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REFLECTIVE ANALYSIS ARTICLE

NURSING CLINICAL PRACTICE IN THE FRAIL ELDERLY CARE: REFLECTION STUDY

PRÁTICA CLÍNICA DO ENFERMEIRO NO CUIDADO AO IDOSO FRAGILIZADO: ESTUDO DE REFLEXÃO

PRÁCTICA CLÍNICA DEL ENFERMERO EN EL CUIDADO AL ANCIANO DEBILITADO: ESTUDIO DE REFLEXIÓN

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ABSTRACT

Objective: to reflect about the clinical practice of nurses in the care of frail elderly. **Method:** this is a theoretical reflection supported in the literature. **Results:** the fragility syndrome has reached worldwide repercussions; even so the frail elderly still lacks many strategies to maintain their autonomy and independence. To promote clinical appropriate practice to the frail elderly, nurses must be knowledgeable of the aging process and be updated with regard to the scientific evidence of weakness: the concept, diagnosis, prevention measures, interventions, assessments and results. **Conclusion:** this reflection puts us ahead of the nursing performance challenge in the transformation and adaptation of their clinical practice in the care of the frail elderly or fragility process. **Descriptors:** Geriatric Nursing; Frail Elderly; Evidence-Based Practice; Patient-Centered Care; Nursing Processes.

RESUMO

Objetivo: refletir sobre a prática clínica do enfermeiro no cuidado ao idoso fragilizado. **Método:** trata-se de uma reflexão teórica apoiada na literatura pertinente. **Resultados:** a síndrome da fragilidade tem alcançado repercussões em nível mundial, mesmo assim o idoso fragilizado ainda carece de muitas estratégias para a manutenção de sua autonomia e independência. Para promover a prática clínica adequada ao idoso fragilizado, o enfermeiro deve ser conhecedor do processo de envelhecimento e estar atualizado com relação às evidências científicas sobre fragilidade: o conceito, o diagnóstico, as medidas de prevenção, as intervenções, as avaliações e os resultados. **Conclusão:** essa reflexão nos coloca à frente do desafio da atuação da enfermagem na transformação e adequação de sua prática clínica no cuidado ao idoso frágil ou em processo de fragilização. **Descritores:** Enfermagem Geriátrica; Idoso Fragilizado; Prática Baseada em Evidências; Assistência Centrada no Paciente; Processos de Enfermagem.

RESUMEN

Objetivo: reflexionar sobre la práctica clínica del enfermero en el cuidado al anciano debilitado. **Método:** se trata de una reflexión teórica apoyada en la literatura pertinente. **Resultados:** el síndrome de la debilidad ha alcanzado repercusiones a nivel mundial, sin embargo, el anciano debilitado aún carece de muchas estrategias para la mantención de su autonomía e independencia. Para promover la práctica clínica adecuada al anciano debilitado, el enfermero debe conocer el proceso de envejecimiento, y estar actualizado con relación a las evidencias científicas sobre debilidad: el concepto, el diagnóstico, las medidas de prevención, las intervenciones, las evaluaciones y los resultados. **Conclusión:** esa reflexión nos coloca al frente del desafío de la actuación de la enfermería en la transformación y adecuación de su práctica clínica en el cuidado al anciano débil o en proceso de debilidad. **Descritores:** Enfermería Geriátrica; anciano debilitado; Práctica basada en evidencias; Asistencia centrada en el paciente; Procesos de Enfermería.

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INTRODUCTION

The elderly as ontological being, with needs and peculiarities, as the protagonist of aging and as a social actor in their history, needs care in all areas, being healthy or in the disease process. This individual is more susceptible to diseases since their physiological reserves decline and therefore, requires integrated and multidisciplinary care to prevent loss/damage over the years.

The nurse as participatory professional, including the aging process, as well as the conditions that lead the elderly to fragility, should make use, in their clinical practice, technological tools to facilitate care and evidence-based practice (EBP); developing strategies for a better health care. A special attention should be given to the frail elderly, who lives in Long-Stay Institutions, bedridden, was recently hospitalized, has illnesses causing disability, has compromised functional capacity or living in situations of domestic violence.¹

In this context, the study aims to reflect about the clinical practice of nurses in the care of frail elderly.

METHODOLOGY

This is a theoretical reflection developed by consultation in printed books and materials available *online*. Journals consultations were held in the databases LILACS (Latin American and Caribbean Health Sciences Literature), Scopus (larger database with abstracts and *SciVerse da Elsevier* references) and CINAHL (*Cumulative Index to Nursing and Allied Health Literature*), in the period from August to September 2013, through the descriptors: aging and frail elderly.

In general, to select descriptors, a consult was held in the Health Sciences Descriptors (DeCS) and *Medical Subject Headings* (MeSH) for the purpose of a language/common terminology in the three studied languages (Portuguese, Spanish, English).

To support the search, it was used the PICO-strategy, *Paciente-Paciente, Intervenção-Intervenção, Comparação-Comparação* or control, *Outcomes-Resultados*, which aims to assist in the construction of the question and to organize the problems proposed in the review, maximizing the research evidence, avoiding unnecessary searches and focusing on the study problem.^{2,3}

Also, studies published in English, Portuguese and Spanish were included, without time restriction; full articles; and articles that portray the theme. The exclusion

criteria were: articles in the form of experience report and literature or integrative review; theses, dissertations, various documents and in summary format.

This integrative review allowed a wide literature on synthesis and conclusion of a particular area, integrating a set of updated information⁴, directly impacting the evidence body about fragility in the elderly and its nuances.

RESULTS AND DISCUSSION

♦ The clinical nursing practice

The clinical practice can be understood as an integrated and interrelated set of activities, practices, and actions aimed to comprehensive health care. In the context of Nursing, consists of a Nursing systematic care, private of the nurse, operationalized at different levels of complexity, at scheduled specific areas or not, on individual or family form⁽⁵⁾. For its implementation, the nurse makes use of the nursing process, which requires critical thinking and clinical reasoning to decision-making in the care.

For nursing, clinical practice occurs in the daily care activities, according to human needs. In a study performed by nine nurses of primary care in Ribeirão Preto, in a vision of what would be the clinical practice in everyday life, experienced by them in the Family Health Strategy (FHS), it was found that would be characterized by the service at reception; in nursing consultation; in home visits; in group work; in guiding to assistants and nursing technicians and community health workers; and in the doctor's care support. They reported that together with these factors, were added the structural and economic problems of the public health system, which compromised the offer of nursing services, and even experiencing difficulties, professionals through its creative and innovative skills, recognized the rewarding return and satisfying of the users, which strengthened the bond between the individual and the community.⁶

It is understandable therefore, that the clinical practice, even being hampered by bureaucratic and organizational issues, contributes to a *continuum* of dynamic contexts and for making decisions, mediated by the clinical and critical thinking of the various evidence that comprises the scientific literature about the needs identified and addressed to the care of individuals, the family and the community.⁷

♦ The Evidence-Based Clinical Practice

To assist in thinking and doing clinical practice, integrating nursing knowledge and other professionals, arise the Evidence-Based Practice (EBP). Through this, the best evidence can be selected, based on gold standard studies, providing a better quality care and assistance. The EBP must originate not only from observation, existence or experience with the patient but of systematic clinical surveys with power to define preventive, curative and rehabilitative approaches.⁸

As well as the nursing process, the clinical practice based on evidence depends on ordered and systematized steps. These steps constitute: 1) identification of individual needs; 2) dialogue to clinical problem clarification in order to determine the type of evidence to be raised; 3) survey of the evidence in the databases; 4) critical evaluation of information obtained by the dialogue with the patient and the evidence found, based on the principles of scientific, epidemiology and biostatistics methodology, to accept or reject the conduct to be applied; 5) application of evidence guiding care, including observing the more appropriate health public policies; 6) evaluation of the results⁽⁸⁾.

Thus, one of the main goals of the EBP is to encourage the use of scientific research results for application in clinical nursing practice. It is noteworthy that the EBP refers challenges, especially for the field of practice nurses, since they have difficulties such as lack of time and the inability to understand statistical terms and jargon used in scientific articles.⁹ This makes them prefer to consult colleagues to obtain the necessary information.¹⁰

It is worth noting that the clinical practice and the EBP, while incorporating different approaches, the first preconizes for care to others, and the second consider the technological aspects of clinical practice, one needs the other and can not come dissociated⁽¹¹⁾.

♦ Nurses Clinic Practice and actions directed to the frail elderly

The frailty syndrome is a complex disorder that has several clinical outcomes, such as dependency, institutionalization, falls, worsening of chronic disease framework, acute illnesses, hospitalization, slow or absent recovery from a clinical framework and death⁽¹²⁾. The great challenge, today, in the context of fragility, is to know the right time to intervene and anticipate negative effects

on health. The fact is that the frail elderly needs a differentiated approach to meet their needs.

To promote appropriate clinical practice to the frail elderly, nurses must know the aging process, be updated about the scientific evidence of fragility, regarding the concept of the syndrome, diagnosis, interventions, assessments, and results. Additionally, they should be aware of the possibility of prevention, performing a comprehensive global assessment or multidimensional assessment, identifying the real needs and potential to provide referrals to the multidisciplinary team.

This professional must think and organize care, guided by the direct and specialized assistance to the elderly, their family/caregivers and the community/place of residence, and also must be able to manage the problems related to the lack of preparation and inadequate care of their staff; tolerance of waiting for elderly users; the minimum infrastructure for consultations; worry with information from medical records systems; use work tools that provide or facilitate the continuance of elderly health, as the Health Handbook of the Elderly and the nursing process; and manage the environment in which the elderly is inserted, either hospital, Long Term Care Institutions or domicile.

The frail elderly care should be performed primarily, based on autonomy, independence, and quality of life. It is important that during the care and clinical practice for the frail elderly or in a fragility stage, that their participation is valued in decision-making through subsumed measures and health strategies, in the process of promotion, prevention, recovery and rehabilitation of health, allowing them to be knower of their care, enabling their empowerment.

It is noteworthy that the frail elderly, given their level of physical, emotional, psychological and social vulnerability, they often have limited access to healthy food, to medical care and adheres less to diets and drug treatment, which confirms decompensation of comorbidities and to the advancement of fragility.¹³

Nursing, faced with this complex situation caused by the frailty syndrome, may use simple strategies to prevent and delay the severity of the syndrome, in its practice through EBP.

Among the actions directed to the frail elderly, the guidance of physical activity is emphasized, which carries many benefits,

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such as increased maximal oxygen consumption and increased muscle mass,¹⁴ preventing sarcopenia; the improvement in aerobic capacity, balance, mobility and reducing falls, besides the reduction of inflammatory mediators¹⁵, as well as the supervision of poly-pharmacy and sub-prescription of medications for frail elderly, which can result in therapeutic redundancy, drug interactions, iatrogenic, hospitalizations and unnecessary expenses;¹⁶ the use of some drugs, for example, the therapy with diuretics in frail elderly can easily generate urinary incontinence, electrolyte imbalance, progression of renal dysfunction, *delirium*, and falls, as well as therapy with vasodilators can cause orthostatic hypotension more easily.¹³ Moreover, the importance of strengthening a healthy diet, since protein-energy supplementation, particularly in the frail elderly with low socioeconomic status, can reduce the progression of functional decline, providing increased physiological capacity and functional performance.¹⁷

Thus, for clinical care to the frail elderly occurs, it is imperative the nurse being inserted into their reality and acts conscientiously, competently, technical-scientific, and provide qualified and humanized care. It is noted that the clinical care refers to actions for people in different age groups, considering the human responses to health conditions changes with the purpose to promote, prevent and restore health and well-being.

Caring is part of life in all circumstances, whether from illness or health. The elderly population, especially the frail, worth mentioning about care and nursing care and other professionals, to their demands in health and increased susceptibility to impairment, disability, and death. Nurses, specifically, demand and require skills and expertise to provide the everyday clinical practice focusing on their quality of life, well-being, autonomy and independence.

FINAL REMARKS

Clinical nursing practice directed to the frail elderly is still a subject little explored in the Brazilian context. It is necessary to rethink the care geared to that individual, starting from the knowledge of the subject through scientific evidence and existing public policies, to discuss and provoke the issue. This reflection puts us ahead of the nursing performance challenge in transforming and adapting their practice to the care of the frail elderly or fragility process.

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Also, it is necessary to implement the Evidence-Based Practice, as a routine in the nursing service, to provide the opportunity for contact with scientific literature and optimize the critical thinking and health practices. This approach will provide the quality and safety of care provided to more clearly defined practices, causing beneficial changes in the promotion of care and improves of the quality of life and well-being of the frail elderly.

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