



DIFFICULTIES FACED BY NURSES IN THE CARE PROVIDED TO THE ELDERLY AFFECTED BY FEMORAL FRACTURE

DIFICULDADES ENFRENTADAS POR ENFERMEIROS NA ASSISTÊNCIA PRESTADA AO IDOSO ACOMETIDO POR FRATURA DE FÊMUR

LAS DIFICULTADES QUE ENFRENTAN LOS ENFERMEROS EN LA ASISTENCIA A LOS ANCIANOS AFECTADOS POR FRACTURA DE FÉMUR

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ABSTRACT

Objective: to analyze the difficulties faced by nurses in the care provided to the elderly affected by femoral fracture at a hospital reference in traumatology. **Method:** exploratory and descriptive study, with qualitative approach, performed at a hospital in reference orthopedics and traumatology in João Pessoa (Brazil), Brazil. The sample consisted of 16 nurses who work in the surgical center and the data collection occurred through a semi-structured questionnaire; data analysis was performed by descriptive statistics. **Results:** the findings showed that, among the difficulties reported to perform nursing care, there were shortages of materials, professionals without training, insufficient human resources, physical structure, incapacitated nursing professionals and disabled medical staff. **Conclusion:** nursing care provided to elderly patients suffering from femoral trauma has suffered great losses due to lack of resources and investments, generating greater vulnerability, complications and physical and psychological damages to the elderly. **Descriptors:** Nursing; Nursing care; Elderly; Femoral Fractures.

RESUMO

Objetivo: analisar as dificuldades enfrentadas por enfermeiros na assistência prestada ao idoso acometido por fratura de fêmur em um hospital referência em traumatologia. **Método:** estudo exploratório e descritivo, com abordagem qualitativa, realizado em hospital de referência em ortopedia e traumatologia em João Pessoa (JP), Brasil. A amostra foi composta por 16 enfermeiros que atuam no centro cirúrgico e os dados coletados através de um questionário semi-estruturado, a análise dos dados deu-se por estatísticas descritivas. **Resultados:** os achados demonstraram que dentre as dificuldades relatadas para realizar a assistência de enfermagem estavam escassez de materiais, profissionais sem capacitação, recursos humanos insuficientes, estrutura física, profissionais de enfermagem incapacitados e equipe médicas incapacitada. **Conclusão:** a assistência de enfermagem prestada ao paciente idoso vítima de trauma de fêmur tem sofrido grandes prejuízos por falta de recursos e investimentos gerando maior vulnerabilidade, complicações e danos físicos e psicológicos ao idoso. **Descritores:** Enfermagem; Cuidados de Enfermagem; Idoso; Fraturas do Fêmur.

RESUMEN

Objetivo: analizar las dificultades de los enfermeros en la asistencia a los ancianos afectados por fractura de fémur en un hospital de referencia en traumatología. **Método:** estudio exploratorio y descriptivo, con enfoque cualitativo, realizado en un hospital de referencia en ortopedia y traumatología en João Pessoa (JP), Brasil. La muestra fue compuesta por 16 enfermeros que trabajan en la sala de operaciones y los datos fueron recogidos a través de un cuestionario semi-estructurado; el análisis de datos ocurrió mediante estadística descriptiva. **Resultados:** los resultados mostraron que, entre las dificultades señaladas para llevar a cabo los cuidados de enfermería, estaban los materiales escasos, profesionales sin formación, recursos humanos insuficientes, estructura física, enfermeros y personal médico incapacitados. **Conclusión:** los cuidados de enfermería para el paciente anciano víctima de traumatismo femoral han sufrido grandes pérdidas debido a la falta de recursos y la inversión que lleva a una mayor vulnerabilidad, las complicaciones y daños físicos y psicológicos a los ancianos. **Descriptores:** Enfermería; Cuidados de Enfermería; Ancianos; Fracturas Femorales.

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INTRODUCTION

In Brazil the population ages rapidly and intensely. The 2010 Census shows that more than 14.5 million elderly people present low educational and socioeconomic levels and a high prevalence of chronic diseases that generate functional limitations and disabilities. Estimates indicate that, by 2025, the country should have 15% of its population formed by the elderly, and will occupy sixth place in the world.¹

Concomitantly with the demographic transition that marks the aging population, the prevalence of trauma in the elderly has developed significantly in recent years, especially in large urban centers, making geriatric traumatology increasingly important.²

The occurrence of falls among the elderly is one of the main clinical and public health difficulties that cooperate for the disability of the advanced age individuals. Falls have a high incidence and entail complications to health and high assistance costs. It is an unintentional event that results in the individual's changing position to a lower level relative to their initial posture. Being this is one of the most important and common problems reported among the elderly and gradually increases with increasing age in both sexes.³

The main fractures are those located in the proximal femur, accompanied by other types of fractures such as the hip, proximal humerus, wrist, among others. Several factors contribute to the increase in the incidence of these traumas and deaths, including age, sex, use of psychotropic drugs, alcoholism and smoking, osteoporosis, early menopause, physical inactivity, physical inactivity, loss of balance, Loss of cognitive ability and presence of morbidities.⁴

The social and economic impact of femoral fracture is high. The fracture itself, the associated comorbidities that the individual presents, the complications that arise during hospitalization, and consequently the increase in the period of hospitalization, often in the intensive care unit, with advanced clinical and surgical care, increase the costs for the patient And the institution.⁵

In addition, the impairment of the elderly's functional capacity has important implications for the individual, the family, the community and the health system, since disability leads to greater vulnerability and dependence in old age, contributing to a decrease in well-being And the quality of life of the elderly. In this

way, functional disability is a social problem, which brings greater risk of institutionalization and high costs for health services.

It is necessary that the nursing, together with the multiprofessional team, work with attention and zeal, so that all assistance provided is free of damages and suffering for the elderly. The Nursing Process is a methodology used to organize knowledge and individualized care to the patient. This method can be understood as a deliberate intellectual activity, which assists nurses in decision making, whose focus is on obtaining the expected results.⁶

In the attention to the surgical patient, the nursing team is responsible for its preparation, establishing and developing several nursing care actions for the return of their basic human needs. The quality of the assistance can be achieved through the use of the nursing process applied to the surgical patient called the Perioperative Nursing Care System (SAEP).

The perioperative nursing develops important actions in the pre, intra and postoperative care of the elderly surgical patient with femoral fracture, early identification of the problems, performing a nursing diagnosis, specifying the results to be achieved, proposing interventions to solve the problem, and later, evaluating the effectiveness of the intervention performed, however, we identify in the literature the lack of studies on the subject of nursing care in elderly patients affected by femoral fractures.

The present study was carried out in order to contribute to the nursing care work in elderly patients with femoral fractures in the preoperative period, thus allowing the quality of nursing interventions in patient care, since this can mean a decisive difference for Patient co-operation and acceptance of care recommendations.

The period before hospitalization and surgery is a period of poor information, the elderly are very vulnerable to the hospital environment. When the patient is hospitalized he does not leave his human essence and the fear and anxiety arise, due to having little knowledge of what happens to him, seeing himself forced to adapt, which is not always easy, especially inside a surgical center, where besides From the fear of surgery, to see him alone, without a member of his family or someone of confidence.

It is in this understanding of the fragility of the elderly, that resides to the importance of

nursing care, as an instrument to gain trust. The health professional concerned with the patient should have technical skills regarding procedures and equipment, as well as scientific knowledge, being able to dialogue, listen, perceive, touch, experience and stay with the patient, relieving their fears and anxieties by providing a Humanized and quality assistance.

It is important to make an analysis of the assistance provided by nursing professionals to the elderly patient suffering from femoral trauma, aiming at comparing the socio-demographic variables, professional identification and information related to the care process, identifying the care offered to these patients. Are being carried out efficiently.

In view of this situation, the question is: What nursing care provided to elderly patients with intraoperative femoral fractures? To answer this question, this study aims to analyze the difficulties faced by nurses in the care given to the elderly affected by a femoral fracture in a reference hospital in traumatology.

METHOD

A descriptive and exploratory study, with qualitative approach, carried out in a public health unit, a reference in traumatology, located in the city of João Pessoa (PB), Brazil. The study population corresponded to the nurses who work in this surgical center.

The following inclusion criteria were used: nurses who work in the surgical center and who agreed to participate in the study by signing the Informed Consent Term (TCLE). As exclusion criteria, professionals who were on leave or medical leave and those who did not want to participate in the study were excluded.

The variables studied were: 1) Sociodemographic data: age, sex, marital status, number of children, religion; 2) Professional training: institution of professional training, time of service in nursing, course of improvement and / or specialization; 3) Information about the process of caring for patients with femoral trauma: care given in the transoperative and in the Post Anesthesia Recovery Unit, as well as the difficulties encountered in assisting this clientele.

The data were collected through individual questionnaires, tabulated and analyzed in a database. For this, the Excel for Windows program was used. Data were analyzed

through descriptive statistics and use of R. software.

Prior to its accomplishment, the project of the present study was submitted and approved by the Research Ethics Committee, in compliance with the ethical principles of research and Resolution 466/2012, of the National Health Council, of research involving human beings, under CAAE 49141815.4.0000.5193.7 The participation of the nurses in the study was conditioned by the signing of the Informed Consent Term, after reading and understanding the ethical procedures about the objectives, advantages, disadvantages and anonymity regarding the implementation of the research.

RESULTS

◆ Profile of participants

A total of 16 nurses participated, with a predominance of females, n = 15 (93.75%) and 1 males (6.25%). It was observed that the professionals were young, in productive age and reproductive age (93.75%), in the age group of 26 to 40 years, with predominance of training in private institutions of higher education (87.5%) and (12, 5%) in public higher education institutions (Table 1).

Table 1. Distribution of sociodemographic variables of study participants. João Pessoa (PB), Brazil, 2015.

Sociodemographic variables	Nurses		%
	n		
Sex	Female	15	93,75
	Male	01	06,25
Age	26-40	15	93,75
	41 -50	01	06,25
Marital status	Not Married	08	50,00
	Married	07	43,75
	Divorced	01	06,25
Religion	Catholic	11	68,75
	Evangelical	05	31,25
Number of children	None	08	50,00
	01	06	37,50
	02	01	06,25
	03	01	06,25
Professional qualification	Public	02	12,5
	Private	14	87,5

As for the time of experience in the nursing field, it was observed that most, 6 (37.50%) of nurses has been operating for nine years in practice, followed by 4 (25.00%) at 5 years of operation, 3 (18.75%) professionals with 14 years, two have been working for 20 years (12.75%), and 1 (6.25%) of those under 2 years of experience in the profession.

As for specialization, the prevalence was of broad sensu specialization courses in Public Health (31.25%), followed by the emergence of course (18.75%), Obstetrics (12.5%), surgical center (12.5%), family Health with (12.5%), respectively and intensive therapy (12.5%).

Due to the time in the area, the positive points in the research lead us to assume that the nursing professionals working in the surgical center are experienced in the care of these patients. Professional experience, institutional involvement and acquired stability encourages permanence, as well as individual satisfaction of the professional in the institution. The knowledge acquired during the professional exercise is an indicative that provides skills, which can be

allied at work, such as autonomy and safety, bringing positive results for clients' recovery.

In nursing care it is imperative that nurses who work in health services are constantly seeking a scientific knowledge that subsidizes improving care practice to the client. The result of our study shows a very small number of individuals specialized in the field. Specialization in the area of performance becomes important because trained and trained professionals can more easily meet the requirements and skills imposed by the service, aiming at a better quality of care, and consequently patient well-being.

◆ **Difficulties encountered in the Care Process**

Regarding the analysis of the caring process, the predominant variables were (87.50%) responses regarding precariousness and lack of material resources and equipment, examples of special cushions, adequate surgical tables, table maintenance, prostheses, orthoses, screws (56.25%), physical structure was also cited as (31.25%) precarious, incapacitated nursing professionals (18.75%) and incapacitated medical staff (6.25%) (Figure 1).

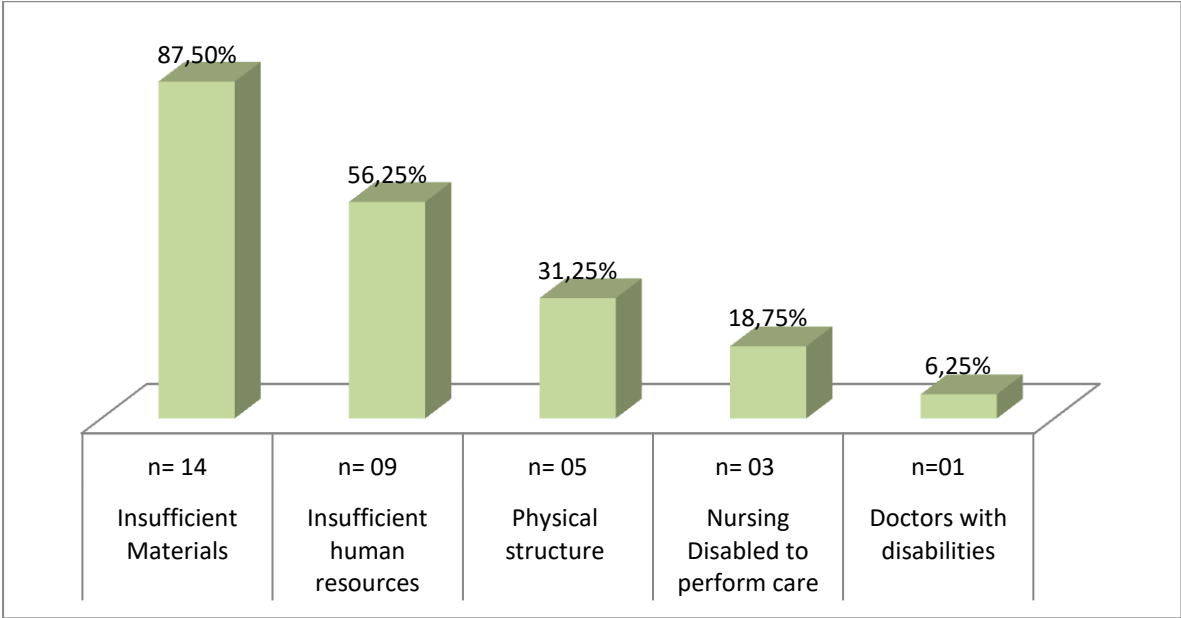


Figure 1. Distribution of the difficulties faced in the process of caring for nurses in the Surgical Center. João Pessoa (PB), Brazil, 2015.

During the research, it was observed that one of the obstacles that impede quality nursing care was related to the materials and equipment, which are insufficient for the demand, leading us to question how it is possible to provide a humanized nursing care if we do not have Enough resources for this. Nursing management essentially involves issues involving control, organization, planning and resources, planning, executing, and controlling the flow of materials.

◆ **Strategies to improve the quality of care**

In the distribution of the opinion of nurses when questioned about strategies to improve

the quality of care for elderly patients with femoral trauma, most answered that it would be necessary to acquire new materials (43.75%), to hire and train professionals, Both with (25%) of the answers, humanization of the nursing team (18.75%), contact with the coordination and maintenance of materials, both with (6.25%), contact with material center and CME sterilization (6.25%), reassignment of employees and improvements in the physical structure of the surgical center, both with (6.25%) (Table 2).

Table 2. Solutions to improve the quality of nursing care for patients with femoral trauma in the opinion of nurses. João Pessoa (PB), Brazil, 2015.

Solutions for problems that hamper nursing care		
	n	%
Acquisition of new materials	07	43,75
To employ professionals	04	25,00
To train professionals	04	25,00
Humanize the team	03	18,75
Contact with the coordination	02	12,50
Maintenance of materials	02	12,50
Increase the number of beds	02	12,50
Contact with CME	01	6,25
Relocate employees	01	6,25
Improve the physical structure	01	6,25

To ensure the quality, continuity and completeness of the care, many nurses mentioned that the problems of insufficient resources could be solved by acquiring new materials, hiring and training professionals. There is a need to acquire specialized material and human resources to ensure the organization, systematization and operationalization of techniques and procedures of educational actions providing elements that promote learning and acquisition of skills, where the goal leads to a process of professional development, With this, these changes would lead to an

improvement in the quality of care and in the potential of the professional and the institution.

DISCUSSION

Care with the other is not restricted to the execution of their technical activities, it is necessary resources to develop it, associated with the humanization of care. The patient at the Surgical Center needs to be seen as a being who needs care, attention, holistically, with stories, feelings and expectations. In this perspective, the National Program of Hospital Humanization (PNHAH) was created, which

proposed a set of actions aimed at improving the quality and effectiveness of health services provided in public hospitals, with the main objective of improving relations between professionals, Users, hospital and community, with a view to improving the quality and effectiveness of the services provided by these institutions.⁸⁻⁹

In order to provide a humanized and quality care, it is necessary for the professional to understand the patient's reality, fears and difficulties, and using his technical and scientific knowledge, associated with the material resources available, to seek ways to solve them in the best possible way. Based on this assumption, the recognition of the responsibility in the care with the client brings with it the essence of the nurse's function, which leads to the basic needs of the individual, helping the patient to transform imbalances into equilibria, being a fundamental component in the process of Watch in nursing.

The nurse as a part of the health team plays a fundamental role in the process of caring for the elderly patient with a femoral fracture. When performing the anamnesis, clinical status and history of the trauma, he is able to identify his actual or potential problems, prescribe a Individualized assistance, implement their care based on the needs seen in the individual, and evaluate the results.

The Nursing Care Systematization (SAE) and the Nursing Process, regulated in COFEN Resolution 358/2009, are tools that facilitate problem solving.¹⁰ These are legal responsibilities of the profession, applicable in a wide variety of environments and situations. Clinics in which observations on the human needs of clients accompany decision-making and evaluation of results and improve the care and service provided. It is considered systematic because it consists of steps with deliberate initiatives to maximize efficiency and achieve long-term results; Dynamic, for providing comings and goings for the formulation of diagnoses and, humanized, for meeting the needs of body, mind and spirit in an individualized way.

Considering that the aging of the population is a phenomenon of worldwide relevance, which can generate important consequences such as fractures in the elderly, accompanied by increased risk of death, fear of further falls, global health decline and institutionalization. The increase in the number of surgical procedures related to femoral fracture has determined the need for more and more qualified professionals to

attend this clientele. Nursing, which plays an important role in providing individualized, systematized and quality care, can provide comfort and safety, and reduce anxiety in the client and the family, preventing future complications.

It is emphasized that hospitalization is a stressful experience, involving a profound modification in the individual's activities, resulting from the limitation of daily functions, from the deprivation of social interaction associated with the discontinuity of their social experiences, as well as compliance with institutional norms and rules. Added to this, one must consider that the surgical environment is an unknown place, where the patient is faced with people and equipment strange to the everyday, which generates more anxiety and fear, increasing internal conflicts, which contributes to a greater risk of emotional trauma.¹¹

Nursing professionals need to deal with the needs of elderly surgical patients in a peaceful and objective way, with the conviction that they are relevant care for the promotion and recovery of health. It is necessary to understand that the elderly is a social unit worthy of recognition and that, irrespective of the complications inherent in aging in the face of trauma, nurses must create mechanisms to ensure that the patient and his / her family receive appropriate information about pre, intra and Postoperative care and hospital discharge, with a view to contributing to the recovery of the disease in the best possible way.

How the patient is facing surgery can cause complications that impair their recovery, contact and professional information can help you feel less insecure, calmer, improve well-being and recovery.

Corroborating with the present study, the literature states that there are some challenges that need to be faced in order to guarantee excellence in nursing care for this patient. These include: the precariousness of material resources, difficulties in working relationships, bureaucracy in the allocation of resources, The low investment in the qualification and valorization of workers, the low participation of health professionals in the decision-making processes, the demotivation of some professionals, attention focused on the disease, disregarding the subjective and social dimensions of the individual, problems in the physical structure of the hospital environment. Are consolidated as the main determinants and determinants for the poor progress of the work process.¹²⁻¹³

The search for new competencies in the ways of organizing the work can enable the assistance, using the Systematization of Perioperative Assistance (SAEP) as a technological tool that nurses can perform the patient care with competence, visibility, autonomy, intuition, sensibility, reasoning, Clinical judgment and rapid and objective decision-making capacity.¹⁴⁻⁵

Thus, it is necessary for the nursing team within the surgical center to be committed to providing the care in order to meet the individual's real needs, seek to solve the problems and reduce the possible complications. The present study identified limitations involved in the process of caring for the patient with a femoral fracture, but they need to be overcome as long as the willingness and disposition of all the nursing team, combined with the sensitivity of the managers to better the resources and guarantee a quality assistance.

CONCLUSION

Femoral neck fractures in the elderly occupy a very important role, due to their high morbidity and mortality, making public health policies for the elderly direct greater attention to this population. Estimates foresee a significant increase in the elderly population in the coming years and, consequently, the diseases and risk factors related to age, in view of this, it is imperative to implement public health policies to better assist this population, and reduce the impacts to their daily lives.

Providing assistance to this population, in this condition of illness, requires the professional a set of technical-scientific knowledge and resources materials to enable care. In this study, nurses reported that among the factors that make it difficult to provide care were insufficient materials to perform care, followed by insufficient human resources and lack of specific training to provide care, inadequate physical structure and incapacitated medical staff.

Assistance to the elderly patient suffering from femoral trauma requires immediate modifications, starting with the forecasting and provision of qualified materials, resources and professionals, from then on it will be possible to implement a care plan that guarantees a systematized care focused on completeness.

Thus, it is expected that the present study contributes to a reflection of the difficulties faced by the nursing team in the care given to this patient, since, associated with the

trauma, the specific care and potential complications to which this individual is exposed, generates a Greater vulnerability and greater possibilities of damages and risks arising from the fracture, but that the nursing team, systematizing the assistance, even in the face of so many obstacles, can minimize the suffering and guarantee the elderly's return to their social life.

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