ORIGINAL ARTICLE

PERCEPTION OF NURSING CONSULTATION BY ELDERLY PEOPLE AND THEIR CAREGIVERS

A PERCEPÇÃO DA CONSULTA DE ENFERMAGEM POR IDOSOS E SEUS CUIDADORES
LA PERCEPCIÓN DE LA CONSULTA DE ENFERMERÍA POR ANCIANOS Y SUS CUIDADORES

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ABSTRACT

Objective: to know the perception of the elderly with Alzheimer’s and their caregivers consulted in the extension program Nursing in the Health Care of the Elderly and their caregiver regarding the nursing consultation. Method: this is a descriptive, field study with a qualitative approach. Semi-structured interviews were conducted with four elderly people and eight caregivers in the Health Care of the Elderly and Their Caregivers. The interviews were recorded on an MP3 player, transcribed and coded with the letter “E” of Elderly and “C” of Caretaker. From the statements, categories were constructed using the Content Analysis technique in the Categorical Analysis modality. Results: categories were constructed and analyzed based on Dorothea Orem’s theory of self-care. The results indicated the acceptance and satisfaction of the participants regarding the nursing consultation performed in the scenario chosen for study. Conclusion: for the elderly and the caregivers, the nursing consultation is perceived as a means of guidance providing clarification, new knowledge and presenting a resolution to the problems identified. Descritores: Nurse Practitioner; Aged; Nurse-Patient Relation.

RESUMO


RESUMEN

Objetivo: conocer la percepción de los ancianos con Alzheimer y sus cuidadores consultados en el programa de extensión Enfermería en la Atención a la Salud del Anciano y su cuidador a respeto de la consulta de enfermería. Método: estudio descritivo, de campo, de enfoque cualitativo. Se realizaron entrevistas semi-estructuradas con cuatro ancianos y ocho cuidadores en la Atención a la Salud del Anciano y Su Cuidador. Las entrevistas fueron grabadas en aparatos de MP3, transcritas y codificadas con la letra “A” de anciano y “C” de Cuidador. A partir de los discursos se construyeron categorías a partir de la técnica de Análisis de Contenido en la modalidad Análisis Categorial. Resultados: fueron construidas categorías y analizadas con base en la teoría del autocuidado de Dorothea Orem. Los resultados indicaron acogida y satisfacción de los participantes frente a la consulta de enfermería realizada en el escenario escogido para estudio. Conclusión: para los ancianos y los cuidadores, la consulta de enfermería es percibida como medio de orientación la cual proporciona esclarecimiento, nuevos conocimientos y presenta resolución frente los problemas identificados. Descritores: Enfermería; Anciano; Relaciones Enfermero-Paciente.

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INTRODUCTION

According to the Cofen 159/1993 resolution, the nursing consultation is a private activity of the nurse, using components of the scientific method to identify health/illness situations, prescribe and implement Nursing measures for promotion, prevention, health protection, recovery and rehabilitation of the individual, family and/or community.\(^1\)

In the consultation, the nurse guides the healthy elderly and their caregiver on ways to maintain stable health indicators and how to promote health improvement. For the elderly, especially those diagnosed or suspected of dementia, it provides them and their caregivers with a better understanding of the disease, behavioral changes, and how therapy is vital to minimize the stress of both, contributing to the quality of care for the elderly.

In this approach, Dorothea Orem’s General Theory of Self-Care Deficit can be applied to the nursing consultation of the elderly with dementia. It presents concepts about self-care, self-care actions, and therapeutic demand, consisted of the performance or practice of actions that individuals perform to maintain health and well-being, and how the nurse should develop actions that help them achieve greater autonomy as possible so that the necessary requirements for self-care are fulfilled.\(^1\)

During the nursing consultation, the nurse can identify the demands and direct the nursing care to the elderly and caregivers. Considering that the individual is influenced by some internal (related to it) and external factors (because of the interaction in the environmental and socio-cultural context).\(^3,4\)

It is noteworthy that part of the population assisted in the study scenario did not know that the consultation activity was also developed by the nurse. It proves that nurses of the 21st century have not yet been able to make their role clear to society.

The objectives of the study were:

- To know the perception of the elderly with Alzheimer’s and their caregivers consulted in the extension program Nursing in the Health Care of the Elderly and their caregiver regarding the consultation
- To identify the results provided by the nursing consultation to the participants of the Extension Program Nursing in the Health Care of the Elderly and their Caregiver (EASIC).

METHOD

This is a descriptive, field study with a qualitative approach. The data collection took place in the first semester of 2012. The inclusion criteria consisted of being elderly and caregiver participant of the EASIC who has performed two nursing consultations. The exclusion criterion was the elderly and caregivers who had cognitive disorders.

The study was developed in 4 moments: 1° - Data collection in the nursing records of individuals with two nursing consultations or more; 2° - Establishment of telephone contact; 3° - Interview; and 4 - Analysis of the data. The individual semi-structured interview technique was used to 4 elderly people and 8 caregivers with the following questions: How long have you been doing nursing consultations at EASIC? What does nursing consultation mean? Are there results of the nurses’ response to their problem? Which are they?

The interviews were recorded on an MP3 player, transcribed and coded with the letter “E” of Elderly and “C” of Caregiver. From the statements, categories were constructed, analyzed according to Bardin\(^5\) and based on Dorothea Orem’s General Theory of Self-Care Deficit.\(^2,4\)

The research project was approved by the Ethics Committee of the Fluminense Federal University, under CAAE number 0239.0.258.000-11.

RESULTS

The sociodemographic profile of the participants was composed of four elderly, 75% (3) female and 25% (1) male. Regarding the age, they are divided into 25% (1) aged 60-64 years old, 25% (1) aged 65-69 years old and 50% (2) aged 70-75 years old.

The findings related to the monthly family income of the elderly showed that 75% (3) had an income of 2 minimum wages and 25% (1) had an income of 1 minimum wage. The level of education found in the elderly was 50% (2) who attended incomplete elementary school, 25% (1) who completed elementary school and 25% (1) who attended high school.

In the caregivers, 100% were women, 37.5% were (3) the elder’s wife, 50% (4) of daughters and 12.5% (1) of sisters-in-law. Regarding the age of the caregivers, 12.5% (1) presented age between 35-39 years old, 12.5% (1) aged 45-49 years old, 12.5% (1) aged 50-54 years old, 12.5% (1) aged 55-59 years old, 25% (2) aged 60-64 years old, 25% (2) aged 65-69 years old.
Perception of nursing consultation by...

The 4th category “The nursing consultation solves problems, having results”:

For sure! He got better! Ever! Every time he goes on a consultation he gets better. He gets more active! He is more attentive, he asks everything, he wants to know everything! He was always clever! He became smarter, more attentive. Paying attention to the conversation, I am here talking to the maid, the staff, he got in. He wants to participate! (C2).

The nurse told her to drink more water! Now I drink a lot of water... When you talk about doing exercise, you think it is just walking, but she said: You can do it sitting in the house - I remember her talking. (E4).

The 5th category spoke on “The consultation and its professional practice” and also presented subcategories:

Unawareness of the nursing consultation before Mequinho:

I think it is very important... the nursing consultation, because you do not see it out there ... No! I had never had a nursing appointment (Laughing). (C1).

[Because we did not even know what it was (the nursing consultation)... We were like that, but I thought it was very good. (E4).

The difference between the consultation of nurses and other professionals:

Once I went to the rheumatologist, he did not put his hand on me, he said to take those two medicines here, two months later you come back. He did not ask if I had allergies to anything, if I had high blood pressure, if I was diabetic if I had glaucoma, nothing! He simply low-headed gives 2 medications. Take these two pills and come back in two months. So, I think, that here, for example, we have more information, you are examined, as on the day the doctor (Nurse) examined me, the day I did, do you understand? (C1).

Because I had things I sometimes did not even have the courage to say or sometimes people would not even ask me. Not here, they came to ask me everything! He examined me, examined me very much... Even my feet were examined! (E3).

DISCUSSION

Regarding the sociodemographic profile, there was a predominance of female among the elderly and the caregivers participating, fortifying the role of the woman as a caregiver and concerned with the way of taking care of her health.

Historical factors and definitions of the genres imposed by the manipulative society can be cited as stimulating and conclusive factors to explain the prevalence in the feminization of the studied population. Health policies are also mentioned, since the 1970s,
they favor the maternal and child population. While the Comprehensive Assistance Program for Women’s Health was implemented in 1983, the Brazilian government in 2009 launched a specific policy for the male population.

Despite the contemporary changes, the imaginary of traditional cultures may explain the predominance of the female. It is known that male figure can still be associated with work outside the home, the one that brings the family’s livelihood. The woman is associated with the home, who maintains the domestic order, who cares about her health and the others. Studies show that even with the insertion of women into the labor market, it is still the main responsibility for the care of dependent elderly.\(^7\)\(^8\)

It was observed that half of the caregivers are elderly, proving that the elderly care for the oldest, so the nurse should consult this client not only as a caregiver but also as an elderly person.

A study carried out investigations on caregivers of elderly people with dementia, the characteristics of the caregiver were: woman, over 45 years old (mean 51.3 years old), married, daughter/wife, no job or household, 8 years or more of education, living with the patient, having good physical health, presenting care help, spending more than 8 hours care/day and taking care of the patient for up to three years\(^9\)\(^10\). These women need the nurse’s look. Therefore, they may be fragile, tired, disoriented in caring for themselves and their elderly. These events can generate repercussions such as social isolation, illness of caregivers, as well as elder abuse.\(^7\)!\(^4\)

Regarding the first category, the elderly and caregivers report that “The nursing consultation provides clarification, knowledge and well-being”, reveal a well-being provided by the nursing consultation, where the client is satisfied with their reception and with the care received. Both caregivers and elderly feel good about the consultation as the environment becomes more and more welcoming.

The testimonies corroborate with the findings, where “the citations of the elderly show satisfaction after the nursing visit, emphasizing the human aspect, welcoming and integral approach of the individual.”\(^10\)

According to Orem, the condition that validates the need for differentiated nursing care to an adult is when the inability to maintain the quantity and quality of self-care that is therapeutic in sustaining life and health is identified, recovery from disease or injury or coping with its effects.\(^11\)

Dealing with older people requires the development of interactive skills to better interpret and capture their beliefs, values, and living conditions from verbal and non-verbal communication. When the professional develops these skills, the query is differential for the client.\(^10\)!\(^1\)

The second category, “The relation of the nurse in the nursing consultation with the patient - refers to empathy”, the nurse cannot forget that the nursing consultation is performed to an normal individual. This foundation is emphasized because people have their experiences and attach meanings to everything that happens in their lives.\(^12\)

To establish a therapeutic relationship in a consultation, Orem identifies five areas of activities for nursing practice: Maintain a nurse-patient relationship until it can be released from nursing; Determine how patients can be instructed; Responding to the patients requests and needs in the nurse’s contact and assistance; Prescribe, provide and regulate direct help to clients; Coordinate and integrate nursing into the patient’s daily life, other necessary or receiving health care, and the necessary of social and educational services or being received.\(^11\)

In the third category, “The consultation for caregivers and the elderly is Guidance”, through the guidelines the patient feels safer because when they understand the purpose and the health processes it becomes easier to understand and adhere to therapeutic measures. Being guided the client can understand the prescription, providing greater safety in the activity performed.

In the statements of the elderly interviewed, it is noted that the nursing consultation is important since they report a change in their daily activities. The knowledge spent by professionals and explanations provided enrich the patient seeking to better understand his body, the diseases installed and the possible comorbidities.

The caregivers presented similar speeches to the elderly, noting that the consultation provided a broader learning, raising the knowledge and improving the existing one. It is possible to describe this learning and its contribution to the care of the elderly.

During the nursing consultation, the faces of the life process should be considered, in addition to the peculiarities of human aging. Thus, patients can understand that older people may need specific care to maintain a healthy life and how to provide it.\(^14\)
Nursing is the art of caring, where human care represents the essence of human living. Self-care is a human condition; caring for others always represents a temporary condition, insofar as the other is unable to care for oneself, encouraging self-care and establishing strategies for doing a professional duty that gives patients guidance and safety.15

The 4th category, “The nursing consultation solves problems, having results”, the results and the resolutions of problems are due to the perception of the patients before the importance of the guidelines, because, the nurse expresses their value and these conscious actions enable results to succeed.

The speeches indicate results obtained through the nursing consultation. The problems pointed out by patients have been solved significantly. It is understood that educating for health is developing a critical human consciousness that enables wise decision making, solving personal, family and community health problems.16

Orem identified three classifications of nursing systems to meet the patients’ self-care requirements. These systems are the fully compensatory system, the partially compensatory system, and the support-education system, facilitating the recognition of the client’s health problems.11

Discussing the 5th category “The consultation and its professional practice - Ignorance of the nursing consultation before Mequinho” it is noticed in the speeches that the nursing consultation is not yet widespread or known in Brazilian society. It is a practice that has not yet reached the full goal since it is influenced by institutional politics and the nurse’s desire, which may hinder and/or facilitate the dissemination of this function.

The interviewees recognize the competence of the nurse in the nursing consultation and its dimension, differently from what occurs in the social context in the health area. Both patients and caregivers were unaware of the nursing consultation and subsequently began to value it.12

Still, in the 5th category, the difference between nursing consultations and other professionals is identified in the course of the speeches. It is noticed that there are peculiarities of the nursing consultation, since, the patients claim a spent care that they did not know before the consultation. They cite that they had been thoroughly examined through anamnesis and physical examination (nursing history), providing the nursing diagnosis, the prescription and the implementation of the appropriate prescriptions.

The presence of the complete nursing process is noticed, which includes the construction of the nursing history, the elaboration of the diagnosis based on the identification of the patients’ problems, the planning, the implementation of the prescriptions and the evolution of the patient. During the nursing consultation, the necessary actions are established for the health care of the adult and the elderly.17 Through the systematization of nursing care, the nurse stimulates the patients’ interest in the problems of care, helps and adapts their strategies when necessary.

The Nursing Process provides for the assistance in the integral evaluation of the patient, providing the data of the diagnoses are identified, which guide the definition of appropriate interventions and goals to be achieved. Estimated the time for follow-up and evaluation if the goals have not been reached, a new care plan should be developed.18

The actions of health promotion carried out by the nurse, aim to stimulate autonomy, provide a pleasant environment for communication and qualified to listen to be present. This professional action should be performed to strengthen the capacity to cope with stress, crises, and attitude towards their lives and health.19

Regarding the statements analyzed, both caregivers and the elderly expressed an interest in the guidelines given by the nurse, because they realized how important they are. These small changes and new knowledge provide a significant improvement in the patient’s day-to-day.

The nurse must exercise empathy as the essence of care and remember that he is dealing with people who have life experience and assign meanings to everything they are told because the results and problem-solving are dependent on the patient’s perception of the importance of the guidelines and the way the nurse transmits his messages. Therefore, it is the conscious actions of the patients and professionals that determine the success of the results.12-20

Based on the statements, it is noticed that the elderly people understand the nursing consultation as being holistic because it sees the patient as a whole, through the collection of health data and basic needs, work history related to the diagnosis, specific exams (physical and laboratory), when establishing relationship or association between organizational/environmental aspects and the individual’s living conditions.17
The Holistic word is referring to Holism that means “Doctrime that conceives the individual as a whole that is not only explained by the sum of its parts but can only be understood in its integrality.” It also portrays a “conception in the human and social sciences, which defends the importance of an integral understanding of phenomena and not the isolated analysis of their constituents.”

Regarding the nursing visit to the patient with dementia, this is differentiated because dementia is present in several ways and may not manifest conclusive characteristics. Care must be taken in family relationships, how they express themselves and observing the behavioral aspects of the patients.

The nurse’s action aims to find alternatives that minimize the impact of this disease on the family/caregiver’s life, encouraging respect in the family environment, and the search for professional guidance until they reach the diagnosis and conclusive interventions.

CONCLUSION

Searching for the results of the nursing consultation for the elderly and the caregiver, it was possible to identify the improvement of the health of the elderly and the caregiver, since they learn to care and care for the elderly with dementia; the stress relief gives the patient a voice, facilitating care. It should be emphasized that nursing consultation can modify the individual’s perspective by building means for the social visibility of the profession since the patient perceives the professional’s capacity and differential.

The study revealed the meaning of the action and its repercussion in the lives of its patients, facilitated a knowledge about the value of the nursing consultation. Aiming that professional practice and research results may increase the social visibility of nurses.

REFERENCES


