



ARTIGO

CARE FOR THE ELDERLY IN AN INTENSIVE CARDIOVASCULAR UNIT: A CONVERGENT CARE STUDY

CUIDADO A IDOSOS EM UNIDADE CARDIOVASCULAR INTENSIVA: ESTUDO CONVERGENTE ASSISTENCIAL

ATENCIÓN A LOS ANCIANOS EN UNA UNIDAD CARDIOVASCULAR INTENSIVA: ESTUDIO CONVERGENTE ASISTENCIAL

Neidiane do Rosa¹, Marinês Tambara Leite², Margrid Beuter³, Sandra da Silva Kinaslki⁴

ABSTRACT

The objective of this study was to analyze an educational practice on the care of the elderly in a cardiological Intensive Care Unit from the nursing team's perspective. The adopted methodological focus was the qualitative approach, with delineation of the Convergent Care Research (CCR). For the collection of information, interviews, participant observation and convergence groups were used. There was the participation of 24 nursing professionals. The analysis of data followed the stages of the CCR, the information being structured in three thematic categories. The study made it possible to know the fragilities in the professional qualification related to the area of gerontology in the nursing team, that although recognizing the particularities and peculiar needs of the elderly, reported having difficulties to provide care in the cardiologic ICU. In the evaluation of collective strategies, the professionals considered that the discussions led to the reflection about the practice, trying to modify it with a more understanding attitude and with more attention to the elderly person. The study encouraged nursing professionals to expand their knowledge in the area of gerontogeriatrics, understanding the functional and cognitive changes experienced by elderly people, especially those hospitalized in a cardiologic ICU due to a cardiovascular disease. Although incipient, it was identified that there was improvement in caring for the hospitalized elderly in the scenario of this study.

Descriptors: Aged; Nursing Care; Intensive Care Units; Cardiology; Cardiovascular Nursing; Geriatrics.

RESUMO

Objetivo: analisar a prática educativa acerca do cuidado a idosos internados em Unidade Cardiológica Intensiva, na perspectiva da equipe de Enfermagem. **Método:** trata-se de um estudo de qualitativo, descritivo, com delineamento da Pesquisa Convergente Assistencial. Utilizaram-se, na coleta de dados, a entrevista, observação participante e grupos de convergência, com a participação de 24 profissionais de Enfermagem. Estruturou-se a análise dos dados, seguindo as etapas da Pesquisa Convergente Assistencial, em três categorias temáticas. **Resultados:** verificou-

se que a equipe de Enfermagem possui fragilidades na formação profissional relativa à área da Gerontologia e, referiu ter dificuldades para prestar cuidado na unidade de tratamento intensivo cardiológica. Acrescenta-se que, na avaliação das estratégias coletivas, os profissionais consideraram que as discussões instigaram a reflexão da prática e procuraram modificá-la, com atuação mais compreensiva, prestando atenção aos idosos. **Conclusão:** incitaram-se os participantes, pelo estudo, a ampliar seu conhecimento na área da Gerontogeriatría, compreendendo as alterações funcionais e cognitivas vivenciadas pelas pessoas idosas, em especial, aquelas que possuem uma doença cardiovascular e estão hospitalizadas em Unidade Cardiológica Intensiva. Identificou-se, embora de forma incipiente, que houve melhora na assistência ao idoso hospitalizado no cenário do estudo.

Descritores: Idoso; Cuidado de Enfermagem; Unidade de Terapia Intensiva; Cardiologia; Enfermagem Cardiovascular; Geriatria.

RESUMEN

Se pretendió analizar una práctica educativa sobre la atención de los ancianos en una Unidad de Cuidados Intensivos (UCI) cardiológica, desde la perspectiva del equipo de enfermería. El planteamiento metodológico adoptado fue el enfoque cualitativo, con el diseño de la Investigación de Atención Convergente (IAC). Para recopilar las informaciones, se utilizaron la entrevista, la observación participante y los grupos de convergencia. Hubo participación de 24 profesionales de enfermería. El análisis de los datos siguió las etapas del IAC, donde fue posible estructurar las informaciones en tres categorías temáticas. El estudio reveló que los miembros del equipo de enfermería tienen debilidades en la formación profesional relacionada con el área de gerontología y, aunque reconocen que los ancianos tienen particularidades y necesidades peculiares, informaron de dificultades para brindar atención en la UCI cardiológica. En la evaluación de las estrategias colectivas, los profesionales consideraron que los debates incitaban a la reflexión sobre la práctica, procurando modificarla, con una acción más amplia, brindando atención a los ancianos. En el estudio se instaba a los profesionales de enfermería a ampliar sus conocimientos en el área de gerontogeriatría, abarcando los cambios funcionales y cognitivos que experimentan las personas mayores, especialmente las que padecen una enfermedad cardiovascular y están hospitalizadas en una UCI cardiológica. Aunque incipiente, se identificó que se ha mejorado la atención a los ancianos hospitalizados en el entorno de este estudio.

Descriptores: Anciano; Atención de Enfermería; Unidades de Cuidados Intensivos; Cardiología; Enfermería Cardiovascular; Geriatria.


¹Hospital Universitário de Santa Maria/UHSM. Santa Maria (RS), Brasil. ¹<https://orcid.org/0000-0002-2503-5934>.

²Universidade Federal de Santa Maria/UFSM. Palmeira das Missões (RS), Brasil. ²

<https://orcid.org/0000-0003-3280-337X>

³Universidade Federal de Santa Maria/UFSM. Santa Maria (RS), Brasil. ³ [https://orcid.org/0000-](https://orcid.org/0000-0002-3179-9842)

[0002-3179-9842](https://orcid.org/0000-0002-3179-9842)

⁴Universidade Regional Integrada do Alto Uruguai e das Missões/URI. Santo Ângelo (RS), Brasil.⁴

<https://orcid.org/0000-0002-4841-2288>

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INTRODUCTION

Caring consists of an interpersonal interaction between two or more people in a reciprocal relationship based on reported or identified needs. From the nursing point of view, the care consists in the interaction with the patient in order to meet his/her demands in a committed, conscientious, competent and confident manner.¹

In an Intensive Care Unit (ICU), there are strengths and weaknesses. Among the potentialities there is information about patients' diagnosis, the physical structure and material resources. Weaknesses can be found in lack of information, scarcity of human resources, lack of physical space for personal care as well as for the disposition of beds. In this scenario, the care is commonly individualized and of high complexity, but with little privacy.²⁻³

With the elderly population growth, the need to prepare nursing professionals to care for the elderly also emerges in the space of the ICUs. In this sense, there is a need for the nursing team to maintain a reflective posture on the work process produced in this environment, to know the labor reality and the assisted clientele, focusing on humanized assistance.³ To do so, the professionals need to develop their skills and necessary knowledge to care for the elderly in critical situations,³ since caring requires mastery and skills, especially when it comes to distinct population groups such as the elderly patients, whose lives are impacted by illness and hospitalization.

In this context, the educational actions in health to nursing professionals are important and contribute to the improvement of care for the elderly, because it is understood that the practice of qualified care allows maintaining humanized assistance and meeting the needs of those patients,²⁻³ in addition to facilitating facing the challenges in the everyday work regarding the demands of the elderly population hospitalized in an ICU. It is worth mentioning that nursing care is not only a product of scientific technical knowledge and working conditions, but also of the interaction of professionals with the patient, involving sociocultural issues reproduced in the context of care.

The development of this study was justified by the need to deepen into the knowledge about nursing care to the elderly hospitalized in cardiological ICU, having, therefore, as object of study to develop in-service educational activities in order to provoke changes and qualify that kind of care. The study is based on the following research question, in the perspective of the nursing team, with the objective of analyzing an educational practice on the care of the elderly hospitalized in a cardiological ICU: what are the practices and knowledge developed by the nursing professionals in the care of the elderly in a cardiological ICU?

OBJECTIVE

Analyze the educational practice regarding the care of elderly patients hospitalized in an Intensive Cardiology Unit, from the perspective of the Nursing team.

METHOD

This is a qualitative study, anchored in the methodological reference of the Convergent Care Research (CCR), which proposes an approach focused on nursing care provided to people in different scenarios. It also contemplates the accomplishment of investigation in concomitance with the care practice at the same time and physical space, whose convergence results in improvements to the participants' health.⁴ This survey was conducted in an Intensive Care Cardiovascular Unit (ICU) of a university hospital located in the southern region of Brazil as part of a master's degree dissertation.

The investigation process, according to the CCR, had the following phases: conception, instrumentation, perscrutation and analysis. Each phase was composed of a subprocess with new consecutive and interrelated steps, not necessarily in a linear way.⁴ In the phase of **conception**, the surveyor outlined the proposal of survey in a collaborative movement with the participants as from the needs of the practice scenario. The survey proposal had as a facilitating aspect the fact that one of the investigators was part of the nursing team at the place of study, a requirement by the CCR, the survey having been articulated with all the nursing professionals.

In **instrumentalization**, the scenario and criteria for the election of participants were defined, as well as the instruments for the production of survey data and for care practice.⁴ Regarding the scenario, there were six beds in the ICU, with most of the assisted users being 60 years of age or older. The care was performed by a support and multi-professional fixed team, consisting of nurses, nursing technicians, doctors and physiotherapists. However, it was decided for the survey to be conducted only with nursing professionals, since they are directly involved in the care of the elderly hospitalized in the ICU.

For this study, the criteria of inclusion of participants were established as being part of the nursing team and being directly linked to the assistance to the hospitalized elderly. The professional who was on vacation or on leave for health treatment (LHT) was excluded from the survey. Eight nurses and 16 nursing technicians participated, totaling 24 professionals. Data production took place between November 2016 and June 2017, including interview-conversation, participant observation, questionnaire and convergence groups.

Perscrutation corresponded to the moment in which the different techniques of scientific research and assistance practice were articulated for the operationalization and convergence of

survey and care data.⁴ In this phase, first of all, the interview-conversation and the participant observation were carried out, the latter being held in the place of investigation with the purpose of observing and following up the performance of the nursing team in the care of the hospitalized elderly. The observation was guided by a previously elaborated script containing the main nursing care conducted on the elderly and by identifying which professional (nurse and/or nursing technician) the care was executed by, as well as the degree of dependence of the elderly. At the same time, notes were taken in the field diary, which integrated the corpus of the analysis as well.

The interview-conversation had the purpose of identifying the characteristics of the participants in the survey, besides knowing the knowledge, needs and implications of caring for the elderly in a cardiological ICU. The data collection instrument was composed of two parts, the first one related to the workers' features, containing sociodemographic data (age, gender, marital status and education) and professional data (professional category, length of training and work experience, other employment, specialization); the second one, formed by a script of semi-structured questions that directed the interview to the care of the elderly in the cardiologic ICU environment. The interviews were recorded in digital format after the interviewees' permission and transcribed in full.

After the interviews, the convergence groups with the nursing team of the ICU were operationalized, allowing the group movement of producing the survey to be simultaneous with the care practice at the same time and physical space, focusing on health education.⁴ To hold the meetings of the convergence groups, part of the time when the team met was used for sectoral training or team meetings. Three meetings were held with the following purposes: presentation of the partial results of open interviews; to offer theoretical subsidies, discuss the necessary procedures based on the results that were presented within the group; to build collective strategies with the nursing team regarding the care of the elderly and to validate the strategies pointed out by the team. These meetings were recorded in digital media, transcribed and validated with the participants. After the convergence groups, a questionnaire was applied to evaluate the contributions of the educational process in health in the qualification of care of elderly people in the ICU.

The information **analysis** occurred simultaneously to the data production process, which allowed the surveyor to intervene in the context when necessary. This phase was systematized in the following steps: apprehension (exhaustive reading and appropriation of the material), synthesis (codification and categorization of the results), theorization (assignment of meaning in the light of the theoretical frameworks) and transfer (approaching and projection at other realities).⁴

In the apprehension, the data were organized and the surveyor obtained enough information to proceed to the stage of exploration and treatment of the material. In the synthesis, the elements found were grouped to identify the needs for change and strategies that could be adopted to improve the quality of care. In this phase, the data were grouped into categories, enabling theorization and seeking to relate them to the theory.

After the analysis and obtaining of the emerging themes of interest to the group, the theorization phase took place, in which discussions were held in the convergence conversation meetings, bringing the information collected closer to the theoretical framework. Three meetings were held with an average participation of 13 professionals in each. Thus, the collective strategies produced and consolidated in the convergence meetings were returned to the team in order to verify the adequacy of the constructions related to the categorization and interpretation of results and the inferences developed.

During the transference phase, the surveyor followed the operationalization of the outcomes obtained from the improvement in the care for the elderly and contributions of this study to the care practice, in order to encourage the professionals to reflect on their daily work. To follow up the contribution of the themes discussed to the improvement in care in convergence groups, the following questions were made: “Did you change your way of caring for the elderly after attending the groups where we discussed aging issues? In what aspects?” and “Did you identify any change in the team's way of caring for elderly patients? What changes?”.

This survey was conducted in accordance with Resolution No. 466/12 of the National Health Council, all participants having signed the Term of Free and Informed Consent, being approved by the local Research Ethics Committee under opinion No. 1.801.586. The participants were identified by means of codes (NP1, NP2, NP3...) for the interviews, and NQ1, NQ2, NQ3... and so on for the questionnaire, aiming at anonymity and preservation of privacy.

RESULTS

The nursing team professionals' age ranged between 29 and 50 years old, with an average of 37.4 years. The length of educational training varied from 07 to 20 years, with an average of 13.71 years. The majority had a single employment bond and had been working in the ICU from six months to 14 years. From the apprehension and synthesis of the material produced, the data were grouped into categories.

Professional background and knowledge about human aging.

With regard to the process of professional development and undergraduate contributions to the knowledge about the elderly, the data show that the theme of human aging has been, somehow, being addressed in the undergraduate disciplines. This fact was evidenced from the report of half

of the participants who during their training had had discussions about the health of the elderly or related to human aging.

However, the professionals who had already graduated the longest stated that the study of the theme on health of the elderly during their training presented some weaknesses:

Oh, I remember that when I graduated, this part of caring for the elderly was just starting, it was not separate. We had no specific content (NP9).

I believe so, it was not specific, but sometimes the professional has to be aware of this difference in the patient. Age interferes and has an impact on recovery, other associated diseases, and the question of what aging provokes, causes in this physical, mental, psychological issue in the patient (NP11).

The professionals understood that there is a need for specific knowledge related to human aging and on how to care for the elderly patient, but they did not know how to express objectively what knowledge would be needed.

The participants also stressed that the search for knowledge must be constant. When questioned about doing *lato sensu* or *stricto sensu* postgraduate courses, 12 of the graduated professionals stated that they have postgraduate degrees, but none in the area of human aging. Regarding qualification courses, 16 referred to having participated in some kind of course, but only one of them was in the area of aging. In relation to the nursing care, the professionals emphasized that they feel the need of having specific knowledge.

I believe so, that it requires specific knowledge, yes, to participate in specific courses for that, which today is quite booming (NP2).

I think you have to have some knowledge, an understanding of this phase of life, I think it's important [...], that there are countless things that are different from a younger person, it will depend on you to go deeper (NP4).

I think there should be more capacity training in this kind of care, they are differentiated people [...], it is not the same thing to take care of a young person or an elderly person (NP6).

In addition to training and the need for specific knowledge about caring for the elderly, the professionals explained the importance of continuing education to understand the issues related to aging:

Look, I think it would be good, because I think the more you learn, the better it would be, I think it would be good to have more courses [...] (NP5).

If there is continuing education, I do not know of any protocol that helps us to give this protection to the elderly in our unit, we do it this way, trying to be as perfect as possible, but there is not anything to guide us [...] (NP3).

It is noteworthy that the nursing professionals of the ICU pointed out to the need to reflect on the inclusion of developmental courses on the care of the elderly and of permanent education in health services, especially for those professionals who had been trained longer in the past.

Situational diagnosis: caring for the elderly in the Cardiovascular Intensive Care Unit

The professionals perceived the care of elderly patients hospitalized in the CIC unit in different ways, demonstrating dissonance of ideas. On one hand, there is the claim that the care, especially the technique itself, of the elderly person is similar to that of an adult patient. On the other hand, they expressed that the elderly patient requires longer hospitalization and has a higher risk of mortality, which demands changes in the way of providing care and attention.

I can say it is normal. For me, I find it more difficult in the CICU, the rest I find like the others [...], the most technical part of the thing I find more normal (NP9).

Seeing that in the day-by-day the technique itself in the procedures does not change because of the age, what changes is the care, the time of recovery, what ends up also interfering in the care, it is different, because the recovery is slower, the risk of mortality because of the age is bigger [...], a person who already has other associated diseases requires caring not only because of the cardiological issue, but also of the other associated pathologies [...], so I believe that it is a different patient, it is a special patient [...] (NP11).

In the perception of the participants in this study, the elderly hospitalized in the CICU often present comorbidities, being distinct patients, with care needs that require more attention. However, in the day-by-day, the technical care is performed in the same way as that provided to younger patients.

We take care of anyone [...], of all patients. But with the elderly patient we try to have more attention, more affection, because they leave their environment, which they are used to, and this interferes a lot for the elderly in hospitalization [...] (NP15).

The participants reported that when hospitalized, the elderly patient presents a greater chronicity of pathologies that may interfere with the treatment, the prognosis and the recovery time. In addition, the elderly develops other limitations related to those factors when compared to other patients.

For me it is different, there is more restriction, I think there is more restriction in all senses, movements and feeding, in hygiene, in everything (NP13).

For me he/she is a differentiated patient, who demands a little more attention for his/her limitations [...], he/she is a patient who demands a little more from the nursing technician in the question of general care (NP6).

Regarding the particularities in the care of the elderly, the participants mentioned that the elderly patient raises a special configuration and preparation by the team for the specificities related to physiological, psychological and biological aspects that deserve more attention. The professionals had knowledge about the changes caused by aging and understood that the elderly have specific and distinct needs from other age groups.

The skin issue, the care issue, the fragility of the skin, the alternating decubitus issue, the memory issue, and the debility. A patient debilitated with motor locomotion, with cognitive deficit, delirium [...], so I think we have to acknowledge that (NP2).

You have to be very careful with the skin when you are going to move them in bed, to lay out the sheets well, you have to be careful with the rashes [...], in handling the bladder probe, to position it well, to stick it, like, onto the thigh, the caution not to injure the skin, the hydration of the skin, attention to pass the AGE oil [...]. ...], when picking up a peripheral venous access, not to traction the central venous access to remove it, the caution with managing the tube [...], the cephalocaudal care is important so that he/she does not suffer other lesions and has his/her condition aggravated [...] (NP12).

The elderly person has particularities, one of the things is the temperature, it will not be the same as in a young person, the elderly person no longer responds [...], the skin is more fragile, it will not be possible to provide the same care, the same procedure as to a young person, the skin turgor is not the same [...] (NP16).

Professionals also demonstrated knowledge about the elderly's clinical and physiological alterations.

There are some particularities to take care of this elderly person, such as knowing the anatomy, the physiology of the elderly person, which is different from the adult individual's, all this knowledge of how the disease was triggered, why it was triggered, there are particularities that are specific to the senile phase, to the elderly person, so I think that these particularities are required in caring and involve basically clinical issues, physiological issues that are different [...] (NP23).

Patience in caring for the elderly was also evidenced in the participants' statements.

You have to be patient, very patient, you have to be able to dialogue, to make the person understand what you are talking about [...], he/she has to do the procedures, which is good for him/her, and many times we find difficulties, because the patient, although he/she

seems to understand, when we turn our backs, he/she does not do any of that, so it demands a lot of calm, patience, dialogue and even psychology [...] (NP21).

I think that as for particularities, what would be appropriate is the question of having more patience, of having better understanding, of explaining what you are going to do in a better way, because they also have a difficulty in understanding [...], you have to know if they understand what is being said and done [...], the body issue, of feeling more pain, of being more sensitive to the bed, more sensitive to your touch, I think these are particularities of the elderly (NP4).

When referring to the daily work difficulties in the ICU, besides the intrinsic elements of caring for the elderly, some extrinsic factors of the environment's physical infrastructure, such as the limited physical space and the lack of a nearby bathroom to provide shower aspersion, were also pointed out and highlighted in the participants' observations as important points that directly interfere in providing care.

Regarding some basic infrastructure things that unfortunately we do not have, like bed, shower stall [...], sort of, as from mobility, more space there to put them in an armchair, often to spend the time (NP1).

No, like, I do not find it difficult to take care, what we have is difficulty with physical space, so sometimes you want to get the patient out of bed, there is not an armchair for everyone, or there is a hemodialysis machine in the middle of the way there that you cannot move out and put an armchair (NP20).

Other difficulties pointed out were related to the patient's clinical aspects when the assistance is performed, as well as when the patient himself/herself does not accept the age limitations and does not understand that he/she depends on the care.

What I find most difficult is that they do not verbalize, to understand what they want, to move, it is much more difficult. Because sometimes we go a little rough to move them, and that scares, hurts, that kind of thing [...], the biggest difficulty is this part of being a little more delicate, a little more sensitive, more subtle [...] (NP9).

Caring for the elderly in the ICU is very different, because they are very specific, for example, there are gender differences, caring for an elderly woman and an elderly man is different, but there are the specificities of each one [...], we do not know the whole context of that elderly person, and we know the clinical aspects, but we get to know them more deeply as we create a bond (NP23).

When performing the intimate hygiene, during the participant observation period, patients were visualized referring to feeling uncomfortable with being cared for by someone of the opposite sex,

a situation that, besides invading the privacy and individuality of the elderly person, can cause embarrassment. As far as possible, adjustments were made among the team members, with the care then being performed by a professional of the same sex.

It was also evident during the participant observation in the nursing's everyday work that the physical structure was not adapted to attend the elderly clientele, in addition to aspects related to the professional qualification and clinical conditions of the elderly person, because many of the professionals presented some difficulty to provide care to the elderly hospitalized in the ICU.

Thinking about the care of hospitalized elderly and strategies to qualify it: a nursing proposal in the light of the convergent-care approach.

Based on the situational diagnosis, the nursing care practice in the convergence groups was carried out, a process that corresponded to the team instrumentalization phase and collective elaboration of strategies for the qualification in nursing care with the purpose of improving communication, the care in clinical management and other aspects of the elderly' s alterations, allowing the professionals to differentiate the normal alterations from the pathological ones in the aging process.

The construction of strategies of care to the elderly occurred by means of a participative process, once there was reflection-action on the aspects of aging on the part of the whole nursing team based on the analysis of their own reality, allowing to propose recommendations that may contribute to the qualification of the assistance and care to the elderly, as shown in Table 1.

Table 1 - Recommendations for care and assistance to the hospitalized elderly. Brazil, 2020.

	Nursing strategies and guidelines
Recommendations related to the professionals	Pay attention to valuing the elderly and their identity, calling them by the name with direct eye contact, in addition to keeping a relaxed, yet attentive posture to the signs transmitted by the elderly.
	Conduct active listening in all their manifestations.
	When communicating, talk in a calm and audible tone of voice, clarifying and always validating the information.
	Observe the facial expression, allowing to improve the decoding of non-verbal signals.
	Explain the procedures calmly and patiently, observe signs and manifestations of understanding, annoyance and/or non-acceptance, especially at the time of body hygiene when it needs to be performed by a professional of the opposite sex.

	Conduct appropriate body movements, avoiding causing any harm to the recovery and integrity of the skin.
	Seek training in verbal and non-verbal interpersonal communication to establish effective relationships, thus improving the quality of nursing care.
Recommendations related to the physical structure	Use the furniture of the environment for the comfort of the elderly, ensuring to adapt it to the space that is reduced.
	Ensure the privacy of elderly patients at the time of procedures with the use of partition screens, avoiding their exposure.

It is worth mentioning that the convergence groups were conducted with theoretical support, the participation of professionals being positively evaluated, since they showed interest in knowing more about the care needs of the elderly, motivating them to participate in the construction of collective strategies to qualify the care.

The evaluation of the implementation of the strategies occurred throughout the participant observation and the application of a questionnaire to the professionals, focusing on their own way of caring and those of other colleagues. The participants evaluated personal changes in the way of caring.

Yes, due to the topics discussed, we have another view on the reception, care, treatment and attention (NQ3)

Yes, I believe that I have changed my way of thinking, I am reflecting more on the care of the elderly, which in a certain way should reflect on the improvement/zeal of the care: fragile skin, orienting in time and space, adequate food offering according to their limitations. (NQ5).

I have developed an awareness focused on the needs of the elderly person, on the fragilities in several aspects [...]. (NQ6).

Yes, greater care with switching, understanding, patience and caution with the answers [...]. (NQ7).

The actions developed with the professionals were positively self-evaluated, proving to be pleasant and meaningful, highlighting more understanding actions, paying more attention to the elderly and their complaints.

I think it was satisfactory, the team in a general context is adhering to improve the attention and care of the elderly in the unit (NQ3).

[...] I could notice greater attention to the patient's complaints (NQ4).

[...] I found the team more understanding and caring with the patient (NQ5).

DISCUSSION

With regard to the development of care for elderly people in ICU, nursing professionals were identified as having dissonant perceptions on the subject, having little knowledge about the peculiarities involved in caring for the hospitalized elderly, as well as about the mishaps in everyday work triggered by the limitations in the physical structure of the unit. Thus, a set of elements highlight the importance of addressing aspects related to the health of the elderly in the training process of professionals, which can have a positive impact on the care provided to this population. This understanding is in accordance with the National Curricular Guidelines for the Nursing Undergraduate Course, which state in their article No.5 that the nurse must be endowed with skills and abilities to act in various health care programs, including the training of professionals capable of caring for the elderly individual.⁵

In this context, a study that sought to verify the insertion of gerontogeriatrics in undergraduate nursing courses identified that in Brazil, from 1970 to 1996, the theme of human aging was included slowly in the curriculum in non-specific disciplines, making health professionals, when entering the job market, have no minimum skills to provide care to the elderly,⁷ whereas the investigation on the teaching of gerontological nursing in the Brazilian public institutions of higher education verified that the discipline of attention to the health of the elderly was present in all nursing courses analyzed, either associated to another area, as in health of the adult, or specifically, as in health of the elderly.⁷ It is important to emphasize that the training of nurses should also be in line with the National Health Policy for the Elderly (PNSPI in Portuguese) which, in its guidelines, encourages the permanent qualification in the area of health of the elderly in order to develop research and promote teaching about the aging process.⁸

The care and type of approach toward the elderly patient are related to the professional's education and may be limited if during the course the subject is not addressed or if it is done superficially, being insufficient to meet the demand for knowledge in the care of elderly people.⁹ These data converge, in many aspects, with those found in this study, since the professionals had the reality of the patients' aging reflected in the demands of the actions they developed, and they perceived the need for qualification in this subject since their training.

The knowledge and improvement in the care of the elderly population should start during the undergraduate studies, through research related to gerontogeriatrics and a curriculum focused not only on the treatment of diseases that affect the elderly, but on all aspects related to them, such as work, environment, family and their own well-being.¹⁰⁻¹¹ It is important to reiterate that the curricula of courses in the health area, especially nursing, are restructured periodically, and

professionals who graduated several years ago, as identified in this study, have gaps in their background education.

The results showed that the nursing professionals recognized that the elderly have particularities that require care and attention, considering the changes resulting from the process of organic and psychic aging. This approach is in line with the PNSPI, which promotes actions that include biological, psychological, social and cultural aspects in the care of the elderly person.⁸ Furthermore, the participants highlighted the lack of continuing education programs aimed at the care of the hospitalized elderly, particularly those hospitalized in a highly complex unit, such as the ICU. This occurs because the health services are also responsible for recognizing the changes in the profile of hospitalized patients and to propose spaces for dialogue, updating and qualification of their collaborating teams so that the assistance provided is resolute and the proposed interventions are effective and efficient. The educational processes allow professionals to develop from a state of ignorance to one of knowledge, being able to change the everyday reality.¹¹⁻¹²

In this sense, it is important for the professional nurse to reflect on his/her actions and object of work in order to evaluate the assistance provided and identify the needs of his/her team in order to expand and disseminate knowledge about the care of the elderly. For this understanding to be possible, it is important to consider the awareness, preparation and professional commitment for an extended care, recognizing individual and collective aspects of the elderly population, aiming at attention to health on a broader and contextualized basis.¹³

Therefore, it must be understood that the aging process does not only involve the individual, but it is also an existential phenomenon that comprehends the elderly in their dimensions, with repercussions in the personal and collective spheres. Thus, the members of the nursing team that operate in ICU must know the clinical interurrences of the assisted elderly so that they can provide this population with high complexity care appropriately and safely.¹²

The reflection made on the work developed also permeates appreciation for the human condition of the cared-for person and of the caregiver. Many times, however, the rethinking of practices does not occur, because the professionals are not encouraged to do so, although the starting point might be the professional himself/herself in the continuous search for knowledge, qualification and updating in order to improve the care in his/her everyday work. It is important to create spaces for reflection and learning as the elderly population needs specific care, much of which is specialized and directed to the peculiarities brought about by the aging process.¹⁴

The participants recognize the physiological alterations of the aged person's skin, what makes the nursing practice to be guided mainly with regard to the hygienization in bed. However, on several occasions, the professional performs the care in a robotized way, forgetting to pay

attention to the privacy and signs of discomfort that the patient may demonstrate, for example, through facial expression. The physiological alterations that are inherent to aging are subtle, incapable of generating any incapacity in the initial phase, although, over the years, they will increasingly cause limitations in performing the basic activities of everyday life.¹⁵

Old age is a phase that besides being accompanied by visible physical changes also brings about changes in the mood, when the elderly person begins to demand more patience from his/her caregivers. In this sense, patience is a strategy used in the interaction of the process of caring. The way of dealing with the elderly refers to the image of a person in need of affection, because in old age people need attention again, which requires more patience from who takes care, be it a companion or nursing professional, to hear their life stories or wait the necessary time for them to do what they need.¹⁶

In view of the reported aspects, it was evident that the professionals need preparation to deal with the situations that are part of caring for the elderly, especially with regard to patience and knowledge. Moreover, it is worth noting that when the elderly patient is hospitalized, he/she is usually bonded to the professional who takes care of him/her, the latter having to be prepared to treat him/her in a caring, attentive and professional way.¹⁷ Therefore, communication should be valued as it is one of the instruments of caring for the elderly in both verbal and non-verbal forms. Communication builds and strengthens bonds, promotes acceptance and favors interaction with the other, making it possible to share ideas, experiences and feelings.

Aging, in the professionals' understanding, is followed by changes that affect mainly the functional and cognitive capacity. Therefore, it is necessary to be tolerant, understanding and patient in all aspects, from the moment of conducting a certain procedure to the moment of being willing to listen or speak. It is important to emphasize that such virtues and attitudes must be inherent to the professional, regardless of patient or age group.

The professionals report that the elderly person hospitalized in an ICU is a patient who requires differentiated attention. It can be understood that the elderly person needs an attentive look for several reasons, such as: the slower recovery process from the disease; the presence of visual-auditory, perceptive and motor limitations; the greater vulnerability to iatrogenicity; and the reduction of immunity. Hospital admissions are more frequent and the bed occupancy time is longer among the elderly when compared to other age groups. The demand for hospitalization of the elderly is directly related to the growth in this population, to the epidemiological change and the condition of morbidity and mortality, as well as chronic degenerative diseases and their complications as factors of the high rates of hospitalization.¹⁸

In view of the results of this study, it is noteworthy that the nursing actions proposed may mediate the improvement of care for the elderly in ICUs. In this sense, the nursing professionals are part of a multi-professional team that can intervene with the elderly exposed to risk factors, especially in intensive therapy, in order to prevent or reduce the aggravation to their health. In the accomplishment of this nursing action, the applicability of the CCR stands out as a methodological framework that made an approach between the nursing team and the health service possible, rescuing the link between research and care. In this sense, the CCR enabled the construction of an investigative project, breaking with purely diagnostic practices by associating nursing research to professional practice. Therefore, the CCR offered a differentiated possibility for the construction of knowledge in nursing to the extent that it allowed immediate feedback to the participants and the place of study, as well as the formulation of actions that promoted the qualification of nursing care.

CONCLUSIONS

This study demonstrated the relevance of CCR to work on aspects of nursing care to the elderly hospitalized in ICU, since through the results obtained it was possible to carry out actions with nursing professionals with a view to bringing up changes in the practice of care for the elderly patient, as well as encouraging the professionals to improve their knowledge about the issues affecting the elderly population.

The professionals were also verified not to have specific training on the care of the elderly patient in an ICU. However, they understand that aging comes with biological and physiological alterations, favoring the installation of physical and cognitive limitations, thus demanding greater care from the nursing team. It can be said that understanding the aging process is important not only to realize that senescence can come along with loss of functional capacity, but fundamentally to know how to identify the need for care and develop facilitating strategies that mitigate the clinical changes and risks of complications.

The listening practice, the appreciation of the reality of the participants and the dialogue fomented in the participative action were fundamental to trigger the reflection by the nursing team about their assistance practice to the elderly. The participants had the opportunity to attend convergence groups, discuss and obtain knowledge about themes related to aging, besides proposing strategies for improvement of care. After the participation in the convergence groups, there were changes in the way of caring for the elderly, with the team having shown itself to be more attentive to these patients' demands in their everyday work.

The participant observation during the study made it possible to record the facts from the situational diagnosis to the finalization of the implementation of the strategies, allowing the

analysis of several aspects of professional performance, such as the way of approaching the patient, the comments made by the team professionals in relation to the elderly, the interaction and the reaction of the patient as a care recipient, as well as the physical characteristics of the venue.

It is essential that issues related to the care of the elderly are worked on on a daily basis in the health services and that all multi-professional teams are involved, adopting methodologies that problematize the reality beyond the theories. In this sense, health education is expected to be permanent, and issues related to changing the way of caring for the elderly to be included in this scenario. It is emphasized that this implies investments in human resources, since gerontological care has its own particularities and requires training and professional skills.

The contributions of this study are relevant since they give visibility to a public that has been little investigated by nursing until now, having provoked reflections and changes in the practice of nursing care to the elderly hospitalized in ICU, becoming an innovative strategy in the way of having health education. The results achieved point to promising tools and paths in health education for the elderly that can lead to the qualification of care for these individuals in intensive care.

This study has limitations, especially regarding time, because the adopted method requires a time amplitude to carry out the situational diagnosis, to develop reflections and discussions in the convergence groups, to propose alternatives of innovative changes in the praxis, besides monitoring and evaluating the changes triggered by the survey. It This theme is understood as relevant to the field of health in general, and especially to gerontogeriatric nursing; therefore, new studies should be developed in other scenarios, with other professionals, also by using other research methods due to the scope, complexity and amplitude of the theme, which are not exhausted in one survey.

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Correspondência

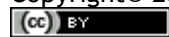
Marinês Tambara Leite

E-mail: tambaraleite@yahoo.com.br

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