



NURSING CARE MANAGEMENT TO ELDERLY PATIENTS: THE SEARCH FOR EVIDENCE

O GERENCIAMENTO DO CUIDADO DE ENFERMAGEM AOS CLIENTES IDOSOS: A BUSCA POR EVIDÊNCIAS

EL GERENCIAMIENTO DEL CUIDADO DE ENFERMERÍA A LOS CLIENTES ANCIANOS: LA BÚSQUEDA POR EVIDENCIAS

Carla Lube Chibante¹, Thayane Dias Santos², Geilsa Cavalcanti Valente³, Fátima Helena Espírito Santo⁴, Luiz dos Santos⁵

ABSTRACT

Objective: to analyze the scientific production about the nursing care management to the elderly population. **Method:** literature review in order to answer the question << What has been published about nursing care management for the elderly population? >> held in the databases LILACS, PubMed / MEDLINE and SciELO virtual library. **Results:** eight potential publications were selected, and the following categories emerged: 1) Autonomy and right to information: essential tools for nursing care management to the elderly clients hospitalized; 2) Health Needs: perspective for the elderly care management; 3) Chronic cases management: implementing the nursing interventions in health care; and 4) Challenges of care management for older people: limits and possibilities. **Conclusion:** it was highlighted the importance of conducting studies on the subject due to the scarcity of publications, in order to contribute to the expansion of nursing research in this area and to more skilled care. **Descriptors:** Management; Nursing care; Elderly People.

RESUMO

Objetivo: analisar a produção científica acerca do gerenciamento do cuidado de enfermagem ao idoso. **Método:** revisão de literatura, no intuito de responder à questão << O que existe publicado acerca do gerenciamento do cuidado de enfermagem ao idoso?>>, realizada nas bases de dados LILACS, PubMed/MEDLINE e biblioteca virtual SciELO. **Resultados:** foram selecionadas oito publicações potenciais, emergindo as seguintes categorias: 1) Autonomia e direito à informação: ferramentas essenciais para o gerenciamento do cuidado de enfermagem ao cliente idoso hospitalizado; 2) Necessidades de Saúde: perspectiva para o gerenciamento do cuidado ao idoso; 3) Gerenciamento de crônicos: implementando as intervenções de enfermagem nos serviços de saúde; e 4) Os desafios do gerenciamento do cuidado aos idosos: limites e possibilidades. **Conclusão:** evidenciou-se a importância de realizar estudos sobre a temática em foco devido à escassez de publicações, de modo a contribuir para a ampliação de investigação da enfermagem neste âmbito e, consequentemente, em cuidados mais qualificados. **Descritores:** Gerência; Cuidados de Enfermagem; Idoso.

RESUMEN

Objetivo: analizar la producción científica acerca del gerenciamento del cuidado de enfermería al anciano. **Método:** revisión de literatura, con intuito de responder a la pregunta << ¿Lo qué existe publicado acerca del gerenciamento del cuidado de enfermería al anciano?>>, realizada en las bases de datos LILACS, PubMed/MEDLINE y biblioteca virtual SciELO. **Resultados:** fueron seleccionadas ocho publicaciones potenciales, surgiendo las siguientes categorías: 1) Autonomía y derecho a la información: herramientas esenciales para el gerenciamento del cuidado de enfermería al cliente anciano hospitalizado; 2) Necesidades de Salud: perspectiva para el gerenciamento del cuidado al anciano; 3) Gerenciamento de crónicos: implementando las intervenciones de enfermería en los servicios de salud; y 4) Los desafíos del gerenciamento del cuidado a los ancianos: límites y posibilidades. **Conclusión:** se evidenció la importancia de realizar estudios sobre la temática en foco debido a la escasez de publicaciones, de modo a contribuir para la ampliación de investigación de la enfermería en este ámbito y, consecuentemente, en cuidados más calificados. **Descritores:** Gerencia; Cuidados de Enfermería; Anciano.

¹Nurse, Master Student, Academic Master in Care Health Sciences, Universidade Federal Fluminense / MACCS / UFF. Niterói (RJ), Brazil. E-mail: carla-chibante@ig.com.br; ²Nurse, Resident in Medical and Surgical Nursing Clinics, State Federal University of Rio de Janeiro / Unirio. Rio de Janeiro (RJ), Brazil. E-mail: thayanedasantos@hotmail.com; ³Nurse, PhD Professor in Nursing, Aurora Afonso Costa Nursing School / Universidade Federal Fluminense / EEAAC / UFF. Niterói (RJ), Brazil. E-mail: geilsavalente@yahoo.com.br; ⁴Nurse. PhD Professor, Department of Medical and Surgical Nursing of Aurora Afonso Costa Nursing School / Universidade Federal Fluminense / EEAAC / UFF. Niterói (RJ), Brazil. E-mail: fatahelen@terra.com.br; ⁵Nurse. Master Teacher, Aurora Afonso Costa Nursing School / Universidade Federal Fluminense / EEAAC / UFF. Niterói (RJ), Brazil. E-mail: lsprofenf@yahoo.com.br

INTRODUCTION

Issues relating to the aging process have been target of great interests of society as a whole, raising discussions with relevant developments. This is due to the rapid and sharp increase in the elderly population, especially in developing countries, like Brazil, which has caused a considerable change in their population pyramid.

Data from the Brazilian Institute of Geography and Statistics (IBGE) show that the population of people over 60 years old is estimated at 17.7 million and that each year 650,000 new seniors are added to the population.¹ Recent projections indicate that this segment may be responsible for nearly 15% of the population, that is, 14 million seniors.² It is estimated that this quota will rise to 31.8 million in 2025, reaching the sixth position in the population aged 60 years or older in the world.³ These data explain and characterize the inversion of the population pyramid of Brazil, which shows a growth of the elderly population in relation to young people.⁴

Thus, parallel to the demographic transition, there has been the epidemiological transition, characterized by the decline of infectious and parasitic diseases and increased chronic non-communicable diseases.

From this perspective, it is clear that, despite the possibility of living longer due to increased life expectancy, there was also an increase of chronic non-communicable diseases (NCDs) in the epidemiological profile of the population, resulting in prevalence of disabling morbidities, i.e., which can cause significant impact on the independence and quality of daily life of the elderly, and, therefore, higher spending in health.

Before the relatively recent changes in the profile of the Brazilian elderly population, there is the need to think about the promotion of integrated care for the elderly, taking into account all the changes that occur throughout their life, the physical, emotional, social and cultural aspects, seeking a more healthy and active aging. In this sense, dealing with all aspects and diversity in terms of health status, cultural background, lifestyle and habits, socioeconomic conditions, multiple comorbidities involving the elderly population, it becomes a challenge to nursing professionals since it is required a broad base of knowledge to provide qualified care to these subjects.

Due to the new characteristics of the Brazilian population, and as a result of

dissatisfaction generated by the Cartesian paradigm by not find appropriate answers to scientific, philosophical and social issues, Brazilian nursing has realized the need to expand its focus of research and its practice.⁵ During the last decades, we have seen a growth in gerontological nursing, a specialty that involves the care of the elderly and prioritizes the promotion of higher quality of life and well-being throughout the life cycle.⁶

It is noteworthy that in the face of recent global trends of health work, it was necessary to broaden the focus of care, which was focused only in the elderly to approach a comprehensive care, addressing disease prevention and health promotion of these individuals.

Caring is a dynamic process that is planned based on the context the user is inserted and, in the gerontologic and geriatric nursing, care will be performed in an integrated manner with other knowledge, in order to provide for the integration of the multiple dimensions of living of the elderly, a perspective that brings us to interdisciplinarity.⁷

Nurses must ensure that geriatric care is holistic but they also need to ensure that other disciplines entered in this care use this same approach, integrating actions that emphasize the autonomy and the preservation of mental and physical independence of the elderly. However, for the promotion of competent and true care on the clinical complexities of the elderly, the training of gerontologists nurses includes unique principles (quality of care, performance evaluation, education, power and authority among colleagues, collaboration, research and use of resources) and the best practices on geriatric care. This requires from these professionals a broadening of knowledge, capability of independent practice and leadership skills to solve complex and often atypical medical problems.⁶

Given the above, it can be seen that the actions of gerontological nurse in practice, as well as other specialties, are focused on the nursing care management, whose theoretical conception involves a dialectical relationship between the know-how to manage and the know-how to take care. The know-how of nursing care management is anchored in the ontological dimension, of expressive character, as it involves scientific, ethical, aesthetic and personal knowledge about the complexity of the man regarding the singularities, multiplicities and individualities, and their relationship and integration in the different contexts of life.⁸

This know-how is also anchored on a technical and technological scale, of instrumental character, which involves scientific and personnel knowledge, technical expertise, managerial and care competence. The nursing care management actions refer to direct care actions and indirect care actions, of instrumental and expressive character performed by the nurse in an integrated and coordinated manner, whose purpose is to provide a systematic and quality care to clients / users of nursing services.⁸

From this perspective, it is clear that gerontologists nurses play roles related to the status of someone who heals, cares, educates, advocates and innovates, and thus the functions of managing and caring are inseparable in nursing, as these professionals need to acquire and develop knowledge, skills and attitudes that promote a healthy and active aging, comprehensive and integrated care to the elder, maintenance of functional capacity, rehabilitation of impaired functional capacity, as well as health education and continuing education of professionals working in the health care for the elderly as foreseen in the new guidelines of the National Health Policy for the Elderly People. Thus, the nursing care management to older customers was established as study object and the objective is:

- To review the scientific literature about the nursing care management for the elderly.

METHOD

This is a descriptive qualitative study, of bibliographical type and integrative review modality, in order to answer the research question: what has been published about nursing care management for the elderly?

Data collection was performed through integrative literature review that relates to the analysis of relevant researches that support the decision-making and improve the clinical practice, allowing the synthesis of the knowledge status of a particular subject,

besides pointing out gaps in knowledge that need to be filled with new studies.⁹

This methodology follows the following steps: Problem-formulation and review objectives; Establishment of criteria for inclusion and exclusion of articles (sample selection) and data collection; Definition of information to be extracted from selected articles and data evaluation; Analysis and interpretation of data; and Discussion and presentation of results.¹⁰

From this perspective, after formulating the problem and reviewing the objectives, the inclusion criteria were delimited to select the articles, which were: articles that had compliance with the proposed objective, publications of the last five years (2008 to 2012), in Portuguese, English and Spanish languages, in full and that addressed the issue of managing care for elderly patients in nursing area. Exclusion criteria were: theses, monographs and dissertations; not published in full, non-adherence to the issue of nursing care management to the elderly client and approach that does not contribute to the knowledge of the nursing area.

Then, authors conducted a survey of articles in the databases of the Virtual Health Library (VHL): LILACS (Latin American and Caribbean Literature in Health Sciences), PubMed / MEDLINE (Medical Literature Analysis and Retrieval Sistem online) and SciELO virtual library (Scientific Electronic library Online), from 2008 to 2012, using the following descriptors in Portuguese: *gerência*, *cuidados de enfermagem* and *idoso*; and in English: Management, Nursing Care, Aged. We used the Boolean connector "AND" to conduct the search on the databases.

RESULTS

The survey of data was accomplished through individualized descriptors and associated on the basis of LILACS, PubMed / MEDLINE and SciELO virtual library, organized as in figure 1.

Management	171	222	180	69476
Nursing care	1184	330	1934	6512
Elderly	7444	422	78.802	185.338
Management and Nursing care	14	4	9	2598
Management and Elderly	3	0	5	18350
Nursing care and Elderly	121	17	360	2184
Management and Nursing care and Elderly	0	0	2	780
Total	8937	995	81.292	285.238

Figure 1. Quantitative distribution of studies found in the databases LILACS, PubMed / MEDLINE and SciELO virtual library, by individualized and associated descriptors (2008-2012).

After verifying the quantity of material on the subject, authors decided to work only with the articles in which the descriptors were associated, eliminating the non-associated, in order to specify the content to be analyzed.

After consulting the articles by associated descriptors, authors noticed that such descriptors do not always appear in the titles, so they decided to hold a short pre-reading of a few articles to check whether they agreed with the research criteria. Due to the large quantity of publications in PubMed database, they evaluated only the studies with the three

associated descriptors (Management and Nursing care and Elderly), whereas in the other bases publications containing all combinations of associated descriptors were evaluated.

Then, an exploratory reading of the articles was carried out after refining the search once again, so as to check the material that, according to the inclusion and exclusion criteria, actually composes the search. Thus, a total of eight articles were selected to be analyzed.

Descripttors	LILACS	SciELO	PubMed/MEDLIN E
Management and Nursing care	0	0	0
Management and Elderly	1	0	0
Nursing care and Elderly	1	1	1
Management and Nursing care and Elderly	0	0	4

Figure 2: Quantitative distribution of potential literature in the LILACS, PubMed / MEDLINE and SciELO (2008-2012).

Of the eight publications in this study, two were in the LILACS database, five in PubMed / MEDLINE, and one in SciELO. As for the language, three (37.5%) of the references were written in Portuguese and five (62.5%) in English.

As for the year of publication, it was found that three (37.5%) of the selected articles were published in 2008, one (12.5%) in the year 2010, two (25%) in 2011 and two (25%) in 2012. This factor is very relevant because it demonstrates that most of the research in relation to this issue had increased emphasis in 2008, which shows a breakthrough in the development of studies on the care management to the elderly since this year.

As for the types of publication and methodological approaches adopted in the selected studies, it was found that most had a quantitative nature (37.5%), two (25%) were reflection studies, one (12.5%) of qualitative type, one (12.5%) study review and one (12.5%) randomized controlled trial.

With respect to countries where such articles were published, it was found that four studies (50%) were published in the United States, two (25%) in Brazil, one (12.5%) in Chile and one (12.5%) in England. This shows that most of the studies related to the nursing care management for the elderly have been published internationally when compared with national publications. Later, there was a critical reading of the potential literature to

analyze their contents thoroughly and their contributions to the study. A thematic analysis of the contents was held, thus emerging the following categories: Autonomy and Right to Information: essential tools for the nursing care management to hospitalized elderly clients; Health needs: perspectives for the management care to the elderly; Management of chronic cases: implementing nursing interventions in health services; Challenges of care management for elderly people: limits and possibilities.

DISCUSSION

Authors		Year	Title	Base de dados\biblioteca virtual/Revista	Category
Carretta, MB; Bettinelli, LA; Erdmann, AL		2011	Reflexões sobre o cuidado de enfermagem e a autonomia do ser humano na condição de idoso hospitalizado.	LILACS Revista Brasileira de Enfermagem	Autonomy and right to information: essential tools for the nursing care management to hospitalized elderly clients.
Meireles, VC Matsuda, LM Coimbra, JA Alvarez, AM		2010	Autonomia e Direito à informação: contribuições para a gestão do cuidado de idosos hospitalizados.	SciELO Ciência y enfermería.	Autonomy and right to information: essential tools for the nursing care management to hospitalized elderly clients.
Pavarinil, SCI; Mendiondo EM, Montaña M, Almeida DMF, Mendiondo MSZ, Barham EJ, et al.		2008	Sistema de informações geográficas para a gestão de programas municipais de cuidados a idosos.	LILACS Texto e Contexto Enfermagem	Health needs: perspectives for the management care to the elderly.
Thorsell KB, Nordström B, Nyberg P, Sivberg BV		2008	Measuring care of the elderly: psychometric testing and modification of the Time in Care instrument for measurement of care needs in nursing homes.	MEDLINE BMC Geriatr	Health needs: perspectives for the management care to the elderly.
Naylor M, Keating SA		2008	Transitional Care: Moving patients from one care setting to another	MEDLINE Am J Nurs	Management of chronic cases: implementing nursing interventions in health services.
Coburn KD, Marcantonio S, Lazansky R, Keller M, Davis N		2012	Effect of a community-based nursing intervention on mortality in chronically ill older adults: a randomized controlled trial.	PubMed PLoS Medicine	Management of chronic cases: implementing nursing interventions in health services.
Finnbakk E, Skovdahl K, Blix ES, Fagerström L		2012	Top-level managers' and politicians' worries about future care for older people with complex and acute illnesses: a Nordic study.	MEDLINE Int J Older People Nurs;	Challenges of care management for elderly people: limits and possibilities.
Patricia A. Grady		2011	Advancing the Health of Our Aging Population: A Lead Role for Nursing Science	PubMed Nurs Outlook	Challenges of care management for elderly people: limits and possibilities.

Figure 3: Distribution of potential literature in LILACS, SciELO, MEDLINE, PubMed (2008-2012).

♦ **Autonomy and right to information: essential tools for the nursing care management to hospitalized elderly clients**

In the first study of this category, there was reflection on the nursing care and the autonomy of the human being in the condition of hospitalized elderly.¹¹ These authors state that the autonomy of the human being is related to the possibility of deliberate decision-making and the preservation of integrity and individuality of every being. However, in the hospital environment, often care relationships become automated, which prevents the professionals to perceive the other as a whole, endangering the dignity and autonomy of the client. The decision-making process in relation to the care for the elderly patient is even more difficult, since the

elderly weakened by the disease becomes more helpless and dependent on the professional.

This study shows the importance of the nursing professional in promoting joint participation of the elderly in planning care for their health, respecting the client's right in decision-making about their illness and their body, thus contributing significantly to the construction of autonomy and respect for the dignity of the elderly in the daily practice of hospital.

The second study complements the idea of the previous study, verifying whether the nursing professionals respect the right to information and the exercise of autonomy of hospitalized elderly as provided by law. It was noticed that the elderly patients were not informed about their rights to health,

Chibante CL, Santos TD, Valente GC et al.

received insufficient information about the routines and norms of the institution, and the information on diagnosis and treatment were provided mostly by the doctor.

Regarding the possibility of participation in health care, most subjects reported that professionals did not made possible this practice, whereas they were willing to participate in the decision-making process in relation to their own treatment.¹²

It is essential that the nurse, as a health care manager, establishes a bond with the customer, understanding their needs, allowing these subjects to become partners in the formulation and implementation of care, and promotes means to foster the dissemination of information to actualize the exercise of autonomy of the elderly.

◆ Health needs: perspectives for the management care to the elderly

The first article describes the construction of an integrated system of geographic information and health conditions for elderly people with dementia registered in Family Health Units.¹³ The authors point out that this system allows the visualization of the spatial distribution of the elderly with dementia in their homes or in a particular geographic region, which is already a facilitating factor, because it allows professionals to perform the planning of health actions more appropriately, taking into account the team's travel time to the desired location. It also allows the combination of these spatial data with information regarding the health conditions of the elderly, allowing professionals to identify risk factors and vulnerabilities of older people with dementia in a particular location, optimizing the health care and quality of care.

Although this article was not written by nurses, it was observed that it contributes significantly to the area, since the creation of this system and its implementation in health services enables nurses to carry out the care management for the elderly with dementia, planning health actions according to the needs of individuals, thus providing a more qualified assistance.

In order to effectively evaluate the individual needs of the elderly, it is described in the second article the validation and the use by nursing professionals of a new version of a tool to assess the care needs of nursing homes in Swedish municipalities. In this new instrument, five items were added (supervision / alarm, drug administration, anxiety, temperament and confusion), since the first version did not show all the needs of

Nursing care management to elderly patients...

individual caregivers. In addition, nineteen items were divided into three categories: general care, medical care and cognitive care.¹⁴

It was observed in this study that, after the second analysis with a broader sample, in four items (wound care, drug administration, rehabilitation, catheter / stoma) the dependence factor was changed from medical care to general care, maintaining only the injection as a medical care, whereas two other items (supervision / alarm and social activities) were allocated from general care to cognitive care. Thus, it was noted that most seniors receiving care were classified as level 1 (little or no need of care), followed by level 5 (totally dependent).

It is clear that the adherence to this instrument by the nursing staff and by the municipal health services management is recommended as this contributes to the assessment of care needs as part of the individual plan, or when such care need to be revised.

◆ Management of chronic cases: implementing nursing interventions in health services

The first study deals with the transitional care, that encompasses a range of services to promote the safe and timely passage of patients throughout health care levels and in care settings.¹⁵⁻¹⁶ The completion of a quality transitional care is essential especially for the elderly with chronic diseases and complex treatment regimens, as well as to their families / caregivers, as these patients often move throughout different health institutions.¹⁷

So, this article described three promising approaches with their transitional care models to improve the quality of care for the elderly with chronic diseases, as shown below:

1- Community-based transitional care services: studies have shown that increasing the access of the elderly with acute episodes of chronic diseases to such services could bring improvement in the quality and continuity of health care. Home hospital: in this model, patients receive treatment of acute episodes of their chronic conditions at home from the intervention of nurses, doctors and other services. The use of this service model has allowed decrease in length of stay and overall costs in relation to care, and a great satisfaction from patients participating in the program. Day Hospital: this model was directed to high-risk patients for hospital readmissions and adverse clinical conditions. Studies have shown improved function and

reduced hospital use among patients who used the CARE program, which focuses on the rehabilitation of the elderly.

2- Transitional services within institutions: these services have been designed in the hospitals in order to try to solve problems in relation to the flow of patients within sectors in hospitals. Acute care for the elderly (ACE): care is planned since the admission of the patient, including family members in hospital activities. It has been noticed the reduction of functional decline at discharge and decreased hospital stay.¹⁸ Professional-patient partnership: in this model, nursing and social work conduct an education program, insert patients and their families in the discharge planning process and provide information about services in the community. Patients and family members who participated in the intervention revealed that they felt safer to manage their care after discharge.¹⁹

3- Transitional services to and from hospitals: studies have shown that nursing interventions along with a multidisciplinary team has led to improvement in quality transfer of patients and caregivers from hospitals to home, and there was reduction in health care costs. Training in transitional care: in this model, patients and caregivers are encouraged to more actively assume their roles during the transitional care. Studies have shown decrease in hospital readmission rates after this training.²⁰ Transitional care model (APN - Advanced Practice Nursing): patients participating in this study were those high-risk elderly without cognitive deficits, and with various medical and surgical conditions, which are in transition from hospital to home. Nursing, along with a multidisciplinary team, takes care of the elderly and their caregivers during hospitalization and, at discharge planning and after discharge, the same nurse implements this plan through home visits and evaluates the elderly throughout the week by phone.²¹⁻²²

This study showed that, although the caregivers are targets of interventions by nurses, there is little evidence in the literature regarding their needs during the transitional care, since most studies emphasize only the needs of seniors who receive care. Moreover, it is also revealed that nurses play a crucial role in the care management for both seniors and their support network and in ensuring that transitions of care will successfully occur.

Still focusing on the community-based nursing care management, the second article was carried with subjects aged 65 years or older and with one or more NCDs and aimed to

determine whether community-based nursing interventions developed by the Health Quality Partners (HQP) model are associated with a reduction in mortality from chronic diseases in both groups and within risk strata subgroups and primary diagnoses and to determine whether there was a reduction associated to intervention in all causes mortality within subgroups.²³

It was found that the control group had received traditional care and had no contact with any intervention over the years, whereas for the intervention group it had been provided a comprehensive, integrated care and well managed by the coordination of care, the management of diseases, a prevention service provided by the managers of community-based nursing care working in cooperation with the primary health care professionals.

It was noticed that there was a reduced risk of death from chronic diseases in participants in the intervention group compared with the control group. As limiting factors of this study, it was mentioned the non-inclusion of black and low-income individuals to participate in the research and the conduction in only one US region. For this reason, authors suggested that further research was done to determine the scalability of this intervention model and whether its generalization is guaranteed.

There is need to foster educational interventions aimed to patients in order to contribute to the adaptation to the disease, to promote the therapy adherence, and also learn how to act before any complications.²⁴ In addition, it is important that patients with NCD's are aware about the importance of performing self-care in order to avoid complications that tend to lead to hospital readmission.

It is noteworthy that the nurse has a key role in managing the care of chronic patients, and must work together with the client and their family / companion in planning their care both in hospitals and in their homes, in order to provide a comprehensive care, based on the promotion, prevention and rehabilitation of their health.

♦ Challenges of care management for elderly people: limits and possibilities

In the first article of this category, an interview was conducted with managers and politicians in order to understand the perceptions and views of these professionals regarding future demands and needs of the elderly with complex and acute diseases in the Nordic countries. The most favorable

Chibante CL, Santos TD, Valente GC et al.

Nursing care management to elderly patients...

future care for the elderly were described in three levels: individual, organizational and social.²⁵

At the individual level, the authors reported that future generations will be composed of heterogeneous groups with varied needs and individual desires, which might generate higher costs for the health system. However, such basic needs and individual resources available should be considered as a platform to achieve a more qualified care in the future. In addition, the authors focused on the dignity of care and in prevention and health promotion actions as essential for planning a more quality care for the elderly.

At the organizational level, participants pointed out the need for nursing professionals to acquire and develop skills to deal with multiple comorbidities, complexities and weaknesses involving the elderly. The oldest old, that is, those aged 80 years or more, comprised approximately 80 million people in 2000, with a projection of a 395 million in 2050.²⁶ With this increase in life expectancy, there has been a higher burden of noncommunicable chronic diseases, disabling morbidities. So, it is necessary that health professionals start to worry about managing care based on skills, in order to provide care more consistent to the demands of the elderly in the future.

At a social level, it was reported that these seniors might have more freedom in making their own decisions in relation to the environment in which they wish to live in society, thus selecting the institutions that suit them or choosing to remain in their own homes. Moreover, it was also reported the limited financial and human resources for health in the future and the most significant investment in health care technologies for the future.

The second article complements the idea of the previous study by describing the challenges of nursing and the sciences for the next decades in relation to population aging. This study highlights the issue of the aging process and the increase in NCDs in the world, which bring with them challenges in nursing care for the future. Thus, the leading role of nurses in the care for the health of the elderly in a variety of institutions (primary care, hospitals, long-term care facilities) was emphasized, and of nursing sciences in the continuation of the construction of an evidence-based practice to improve patient care in the coming years and hence the quality of life of the elderly population.²⁷

"The health status of older people, with fragile balance and high risk of complications, besides the increasing expectations of clients and a very litigant society, reinforce the importance of evidence-based practice".^{6:109} Thus, it is necessary that the nurse, to improve their professional practice, make clinical decisions based on sound research and knowledge, providing a more qualified care to elderly customers.

To promote and encourage the training of specialist nurses in elderly health, the article outlines the existence of some research programs in the United States that contribute to the training and development of new generations of students, the creation of more nursing colleges specializing in geriatrics and gerontology, and that provide scholarships for junior researchers to work with the nursing faculty with expertise in aging, conducting research that contributes to the improvement of the elderly health.

The text also highlights the importance of developing strategies aimed at the relationship between patients and nurses, the communication between these professionals and the promotion of self-care, seeking autonomy and independence of the elderly for a longer period.

It is noteworthy that these studies have contributed greatly to the field of nursing as they explore crucial aspects for the planning of care for the elderly in the future, through the development of general and managerial skills, leadership skills and creation of more attractive and creative workplaces, encouragement of the formation of gerontologists nurses, strengthening of interpersonal relations and implementation of health care technologies.

CONCLUSION

The diversity of the aging population and the complexity of their health needs, as well as transformations that have occurred constantly in the world of health work, mainly as a result of globalization, new technologies and this new consumer profile, have been required that health services and, consequently, gerontologist nurses, change their posture, impelling that they seek to acquire and develop knowledge and skills, managing care based on skills.

The selected studies described as essential for the nursing care management to elderly clients: encouraging the participation of older people in health care, focusing on maintaining autonomy and independence of these individuals; the development of information systems and instruments that will enable the

planning of health actions in accordance with the health needs of the elderly; and encouraging that gerontologist nurses seek for an advanced practice and develop skills to deal with future challenges in caring for the elderly.

This study contributed to the growth of the nursing profession and of nurses, because it was possible to understand what has been researched and published on the nursing care management for the elderly and verify some knowledge gaps, such as the limited quantity of publications involving this issue, since most articles dealing on nursing care management have not addressed the elderly customers; there is absence of articles that bring the concept of nursing care management for the elderly; little focus on encouraging the formation of gerontologist nurses.

There is need for more studies on this theme, addressing this concept, the general and managerial skills that nurses need to develop to cope with the diversities of this age group and on encouraging the formation of gerontologist nurses, who are better able to deal with the health aspects of elderly population.

REFERENCES

1. Instituto Brasileiro de Geografia e Estatística (IBGE). Censo Demográfico. Rio de Janeiro (RJ): IBGE; 2000.
2. Camarano AA. Envelhecimento da população brasileira: Uma contribuição demográfica. In: Freitas EV et al. Tratado de Geriatria e Gerontologia. 2th ed. Rio de Janeiro: Guanabara Koogan; 2006. P. 88-105.
3. Veras RP. Fórum. Envelhecimento populacional e as informações de saúde do PNAD: demandas e desafios contemporâneos. Cad saúde pública [Internet]. 2007 [cited 2012 Jan 10]; 23(10):2463-66. Available from: <http://www.scielo.org/pdf/csp/v23n10/20.pdf>
4. Valente GSC, Manso CR, Maia AFCB, Ornellas ABC, Sá SP, Lindolpho MC. A experiência do acadêmico de enfermagem na visita domiciliar ao idoso que vive com demência. J Nurs UFPE on line [Internet]. 2010 [cited 2012 Jan 10];4(3):1410-16. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/viewFile/999/pdf_140
5. Marcon SS, Elsen I. A enfermagem com um novo olhar. A necessidade de enxergar a família. Fam saúde desenv [Internet]. 1999 [cited 2012 Jan 10]; 1(1\2):21-26. Available from: <http://ojs.c3sl.ufpr.br/ojs/index.php/refased/article/viewFile/4877/3727>
6. Eliopoulos C. Enfermagem Gerontológica. 7th ed. Porto Alegre: Artmed; 2011.
7. Gonçalves LHT. A complexidade do cuidado na prática cotidiana da enfermagem gerontogeriatrica. Rev bras geriatr gerontol [Internet]. 2010 [cited 2012 Feb 15];13(3): 507-18. Available from: <http://revista.unati.uerj.br/pdf/rbgg/v13n3/v13n3a16.pdf>
8. Christovam BP, Porto IS, Oliveira DC. Gerência do cuidado de enfermagem em cenários hospitalares: a construção de um conceito. Rev esc enferm USP [Internet]. 2012 [cited 2012 Dec 15];46(3):734-41. Available from: <http://www.scielo.br/pdf/reeusp/v46n3/28.pdf>
9. Benefield LE. Implementing evidence-based practice in home care. Home Healthc Nurse. 2003; 21(12):804-11.
10. Polit DF, Beck CT. Using research in evidence-based nursing practice. In: Polit DF, Beck CT, editores. Essentials of nursing research. Methods, appraisal and utilization. Philadelphia: Lippincott Williams & Wilkins; 2006. P.457-94.
11. Carretta MB, Bettinelli LA, Erdmann AL. Reflexões sobre o cuidado de enfermagem e a autonomia do ser humano na condição de idoso hospitalizado. Rev bras enferm [Internet]. 2011 [cited 2012 Sept 21];64(5):958-62. Available from: <http://www.scielo.br/pdf/reben/v64n5/a24v64n5.pdf>
12. Meireles VC, Matsuda LM, Coimbra JAH, Alvarez AM. Autonomia e Direito à informação: contribuições para a gestão do cuidado de idosos hospitalizados. Ciencia y enfermería XVI [Internet]. 2010 [cited 2012 Sept 13];59-68. Available from: http://www.scielo.cl/pdf/cienf/v16n2/art_07.pdf
13. Pavirini SCI, Mendiondo EM, Montaña M, Almeida DMF, Mendiondo MSZ, Barham EJ, et al. Sistema de informações geográficas para a gestão de programas municipais de cuidado a idosos. Texto & contexto enferm [Internet]. 2008 [cited 2012 Sept 13];17(1):17-25. Available from: <http://www.scielo.br/pdf/tce/v17n1/02.pdf>
14. Thorsell KB, Nordström B, Nyberg P, Sivberg BV. Measuring care of the elderly: psychometric testing and modification of the Time in Care instrument for measurement of care needs in nursing. BMC geriatr [Internet]. 2008 [cited 2012 Sept 13];8(22):1-8. Available from:

Chibante CL, Santos TD, Valente GC et al.

Nursing care management to elderly patients...

<http://www.biomedcentral.com/content/pdf/1471-2318-8-22.pdf>

15. Coleman EA, Boulton C. Improving the quality of transitional care for persons with complex care needs. *J am geriatr soc* 2003; 51(4):556-7.

16. Naylor MD. Nursing intervention research and quality of care: influencing the future of healthcare. *Nurs res* 2003; 52(6):380-5.

17. Naylor M, Keating SA. Transitional Care: Moving patients from one care setting to another. *Am J nurs* [Internet]. 2008 [cited 2012 Sept 15]; 108(9 Suppl):58-63. Available from:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2768550/>

18. Panno JM, et al. Acute Care for Elders (ACE): a holistic model for geriatric orthopaedic nursing care. *Orthop nurs* [Internet]. 2000 [cited 2012 Sept 16];19(6):53-60. Available from:

<http://www.thecomfortline.com/files/pdfs/2000%20Acute%20Care%20for%20Elders%20geriatric%20ortho.pdf>

19. Bull MJ, et al. A professional-patient partnership model of discharge planning with elders hospitalized with heart failure. *Appl nurs res* 2000;13(1):19-28.

20. Coleman EA, et al. The Care Transitions Intervention: results of a randomized controlled trial. *Arch intern med* [Internet]. 2006 [cited 2012 Sept 15];166(17):1822-8. Available from:

<http://www.caretransitions.org/testasp/documents/RCT.pdf>

21. Naylor MD, et al. Comprehensive discharge planning and home follow-up of hospitalized elders: a randomized clinical trial. *JAMA* [Internet]. 1999 [cited 2012 Sept 20];281(7):613-20. Available from:

http://www.commonwealthfund.org/usr_doc/JAMA_1999_article.pdf

22. Naylor MD, et al. Transitional care of older adults hospitalized with heart failure: a randomized, controlled trial. *J am geriatr soc* [Internet]. 2004 [cited 2012 Sept 20]; 52(5):675-84. Available from:

<https://docs.google.com/viewer?url=http://www.allhealth.org/briefingmaterials/TransitionalCareofOlderAdultsHospitalizedwithHeartFailure-1262.pdf>

23. Coburn KD, Marcantonio S, Lazansky R, Keller M, Davis N. Effect of a Community-Based Nursing Intervention on Mortality in Chronically Ill Older Adults: A Randomized Controlled Trial. *PloS med* [Internet]. 2012 [cited 2012 Sept 21];9(7):1-14. Available from:

<http://www.plosmedicine.org/article/fetchO>

<bject.action?uri=info%3Adoi%2F10.1371%2Fjournal.pmed.1001265&representation=PDF>

24. Silva L. Ações educativas e cuidados de enfermagem à clientela portadora de doenças crônicas da clínica médica. Escola técnica de saúde/UFPB; 2010

25. Finnbakk E, Skovdahl K, Blix HS, Fagerström L. Top-level managers' and politicians' worries about future care for older people with complex and acute illnesses - a Nordic study. *Int J older people Nurs* 2012; 7(2): 163-72

26. World Health Organization (WHO). Envelhecimento ativo: uma política de saúde. Brasília: Organização Pan-Americana da Saúde (OPAS); 2005. 60 p.

27. Grady PA. Advancing the Health of Our Aging Population: A Lead Role for Nursing Science. *Nurs outlook* [Internet]. 2011 [cited 2012 Sept 25];59(4):207-9. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3197709/?tool=pubmed>

Chibante CL, Santos TD, Valente GC et al.

Nursing care management to elderly patients...

Submission: 2015/07/24

Accepted: 2016/01/23

Published: 2016/02/15

Correspondence Address

Thayane Dias dos Santos
Rua Primeiro de Maio, 117
Vila Rosali
Bairro Sobrado
CEP 25510131 – São João de Meriti (RJ), Brazil