ORIGINAL ARTICLE

BEST NURSING PRACTICES IN THE HEALTH OF THE ELDERLY*
MELHORES PRÁTICAS DE ENFERMAGEM NA SAÚDE DA PESSOA IDOSA
LAS MEJORES PRÁCTICAS DE ENFERMERÍA EN LA SALUD DE LAS PERSONAS MAYORES

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ABSTRACT

Objective: to understand, within the best practices, the experiences of searching for knowledge and using nurses' professional experience in the care of the elderly in Primary Health Care. **Method:** this is a qualitative, descriptive and exploratory study, with 30 nurses working in the Family Health Strategies. A semi-structured interview instrument was used. Data was analyzed using the Content Analysis technique in the Thematic Analysis modality. **Results:** the search for knowledge with other professionals and access to the internet network as sources of knowledge were revealed. The need to establish a systematic study routine and a permanent education agenda under the theme of aging became evident. **Conclusion:** it is concluded that the study confirms that nurses perform actions that lack notoriety and that they are concerned with the impact of their actions for the elderly user, but, for the best practices to be completely established, scientific immersion is necessary and methodological approach of professionals and management, in addition to the search for knowledge and appreciation of experience, which already coexist. **Descriptors:** Elderly; Nursing; Knowledge; Primary Health Care; Elderly health; Population Dynamics.

RESUMO

Objetivo: compreender, dentro das melhores práticas, as experiências de busca por conhecimento e utilização da experiência profissional dos enfermeiros no cuidado da pessoa idosa na Atenção Primária à Saúde. **Método:** trata-se de um estudo qualitativo, descritivo e exploratório, com 30 enfermeiros atuantes nas Estratégias Saúde da Família. Utilizou-se um instrumento de entrevista semiestruturado. Analisaram-se os dados pela técnica de Análise de Conteúdo na modalidade Análise Temática. **Resultados:** revelaram-se a busca por conhecimento com outros profissionais e o acesso à rede de internet como fontes de conhecimento. Evidenciou-se a necessidade do estabelecimento de uma rotina de estudos sistematizada e agenda de educação permanente sob a temática do envelhecimento. **Conclusão:** conclui-se que o estudo confirma que os enfermeiros realizam ações que carecem de notoriedade e que estão preocupados com o impacto de suas ações para o usuário idoso, mas, para que as melhores práticas sejam completamente estabelecidas, se faz necessária a imersão científica e metodológica dos profissionais e da gestão, além da busca por conhecimento e valorização da experiência, que já coexistem. **Descritores:** Idoso; Enfermagem; Conhecimento, Atenção Primária à Saúde; Saúde da Pessoa Idosa; Dinâmica Populacional.

RESUMEN

Objetivo: comprender, dentro de las mejores prácticas, las experiencias de búsqueda de conocimiento y el uso de la experiencia profesional de los enfermeros en el cuidado de ancianos en Atención Primaria de Salud. **Método:** estudio cualitativo, descriptivo y exploratorio con 30 enfermeros activos en las Estrategias de Salud Familiar. Se utilizó un instrumento de entrevista semiestructurada. Los datos se analizaron utilizando la técnica de Análisis de Contenido en la modalidad de Análisis Temático. **Resultados:** se reveló la búsqueda de conocimiento con otros profesionales y el acceso a la red de Internet como fuentes de conocimiento. La necesidad de establecer una rutina de estudio sistemática y una agenda de educación permanente bajo el tema del envejecimiento se hizo evidente. **Conclusión:** se concluye que el estudio confirma que los enfermeros realizan acciones que carecen de notoriedad y que están preocupados por el impacto de sus acciones para el usuario mayor, pero, para que las mejores prácticas se establezcan por completo, es necesaria la inmersión científica y enfoque metodológico de profesionales y directivos, además de la búsqueda de conocimiento y valoración de la experiencia, que ya coexisten. **Descriptor:** Anciano; Enfermería; Conocimiento; Atención Primaria de la Salud; Saúde do Idoso; Dinâmica Poblacional.

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INTRODUCTION

In 2050, there will be two billion elderly people in the world and, in 2025, Brazil will be the sixth largest country in concentration of people over 60 years old. Research should be considered, considering the magnitude of population aging, to interfere in the action of professionals, serving as a contribution to practices that involve the integrality of the elderly. It is known that the elderly public is among the main users of primary care in the Unified Health System (UHS) and that this is the scenario that is closest to the reality of the elderly and their family, cultural and social context.¹⁻³

The nurse is used as a reference for the multi-professional team in Primary Health Care (PHC). It is known that safe and effective practice, as the guiding thread of nursing care, is, above all, a mobilizing praxis, as well as the production of knowledge in nursing is a transforming action in the contexts in which health care occurs. Thus, the production of best practices is recognized as essential, precisely because it directs the acquisition of knowledge and the validation of conducts, enabling more security for decision making.⁴⁻⁶

It is reported that the best practices originated in the so-called Evidence-Based Practice (EBP), a movement that aims to guarantee the quality of care provided and increase the reliability of interventions. They are involved, for the crucial stages, to support a best practice since the search for the best evidence, in a systematic way, the consideration of the preferences of the users served and the valorization of the professional experience in the services. This movement depends on nurses willing to develop knowledge and skills, beyond the usual routine.⁵

Knowledge, with the expansion of information, should always be combined with the clinical experience of nurses so that the elderly person has access to the best care within PHC. In clinical decision-making, reasoning is included and requires the application of explicit knowledge (evidence) and tacit knowledge (accumulated knowledge), both of which are irreplaceable and inseparable. Therefore, the practice of nurses is committed, without combining experience and accessible knowledge.^{7,8}

It is believed that it is the role of nurses to act in strengthening PHC, where the elderly are inserted, based on the search for knowledge and optimizing the use of their practical experience in a systematic way. In this sense, it contributes to the reproduction of studies that involve the investigation of best practices, for the strengthening of the professional class, but, above all, it transforms the quality of life of the elderly who attend health services. Despite the fact that

Evidence-Based Practice is already widely reproduced in order to produce Best Nursing Practices in several countries, in Brazil, there is still an important knowledge gap in this area.^{8,9}

The objective of this study is based on the need to investigate the best nursing care practices for the elderly and to reveal how the elements of this practice are understood and accessed by PHC nurses:

- To understand, within the best practices, the experiences of searching for knowledge and using nurses' professional experience in the care of the elderly in Primary Health Care.

METHOD

This is a qualitative, descriptive and exploratory study in the municipality of Joinville (SC), Brazil, an industrial city, the largest in the state and undergoing a rapid growth process, with 51,025 people over 60 years of age (8.75%). The study participants are composed of 30 nurses who work in the FHSs in the three health districts of the municipality (North, South and East). Nurses were chosen based on the number of elderly people assigned to their units, in a decreasing way. Participants were contacted by telephone, where the theme and objective of the study was exposed and the face-to-face meeting was scheduled, at the FHS where they worked, and, after consent, the interviews were carried out or scheduled for an opportune moment.^{2,10}

Data was collected in 2018. The following inclusion criteria were listed: a) to be a nurse and b) to have been working in the municipality's FHS for at least six months. Those who: a) were acting temporarily to replace vacations or leave were excluded; b) they were assigned to another health service and were working in the FHS only for overtime purposes, were excluded. The interviews were preceded by the signature of the FICT and, in order to preserve the anonymity of the nurses, the names were replaced by the letter "E" for "nurse" (ex: E01, E02). For this study, a semi-open interview was chosen, which combined closed and open questions that allowed the interviewee to freely discuss the topic covered, contemplating the theme of best practices. It was also used, as a data source, the field diary filled in daily by the researcher, with inferences and perceptions about the contact with the interviewees and with the environment.¹¹⁻¹⁴

It was prioritized to arrive at the research scenario in possession of the theory and assumptions, however, open to impregnate itself with the information. After the full transcription of the data, Thematic Content Analysis began, and the first stage of the analysis began with a comprehensive and exhaustive reading of the statements, in order to obtain an overview of the set and formulate assumptions. In the second

stage, a new exploration of the material was carried out, arranging the fragments of the texts. Through this step, the cross-sectional elaboration of subsets was made possible. Then, an interpretative reading was carried out, looking for points of dialogue between the subsets, and these points of connection finally gave rise to the units of meaning (or categories).^{12,13}

In the last stage, the broader themes extracted from the categories were grouped and an essay by theme was elaborated, articulating them with the theoretical concepts initially proposed. In this way, it became possible to create a synthesis that will present the dialogue of the themes with the objective and assumptions of the study. It is noteworthy that the conceptual framework that brought light to the data analysis was the Best Nursing Practice.^{13,15}

The research project was submitted to the Research Ethics Committee of the Federal University of Santa Catarina (UFSC) in December 2017, obtaining a favorable opinion in January 2018 No. 2,471,808, with CAAE: 79692817.6.0000.0121. The ethical aspects of research were respected as recommended by Resolution 466/12 of the National Health Council (NHC) / MH - Guidelines and Regulatory Norms for Research on Human Beings. It should be added that the interviews were preceded by a favorable

opinion from the Joinville Municipal Health Department.¹⁶

In the FICT, clear and accessible language was sought. Participants were instructed not to participate, being able to interrupt or even give up at any time, without prejudice to the security and confidentiality of what they said so far, as well as the preservation of their identity. It is detailed that the participant was given a copy of the FICT containing all available information regarding their rights and the contact of the researchers and the Ethics Committee. Participants were informed of the guarantee of indemnity, by legal means, in the event of possible damages resulting from the research. It was pointed out in advance at the beginning of the interview that participation in the research would be only free and voluntary.

RESULTS

In the results of this study, the search for knowledge of nurses in the care of the elderly and the value attributed to their experience in PHC were demonstrated. In order to illustrate the characteristics of the interviewees, the table below was constructed.

Characteristics		
Women	25 nurses	---
Men	05 nurses	---
Average age	42 anos	From 25 to 55 years old
Average PHC Experience	13 anos	From one to 27 years of experience
Post-graduates in Family Health	11 nurses	---
Post-graduates in Hospital Administration	02 nurses	---
Post-graduates in Occupational Nursing	02 nurses	---
Post-graduates in Cardiology	02 nurses	---
Post-graduate in Collective Health	02 nurses	---
Post-graduates in Mental Health	01 nurse	---
Post-graduates in Maternal and Child Health	01 nurse	---
Post-graduates in Gerontology	01 nurse	---
Did not have a post-graduate degree	11 nurse	---

Figure 1. Description of sociodemographic characteristics of nurses interviewed in PHC - Joinville (SC), Brazil, 2018.

It is described that the data worked in this research come from two categories (thematic units) that are related to each other in the sense that they present results that support important assumptions of Best Nursing Practices. The first category is about the nurse and the search for knowledge in care for the elderly and the second presents the value of the nurse's experience for the care of the elderly.

◆ The nurse and the search for knowledge in care for the elderly

During the interviews, there was a plurality of means by which nurses reach knowledge, with the emergence of doubts that emerge from practice and daily contact with the elderly the most

relevant cause that make them seek knowledge in this area. There is an interaction between scientific research and its translation into practice as one of the fundamental aspects that underpin Evidence-Based Practice; therefore, knowing how this interaction takes place among nurses is essential for a research study of best practices.

◆ The search for knowledge with the multidisciplinary team

It is shown, despite pointing out how enriching the work and discussions between the teams can be, in the statements of this subcategory, that nurses were afraid to develop gerontological care independently.

My reference here is Doctor X who has been here for 10 years and I behave to her, if it doesn't work out, I can't solve it, then I get in touch (with other services). (E21)

Of course you read something, you are in doubt, and then you go to your colleague, to the doctor, to the specialist and - "what is this? (E01)

It is understood that the need to share knowledge and actions in the care of the elderly is a reality in the daily lives of FHS nurses, especially to discuss the knowledge acquired in the materials, which are a source of knowledge, such as the MH booklets, often cited by the participants.

When we need something from the elderly, we turn to other professionals, or the geriatrician, or the psychologist or OT, or even the clinician, CRAS, social assistance. (E02)

We have a lot of information exchange in the NASF registrations as well, about conduct questions, to exchange information with them. (E12)

It was reflected, in view of this contrast in the statements, about how difficult it can be for the FHS nurse to establish the balance between the search for updated knowledge and the support with other professionals. It is demonstrated, by such statements, how much the nurse needs to be sure of their practice and knowledge to empower themselves in their own trajectory and the knowledge they have built in their work with the elderly.

Rapid resolution is required for some issues that emerge from practice and it is not always possible to interrupt or postpone care so that scientific evidence is sought through formal channels.

Look, we look more for colleagues who are close and have more time in the unit, who know the network better, when we have a specific question. So (...), scientifically, we sin a little, we have to solve the problem, so, we need guidance. (E14)

It should be noted that the search for knowledge with other professionals, as the Evidence-Based Practice postulates, although positive and necessary for the professionals' daily lives, is not able to, in isolation, meet all the demands that nursing care requires. It is added that it is not possible to settle all questions just by looking with co-workers, and nurses revealed the internet network as an important means of searching for knowledge.

♦ The internet as a source for knowledge in care for the elderly

With the expansion of the internet network and the increasing availability of scientific and technical materials, the way in which nurses access knowledge has changed. In this subcategory, important aspects were revealed about this technology, so present in the routines.

[...]we have books, but the internet is so good, it makes it so easy, when I need an article, I go to Google Scholar, it's more practical. (E15)

I usually search the internet; the available material is no longer printed. (E26)

It was noted, despite the perceived scarcity of computer terminals in many participating health units, how quickly and resolutely this technology helps to direct care and daily practices, in a substitute way, to traditional study methods such as books, treaties and even printed manuals and guides.

I know that sometimes people criticize having internet, but any questions you go to Google and the information, it is there. And, sometimes, the patient comes for a private consultation, with a medication, and you play on the internet "oh, that's it". Before, it took you longer to give that answer to him. (E01)

It is noticed that satisfying doubts through the internet network, at first, seemed, during the interviews, an isolated process, in which the nurse sought to clarify the doubts related to his work process and the care of the elderly in the FHS. It is observed, however, that, in the course of data collection, the statements demonstrated that the search for knowledge via the network can be shared and even discussed among the team.

Telehealth has some really cool themes to work on, what the team tries to do is during the meeting time. (E10)

We have a WhatsApp group that is focused on attention and then we go there and study. The subjects are well applicable for everyday life. (E17)

The Aging and Health Notebook for the Elderly and other manuals were mentioned, however, nurses do not use the printed version, accessing them directly through the internet network. In addition, it is generated by the appropriation of knowledge, safety to nurses when it is necessary to argue, together with management, to achieve structural and organizational improvements in nursing care provided to the elderly.

I look in the ministry's notebooks, which I usually use for support and argumentation, too, when management doesn't understand the reason for that service. (E13)

I seek literature from the MH, a scientific article that is more current, but when I need something practical, it is the Notebook for the Elderly. (E18)

In contrast, it was clarified, by some participants, that only the content available in materials from the Ministry of Health is not enough to guide care within all the complexity that involves aging, needing, through the network, to conduct an expanded search for scientific articles and academic websites.

When I have a question about the elderly, I try to see a scientific article on the internet. I look on Google, if I have an article that is published

<http://www.ufpe.br/revistaenfermagem/>

in a reliable magazine, I always try to search there and start the study because, wow! - my books, I don't even know where they are. (E10)

Access to technology becomes an important promoter of best practices in the health of the elderly. It is understood that the internet network is a useful means of disseminating knowledge, however, for scientific knowledge to interfere in Nursing care for the elderly, institutions need to be willing to offer support and matrix guidance so that nurses can access scientific instructions in a systematic way. This discussion is shown to be more in-depth in the subcategory presented below.

♦ Permanent education for nurses

In this subcategory, it is revealed how much the lack of professional updating can affect care. It is reported by nurses that the training offered as permanent education is insufficient to cover the needs of professionals and the demands that arise in caring for the elderly. Participants refer that courses and training are rarely focused on the health of the elderly.

We do not have time (to study), what I do is on my own. (E11)

I live a moment now that I am attending, attending and, when I want to study, I have to ask management for me to register for a congress and it is still not released. (E19)

It was noticed that the professional is willing to update and qualify his practice. It is recognized by him that his technical-scientific competence could benefit from professional recycling, especially with regard to the area of care for the elderly. It is believed that a professional recycling agenda would be an incentive for the teams, especially when there is coordination responsible for the care of the elderly in the network.

Often, the health of the elderly is overlooked. They remember much of the chronic and not always the elderly. (E10)

I can tell you, since I started here, a specific course for the elderly area we never had. (E14)

However, some nurses are at the forefront of the professional updating process, developing, albeit in a non-standardized way, ways to recycle knowledge among team members, even though, performing this process, without institutional assistance, they feel unmotivated.

I made a whole folder for the unit; I like to study in the Ministry's notebooks, then, everything I find I put here, self-care, all the manuals, I keep it here, whenever I find something new, I share it. (E08)

It was noticed the distance that exists between the scientific knowledge produced on the health of the elderly and the insertion of this body of knowledge in the political agenda of the municipality, in order to provide ways for the knowledge to be systematically inserted in the daily lives of professionals. In this subcategory, a

relationship with the next one is established, as it demonstrates the routine itself and the challenges that each nurse has to walk their search for scientific answers.

♦ The study routine at work

It is known that the search for professional qualification is indispensable for the provision of quality work within PHC, especially with the constant changes and updates of the processes involving care for the elderly. It was revealed in this subcategory how much nurses, even those with experience, live with questions about their daily work, which demonstrates the complexity of nursing care for the elderly in PHC.

It is observed that a determining factor for the difficulty in establishing a study routine, reported by nurses, was the lack of time and the excess of attributions for which they are responsible. Thus, when establishing a study routine, starting from management, the variables of the process through which each individual goes through appropriating knowledge should be considered, and the statements that follow demonstrate this discussion.

We do not have (how to study at the unit), we make it happen when we have the need, we talk in the time that gives. (E25)

I do not have a study routine because we lose it with practice, but I study not to mention nonsense, I go after knowledge. (E08)

It is noted that, without an established study methodology, even below what is necessary; nurses are unable to meet the health needs of the elderly without a minimum update on the subject. It is perceived, therefore, that the practice itself is the one who demands the topic to be studied, which harmonizes with what the EBP postulates; however, the participants of this study have not yet appropriated this knowledge search methodology.

You cannot do it at work because it is busy, so I try to do it at home where I have a Primary Care Notebook that talks about the elderly and I think it's really cool. (E18)

It was reported by some participants that, despite living with this public every day, they are unable to establish a study routine within the unit, for numerous reasons, from the lack of time, even the immediacy in which knowledge they are required during the service. It was demonstrated by the nurses who reported not having the habit of studying, during the interviews, a certain frustration for not making it perceived even in the non-verbal language they presented when discussing this topic.

But I confess one thing: study is needed because we end up falling into complacency. (E10)

I even thought, when I came here, to set aside four hours a week to study, but it is not viable because the door is open and people come and go

and patients do not understand that this is work too, it is very complicated. (E13)

The following category was linked to this, in the sense that, in addition to showing the means that the nurse travels to seek the knowledge and the barriers that they may encounter in this path, they also use their experience to direct their actions to the elderly person. It is emphasized that the professional's experience and the search for knowledge are important foundations of the best practices.

♦ The value of the nurse's experience for the care of the elderly

Through the personal experience with elderly family members and with their own aging, the care that this professional provides to the elderly person is reflected, reflecting, with greater depth, about the political situation in which they are inserted.

♦ The contribution of the nurse's experience to an effective practice

It was illustrated, in this subcategory, how much the experience of the professional can improve their practice, and one of the characteristics of the interviewees is the good time of experience in the PHC of the city, which is very frequented by the elderly, a fact perceived in the approach to the field. Nurses are reflected in the following statements about how their practice and looking at the elderly have been transformed with the time of experience in PHC.

The difference is stark (from newly formed to today). The old man from the time I graduated is different from the old man today. When I graduated, the 60-year-old was an old man, debilitated. Today, it is completely different, so the look needs this evolution, the view that he is active, that he is participatory, that he makes his decisions, that he is independent. (E05)

Today, I have more knowledge, wisdom and much more initiative because, in the beginning, it was that insecurity, today, I have the security to be able to do the job. (E10)

Another phenomenon was revealed, which was the fact that the nurses' experience and age influence the way the elderly person sees them, thus demonstrating that the "experience" factor is important for users and professionals and directly influences the safety with which they provide care.

I look young, when I came here, they (the elderly) said: "But I am not going to consult with that nurse, she is very young, what does she know?". They highly value the question of experience, they want to be attended by someone experienced, I had to earn that trust. (E29)

In the interviews, nurses' perception of the changes that permeate the aging process was expressed, based on the continuous observation of users assigned to the units. It was pointed out the

need to understand aging as a unique and incomparable process, which demands strategies designed from the knowledge of the needs of each elderly person.

I realize that five years in the fifties does not mean much, but in the seventies it makes all the difference. (E29)

It is different, each elderly person brings a baggage of life, and look that I am 15 years old here. First, I have to understand what he is bringing in order to create a service strategy. I will have to study the elderly to have the strategy I am going to. (E26)

It is understood that experience is a necessary skill and that it is in constant construction, but that continuous professional attention is needed so that it can take advantage of this to benefit the service user.

The experience is that the fact that we have already experienced so many situations. Sometimes, he (elderly person) comes to me just for active searching, but he comes in front of you and you can already see a lot of things, see that he is inappetent, can see if he has anemia, for example, because you have experience. Can relate to what you are seeing, hearing and then doing. (E23)

In the following subcategory, what was discussed so far was complemented, since it was revealed that, in addition to the time of experience in PHC, another factor that interferes in the care provided to the elderly is the personal and family experience with aging.

♦ Personal experience contributing to professional performance in elderly care

It was reported how much their personal experiences contributed to the understanding of the needs of the elderly. The following statements are about the transformation that the experience with the aging of the family provided to them and how this interfered in the work processes that involve the elderly, including the listening skills and empathy that nursing practices demand aimed at this group.

Some professionals say that they get hardened over time, I became soft, I am much more sensitive today with patients than 15 years ago, when I was recently graduated; we experience this in our families, and the issue of empathy improves a lot over the years. It is not always the clinical question, sometimes the patient seeks because he wants to be heard and you end up re-signifying that clinical complaint. (E29)

It has contributed, for the time of experience, to the action in face of the challenging situations that the attendance can raise, besides that it can contribute to improve the bond with the elderly person, guaranteeing that the same one understands the orientations and feels more satisfied with the nurse work, remembering that the construction of a bond of trust and sensitivity

to apprehend the user's preferences are prerogatives of a better nursing practice.

I think I have more patience with them. I don't know if it's because of age. We have been with them for so long, I already know them. Before, I was flustered, I do not know if because of my age. Today, I know the patients, I have the facility to do this. (E09)

One thing that I have always struggled not to lose is sensitivity, which you have to take care of, because the profession is so harsh that, sometimes, you have to get involved in armor, you have to take care to lose that human side. (E03)

The academic and scientific knowledge was remembered as fundamental by the participants; however, this knowledge was sustained by meaning when the professional manages, with sensitivity, to consider the previous history of the elderly they care for during their professional journey.

In the beginning, everything was difficult. In reality, we learn a lot in college, we learn a lot from manuals, articles, literature, but we learn on a daily basis. You learn by seeing what happened to one and the other. (E06)

From this daily learning of transformative practice, through the nurse's eyes, the changes they experience daily, reflections of changes in the NPCP, which will be reported in the following subcategory, were reported.

♦ **Changes in the NPCP and the management of elderly care**

The work process of nurses is influenced by political changes. It is pointed out that the participants have considerable experience in PHC and this contributed to them experiencing different moments of the Unified Health System and perceiving the impacts that political changes cause on work processes and, consequently, on the elderly and their families. In addition to the speeches, the nurses' non-verbal expression evidenced, when talking about the recent change in the NCPC, non-conformity and fear for the future of UHS.

The group, probably, I will have to suspend because the intention is that we produce consultations, individually. We keep thinking that the management passes quickly, but it takes time for us to rebuild what was destroyed. The population is also very confused, the changes are strange and, for the elderly, it is even worse (E29)

It was denounced, by several testimonies, that the NPCP changes opened loopholes so that the municipal organization chart did not prioritize the care line for the elderly. It is perceived that health planning, when it does not include the top professional, may not include the needs of elderly users, since they do not always occupy political spaces and, in many units, need their rights to be

defended by professionals who are in direct contact with their realities.

There is no institutional support, we had, until a while ago, the nurse, inside the secretariat, she and a geriatrician were responsible for the elderly's health care line. When there was a technical question, we reported to them, but the secretariat underwent a restructuring and this was lost. Today, we are unaware of the secretariat's organizational chart here at the end. (E29)

The rhetoric of the FHS and its fundamental objectives were also raised. It was highlighted how much, in another political moment, the multi-professional approach was more relevant, and the testimony below represents this theme.

When I joined the FHP(as it was called), it had a different direction, a different dynamic. We had a weekly meeting, so I had the agility to resolve the demands. I could take this to the team to follow up, we no longer do the singular therapeutic plan, which was a moment of discussing the case, of seeing "what do we do?". (E19)

DISCUSSION

It was found that the members of the multi-professional team perceive the nurse as a professional capable of articulating and integrating knowledge (knowing, doing, being and living together), enabling quality care to the health service user and, consequently, the promotion of better practices. The production of best practices goes through the constant search for knowledge. This search is contemplated by the guidelines of the National Health Policy for the Elderly, which provides for the training and permanent education of UHS health professionals in the health area of the elderly and the provision of resources capable of ensuring quality of care for this public.^{6,17}

It becomes evident that access to the computer as a source of systematic research generates effectiveness and safety in the care process. It is possible to use the internet network, to seek the best evidence, when there is a focus of interest from managers and workers in a joint way, because, at this moment, it is not feasible, within the health services, to work without the aid of this technology. For this, investment in sufficient equipment and training is necessary for them to have a good use. It should be noted that Telehealth Brazil Networks in Primary Care is a component of the Basic Health Units Requalification Program, which aims to expand the resolution of Primary Care and promote its integration with the whole of the Health Care Network, however, for that is an effective instrument, needs training due to the limits of non-verbal communication that the "distance" modality has.¹⁷⁻⁹

It is noteworthy, from the constant search for knowledge on the part of the professional, combined with access to the internet network, that the incorporation of scientific evidence into the work process is optimized. It is understood that the search for evidence is a way in which scientific knowledge can be guaranteed to bring direct benefits to the population. It is exemplified by Spain where the use of EBP as a generator of best practices in PHC has been promoted since the graduation of the nurse, making the students develop the critical judgment that guides their performance to positively influence health practices.¹⁹

It is added that, in addition to the search for knowledge, in this work, professionals portray experience as a source for decision making, which is interconnected with professional valorization, since both provide security for the practice. It is understood that the experience is proportional to the leadership, management and political skills in the community.²⁰

It is emphasized that the experience can be better used when the professional mobilizes skills that are only acquired during his / her performance time, recognizing the situations as unique, but being able to apply the experience acquired in other experiences. Thus, a story is built by each professional, creating an image and seeking their space and respect.^{20,21}

It is understood, from experience and through this reflective process, that the professional learns to recognize and apply rules and competencies, to reason from the repertoire of acquired experiences and to build new ways of understanding and action.²¹ The experiences of caring for meaning are loaded when similar situations have already been experienced in the personal trajectory, causing emotions to emerge in nurses that can direct care actions, breaking paradigms and changing professional posture.²²

Nurses should use their experience as much as their leadership and management skills fostered since their academic training. It becomes necessary, for Nursing management to happen in a harmonious way, a favorable environment for this, leading the group, supporting the coordination and financing of the health system, ensuring safety in decision making. Historically, nurses have excelled in leadership activities, however, nursing management functions in Brazil are still immersed in political misunderstandings, making evident the dichotomy between what is expected of nurses in the view of theorists and what observed in health institutions.²³

It is noticed that nurses, immersed in this managerial and leadership process, feel the restrictive political changes of social rights directly interfere in their work process, especially in Primary Health Care. It is emphasized that the

demographic transition process requires more inclusive political transformations and a reduction in inequalities between older people. It is believed that the system is universal and the guarantee of a primary care policy focused on social well-being and promoting a favorable environment for the application of best practices is constitutionally the only acceptable alternative for professionals in practice.²⁴

CONCLUSION

The objective of this study was to understand how nurses seek knowledge and what value they attach to their experiences, since such concepts are fundamental in the cycle of construction of Best Nursing Practices. The means by which nurse's access knowledge were reported and there was a noticeable effort by several participants to seek scientific updates. It is observed, however, that the way nurses study did not always have a defined methodology and use of robust evidence, as established by the EBP for the production of best practices.

A relevant aspect was found in the research, which was the sharing of knowledge, when the nurse seeks scientific support in multi-professional discussions and reports that this factor helps decision making for the care practice provided to the elderly. It is noteworthy that, according to the revealed data, the team discussion is not always sufficient to resolve the questions that emerge from the complex situations that involve the human aging process.

It was evidenced that the internet network is the most viable form of access to knowledge among the interviewees and the transformation in the way health knowledge is used in the units was demonstrated. Based on this data, institutional support for knowledge could be planned, at various times, as insufficient, making use of this important medium, with which the participants already feel familiar, especially if there are sufficiently available machines in the units and interactive update methodologies in which nurses can point out the daily doubts.

The time of experience in the PHC proved to be providential and necessary to understand the needs of the elderly person, and, in fact, the participants demonstrated security when giving testimony about the years of professional trajectory and how it contributed to the work they perform in the time. It is pointed out, in addition to the previous experiences with the elderly person in the daily routine of services, that another transforming factor for the participants was the experience with the aging of the family and with personal maturity, favoring the bond between them.

It is pointed out that, due to the time of experience, nurses have already experienced

several political and administrative scenarios within PHC and this experience allows them to establish comparisons between historical moments and express fear for the future of UHS, collective actions, user access and planning with a focus on health promotion and disease prevention among the elderly.

It is believed that this research has a significant impact on the scenario of Best Nursing Practices, since it revealed important aspects of the fundamentals of this movement. It was revealed that nurses perform positive actions that lack notoriety and that they are concerned with the impact of their actions for the elderly user, including the political impacts that affect the territory where they work. It is understood, however, that in order for the best practices to be completely established through a journey of scientific and methodological immersion of professionals, it is necessary that management be involved, in addition to the search for knowledge and appreciation of experience, which has already coexist.

As limitations of the study, the difficulties of remote geographic location for carrying out the research are considered, but they were essential to understand the scenario in which the nurse was immersed and the expansion of the research scope. It was noticed the need to incorporate research methods that deepen the investigation of how it is possible to systematize knowledge and professional experience to produce better nursing practices based on the themes raised in this study.

It is recommended that other studies involving the investigation of best practices be carried out in PHC, in addition, studies that, based on the EBP, try to reorganize nursing practices and work processes that involve the elderly. In this way, successful experiences can be disseminated, helping the decision making of professionals inserted in other scenarios, and scientific production, making total sense for those who consume it, will permanently integrate the professionals' routine.

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