INTEGRATIVE REVIEW ARTICLE

NURSING CARE TO THE ELDERLY IN THE FAMILY HEALTH STRATEGY: INTEGRATIVE REVIEW

ABSTRACT
Objective: to analyze the evidence about the scientific knowledge related to the nursing care to the elderly in the Family Health Strategy. Method: integrative review in order to answer to the following question << What is the available evidence in the literature about the scientific knowledge produced and related to the nursing care to the elderly in the Family Health Strategy? >> A search for articles available in full was conducted in Portuguese, English and Spanish, published between January 2002 and December 2011 in the databases LILACS, MEDLINE, PubMed and in the virtual library SciELO. The sample consisted of eight articles, analyzed through thematic categories. Results: after analysis the categories were produced as << how to care >>, << Strategies for care >>, << Diversity family care to elderly >> and << Limits and challenges of care >>. Conclusion: the nursing actions aimed at Health care for the elderly should be permeated by reception, bond and accountability for care. Descriptors: nursing care; the family health program; health of the elderly

RESUMO

RESUMEN
Objetivo: analizar las evidencias sobre el conocimiento científico relacionado con la asistencia de enfermería al anciano en la Estrategia de Salud de la Familia. Método: revisión integrativa a fin de responder al siguiente cuestionamiento << ¿Cuáles son las evidencias disponibles en la literatura sobre el conocimiento científico producido relacionado con la asistencia de enfermería al anciano en la Estrategia de Salud de la Familia? >> Fue realizada la búsqueda de los artículos disponibles en su íntegra, en portugués, inglés e español, publicados entre enero de 2002 y diciembre de 2011 en las bases de datos LILACS, MEDLINE, PubMed y en la biblioteca virtual SciELO. La muestra fue constituida por ocho artículos, analizados por medio de categorías temáticas. Resultados: después del análisis fueron producidas las categorías << El modo de cuidar >>, << Estrategias para el cuidado >>, << Diversidad del cuidado familiar al anciano >> y << Limites y desafios del cuidado>>. Conclusión: las acciones de enfermería dirigidas al cuidado de la Salud del Anciano deben ser permeadas de acogida, vínculo, responsabilidad por el cuidado. Descriptors: Asistencia de Enfermería; Programa Salud de la Familia; Salud del Anciano.
The demographic and social aging phenomenon has aroused in the scientific community, particularly in Brazil, considerable concern with changes at this stage of life of the human being, which resonate in society.¹

The elderly constitute the fastest-growing portion of the population in almost all parts of the world. In Brazil, for example, the number of people aged 60 years old or more has risen from three million in 1960 to seven million in 1975 and twenty million in 2008, an increase of almost 700% in less than 50 years.²³

The Brazilian Institute of Geography and Statistics (IBGE), in 2010, disclosed that Brazil has 18 million people over 60 years old, representing 12% of the Brazilian population, in a general population of 190,732,694 inhabitants⁴. The projections indicate that in 2020, Brazil will be the sixth country in the world in number of elderly, with a contingent of more than 30 million people⁵, which reflects the increase in life expectancy and the need for greater investments in healthcare.⁶

In the face of this trend that every day shows the human longevity, there is currently a need to provide the elderly welfare and quality of life. In Brazilian society, demographic and epidemiological changes have brought large challenges arising from limitations from socioeconomic inequalities and also concerns with the physical and mental health, financial independence, functional capacity, social support, in addition to damages as a result of chronic diseases.²⁷

Adding the needs caused by communicable diseases, the increase in the elderly population demand other health needs and care, what determines a reorganization of the Unified Health System (UHS), in a micro-institutional level - in health services - and also in a macro-political level.³ Among institutional frameworks, the National Health Policy for the elderly (NHPE) enacted and, recently, the Pact for Life which strengthens the settlements and priority commitments in the health sector, where it is highlighted the health care of the elderly.⁴

The NHPE aims to contemplate the singularities inherent to aging with the purpose of: promoting healthy aging and maintenance of functional capacity; to provide assistance to the health needs of the elderly in home care, hospital and ambulatory level; to train specialized human resources; to support the development of informal care through partnerships between health professionals and people responsible for care to the elderly and to encourage the research in the area of Geriatrics and Gerontology.⁵

For a healthy old age it is fundamental the correlation between independence and autonomy, which is a challenge for the health care professionals, who must transpose the conduct-complaint based approach and adopt a multidisciplinary and interdisciplinary posture.⁶ Thus it is necessary that health professionals of the Family Health Strategy (FHS) rescue human care in holistic perspective especially when it comes to care for an elderly person who needs attention, affection, respect for their cultural values, and social support.⁸

The FHS has made possible the family health promotion, especially of the elderly, as it assists in the control of diseases, in addition to promote the improvement of the quality of life of those with whom they interact effectively. It is possible to be in a privileged space for healthcare, considering its proximity to the community and the possibility of intervention through home care, and acting in a contextualized way, based on the reality of the elderly within family and community.⁹

In this context, the nursing has prominent role both in healthcare and in actions that include health education and training of human resources, because these actions also integrate the dimensions of health care, which should not be summed up the transmission of information.¹⁰

Think about the challenges of nursing in the family care for the elderly requires the understanding that with the implementation of the FHS in the basic care, the home care of health encompass much more than the direct care to this portion of the population. It requires an active posture of the professional intervention in health, with larger viewpoint of the health-disease process.¹¹

The nursing care to the elderly in the context of the FHS permeates a point of view more magnified and gerontological, since this age group presents singularities and peculiarities which differ from all the others. From this perspective, it is considered that the nursing care may interfere positively in the aging process of the elderly person. Thus, it is shown the relevance to know the scientific literature produced in the area, as a way to enhance understanding and discussion on the role of nursing in this specific field.

With this in mind, the present study aimed to analyze the evidence about scientific knowledge related to the nursing care to the elderly in the Family Health Strategy.
METHOD

It is an integrative review, whose method is an instrument of Evidence Based Practice (EBP), which promotes a collection of reliable information that can be used for decision-making by the professionals, making more effective health practices. Furthermore, it enables a comprehensive understanding of the issues relevant to healthcare, related to nursing, the impact of the disease or patient care.

Evidence Based Practice is an approach that advocates the use of research findings in clinical activity. The integrative review, that is one of its resources, is employed in this study with the goal of highlighting for rigorous methods and predefined protocols a synthesis of research available on the subject of the study.

Thereby, the integrative review deepens the search for jobs that provide subsidies for comparison of the features and processes that involve the nursing care to the elderly in the FHS. This method supports the summary of relevant research results and recognized and also provides an exchange and expansion of knowledge, forming the consolidated ideas for the professional exercise. Several data sources are included to reinforce the understanding of the topic of interest.

For the construction of the integrative review six steps went through: choosing the subject, definition of the objectives, selection of keywords and the formulation of the guiding question of the research; definition of database to the search; establishing the criteria for selection of the sample; general analysis of the search results; construction and fulfillment of a registration form of data collected; data analysis and interpretation of results.

The initial step was to determine a significant theme, the objectives of the study, the keywords, in addition to raising the question to be answered by the data collection. To guide the study, it was adopted the following guiding question: what are the available evidence in the literature about the scientific knowledge produced related to the nursing care to the elderly in the Family Health Strategy?

In the second step, to data survey, the articles indexed in the databases LILACS (Latin American literature and Caribbean Center on health sciences), MEDLINE (National Library of Medicine United States), PubMed (Public Medicine) and virtual library SciELO (Scientific Electronic Library Online) were defined.

Standardized terms were used by MeSH (Medical Subject Heading): nursing care; family health program; health of the elderly; and the health sciences keywords (DeCS): nursing care; the family health program; health of the elderly.

As a criteria for inclusion of the articles, during the third step, were defined: articles on the subject with texts in their entirety and available on Internet; articles in Portuguese, English and Spanish, published between January 2002 and December 2011.

The data collection was carried out in June 2012, at the same time, using the four databases. At the intersection of mesh terms/keywords, it was found a total of 134 articles, of which four were repeated between the databases, leaving 130 studies. Of these studies, 17 had full texts available on the internet.

The fourth stage was beginning of the general analysis of the search results. The 17 studies were evaluated following three steps (Figure 1): the first was by reading the titles of the works, deleted five articles, because they had no relationship with the object of study of this research, remaining therefore 12 articles; of these articles, the abstracts were read in order to verify if they had relevance to be caught for research, where three studies were excluded, leaving nine; in the third step, the reading of these texts was performed in its entirety, which were analyzed in detail, critically, deleted an article, getting eight articles that composed the sample of this integrative review.
Then, in the fifth stage, where construction and filling out a form to record the data collected are recommended, the eight texts were organized with the desired information, recorded in an instrument (form), who composed the database with: title of the study; the period, place and language of publication; vocational training of the principal author; the host country of study; the sample, the objectives, the methodology employed; and nursing actions that are performed for the elderly in the FHS.

Finally, in the sixth stage, for examination of the data, the analysis of content was used, with the use of thematic categories, thus building a broad analysis of the literature. Then the interpretation of the results was carried out.

**RESULTS**

In relation to the characterization of the eight studies, it was observed that 2010 was the year of greater thematic publication, with three articles and in the other years, an article each one. As for the vocational training of the main author, an article was published by a doctor and seven by nurses. As the institution from the main authors, the eight articles are linked to universities.

As for the language, all publications were in Portuguese. With respect to the host country of study, eight were developed in Brazil. As for the journals publication, six different journals were detected, five specific from nursing, two from public health and just one from a magazine of gerontology and/or geriatrics. The predominant type of study was a qualitative research, present in six articles.

The analysis of the articles has identified the following categories: how to care (discussed in six articles), strategies for care (discussed in seven articles), diversity family care of the elderly (discussed in five articles) and limits and challenges of care (discussed in three articles). In Figure 2, there are the presentation of the articles, their respective authors and themes.
The categories have subcategories as presented in Figure 3.

- Regarding the identification of nursing actions that are performed for the elderly in the FHS. With regard to nursing actions that are performed for the elderly in the FHS, thematic categories that reflect the practice of nursing in this context were found, which are: how to care, strategies for care, diversity family care of the elderly and limits and challenges of care. Discussions about these categories are below:

- How to care

The way how to care to elderly by the nurse was perceived as a cycle of actions that should be the basis for the nursing actions. In this way, the four subcategories emerged, which are: integral assistance to the elderly, link creation, elderly reception and the planning of the needs of the elderly. In one of the articles, the care was defined as “the way to relate to each other: respecting and helping the individual in physical, mental, spiritual, social and psychological aspects. The importance of it involves ethics, principles and values.”

REGARDING THE IDENTIFICATION OF NURSING ACTIONS THAT ARE PERFORMED FOR THE ELDERLY IN THE FHS.

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As regards to integral assistance to the elderly, the articles raise the issue of recognition of care to the elderly, as a
differentiated action, since the aging stage differs from all the others. Actions must prioritize the respect, attention, listening to the complaints, the concern for the elderly, denoting the holistic and humanistic viewpoint.\textsuperscript{18} In this context, the nurse is able to show the real needs of the elderly and, for this to occur, the first step is the recognition of the area assigned, as well as the local characteristics of the patient.\textsuperscript{18}

It was highlighted in one of the studies the recognition of demographic characteristics with a point of view more sensitive regarding the distribution of the elderly according to age and sex; in addition to the visualization of socioeconomic characteristics, such as: to know the occupation of the elderly, financial status, education level, diseases, sequels, if the elderly resides with the family or alone. Such issues are important, because they can put the elderly in state of social vulnerability.\textsuperscript{18}

It also highlights that the FHS team should not focus its intervention or action of care prescriptive, but perform integral assistance to the elderly/family, respecting their beliefs, customs, values and habits, aiming the comfort and well-being of these individuals.\textsuperscript{19}

**Link Creation** is evidenced by the affection of nurses in relation to the elderly, demonstrating another way to express care for nursing care. The link between the professional and the subject arises through service the needs mentioned by the elderly or even by his family, when occurs the shared aspirations, fears, in addition to knowledge.\textsuperscript{8}

The link is the one that moves the reorganization of actions in health, because it shows that the understanding of the dimension of the need for care referred by the elderly person allows the establishment of more effective strategies and these are only possible through rapprochement between the nurse/team and the subject.\textsuperscript{20}

The elderly reception is brought as an indispensable premise for formation of the link and shows that reception means knowing the quirks involved in the elderly care, in which the professional should depose to concepts (or prejudice) and insert in their actions the elderly/family involvement in their own care.\textsuperscript{21} In this perspective, we can say that the reception of elderly in FHS is evidenced as a way of overcoming existing difficulties. The “reception” is possible to improve the satisfaction of the subject, as well as to increase the effectiveness of the actions.

Taking into account that the commitment to meet the needs of the elderly is part of the attention and care, the planning of actions takes place through the expanded seizure of the needs of the population. The literature demonstrates the importance of listening to the needs of the subjects.\textsuperscript{20} The epidemiology then is seen as a tool for the perception of the needs presented by the elderly, but not as the only way nor the real way of understanding such needs.\textsuperscript{22}

● **Strategies for care**

In this category, we can see the following subcategories: the nursing consultation, the formation of elderly groups, educational actions and home visits.

The nursing consultation is seen in one of the studies as an important strategy because it is regarded as a space of closer links, being interested, as opposed to the traditional clinical model that bases its actions on the logic of the conduct complaint. Some of the challenges listed by the literature, on completion of the nursing consultation to the elderly, are: “difficulty in obtaining reliable data related to the health of the elderly; little assimilation of the guidelines; little follow-up of families; low resolution system (reference and against reference) and the inability to offer answers to social needs”.\textsuperscript{21,778}

In relation to the formation of elderly groups, one of the articles stresses that nurses seek, in groups of activities with the elderly, resources that can guide their daily work with the elderly. In groups, it happen the exchange of experience from the coexistence with others, thus enabling the integration of older people to social environment.\textsuperscript{22}

This strategy for assistance reflects enough in the elderly as it is by inserting in any group that the elderly improve their self-esteem, replenish themselves socially and often improve his state of health and the need for re-socialization with the social environment.\textsuperscript{22}

As for the factors aimed at health promotion, the educational actions represent a care strategy in which the nurses can contribute to changes in habits. The educational actions are effective when there are reflective discussions and shared commitments, since the actions on health must be made “with” the population and not “for” it, always searching better living conditions and health.\textsuperscript{24}

The home visit is seen as a relevant action, with good acceptance by both the elderly and their families and caregivers. The home visit of nurses is treated as an extension of their actions to involve the elderly as part of their own care, in addition to the inclusion of the
family as the basis of support in the educational activities. In this sense, the home visit can be perceived as an action that can contribute to the promotion, maintenance and/or recovery of health, because the approach with the familiar context of the elderly reveals the real or even new needs and also favors the approach of the health professional with the elderly and their families, offering support to the need of the elderly and the family.\(^8\)

The home visits are cited in most articles as an important tool of work. Through it, it is form an important link between the elderly and the health service, which can contribute to improving the health of this population.\(^23\)

In this way, the nurse must bet in the strategies that make possible the care and show the nursing consultation as an open space for the recognition of singularities and peculiarities of the elderly, seeing the domiciliary visit as the extension of their actions to involve the elderly as a part of their own care, in addition to the inclusion of the family as the basis of support in the educational activities.

- **Diversity of the Family care to the elderly**

The diversity of care carried out by nurse, evidenced in some studies, emphasizes the importance of the family, as this is considered essential in the relationship of the elderly care. The nurse has the role of guiding families, as well as to take care of them.\(^8\) Thus, this category is divided into two subcategories: guidance for the family and the care of their families.

When addressing the **guidelines for the family**, the literature shows that the nurse, as a professional health educator needs to work with the families of the elderly, entering the family in the care of their own health, through qualified information, and taking into account its context of life. The guidelines shall have the purpose of preserving the autonomy and increase the coefficient of self-care. It is worth pointing out that the professional must adopt a posture of respect to the cultural behaviors of each family.\(^10\)

Regarding to the care of their families, it has been shown that the needs of the caregiver are not perceived by the healthcare professional, of which many times family members are excluded in the process.\(^19\),\(^21\)

Taking into account that the comprehensive care to the elderly is by identifying the needs of the caregiver, the professional needs to adopt a posture of support, greater communication and link with the families, because these are allies in the process of caring for the elderly.\(^9\)

- **Limits and challenges of care**

The limits and challenges to achieving the efficiency of care found were: need for capacity building and lack of human and material resources.

With regard to the need for training, the studies reveal that the search for qualification has increased since graduation by searching for specific courses that address the elderly care and extend during working life. There is a need to expand the learning with courses or graduate to aggregate to work greater understanding about the aging process.\(^21\)

Furthermore, they demonstrate the need for the nurse to have training for care to the elderly, considering that his own National Health Policy of the Elder emphasizes, in one of his essential guidelines, training and specialized human resources, the practice this has not held in health units.\(^8\)

The health professional needs a more magnified viewpoint of the health-disease process and understanding the process of human aging and bio-psychosocial repercussions.\(^25\) The attention should be guided in the singularities of this step, free of preconceived ideas about old age, requiring to the professional to get updated on issues involving aging.

In addition to the need for professional training, it stands out as a challenge and limitation, the **lack of human and material resources** for the care to the elderly. In relation to the lack of human resources, there are reports that other professionals should be involved in the process of care, as nutritionist, physical educator, among others.\(^8\) And about the lack of material resources, it is referred to the difficulty in treating the elderly in their own homes because of the limitations of materials, such as the need for a wheelchair and bureaucracy to get it.\(^8\)

**CONCLUSION**

It is evidenced the need to permeate the nursing care by reception, bond and listen to the needs referred to by the elderly and caregivers/family members, for only then occur the action planning. To meet the community assigned shows as the initial step to achieving full assistance, because the epidemiological data are important, but fail to reveal all the needs of the community. Also it is important that actions considered by the professional nurse/priority team may not match the concern that the elderly or their family feel.
The nursing care must also be expanded with extra activities, because the hosted service represents just one of the possibilities of nurse care strategy to elderly/family. The consolidation of the link happen with home care and with the implementation of educative actions, in which the professional can count with the participation of the elderly and of his family, helping them to understand as responsible for their own health care. In addition, the domiciliary assistance can promote the perception of other needs not captured in the appointment. In this context, the extent of deeds needs to address the care of the family and not only focus on the elderly person. It is evidenced that the family caregiver also needs care and information to conduct actions, even if not ideal, but close to foster a welcoming environment of care for the elderly.

The need for training was observed on the subject of older people, for the nursing staff, with the goal of a more qualified assistance. In addition, the present work shows that articles surveyed indicate that the achievement of more holistic and reasoned actions coming up in lack of human and material resources that will promote this end.

Faced with the argument presented, it is evidenced in studies that there is a need for changes in attitudes, as well as a reorganization of the system, so there is possibility of integral attention to the care of the elderly and their families. Thus, it is necessary that health professionals and the State pay attention to the development and implementation of public policies that produce full assistance and the elderly have his health based on health promotion and prevention of diseases and not only in healing and/or rehabilitation.

It is expected that, increasingly, these nurses be present in the context of the health of the elderly, reorganizing nursing care provided in order to preserve the independence and quality of life of this population. Strengthening the professional insertion of nursing in FHS is necessary in helping the elderly, so that they can overcome obstacles that will arise with the senescence, not only improving their functional capabilities, but also aware of the limitations.

It is important that the nurse is always looking to upgrade, in order to contribute to the improvement of the quality of nursing care provided to this population, but also to carry out researches addressing the topic in context of work. It is necessary to realize that the founding base of integral actions should always be permeated by constant search of deepening and updates on the new demands of aging for the health-promoting actions range and emancipatory subjects.

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