and peaceful coexistence of its citizens. 17

The various relational factors need to be understood and addressed so that the professionals can help families to face conflicts that, if added to other external factors that put pressure on its operation, can increase the chances of fail to carry out its tasks, among them, offer space for the aging of its members. Understanding the complexity of the factors that may overlap and increase the vulnerability of the elderly to family violence is central to the case management and the professional is not tied to a linear reading of the situation viewing only victim and aggressor, vision tends more blame the family for their weaknesses or failures and less to help her in the search for possible solutions to your problems. 18

It inferred that the experience of doing geriatrics, the nurses in their work process in units of the Family Health Strategy call for fairer allocation of human resources trained through continuing education, as well as provision of minimum infrastructure for the proper functioning of services. There are called here for efforts and political will from the municipal health managers to reassessing the status quo of the system in operation and allow the necessary pacts in providing priority programs that local people waiting, including the health care of the elderly. 19

Public policy can contribute to addressing violence, treating that disease is a public health problem, bringing this responsibility to the professionals, especially the nursing staff and health institutions that provide assistance to these types of victims. In this context, considering the multiple meanings of how this phenomenon presents a collective revaluation it is necessary, which requires understanding in the areas of education, justice, public safety, social services, health, and especially by social movements, aiming to promote a society whose primary value is the life and peaceful coexistence of its citizens to the welfare of the elderly.

CONCLUSION

Given the found results on the objective set out to identify preventive strategies for Nursing action to prevent ill-treatment from 2001 to 2011, we can consider that the public sector and the private need to turn its attention to the health of elderly victims of violence. The methodology for achieving this objective was appropriate because it analyzed the main highlights of the productions on the subject showing its relevant evidence for future research in nursing.

The limitations relate to the absence of discussion and research for the issues regarding the applicability of public health policies in favor of the elderly victims of violence through the National Health System in the reception of elderly victims of violence. It is also highlighted as an appropriate limitation targeting older women victims of sexual violence.

There are relevant assertions as recommendations of this study: the burden of caregivers and family with dependent elderly and subsequent aggression should be considered; clarification on care for the elderly and the importance of a good family interaction; more comprehensive and effective public policies, the role of geriatric and gerontological teams having qualified nurses in hospitals and basic health units; qualification of professionals in the public service to meet the violation of the rights of the elderly. In addition, it is important to enable an interaction between the generations of young people, the elderly and the family itself in the process of past and present participation without further traumas; the adequacy of institutions that shelter the elderly from abandonment by family and the
socialization of the elderly within their community, in order to make educational interventions to family members through nursing care in the elderly.

It is important to continue to carry out research on this theme and at the same time, invest in the development of research directed to clinical and social aspects caused by violence to the elderly, helping them to better trained health professionals who work not only in service urgency, but across the network practicing health care this portion of the population.

REFERENCES


