Objective: to identify the actions performed by the nursing team directed to the elderly man. Method: descriptive, quantitative approach, carried out in Family Health Units. Ten nurses and 20 Nursing technicians were interviewed. Data analysis was performed using SPSS software, version 20.0. The results were expressed in frequencies and averages. To verify possible association between categories, the Fisher exact test was used, being considered significant a value of p <0.05. Results: 73% knew both the Man's Policy and the Elder's Health. Exchange of dressings and care with bladder catheter were the most cited actions in attention to the elderly man; 47% have already carried out health education actions during consultations with the HyperDay or home visit to the elderly. Conclusion: interviewees tend to care for the elderly, but, it does not mean that they fully meet the idea of health promotion. Descriptors: Aged; Nursing; Health Promotion; Men's Health.

RESUMEN

Objetivo: identificar las acciones realizadas por el equipo de Enfermería centrado en el anciano. Método: estudio descritivo, de abordaje cuantitativo, realizado en las Unidades de Salud de la Familia. Fueron entrevistados diez enfermeros y 20 técnicos de Enfermería. A análisis de datos fue realizado utilizando el programa SPSS, versión 20.0. Los resultados fueron expresados en frecuencias y medias. Para verificar posibles asociaciones entre categorías, se utilizó el test exacto de Fisher siendo considerada como significativa una valoración de p <0.05. Resultados: 73% conocían tanto a la política del hombre como la salud de los ancianos. Troca de curativos y cuidados con sonda vesical fueron las acciones más citadas en atención al anciano; 47% ya habían llevado a cabo acciones de educación para la salud durante consultas de Hiperdia o visitas domiciliarias a ancianos. Conclusión: los entrevistados costumbras tienen cuidados a ancianos, pero, no puede decir que cumplen plenamente la idea de promoción de la salud. Descriptores: Idoso; Enfermeira; Promoção da Saúde; Saúde do Homem.
INTRODUCTION

The fastest growing age group today is people 60 years of age or older. Although this trend indicates an improvement in the living conditions of the population, it also raises concerns for managers and professionals in the health sector, regarding specific and/or repressed demands related to this stage of life\(^1\), as recommended by the National Health Policy of Elderly People (NHPEP).

In fact, as the individual ages, they increase the chances of developing health problems, especially in relation to the development of Chronic Noncommunicable Diseases (CNCD).\(^2\) In this sense, it is observed that the elderly man seems to be more susceptible to the CNCDs, such as diabetes and arterial hypertension, than women, in addition to living on average seven years less than them.\(^3\)

It is believed that this is due to some factors among which is the low attendance of men to the health services, mainly in the primary care, and that can be associated with the process of socialization of the masculine identity and the devaluation of its health and self-care. In general, when they need some health service, they look for emergency units and pharmacies, in search of faster care.\(^4\)\(^5\)

Among the conditions described as barriers to care for men in the Basic Health Units (BHU) are the time spent waiting for care, the predominance of female professionals, and the lack of programs or activities specifically directed at the male population.\(^6\)

In view of this reality, in 2009, the Ministry of Health launched the National Policy for Integral Attention to Human Health - GM, Ordinance no. 1,944, of August 27, 2009, of the Ministry of Health, whose main purpose is to facilitate and expand the access of the male population to health services, since their aggravations are recognized as a public health problem.\(^3\)

This scenario constitutes a daily challenge for health care professionals, who play an important role in the care of men, especially during the aging process. Particular emphasis has been given to the importance of the insertion of Nursing professionals in activities aimed at the male audience, focusing on the development of healthier practices and lifestyles.\(^7\)\(^8\)

However, although the development of policies aimed at the health of men is a worldwide trend\(^9\), the daily practice of health care still requires more subsidies for the construction of a masculine-specific care approach\(^10\), also in order to identify the needs of this public, with a limited number of researches on the subject.\(^11\)

In view of the described scenario, the present study aims to identify the actions carried out by the Nursing team focused on the elderly, within the scope of the Family Health Strategy (FHS). It was also investigated whether these professionals who work in the FHS know the health policies that guide elderly men's care.

METHOD

This is a descriptive, quantitative study carried out in the Units of the Family Health Strategy (FHS) located in the urban area of the municipality of Santa Cruz, in the State of Rio Grande do Norte, located in the potiguar semi-arid region. According to the National Registry of Health Establishments (CNES),\(^12\) the city of Santa Cruz has 12 FHS teams, of which ten are located in the urban area and two in the rural area. The units of the urban zone constituted the universe of this study. The scenario described has been an important field of practice for undergraduate Nursing students in the interior of the State, providing important teaching/service/community articulation.

The population interviewed was composed of all nurses and assistants/technicians who work in these units, which corresponded to ten nurses and 20 Nursing technicians/assistants. To be part of the sample, participants had to meet the following inclusion criteria: be over 18 years of age and work in a FHS unit located in the urban area of the municipality of Santa Cruz. As an exclusion criteria, it was established: being away from their professional activities at the time of data collection (health leave, maternity leave, qualification). During the enrollment period of the subjects, a professional was on health leave and, therefore, was excluded.

To collect data, interviews were conducted in which a semi-structured form (written by the authors) was applied, containing open and closed questions about health promotion in the elderly. The interviewees were approached in such a way that the hours of attendance were respected, so as not to interfere with the dynamics of the operation of the unit, and the interviews happened in a reserved place. All participants agreed to the terms of the survey and expressed their consent by signing the Informed Consent Term (TCLE).

Data analysis was performed using SPSS software, version 20.0. The results were...
expressed in frequencies and averages. To verify possible association between categories, the Fisher exact test was used, being considered the significant a value of \( p < 0.05 \).

The project was approved (opinion nº 352.847 / 2013) by the Research Ethics Committee of the Trairi College of Health Sciences (CEP/FACISA), and, during its execution, the precepts established by Resolution No. 466/12 of the National Health Council (NHC). 13

RESULTS

Ten (33%) nurses and 20 (67%) technicians/assistants participated in this study, distributed in five Basic Health Units (BHU): Paraíso II BHU (26.7%); Conjunto Cônego Monte BHU (20%); Centro BHU (16.7%); Paraíso I BHU (16.7%); Maracujá BHU (10%) and DNER BHU (10%).

The age range of the professionals ranged from 23 to 48 years of age, with an average of 31.26 (±7.20) years, with a higher prevalence (67%) among females. It was also verified that most of the interviewees (56.7%) worked in the FHT for a period of three to four years; 20% work from one to two years; 13.3% for less than 1 year; and 10% for more than five years.

The health of the elderly man, was considered, as the object of this study, and it was, therefore, important to inquire about the Nursing professionals’ knowledge about current policies related to this area of research. In this sense, 73.3% of the interviewees reported knowing the National Policy for Integral Attention to Men’s Health (PNAISH) and the same percentage of participants said they knew the National Policy on the Health of the Elderly Person (PNSPI), as can be seen in figure 1.

![Figure 1. Distribution of nurses (n = 10) and Nursing technicians (n = 20) according to knowledge and training on PNAISH and PNSPI. Santa Cruz (RN), Brazil, 2013.](image)

Still in relation to the knowledge of the policies in force, the percentage of participants (70%) was also large, stating that they had never participated in training or updating on any of these policies. In Fisher's exact test, a statistical association (\( p < 0.05 \)) was found between being a Nursing professional and knowing PNAISH. However, the same did not occur with the PNSPI or participation in training.

With regard to the actions taken in the implementation of the policies, only 23.3% (n = 7) of the respondents said they had already performed some activity to publicize the PNAISH. Among the professionals who reported activities to publicize the policy, one (3.3%) answered that they did so through lectures and six (20%) during men’s week - an event organized by the team itself in the BHU waiting room. No statistical association (\( p > 0.05 \)) was found, according to Fisher's exact test, between the professional category and the performance of PNAISH's activities.

All 30 (100%) Nursing professionals stated that they performed at least one type of care in elderly men, either at home or in the UBS, with dressing and bladder catheterization predominating, corresponding to 26.3% and 24, 6% respectively, of the total number of procedures cited as most frequently performed (Figure 2). Regarding home visits for elderly men, 27 professionals (90%) reported home visits.
In relation to the development of educational actions related to the health of the elderly, 14 interviewees (47%) reported having already carried out health education actions that, included elderly men, most of whom occurred during the HyperDia consultation (21.3%), as shown in Figure 3.

Regarding the health orientations, as shown in Figure 4, the most commonly performed schedule refers to the use of medications (46.7%), followed by the importance of maintaining a healthy diet (23.3%).
In Brazil, Family Health is considered as a priority strategy for the expansion and consolidation of basic care. These services must provide integral, continuous and organized attention to the attached population, through actions of the multiprofessional teams. Depending on the modality of the units or the epidemiological, institutional and health needs of the population, the teams may have different arrangements.¹⁴

The distribution of Nursing professionals found in this study is two technicians/Nursing assistants for each nurse, superior to the format of the basic FHS team, which usually includes a nurse and a nurse technician or assistant.

To the Assistant or Nursing Technician who work at the FHS, it is incumbent on them: to perform regulated procedures in the exercise of their profession; undertake health education actions; Participate in the management of the necessary inputs for the BHU; participate in the activities of permanent education. In addition to the aforementioned activities, the duties of nurses in the FHS include: health care of individuals and families enrolled through group activities, Nursing consultation and procedures, according to protocols or other established technical regulations and observing the legal provisions of the profession.¹⁴

It is understood that, in order to develop such activities, it is necessary for the professional to understand their contributions and the legal dispositions that govern their performance in basic health services, being important to know the health policies in force in the country, especially those that deal with their work context.

Most interviewees showed that they knew both PNSPI and PNAISH, which are fundamental for the care of the elderly.

PNSPI, approved by Administrative Rule No. 2528, of October 19, 2006, determines to the organs and entities of the Ministry of Health, whose actions are related to the policy theme, "to promote the preparation or re-adaptation of their programs, projects and activities in accordance with the guidelines and responsibilities established therein."¹⁵

Subsequently, in 2008, the Ministry of Health launched the National Policy for Integral Attention to Human Health (PNAISH), aiming to facilitate and expand the access of men to health services.³

Statistical analyses showed an association between being graduated and knowing the PNAISH, at the same time that the frequency of participation in training on the subject was low for the two professional categories. Other authors found that the low participation of nurses in training was related to organizational aspects such as lack of available time, scarce financial resources, professional demotivation and difficulty in reconciling work and external activities related to personal aspects.¹⁶

The qualification of the professionals of the basic network to act in the health care of men is among the objectives of the PNAISH and its fulfillment could contribute to the reorganization of the health actions in order to create more inclusive proposals for this public.³ In practice, what is still observed are specific actions on specific dates such as "men's week", which need to be integrated into the programming of the BHU activities.

In the FHS, the formation of ties with the community is expected and, specifically with the elderly. The bonds between nurse and user are often strengthened by the lack of some elderly people. Home visits and health...
promotion practices are generally well accepted by the elderly, their relatives and caregivers, providing nurses with a better approach to reality, favoring the basic needs of each elderly person assisted.\(^\text{17}\)

The Ministry of Health understands that conducting the Home Visit (HV) allows “a more adequate support to the specific needs of the elderly person, negotiating with each family and/or caregiver every aspect of this care.” \(^\text{18}\)

Caring for both the BHU and the home of the elderly has been a common practice in the FHT, depending on the resources needed so as not to compromise patient safety. In our reality, the nasogastric/nasoenteral tube replacement or insertion has been done only in the hospital environment, reason why it was not mentioned by any of the professionals interviewed. It is important to consider that in both locations where these procedures are performed, these procedures should follow the principles of biosafety and infection control to ensure quality care.

The most frequently performed procedure by the interviewees was care for the wounded person (26.3%). It is understood that, in addition to performing and changing dressings, it is important that the nurse also identify the patient’s health history and evaluate their injury, thus, collecting consistent data for the preparation of care plans that meet individual specificities of each of them.\(^\text{19}\) In light of this, the need to improve Nursing professionals in this area of knowledge, as well as the inclusion and/or expansion of contents related to the care of wounded people in the curricular components of the technical courses and Degree in Nursing.\(^\text{20}\)

Another procedure referred to by the professionals as a care directed at the elderly men was the performance of the bladder catheter replacement, mentioned as a procedure performed by 24.6% of the interviewees. COFEN Resolution No. 0450/2013 defines that in the Nursing team, the insertion of a bladder catheter is private to the nurse, since it requires care of a greater technical complexity, scientifically based knowledge, and the ability to make immediate decisions.\(^\text{21}\)

In addition to the execution of technical procedures and clinical evaluation performed by nurses, it is worth emphasizing the importance of the involvement of these professionals with the other members of the team in carrying out health promotion activities for the community. Health education, closely linked to health promotion, is part of nurse’s role as a means to establish a dialogical-reflexive relationship between nurses and users, so that it seeks to reflect on their health/illness situation in order to become the subject of transformation of their own life.\(^\text{22}\)

It is also known that the care of the Nursing team to the elderly man goes beyond the guidelines, since it can involve everything from palliative care to support to family and caregivers. Therefore, it is emphasized that the approach through educational actions can be a good alternative to stimulate the participation of the family and the elderly in their care, favoring the construction of autonomy, as an essential factor for health promotion.

In the practice of care, it is noticed that the number of men seeking the health center is lower than the number of women. So it is recommended that the male population be encouraged to seek information and assistance in health services.\(^\text{23}\)

In addition, as health practices and health services offered correspond to the variety of health needs of men, the greater the bond of this public with these services, which also requires the expansion of the reception by the FHT, depending on the resources needed so as not to compromise patient safety. In our reality, the number of men seeking the health center is lower than the number of women. So it is recommended that the male population be encouraged to seek information and assistance in health services.\(^\text{23}\)

CONCLUSION

In general, the results show that the Nursing professionals that compose the FHT, tend to care for elderly men at some point in their performance. However, it is seen that the actions carried out by the interviewees still do not fully meet the perspective of health promotion, as recommended by the current Health Promotion policy. The study identified that there is a need to improve the qualification of its professionals, with the inclusion of the community, to work together, to improve the quality of life and health, which transcends the health sector, since it requires articulation with other municipal management services.

The profile of the participants of this study can be considered a portrait of the Nursing professionals who work in the FHS of the municipality of Santa Cruz / RN, once they were interviewed in their entirety. The majority are female, aged between 23 and 48 years, having been in the FHS for more than three years; are distributed among Nursing technicians and nurses, in a ratio of 2:1.

The actions of the Nursing team of the FHS, aimed at the elderly man, usually involve some technical procedures, as well as general
guidelines that, according to the participants, are provided through lectures and during the “men’s week”, an event held in some health units.

As with other programs dealing with other population groups, we consider it important that, through the creation and updating of legal documents, as in the case of the aforementioned policies, health teams seek to know the guidelines that govern their performance in health services. Geographical barriers, difficulties in accessing the internet and other sources of information must be considered, such as problems still existing today and that make it difficult to disseminate some specific knowledge. In these cases, the provision of courses, workshops and other training modalities are fundamental for professionals to keep up-to-date and offer quality assistance.

Based on the interviewees’ answers, the need to offer courses or other forms of training in the field of human health and the elderly was realized, so that these professionals can improve their knowledge and skills and thus provide quality care to this population.

In this context, access to information is an important instrument for professionals and users to improve their ability to reflect and thus transform their knowledge into actions aimed at their well being, a process that leads to the construction of autonomy. In this sense, the importance of the shared construction of autonomy was reinforce, since health promotion, in its full form, is only achieved when the subject - in this case, the elderly man - becomes an autonomous subject capable of making their own decisions about when and how they will take care of their own health.

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Nursing actions in care for elderly men...

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