ACTIONS DEVELOPED BY NURSES WITH ELDERLY ASSISTED IN PRIMARY CARE: INTEGRATIVE REVIEW

Dalane Porto Gautério1, Silvana Sidney Costa Santos2

ABSTRACT
Objective: to identify Brazilian productions, published between January 2006 and December 2012, that describe actions on the health of the elderly, developed by nurses in primary care. Method: integrative review with the research question << What actions developed in the health of the elderly were held by nurses working in primary care and are published in Brazilian productions, from January 2006 to December 2012? >>. The search was conducted in the databases LILACS, BDENF and virtual library SciELO. We conducted a qualitative analysis by analytical reading and discussion by the Covenant for Life and the National Health Policy for Older Persons. Results: were located ten articles for analysis. Conclusion: the nurse seeks to engage in health promotion of the elderly, but needs to advance, rethinking and broadening their actions and recognizing that the health needs of the elderly are potential elements for the realization of their care actions. Descriptors: Elderly; Nursing; Primary Health Care; Health; Public Health Policies.

RESUMO
Objetivo: identificar produções brasileiras, publicadas entre janeiro de 2006 e dezembro de 2012, que descrevem ações na saúde do idoso, desenvolvidas pelos enfermeiros da atenção básica. Método: revisão integrativa com a questão de pesquisa << Que ações desenvolvidas na saúde do idoso foram realizadas pelos enfermeiros que atuam na atenção básica e se encontram publicadas nas produções brasileiras, no período de janeiro de 2006 a dezembro de 2012? >>. A busca foi realizada nas bases de dados LILACS, BDENF e na biblioteca virtual Scielo. Realizou-se a análise qualitativa pela leitura analítica e a discussão pelo Pacto pela Vida e na Política Nacional de Saúde da Pessoa Idosa. Resultados: foram localizados dez artigos para análise. Conclusão: o enfermeiro procura atuar na promoção da saúde da pessoa idosa, mas necessita avançar, repensando e ampliando suas ações e reconhecendo que as necessidades de saúde dos idosos são elementos potenciais para a realização de suas ações cuidativas. Descritores: Idoso; Enfermagem; Atenção Primária à Saúde; Saúde do Idoso; Políticas Públicas de Saúde.

RESUMEN
Objetivo: identificar las producciones brasileñas, publicados entre enero de 2006 y diciembre de 2012, que describen acciones sobre la salud de las personas mayores, desarrollado por enfermeras en la atención primaria. Método: revisión integradora con la pregunta << ¿Qué acciones de investigación desarrolladas en la salud de las personas mayores se llevaron a cabo por las enfermeras que trabajan en la atención primaria y se publican en las producciones brasileñas, entre enero de 2006 diciembre de 2012? >>. La búsqueda se realizó en las bases de datos LILACS, BDENF y biblioteca virtual SciELO. Se realizó un análisis cualitativo de la lectura analítica y la discusión en el Pacto por la Vida y la Política Nacional de Salud para las Personas de Edad. Resultados: se encuentran diez artículos para el análisis. Conclusión: La enfermera trata de participar en la promoción de la salud de las personas mayores, pero es necesario para avanzar, replantear y ampliar sus acciones y reconociendo que las necesidades de salud de los adultos mayores son elementos potenciales para la realización de sus acciones de cuidado. Descriptores: Ancianos; Enfermería; Atención Primaria de la Salud; Salud; Políticas de Salud Pública.

1Nurse, Nursing Master, Health Secretariat of Rio Grande. PhD in Nursing, Federal University of Rio Grande / FURG. Rio Grande (RS), Brazil. E-mail: daianeporto@bol.com.br; 2Nurse, Teacher Post-doctorate in Nursing, School of Nursing, Federal University of Rio Grande / FURG. Researcher Fellow CNPq. Rio Grande (RS), Brazil. E-mail: silvanasidney@terra.com.br.
INTRODUCTION

The increase in the elderly population and epidemiological changes as a result of this process is directed to a significant growth in demand for health services by the elderly, in order that the people of these diseases may present chronic, requiring constant monitoring by professionals health and continued use of medication.¹

The greater vulnerability and incidence of pathological processes can lead to decreased functional capacity of the elderly. Given the aging population, the goal in health care is no longer prolong life, and becomes maintaining functional capacity, requiring greater efforts in planning policies, programs and actions aimed at active and healthy aging, so that the person elderly remain autonomous and independent as long as possible.² ³

Therefore, the health system needs to ensure that person universal access to health care and progressive public policies in health should return to health promotion and disease prevention. Accordingly, in February 2006, was published by Ordinance No. 399/GM the Health Pact, which has three axes: the Pact for Life, the Pact in Defense of the Unified Health System (SUS) and the Pact Management.⁴

In Pact for Life, the health of the elderly is one of the six priorities agreed between the three levels of government: federal, state and municipal, and it is presented a series of actions aimed at implementing guidelines of the National Health of the Elderly (PNSPI) .⁵ The purpose of PNSPI is to recover, maintain and promote the autonomy and independence of the elderly, measures targeting individual and collective health, and as a guide for the principles and guidelines of the Unified health.²

From the guidelines of the Pact for Life the preferred host of the elderly needs to be done in units of basic health care, mainly through the Health Strategy (FHS), which should develop actions that promote active aging, comprehensive care and integrated the health of the elderly, and the encouragement of intersectoral actions, among other initiatives.⁵

In the ESF, as a member of the skeleton crew, the nurse can develop activities in the health unit, as the specific procedures for their professional assistance in actions for all population groups, such as: Nursing Consultation, Home Visit, participation in groups the unit or community support activities and supervising the work of the Community Health Agent (CHA) and the technician or nursing assistant, can also take the management of the health unit.⁶

The actions to be developed specifically for nurses who work in primary care / ESF directed the health of the elderly, based on the Pact for Life and PNSPI are: conduct comprehensive care for the elderly; perform home care when necessary; perform query nursing for the elderly; supervise and coordinate the work of community health workers and nursing staff, performing activities and continuing education with other professionals interdisciplinary team; guide the elderly and/or family/caregiver about the proper use of medicines.⁷

Starting from these considerations, presents itself as the research question of this integrative literature: that actions undertaken in the health of the elderly were held by nurses working in primary care and are published in Brazilian productions, from January 2006 to December 2012?

Thus objective of the study was to identify Brazilian productions, published between January 2006 and December 2012, describing actions in elderly health, developed by primary care nurses.

METHOD

It is an integrative review of the literature, which brings together results from multiple previous studies on a particular topic or issue, contributing to the knowledge of the subject is thorough. In this type of study allows the simultaneous inclusion of experimental research and quasi-experimental, providing a more complete understanding of the subject of interest.⁸ ⁹

We used the following steps for the realization of this review: definition of the topic, problem formulation, preparation of purpose, data collection and establishment of criteria for inclusion, choice of keywords or markers, development of data collection instrument; evaluation of data, location of sources, application of the instrument for data collection in the articles that met the inclusion criteria, analysis and interpretation of data, reducing, visualization, comparison and verification of data, presentation of data, through the synthesis of results.⁸

A literature search was conducted in the month of February 2012, through the words: elderly and nursing. The databases were investigated: Latin American Literature on Health Sciences (LILACS), Library Scientific Electronic Library Online (SciELO) and Bibliographic Database Specializing in the area of Nursing Brazil (BDENF), considered the
main bases of access to production Brazilian scientific nursing.\textsuperscript{10}

It was decided only by publications held in Brazil because it was intended to investigate the actions taken by nurses working in primary care and referring to elderly health nationwide. We used the following inclusion criteria: articles in Portuguese, English or Spanish, published from January 2006 to December 2012, material available online in full presence of the summary data to demonstrate the suitability theme, report actions conducted by nurses in primary care.

Articles were accepted in any level of evidence. The classification of levels of evidence adopted in this study comprises seven levels with level I: evidence from systematic reviews or meta-analysis of randomized controlled trials (ECRC) relevant, or clinical guidelines based on systematic reviews of randomized controlled clinical trials, level II: evidence derived from at least one well-designed randomized controlled clinical trials, level III: Evidence obtained from well-designed clinical trials without randomization; Level IV: Evidence from cohort or case-control study well delineated; Level V: Evidence from systematic review of studies qualitative and descriptive, level VI: evidence derived from a single descriptive or qualitative study, level VII: evidence arising from the opinion of authorities and / or reports of expert committees. Whereas this classification is based on the type of study design and its ability to cause and effect states, levels I and II are considered strong evidence, moderate III and IV and V to VII weak.\textsuperscript{11}

The time frame chosen, from 2006, is related to deployment, this year, the PNSPI and Health Pact, that guide the actions related to the health of the elderly in the context of primary health care in the country.

The evaluation of the papers came through reading in full, following an instrument of data collection, with an emphasis on items: title, author(s), journal, year of publication, methodology, objective(s) of the study and actions taken by nurses in primary care.

For data analysis, initially identified the general characteristics of the articles located, and then carried out a qualitative analysis using the analytical reading, the process presented in three phases: textual analysis, thematic analysis and interpretive analysis. In textual analysis, we carried out a careful reading, obtaining a more comprehensive view of the whole. In thematic analysis, was sought a clarification about the subject. In interpretive analysis, proposed to problematization.\textsuperscript{12} To interpret the data, we used the documents of the Covenant for Life and the National Health Policy for Older Persons.

Ethical issues and the precepts of authorship have been met and the works had used their authors cited and referenced. Given the nature of the research literature, there was no need for approval by the Ethics Committee in Research.

\section*{RESULTS}

Initially, 633 publications were found in LILACS database, of which 55 were excluded for not addressing scientific articles and 569 not fit the criteria of the study, 9 were selected. In BDENF, 281 publications were found, of which 10 were excluded for not addressing scientific articles and 264 not fit the criteria of the study, 7 were selected.

In SCIELO were found 257 publications of which 3 were selected and 254 were discarded because they did not fit the study criteria. Finally, the corpus comprises ten articles considering that some items were repeated in different databases.

The number of authors per article ranged from two to six. The ten selected articles were distributed among the following journals: Journal of Nursing UERJ (three articles), Journal of the School of Nursing (two articles), Brazilian Journal of Nursing (an article), RENE Magazine, Latin American Journal of nursing and Science & Public Health (an article). In 2006 there was an article published in 2007, 2008 and 2011, there was, in 2009 and 2012, two, and, in 2010, three.

Further, Figure 1 shows some of the variables for the purpose of better clarifying them.
Gautério DP, Santos SSC. Actions developed by nurses with elderly...

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
<th>Author(s)</th>
<th>Periodic</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Health needs of the elderly: perspectives for nursing.</td>
<td>Lima CA, Tocantins FR.</td>
<td>Rev Bras Enferm</td>
<td>2009</td>
</tr>
<tr>
<td>5</td>
<td>Attention to the elderly in the family health strategy: role of the</td>
<td>Oliveira JCA, Tavares DMS.</td>
<td>Rev Esc Enferm USP</td>
<td>2010</td>
</tr>
<tr>
<td>6</td>
<td>Home care for the elderly: associated factors, characteristics of</td>
<td>Thumé E, Facchini LA, Tomasi E, Vieira LAS.</td>
<td>Rev Saúde Pública</td>
<td>2010</td>
</tr>
<tr>
<td>8</td>
<td>Nursing care to the elderly in the Family Health Strategy.</td>
<td>Rocha FCV, Carvalho CMRG, Figueiredo MLF, Caldas CP.</td>
<td>Rev Enferm UERJ</td>
<td>2011</td>
</tr>
<tr>
<td>10</td>
<td>The work of nurse in attention to the elderly in the Family Health</td>
<td>Pinheiro GML, Alvarenga AM, Pires DEP</td>
<td>Ciência &amp; Saúde Coletiva</td>
<td>2012</td>
</tr>
</tbody>
</table>

Figure 1. Description of publications regarding the reference code, title, author(s), journal and year. Rio Grande do Sul, Brazil, in 2013.

Regarding the type of publishing eight articles were found qualitative: three descriptive, two experience reports, two phenomenological studies and a case study, and two articles quantitative transversal. As to the objectives of the publications, there was a focus on nursing care of the elderly. These goals directed actions performed by nurses in primary care. From the ten articles that formed the corpus of the study the main actions carried out were: nursing consultation, group activities and home visits.

Three articles made reference to the performance of nursing consultation be specific to seniors that need attention at home. Six publications reported group activities with different purposes: education initiatives in health, living, practice of assistive technologies. Six articles reported conducting home visits for the elderly. Such actions were performed by the nurse alone or together with other members of the healthcare team.

Figure 2 presents the description of publications on the methodology, the goal(s) and actions performed by nurses.
Through nursing consultation, the nurse can: identify problem situations and potential of the elderly; consider different possibilities through the use of clinical reasoning; determine the diagnoses and prescriptions for nursing associate this practice to the educational process, reaching the end, proper care needs of the elderly and that meets the proposed Covenant for Life and PNSPI. The Article 5 showed the visibility of nurses in relation to the elderly and the concern for the care to be provided in accordance with the health needs that they had during the nursing consultation. One of the difficulties reported in this article was to include family members/caregivers in the care of the elderly.

While they should be preserved the autonomy and independence of the elderly, as well as the encouragement of self-care, one focus of nursing consultation, should be to help and empower the family / caregiver so that it can meet the needs of the elderly, especially in relation to disease process, mobilizing resources, promoting mutual support and joint growth.15

Article 10 reported that there are two ways to perform the query nurses nursing the elderly: one focused on illness and has programs to control hypertension and diabetes as unique spaces of materialization, and another, centered in the elderly, whose care is performed in order to accompany him, regardless of whether or not a health

<table>
<thead>
<tr>
<th>Code</th>
<th>Methodology, descriptive, qualitative.</th>
<th>Actions</th>
<th>Objectivo(s)</th>
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<tbody>
<tr>
<td>1</td>
<td>Cross-sectional, quantititative study.</td>
<td>Identify socio demographic and epidemiological profile of registered elderly in home care needs with ESF.</td>
<td>Group training, aiming at the promotion of health.</td>
</tr>
<tr>
<td>2</td>
<td>Phenomenological, qualitative study.</td>
<td>Understand the expectations of the elderly who experience nursing care in the context of the basic attention; point out the assistance needs of older persons in this context.</td>
<td>Living group.</td>
</tr>
<tr>
<td>3</td>
<td>Case study, qualitative.</td>
<td>To know the speech of a team from the ESF and the elderly家庭 on the care in the context of the home.</td>
<td>Domiciliary visit.</td>
</tr>
<tr>
<td>4</td>
<td>Descriptive, exploratory, qualitative study.</td>
<td>Describe the elderly nursing consultation held at the ESF; identify possible difficulties experienced by nurses in the health care of the elderly; identify the professional qualification courses carried out by nurses in health care for the elderly, as well as their learning needs.</td>
<td>Nursing consultation.</td>
</tr>
<tr>
<td>5</td>
<td>Population-based cross-sectional study, qualitative.</td>
<td>Assess factors associated with the care received by elderly population and its characteristics, according to models of attention - ESF and traditional model.</td>
<td>Domiciliary visit.</td>
</tr>
<tr>
<td>6</td>
<td>Case studies, descriptive, qualitative.</td>
<td>To report the experience lived by nursing professionals in a group of elderly patients with insulin-dependent assistive technology practice.</td>
<td>Group.</td>
</tr>
<tr>
<td>7</td>
<td>Interpretative, qualitative, descriptive.</td>
<td>To describe and discuss the nursing care to the elderly in the ESF; analyze the factors that facilitate or hinder this.</td>
<td>Domiciliary visit.</td>
</tr>
<tr>
<td>8</td>
<td>Phenomenological, qualitative study.</td>
<td>To understand the action of taking care of the elderly woman, from the perspective of the nurse.</td>
<td>Educational work in group.</td>
</tr>
<tr>
<td>9</td>
<td>Descriptive, exploratory, qualitative study.</td>
<td>To describe the configuration of the nurse working in attention to the elderly in the family health strategy.</td>
<td>Nursing consultation. Domiciliary Visit. Group.</td>
</tr>
</tbody>
</table>

Figure 2. Description of publications regarding the reference code, the methodology, the goal(s) and actions performed by nurses in primary care, evident from the articles. Rio Grande do Sul, Brazil, in 2013.
problem. Nurses who perform the consultation focused on illness can have their practice based on the biomedical model, which did not meet the recommendations contained in PNSPI and the Pact for Life.

Policy guidelines that regulate elderly care indicate the need for a model of care that includes a comprehensive assessment, including the systematic investigation of the history of life of the elderly, with an emphasis on recurring problems in this population group and directing the query to the identified problem that should be better evaluated. The nurses that nursing consultation focused on elderly recognize this guidance and are acting in accordance with such recommendations.

2:05 The articles reported the completion of the nursing to the elderly in need of home care. Introducing this priority, this action could address, in addition to the proposed comprehensive assistance to the elderly, the context of family / caregivers of the elderly. Nursing consultation held in the home environment promotes the understanding of the social space of the elderly and their families, expanding the possibilities of action of nurses and partnerships for the realization of care as advocates PNSPI.

♦ Realization Group

A group is a privileged space as possible and support network and a means for discussion of common situations experienced in daily life. It is also a space where the participant should be valued as a human being, its potential should be highlighted vulnerabilities and worked in order to help you overcome your limitations and get reactions to cope with difficult situations, as well as raising self-esteem.

To perform this type of activity, it is essential that the nurse in the role of coordinator of a group, have the knowledge of the participants in order to enhance customs, social norms, local culture, knowledge, among other things, to serve as the guide to ensure the preservation of the collective and the development of autonomy. Group work allows the extension of the bond between the team and the elderly, as a complementary space of individual consultation, exchange of information, offering guidance and education health.

The nurse, to develop group activities, qualifies elderly care. With this dynamic work, it becomes easier to deepen discussions, develop knowledge about health issues, encourage adoption of healthy habits, encourage behavior change, and to promote the dissemination of health knowledge.

Articles 1, 8, and 9, group activities were directed at health promotion, aiming to provide well-being and learning, especially geared to the difficulties / problems experienced in old age: the encouragement of self-care, mutual aid / care the other; care to the community / environment. These actions were carried out through physical activity, recreational, social and interactive. Such activities help regain, maintain and promote the autonomy and functional capacity of the elderly, as proposals PNSPI.

In Article 3 e10, was referred to the practice of living group. This type of group is important because it can serve as a meeting place for old friends and build new companies, considering that, at the stage of old age, some losses can happen: friends are gone, the children are families will move away from others. The current trend is that with increasing aging population, reducing the size of families and the need to promote social inclusion constant of the elderly, groups and coexistence, as a policy to encourage socialization, are increasingly magnified in Brazilian society.

Article 7 reported the experience of a group for elderly insulin-dependent focusing on the practice of assistive technology. Actions have been developed to enable elderly diabetics to self-care and promoting integration in family membership and learning to manage diabetes mellitus. Among the various assistive technologies in health promotion, education through group activities, as a therapeutic tool, it is a practice that can bring benefits to the elderly, the family and the health care professional.

Article 10 addressed the participation of nurses in groups linked to diseases affecting the elderly, related pharmacy services and linked to the biomedical approach. It is noteworthy that, despite being a group focused on older people with certain diseases, the focus of the work can be permeated by the problematic situations that influence the daily process of living of the participants, including encouraging the socialization of personal achievements of each based changes in habits imposed by illnesses.

Following the proposals of the Pact for Life and PNSPI, the participation of the elderly in groups becomes important, as well as promoting health, helps in socialization, which alone can provide new perspectives for the elderly.

♦ Home visit

Home care consists of a set of actions performed by a multidisciplinary team at...
home user/family, from the diagnosis of the reality in which it is inserted, its potential and limitations. The health services offered in the residence are intended to promote, maintain and restore health or to maximize the degree of independence of the user/family, while minimizing the effects of dependence on daily activities, with a view to preservation of autonomy.

The home care is a form of home care and intended to meet the health needs of a particular segment of the population with functional losses and dependence to perform activities of daily living. The nurse as part of the health team is also responsible for carrying out home care, developed during home visits.

The identification of the elderly who need home care is through the information of community or by a request of the user, family, neighbors, hospital, among others.

There are several factors that lead nurses to conduct home visits, ranging from a high number of elderly bedridden or half-bedly who cannot go to the unit until the issues of geographical catchment areas of health centers, which are located in hill areas, most often become difficult to access for the elderly, due to the large number of hills and steps percourse.

Six articles of the study made reference to the home visit as action undertaken by nurses in primary care. In most of the studies mentioned, it is cited as an activity developed by the team, with the nurse inserted among the professionals that perform.

Article 5 said the home visit as a privileged space in the health of older people and time to completion of the nursing consultation. Home visits emerges as an important instrument of intervention nurse because it is the opportunity to conduct a full nursing consultation and comprehensive, whereas at home, as well as evaluating the elderly looks at issues that determine and influence the health/disease process.

A home visit is an activity that allows, in addition to the direct care of the user, the identification of social status and health of the elderly / family, the realization of the process of health education, as well as the adaptation of knowledge and technical procedures to social reality, economic, cultural and environmental elderly/family. Through this action can support the family/caregiver of the elderly, who need support from health professionals, both in relation to technical guidance, as to emotional and reference to other types of services that may be necessary.

Besides nursing consultation, group activities and other actions taken home visits by nurses engaged in primary / ESF were found in the articles: conducting host of clients in conjunction with other team members, development of action planning, implementation and evaluation of care actions, administrative and educational.

The deal daily with the elderly in the context of primary care/ESF must seek to overcome the biomedical gaze centered on complaints, and starting to understand health as a result of living conditions. Thus, the focus of attention should not only hold up to the problems and difficulties, but also, and especially, potential, valuing the complex socio-cultural learning throughout the life of the patient. Health care of the elderly, from the perspective of providing subsidies for healthy aging in accordance with PNSPI and Pact for Life, constitutes a challenge to be incorporated into the working process of the primary care nurse/ESF.

**CONCLUSION**

From the study, we can identify what actions undertaken in relation to elderly health nurses in primary care, nursing consultation, group activities, home visits and monitoring of the elderly, along with other members of the team health.

The study was a small number of articles in the corpus composition, which can be considered a limitation. On the other hand, this fact may show little reflection/discussion of actions directed to the elderly in the context of primary care.

The use of such integrative review methodology was appropriate to reach the goal and to identify gaps that indicate the need for investigations into the topic researched, even with little scientific located about a topic.

This study shows that, according to the proposals of the Covenant for Life and the National Health Policy of Gerry, nurses are increasingly concerned about improving the quality of care offered to clients. However, it still needs to advance in relation to the health of the elderly in the context of primary/ESF, rethinking and broadening their actions and recognizing that the health needs of the elderly are potential elements for the realization of their care actions/organizational.

Knowledge of gerontology might be an important tool to assist the professional to perform their activities in relation to the elderly with greater confidence, dynamism
and individually, the collective context and family.

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Corresponding Address
Daiane Porto Gautério
Rua Honduras, 1415
Bairro Buchholz
CEP: 96212-034 – Rio Grande (RS), Brazil