



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

AÇÕES DE ENFERMAGEM AO IDOSO NA ESTRATÉGIA SAÚDE DA FAMÍLIA: REVISÃO INTEGRATIVA

ACCIONES DE ENFERMERÍA AL ANCIANO EN LA ESTRATEGIA SALUD DE LA FAMILIA: REVISIÓN INTEGRADORA

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ABSTRACT

Objectives: to identify the nursing actions directed to the elderly in the Family Health Strategy in scientific literature and to discuss the actions of nursing to the elderly in the Family Health Strategy in the National Policy on Elderly Health and National Policy on Primary Care. **Method:** this is an integrative review, with the research question << What actions does nursing develop with the elderly in the Family Health Strategy? >> The data search in the period from 2004 to 2014 occurred in the LILACS and MEDLINE databases. Five papers were selected that met the established criteria. **Results:** the nursing actions identified do not fully contemplate the National Health Policy of the Elderly Person and the National Primary Care Policy. **Conclusion:** the participation of nursing in activities of permanent education with subjects directed to the elderly is fundamental. **Descriptors:** Health of the Elderly; Public Health Nursing; Primary Health Care.

RESUMO

Objetivos: identificar, em literatura científica, as ações da enfermagem direcionadas ao idoso na Estratégia Saúde da Família e discutir as ações da enfermagem ao idoso na Estratégia Saúde da Família perante a Política Nacional de Saúde da Pessoa Idosa e Política Nacional de Atenção Básica. **Método:** revisão integrativa, a qual teve como questão de pesquisa << Que ações a enfermagem desenvolve junto ao idoso na Estratégia Saúde da Família? >>. A busca de dados relativos ao período de 2004 a 2014 ocorreu nas bases de dados LILACS e MEDLINE. Foram selecionados cinco artigos que atenderam aos critérios estabelecidos. **Resultados:** as ações da enfermagem identificadas não contemplam plenamente a Política Nacional de Saúde da Pessoa Idosa e Política Nacional de Atenção Básica. **Conclusão:** é fundamental a participação da enfermagem em atividades de educação permanente com temáticas voltadas ao idoso. **Descritores:** Saúde do Idoso; Enfermagem em Saúde Pública; Atenção Primária à Saúde.

RESUMEN

Objetivos: identificar, en la literatura científica, las acciones de la enfermería dirigidas al anciano en la Estrategia Salud de la Familia y discutir las acciones de la enfermería al anciano en la Estrategia Salud de la Familia frente a la Política Nacional de Salud de la Persona Anciana y Política Nacional de Atención Básica. **Método:** revisión integradora, con la pregunta de investigación << ¿Qué acciones la enfermería desarrolla junto al anciano en la Estrategia Salud de la Familia? >> La búsqueda de datos relativos al período de 2004 a 2014 ocurrió en las bases de datos LILACS y MEDLINE. Se seleccionaron cinco artículos que atendieron a los criterios establecidos. **Resultados:** las acciones de la enfermería identificadas no contemplan plenamente la Política Nacional de Salud de la Persona Anciana y Política Nacional de Atención Básica. **Conclusión:** es fundamental la participación de la enfermería en actividades de educación permanente con temáticas dirigidas al anciano. **Descriptores:** Salud del Anciano; Enfermería en Salud Pública; Atención Primaria de Salud.

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INTRODUCTION

Population aging is a worldwide phenomenon. It is estimated that the world population over 60 years old will increase from 841 million to 2 billion in 2050. Also, according to the World Health Organization (WHO), the number of older people will be higher than the number of children up to five years old in 2020.¹ In Brazil, according to the National Survey of Household Sample (PNAD) 2012-2013, the Brazilian Institute of Geography and Statistics (IBGE) the elderly population is 26, 1 million (13% of the population).²

Considering the aging population, public policies focused on the elderly are fundamental subsidies for the qualification of the services and health team that provides assistance to these patients.³ Thus, some public policies focused on the health of the elderly population are addressed: the National Policy The Elderly Statute, the Health Pact and the National Health Policy of the Elderly.

The National Policy of the Elderly aims to *ensure the social rights of the elderly, creating conditions to promote their autonomy, integration and effective participation in the society.*^{4:438}

The Statute of the Elderly in line with the National Elderly Policy highlights the guarantee of comprehensive health care for the elderly population through access to disease prevention, promotion, protection and recovery of health,⁵ and the importance of public social policies allowing a healthy and dignified aging.⁵

The Health Pact is an agreement between the three spheres of management of the Unified Health System (SUS) and covers three dimensions: Pact for Life, in Defense of SUS and Management. In the Pact for Life, a set of commitments is assumed through six priorities impacting on the health of the population, such as the health of the elderly.⁵

Work on the health of the elderly, according to the Pact, should follow the guidelines: promoting active and healthy aging; Integral and integrated health care for the elderly; Stimulating intersectoral actions, aiming at the integrality of care and the implementation of home care services.⁵

As the public policies mentioned above, the National Policy on the Health of the Elderly (PNSPI) has as the main purpose to recover, maintain and promote the autonomy and independence of elderly individuals, to direct collective and individual health measures for this purpose.⁶

In general, terms, the Statute of the Elderly, the Pact for Health and the PNSPI highlight the active and healthy aging and integral health care of the elderly population as fundamental elements for the health services and staff.

Active and healthy aging is aging while maintaining functional capacity and autonomy, it is recognized as the goal of all health action.⁶ Comprehensive care for the elderly is to base care on the needs, rights, preferences and skills of this population group articulated to preventive approach and early intervention.⁶ It is also to focus the elderly as the center of interventions and practices, along with the line of care.

In this context, Primary Health Care is the care model that uses its tools protocols of care organized under the line of care logic and coordinates the integrality in its various aspects. This acts as a communication center between the various points of care take responsibility for care through a horizontal, continuous and integrated relationship.⁷ It should be the preferred contact of the elderly with the SUS since it is the communication center of the Health Care Network.⁷

The National Primary Care Policy (PNAB) presents guidelines and norms for the organization of Primary Health Care and highlights the Family Health Strategy (ESF) as a strategy for expanding, qualifying and consolidating this care model.⁷ The work in the ESF is organized by a multi-professional team. The actions developed by this team to the elderly should be based on public policies.³ With this understanding, nursing as a member of the health team participates in actions established in public health policies⁸.

Thus, for this study, the nurse who develops actions with the elderly in the Family Health Strategy is committed to both the PNSPI, which is the most current Brazilian policy regarding health care for the elderly, and PNAB, which is the policy that bases the actions in the ESF. In this way, this investigation is relevant because it enables the synthesis of the knowledge about the actions performed by the nurse with the elderly in the ESF, described in scientific literature and contribute to the process of permanent education, qualifying care practices of the Family Health Strategy.⁷ Therefore, this study aims to:

- Identify nursing actions directed to the elderly in the Family Health Strategy in the scientific literature.
- Discuss the actions of nursing to the elderly in the Family Health Strategy in the

National Policy on the Health of the Elderly Person and the National Primary Care Policy.

METHOD

This is an integrative review⁹ carried out in six stages: identification of the theme and selection of the research question, establishment of exclusion and inclusion criteria, identification of pre-selected and selected studies, categorization of selected studies, analysis and interpretation of results, presentation of review/synthesis of knowledge.⁹

The question of research was: what actions does nursing develop with the elderly in the Family Health Strategy? In January 2015, a survey of scientific production was carried out, through the Virtual Health Library, in the following electronic databases Latin American and Caribbean Literature in Health Sciences (LILACS) and Medical Literature Analysis and Retrieval System online (MEDLINE). The keywords Health of the Elderly, Nursing and Primary Health Care, were used in an

articulated way obtained after consulting the Descriptors in Health Sciences (DECS).

The following inclusion criteria were used: scientific productions published from 2004 to 2014; Available in full and with online access; Published in articles format; Refer to the Family Health Strategy according to the Brazilian reality; Productions published as original articles; Addressing nursing actions directed to the elderly in the Family Health Strategy; Published in Portuguese, English or Spanish.

Exclusion criteria were: productions that do not have freely available content in full and with online access and productions published in thesis or dissertation format.

It was found that 61 articulated keywords were used to identify LILACS and 587 in MEDLINE. Thus, the established criteria were applied as represented in Figure 1.

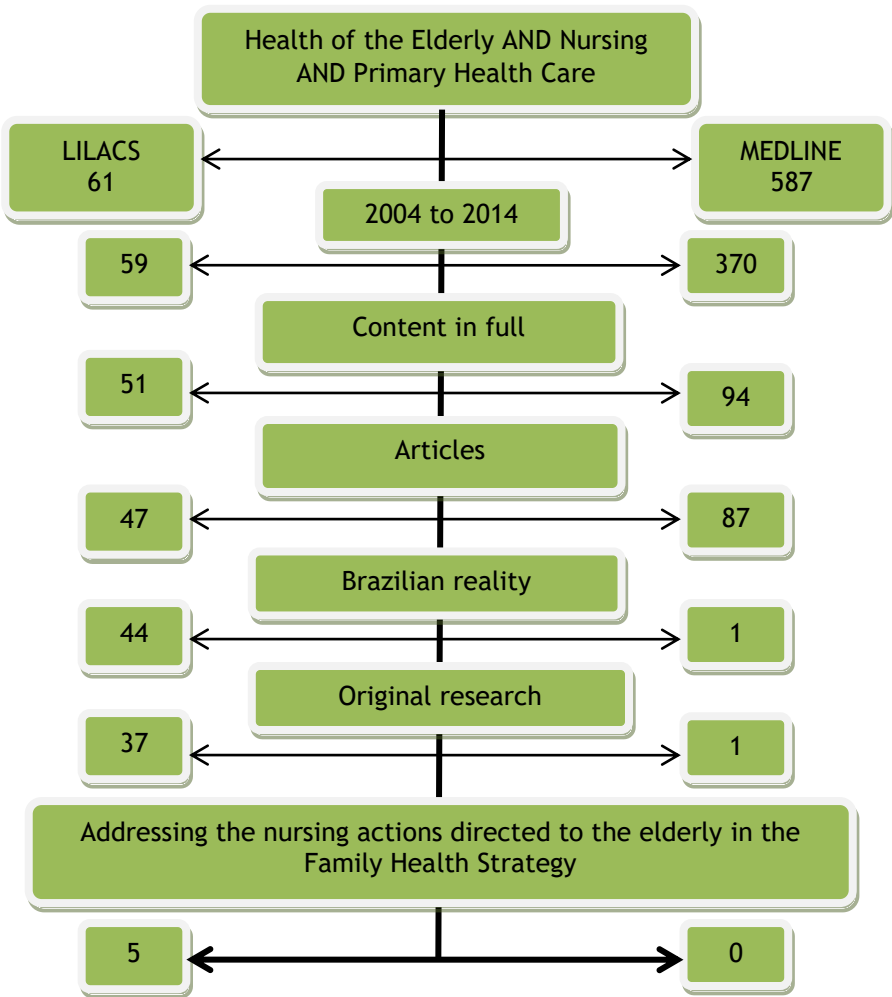


Figure 1. Flowchart representing research in the electronic databases LILACS and MEDLINE. Niterói (RJ), Brazil, 2015.

As shown in Figure 1, 59 productions were recorded between 2004 and 2014 in LILACS and 370 in MEDLINE. Among them, 51 productions were available in full in LILACS and 163 in MEDLINE. However, when accessing the productions, it was noted that 69 of the

163 were not available in full with free access. Therefore, only 94 productions have content available in full and with free access.

Most of the productions available in full have been published in article format. Thus, 47 abstracts available on LILACS and 87 on

MEDLINE were read to identify the reality of the studies. In LILACS, 44 (93.6%) refer to the Brazilian reality, unlike MEDLINE, which has only 1 (1%) corresponding to the Brazilian reality.

Among these articles that refer to the Brazilian reality, 37 (86.3%) articles in LILACS are classified as original research, and in MEDLINE the only article that refers to the Brazilian reality is also classified as original research.

Em seguida, realizou-se a leitura e análise desses cinco artigos, e procurou-se reconhecer as ações da enfermagem direcionadas ao idoso na Estratégia Saúde da Família. As ações foram organizadas e elencadas quanto ao seu conteúdo. Estas possibilitaram discutir frente à Política Nacional de Saúde da Pessoa Idosa e Política Nacional de Atenção Básica.

The abstracts of the original articles referring to the Brazilian reality were appreciated regarding the themes. In this sense, it was identified that five articles in

LILACS address nursing actions directed to the elderly in the ESF.

Then, the five articles were read and analyzed, and it was sought to recognize nursing actions directed at the elderly in the Family Health Strategy. The actions were organized and listed as to their content, enabling to discuss the National Health Policy of the Elderly Person and the National Primary Care Policy.

RESULTS

The five articles selected were analyzed regarding the characteristics related to the publication and referring to the presented content. Based on the characteristics of the publication: title, authors, journal, country of publication, language and year, it was possible to construct Figure 2.

Nº	Title	Authors	Journal	Country	Language	Year
1	Nursing care for the elderly in the Family Health Strategy	Rocha, FCV Carvalho, CMRG Figueiredo, MLF Caldas, CP	Revista de Enfermagem UERJ	Brazil	Portuguese	2011
2	Nursing and care for elderly women: an approach to social phenomenology	Caldeira, S Merighi, MAB Muñoz, LA Jesus, MCP Domingos, SRF Oliveira, DM	Revista Latino-Americana de Enfermagem	Brazil	Portuguese	2012
3	Understanding about aging and actions developed by nurses in Primary Health Care	Pilger, C; Dias, JF Kanawava, C Baratieri, T Carreira, L	Ciencia y Enfermeria	Chile	Portuguese /Spanish	2013
4	Communication of the elderly and Family Health team: is there integrality?	Almeida, RT Ciosak, SI	Revista Latino-Americana de Enfermagem	Brazil	Portuguese	2013
5	Approach to the elderly in the family health strategy and the implications for the nurses' performance	Alberti, GF Espindola, RB Carvalho, SORM	Revista de Pesquisa Cuidado é Fundamental Online	Brazil	Portuguese	2014

Figure 2. Identification of articles regarding the title, authors, journal, journal origin, language and year of publication. Niterói (RJ), Brazil, 2015.

As shown in Figure 2, it was identified that all authors are predominantly nurses, who published in Brazilian scientific journals located in the Southeast Region and one of Chile, in the Portuguese and Spanish languages from 2011 to 2014.

Figure 3 was constructed to highlight the characteristics of the content approached in the productions. This allowed analyzing the following elements: type of study, objectives, production of knowledge and recommendations.

Nº	Type of study and objective(s)	Production of knowledge	Recommendations
1	Descriptive study of a qualitative nature; Objectives: to describe and discuss nursing care for the elderly in the family health strategy (ESF), as well as to analyze the aspects that facilitate or hinder this care.	Nursing care is based on human values, such as respect and solidarity, despite limitations such as lack of human and material resources, professional training and inadequate physical structure.	There must be changes in several aspects, such as the inclusion of professionals in the team (with training) and reform in the physical structure of health units.
2	Qualitative study based on the Social Phenomenology of Alfred Schütz; Objective: to understand the action of caring for the elderly woman, from the perspective of the nurse.	Nurses consider the knowledge and the biographical situation of the elderly woman and value the family's participation as a mediator of care. This professional has the acuity to capture the specific demands of the elderly. However, it is difficult to take care of this patient. They expect to perform skilled care for these women.	Professionals with training are needed to support them in the exercise of care. In this sense, there is a considerable gap, since the growing demand for care for the elderly is not accompanied by professionals who can provide care in a qualified way, in the daily life of health services.
3	Exploratory study, with descriptive qualitative approach; Objectives: to understand the nurses' perception about the aging process and to identify the actions performed by nursing.	For nurses, aging is characterized by the progressive depreciation of the organism's capacity for adaptation and biological reserve, in which the loss of biological functions, psychological and social changes are directly related to the quality of life and well-being of the elderly, influencing the ability to perform tasks or activities of daily living. In some basic health units, there is an absence of primary actions performed by nurses, and when they exist, they are initiated by the population, or delegated to other health professionals.	It is of great importance to the implantation of actions by the nurse, directed to the elderly person, adopting policies that aim more at the promotional and preventive nature and less curative, contributing to the physical, emotional and social welfare of the elderly.
4	A descriptive and exploratory study with a qualitative approach. Objective: to verify the forms of communication used in four Basic Health Units with Family Health Strategy teams in Porto Feliz, São Paulo, and how they interfere in the care and control of the health of the elderly.	The nursing teams of the Family Health Strategy showed communication forms favorable to the adherence of the elderly to care and health control. Negative aspects have not had totally harmful consequences, but should be avoided to facilitate comprehensive care for the elderly.	To reinforce the need to improve the nursing team and other health professionals about health communication as an innovative technology, bringing credibility to health promotion and prevention programs for elderly users.
5	Qualitative descriptive study. Objective: to identify nursing care actions of Primary Health Care in the elderly.	The approach takes place through the participation of the elderly in the programs of the Ministry of Health or the nursing consultation, none of them contemplating the peculiarities existing in old age.	The actions should contemplate the longevity and quality of life of the elderly and their family and, for this, implies an optimization of the health services and the restructuring of health programs.

Figure 3. Identification of the articles regarding the type of study, objectives, production of knowledge and recommendations. Niterói (RJ), Brazil, 2015.

The five articles (100%) used qualitative research as a method. Four of them are descriptive (90%).^{10-3,} and one (10%) is based on the social phenomenology of Alfred Schutz.¹⁴

As far as knowledge production is concerned, two (20%) articles discuss nurses' care for the elderly in the ESF. One of them shows that nurses' care is based on human values, such as respect and solidarity,¹⁰ and the other one reveals that the nurse to perform care considers the knowledge and the biographical situation, valuing the participation of the family as a mediator of care.¹⁴ Another (10%) indicates that the nursing teams in the FHS showed communication forms favorable to the

adherence of the elderly to health care and control.¹²

Also, some productions highlight issues that are unfavorable for elderly health care. Thus, three (30%) articles report insufficient training of nurses to work with the elderly considering their particularities^{10,11,13} and one (10%) mentions that the physical structure of the unit is inadequate.¹⁰

Regarding the recommendations proposed in the productions, all (100%) recommend practices contributing to the improvement of the health care of the elderly in the ESF. They are focused on the need for improvement in training^{10,12,14} and the importance of health

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policies and programs that address issues of aging.^{11,13}

After understanding the characteristics related to the publication and the content of the selected articles, the actions of nursing directed to the elderly in the Family Health Strategy were identified, as follows:

Performing technical procedures

[...] We make dressings, glucose tests, among other techniques to better serve the elderly.^{11:69}

[...] dressings, medications and other technical procedures.^{11:69}

Performing nursing consultations

When questioned about the accomplishment of the nursing consultation, all the interviewees mention that they do it, as they do with any other people.^{13:700}

Preferably assisting the elderly.

[...] Our flow of care is very intense, but when the elderly comes here we provide him with preferential care.^{11:69}

[...] we assist them, giving priority to this old man here in line.^{10:188}

Monitoring the elderly and their health situation

[...] If the family does not get involved, I will take care of him, guide him, monitoring him here, but he will not have this continuity at home.^{14:5}

[...] the telephone contact, performed by the nursing team, either to perform a rescheduling of the service or to schedule the attendance of the elderly to evaluate the results of the exams^{12:3}

Carrying out a home visit

[...] we guide the home visit the care that they have to the stairs to avoid falling, so as not to have accidents.^{10:188}

[...] I work accompanying the patient not only here in the unit and also at the home visit.^{10:188}

[...] Besides home visits and knowing the reality in which the person lives ...^{11:70}

Conducting health education groups

[...] groups, in quotes, delivering drugs for hypertensive and diabetic patients, who are mostly elderly.^{13:698}

The interviewees reveal that the elderly people are welcomed by the health services when they participate in the groups, specifically in HiperDia.^{13:699}

[...] my care for the elderly within the family's health is with the hypertensive and diabetic elderly group.^{10:189}

Carrying out activities for socializing

They come [elderly] to participate, we walk, new years' holidays.^{11:71}

Nursing actions to the elderly in...

[...] in these group activities, I see that they feel better [...] in dance, for example, you see happiness stamped on their faces.^{14:4}

[...] achievement and physical activity: walking and biodance.^{10:189}

Identifying the “need” of the elderly

[...] we seek to see his need to work a good assistance.^{11:69}

Guiding

Elderly:

[...] we guide the care that they have to have in the home visit for the stairs to avoid falling, so as not to have accidents.^{10:188}

[...] we try to work the elderly orienting on stretching techniques, relaxation techniques.^{10: 189}

[...] we give guidance on food care, healthy habits in general.^{10:189}

[...] we guide on reading and television programs so that they do not get depressed.^{10:189}

Family:

[...] here I always give guidance to the patient and the family, I try to get them involved in the care of the elderly.^{11:70}

[...] we work first with family orientations.^{11:69}

[...] we try to guide the family.^{10:189}

[...] If the family does not get involved, I will take care of her, guide her, following her up here, but she will not have this continuity at home [...] soon after she returns lost because she is alone at home.^{11:70}

Treating affectively

[...] here in the area we already know everyone, we treat them as if they were someone of our family...^{10:188}

[...] in my mode of care there is affection, respect, solidarity, concern for the elderly.^{10:188}

[...] our care for the elderly is through conversations.^{10:189}

Three articles highlighted the nurses’ statements regarding the lack of capacity to act with the elderly:

[...] we have training in children's health, tuberculosis, leprosy, STD/HIV, but not in the health of the elderly. It is necessary to be a strategy/training to accompany this elderly person.^{10:189} better

[...] the people of the PSF do not have, qualification in care for the elderly. [...] Training is lacking.^{10:190}

[...] we care about the psychological part, but we do not have that preparation.^{10:189}

There is not a direct program here from the unit, it has nothing, we contribute with what we have in hand, but it has nothing specific [referring to the elderly population].^{11:70}

The interviewee complemented that among the actions specifically aimed at the elderly public,

[...] there is no action on this team.^{13:699}

DISCUSSION

The actions of Performing technical procedures; Conducting nursing consultation; Assisting the elderly preferably; Monitoring the elderly and their health situation; Carrying out a home visit; Conducting health education groups; Carrying out activities for socialization; Identifying the need for the elderly; Guiding; Treating affectively were analyzed against PNSPI and PNAB. Thus, the action to perform technical procedures is an assignment of the nurse provided for in the ESF⁷ and is fundamental for maintenance or recovery of health. However, PNAB emphasizes that the professional's vision in the ESF should be patient-centered⁷, that is, - there is a shift in the work process that is focused only on technical procedures, but focuses on the elderly.

It can be identified that the action to perform nursing consultation is also attributed to the nurse in the ESF.⁷ The statements referring to this action show the consultation directed to the elderly performed as for any group of the population. However, it is known that the health care of the elderly requires care in a singular way, due to their specificities.

The requirements in the care practice, the global approach, identification of needs, recognition of the social support network must be performed, and it is essential to recognize the conditions of frailty of the elderly in the nursing consultation to design an adequate behaviors, according to their functional condition (rehabilitation, recovery of the maximum functional autonomy, prevention of functional decline and recovery of health).⁶

In the nursing consultation and other actions directed to the elderly, it must be invested in actions that include the participation of the family and other members of the team, since individualized attention is not so effective.⁶⁻⁷

In action to assist preferably the elderly is perceived that nursing despite the flow of intensive care in the unit, offering the preferential care to the elderly. The preferential service is provided for in the Statute of the Elderly, advocating immediate and individualized preferential service to public and private service providers to the population.^{15:251} It should be mentioned that the PNAB and the PNSPI do not deal with the

thematic/action related to the preferential care of the elderly in the ESF.

In action accompanying the elderly and their health situation, the accompaniment of the elderly is carried out through nursing consultations and telephone contact with the purpose of summoning the elderly to attend the unit. In this perspective, accompanying the elderly contributes for the longitudinally of care, because it allows the continuity of the clinical relationship, the building of bond and accountability, monitoring the effects of the interventions, having as a foundation and main component the knowledge of their life history.⁷ It also contributes as a tool for the integrality and care of the elderly.⁶

The action to carry out a home visit is highlighted as an assignment of the nurse in PNAB⁷. In the operationalization of this action, it was identified that it is contemplated in the PNSPI when carrying out: prevention of accidents at home and knowledge of the reality in which the elderly live. However, they are still insufficient, since in the home visit these actions are overcome, because the contact with the reality of the elderly's life allows a more effective support to their real needs, favoring in the learning of the practice of the maintenance or recovery of health and the prevention of injuries.¹⁶ Thus, the contact with the reality of life provides the building and strengthening of the bond between the family health team and the elderly, the family member and the caregiver (PNSPI).

Regarding the home visit, it should be noted that although the PNSPI advocated the implementation of integrated actions to combat violence against the elderly⁶, no actions were mentioned for this purpose. Thus, it is important that the nursing team and, as well as the family health team, during the home visit identify potential situations of exposure to violence against the elderly.¹⁷

The action to carry out health education groups is the responsibility of the family health team.⁷ In the operationalization of this action, it was identified that the focus of the health education groups is HIPERDIA and consequent delivery of medications for hypertensive and diabetic patients. HIPERDIA is a program used in the ESF to assist users of the health system who present with Systemic Arterial Hypertension and Diabetes Mellitus.¹⁸ It is a computerized system for registration and monitoring of hypertensive and diabetic patients, enabling to receive prescription drugs.¹⁸ This strategy foreseen in HIPERDIA regarding the delivery of prescribed drugs must be articulated with humanized attention.

With this understanding, when performing a health education group geared towards the elderly population nursing should go beyond the pathologies presented, it should problematize issues that affect this group, starting from the sharing of their experiences. The group enables autonomy and independence to be stimulated by providing a support network that contributes to the recovery of self-esteem and access to information inherent to the aging process, relevant aspects in reducing vulnerabilities through prevention actions.¹⁹

In action carrying out activities for socialization, the nurses mentioned performing together with the elderly people the outings, the end of the year parties, dance and walking. It is conceived that a physically active life provides security, independence, and happiness, reflecting directly in the elevation of their self-esteem.²⁰ Thus, socialization activities contribute to integration between the ESF team and the elderly, allow health promotion work to be done, social isolation. Therefore, it is necessary to keep in mind that the elderly, as well as other groups of the life cycle, need to actively participate in society, according to their aspiration, practicing sports, leisure, religion, among others.

The action identifying “need” of the elderly is fundamental to be developed by the family health team, due to the commitment to carry out interventions and practices based on the health needs of the population.^{7,21} Therefore, the nursing will be in a position to perform its action effectively when they are aware of the health needs of the elderly population they are attending.

In the action guide, it was identified that it is directed to the elderly and their family. The guidelines for the elderly include prevention of accidents at home, stretching and relaxation techniques, care and healthy habits in general, reading achievement and educational television programs for the elderly do not get depressed. On the other hand, the orientations to the family predominantly involve the stimulus to participation in the care of the elderly.

From the detailed analysis of the orientations to the elderly, it is noted that they are relevant to and predicted in the PNSPI. However, stimulating the reading of books and watching television has a protective effect by providing cognitive stimuli, but they are not sufficient to avoid depression.²²

It is worth highlighting that besides these themes addressed in the orientation to the elderly is elementary: informing and

stimulating the practice of balanced nutrition, safe sex, immunization and healthy habits of life, motivating actions for the abandonment of alcohol use, smoking and sedentarism, stimulating the prevention of chronic noncommunicable diseases⁶, so nursing will be contributing to disease prevention, health promotion, and consequent active aging.

Since the orientations to the family to stimulating participation in the care of the elderly are fundamental, and it is necessary for the health team to support the family and/or caregivers.

The action to treat affectively proved to be peculiar since nursing refers to treating the elderly: as someone in the family, caring with affection, respect, solidarity, concern, caring through conversations. In this action, the link is clearly expressed, which may be the institutional link between nursing and the elderly/family, where these actors are part of the territory attached to the family health unit, more significantly from the perspective of the link, extrapolating the institutional barriers between nursing and the elderly/family, due to the existence of the face-to-face encounter, permeated by subjectivities that makes possible the trust relationship and contributes significantly to the health care of the elderly with quality and accountability.

Also, the insufficiency of training to act with the elderly in the ESF was identified. The relevance of participation in activities of permanent education focused on the health of the elderly is noted. Continuing education is provided for in the National Policy of Care, expected to be standard practice in the unit. The PNSPI corroborates and highlights the need for continuing education aimed at the elderly population.

In this way, it is focused that the permanent education must be based on a pedagogical process that contemplates from the acquisition/update of knowledge and skills to the learning that starts with the problems and challenges faced in the work process.^{7:39}

CONCLUSION

The present integrative review presented methodological rigor during the process of search and selection of scientific productions. The analysis process allowed the capture of actions developed by nursing, in the Family Health Strategy (ESF), aimed at the elderly. They are: Performing technical procedures; Conducting nursing consultation; Assisting the elderly preferably; Monitoring the elderly and their health situation; Carrying out a home

visit; Conducting health education groups; Carrying out activities for socialization; Identifying the need for the elderly; Guiding; Treating affectively.

The actions identified are not fully contemplated in the National Policy for Primary Care and National Policy on the Elderly's Health since when analyzing the way of operation of each one and reflected in these policies, it is noticed that it is necessary to move forward in professional actions specific issues of aging.

In also, when developing actions with the elderly in the ESF, nursing needs to overcome the gaze focused on the complaints and injuries presented, needing to broaden its professional view recognizing that health is a result of the context and living conditions, access to services, (physical and cultural) and lifestyle. Thus, the actions developed are more likely to be more effective. For this, it is fundamental to participate in lifelong education aimed at the elderly population considering their specificity.

Therefore, the study sample composed of five articles showed a lack of scientific knowledge due to the reduced quantity of nursing productions that discuss nursing actions directed at the elderly in the ESF, which still stand out are productions that address the prevalent aggravations in this population group.

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