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RISK OF FALLS IN THE ELDERLY: CARE-EDUCATIONAL STRATEGY FOR CARE GIVERS FOR THE ADOPTION OF PREVENTIVE MEASURES

RISCO DE QUEDAS EM IDOSOS: ESTRATÉGIA CUIDATIVA-EDUCACIONAL PARA CUIDADORES PARA ADOÇÃO DE MEDIDAS PREVENTIVAS

RIESGO DE CAÍDAS EN ANCIANOS: ESTRATEGIA ATENCIÓN-EDUCATIVA DE CUIDADORES PARA LA ADOPCIÓN DE MEDIDAS PREVENTIVAS

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ABSTRACT

Objective: to implement educational activity with caregivers of the elderly to prevent falls. ***Method:*** this is a care-research study, carried out in a Long-Term Care Institution for the Elderly, from April to July 2019. It is informed that 23 caregivers participated. Data was collected in five meetings with educational interventions with analysis based on authors who study the subject. ***Results:*** the following themes became evident during the meetings: Falls cause a lot of damage to the elderly; The environment can be a cause of falls in the elderly. ***Conclusion:*** the care-research allowed a favorable interaction between researcher-caregiver and researched-caregivers, making them aware of the prevention of falls in elderly residents.

Descriptors: Nursing Care; Health Education; Health of Institutionalized Elderly; Elderly; Long-Stay Institution for the Elderly; Caregivers.

RESUMO

Objetivo*:** implementar atividade educativa junto a cuidadores de idosos para prevenir quedas. ***Método*:** trata-se de uma pesquisa-cuidado, realizada em uma Instituição de Longa Permanência para Idosos, de abril a julho de 2019. Informa-se que participaram 23 cuidadores. Coletaram-se os dados em cinco encontros com intervenções educativas com análise fundamentada em autores estudiosos do assunto. ***Resultados*:** evidenciaram-se, nos encontros, os temas: As quedas causam muitos prejuízos para os idosos; O ambiente pode ser causador de quedas em idosos. ***Conclusão: permitiu-se, pela pesquisa-cuidado, uma favorável interação entre pesquisador-cuidador e pesquisados-cuidados, sensibilizando-os quanto à prevenção de quedas nos idosos residentes.

***Descritores*:** Cuidados de Enfermagem; Educação em saúde; Saúde do idoso institucionalizado; Idoso; Instituição de Longa Permanência para Idosos; Cuidadores.

RESUMEN

Objetivo: implementar una actividad educativa con cuidadores de personas mayores para prevenir caídas. ***Método:*** se trata de una investigación asistencial, realizada en una Institución de Larga Estancia para Ancianos, de abril a julio de 2019. Se informa que participaron 23 cuidadores. Los datos se recolectaron en cinco reuniones con intervenciones educativas con análisis basados en autores académicos. ***Resultados:*** en las reuniones se destacaron los siguientes temas: las caídas causan mucho daño a los ancianos; El medio ambiente puede provocar caídas en los ancianos. ***Conclusión:*** la investigación asistencial permitió una interacción favorable entre investigador-cuidador y sujetos investigados-cuidados, sensibilizándolos sobre la prevención de caídas en ancianos residentes.

Descriptores: Atención de Enfermería; Educación en Salud; Salud del Anciano Institucionalizado; Anciano; Hogares para Ancianos; Cuidadores.

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INTRODUCTION

It is known that human aging is a phenomenon and a global achievement. Data from the United Nations reveal global projections in which, between 2019 and 2050, the number of people aged 65 or over will more than double worldwide; in contrast, the number of children under five will remain relatively unchanged.[1]

This transition of the demographic population profile is characterized by epidemiological changes, with a high prevalence of non-communicable chronic diseases, which can lead to a condition of disability and show signs of frailty.

Frailty, characterized as a multidimensional event, results from the influence of biopsychosocial and environmental conditions, musculoskeletal alterations and motor function, which can contribute to a greater functional decline, the occurrence of falls, hospitalizations and institutionalization in Long-Stay Institutions for the Elderly (LSIE).[2]

For the qualified care of the elderly, especially in the LSIE, trained professionals are essential to assess them in all their dimensions, developing appropriate interventions, based on prevention activities and health promotion, in order to prevent a number of injuries and disabilities related to the performance of activities of daily living, such as preventing falls.

No contexto da institucionalização, destaca-se a figura do cuidador de idosos, cujo empenho é ajudar os idosos nas dificuldades quotidianas decorrentes do processo de envelhecimento, seja no domínio físico, psicológico, cognitivo ou social. Assim, prevê-se que o cuidador é essencial para contribuir para a qualidade de vida do idoso, realizando actividades de supervisão e apoio na alimentação, higiene, medicação, mobilidade dos idosos em actividades recreativas e de lazer, entre outras.[3]

Thus, nurses play a fundamental role in developing health education practices with caregivers of the elderly in order to fill knowledge gaps, their expectations and doubts. Nursing educational practices are performed, since a long time ago, in all care contexts, especially when the focus is the human being, particularly the elderly, representing one of the guiding pillars of nursing practice, and should, as a professional competence, be developed in the different care settings, whether in group or individualized activities.[4]

It is understood, therefore, that the educational process, through care research, allows the teaching-learning of caregivers for care and raises their awareness regarding the maintenance of the functional capacity of the elderly person, enabling them about the risks of the health conditions of the elderly person itself, as well as of the environment.

OBJECTIVE

Implement educational activity with caregivers of the elderly to prevent falls.

METHOD

The research-care methodology was employed. This method is used in interpersonal and intrapersonal relationships, and is materialized through caregiving actions. From the moment the problem situation experienced in the group is identified, something must be planned and carried out to transform or change the reality.[5]

The research was developed in an LSIE in the city of Fortaleza (CE), in the period from April to July 2019. Identificaram-se idosos com o diagnóstico de Enfermagem risco de quedas após avaliação dos registros dos profissionais nos prontuários, bem como da anamnese de exame físico nos momentos de avaliação.

It is detailed that 23 caregivers, workers of the institution, participated in the study, in the morning, afternoon and evening shifts.

The inclusion criteria adopted were: being a caregiver of elderly people at risk of frailty, defined as an elderly person capable of managing his/her life independently and autonomously, however, being in a dynamic state between senescence and senility, resulting in the presence of functional limitations (imminent functional decline), but without functional dependence. Caregivers on vacation and/or on medical certificate were excluded.

To make a care-research feasible, five stages are proposed: (1) Approaching the object of study; (2) Meeting with the researched-care-being; (3) Establishing the connections of research, theory, and care practice; (4) Detachment of the researched-care-being and the researched-care-being; and (5) Analysis of the apprehended.[6]

For data collection, five care-educational meetings were held. It is observed that these occurred in the afternoon, at 5 pm, time that did not compromise the care of the elderly. The meetings were configured as spaces of exchange and collective construction of knowledge, of analysis of reality, of confrontation of experiences, of creation of social-affective bonds, and of concrete exercise of human rights. [6]

The conversation circle was chosen for its educational and reflective character on the daily practices of the caregivers of the elderly residents and, also, for the possibility of greater approximation of the caregivers and informality. The rounds were proposed to qualify them in the execution of the activities, attentive observation of the elderly and of the environment, making them aware of preventive care for falls.

Five rounds of conversation were organized, four of them to discuss the information and the last one to evaluate the learning. All the rounds were agreed with the service manager, who fully participated in the activities. They were planned to meet the caregivers' schedules and not to compromise the service routine and, especially, the care to the elderly. It should be added that each conversation circle lasted, on average, 45 minutes.

It is informed that everyone signed the Free and Informed Consent Term (FICT). The project was approved by the Research Ethics Committee of the State University of Ceará under Opinion number 3.153.552, February 2019.

The first conversation circle was named as a sensitization exercise to relax and involve the caregivers in the proposed activities. The ways in which the activities would be developed were discussed. A pre-test was performed to find out what they knew about the necessary care for the elderly, the changes in the aging process, how to prevent residents' falls, and the relationship between the degree of dependence and work overload. For this moment, pictures were used to learn about the themes, followed by an exposition and discussion. It was explained by the participants, after the cut and paste, the translation of their pictures to the whole group.

In the second moment, the conversation circle began with an explanatory exposition of doubts about the ideas and knowledge revealed in the previous workshop. An idea map was prepared with the most frequently used terms. The theme of aging, its changes, especially in walking, was revisited. It was pointed out that the purpose of the discussion was to reflect and re-elaborate the group's knowledge, socializing ideas, actions, and situations experienced by the caregivers in a common care. The themes elderly, falls, fall prevention, and environmental care, approached from group activities, represented the caregivers' daily experiences and observations.

In the third moment, they were asked about the daily practice in fall prevention. The participants exposed their caregiving experiences and the possible ways falls can happen. This favored the filling of gaps identified in the previous round of conversation, as well as the deepening of knowledge.

It is trusted that, at this moment, the caregivers, besides expressing their ideas, strengthened and corrected care strategies for the elderly, especially for those elderly who use canes, wheelchairs and/or have difficulties walking.

In the fourth meeting, an experience about "being an elderly person" was carried out using the aging game in which the caregivers were organized in groups to facilitate the activity. The focus was on making them feel the difficulties experienced by the individual in the aging process. Gloves were used to minimize manual dexterity; glasses with film over the lenses to simulate visual difficulty, and weights on the legs as obstacles to walking. Containers and prescriptions were distribu-

ted to the group with the objective of removing the pills from the bottles and feeling the difficulty of both handling and reading. The weights highlighted the mobility impairment.

They were asked to walk the halls of the institution, wearing earplugs, simulating hearing difficulty, and corn kernels in one of their shoes to simulate problems such as walking pain.

To analyze the effectiveness of the game, caregivers were questioned about the experience of being an elderly person, and the difficulties and limitations identified. Each group presented their experiences with positive and negative comments about old age, such as: difficulties in tactile contact, in walking, in reading the recipe, besides the pains in mobilization caused by weights and corn kernels. These data were organized for discussion and analysis in the fifth round of conversation.

In the fifth and last conversation round, the final evaluation was carried out, which was intended for the caregivers to present the discussions and experiences. There was an exhibition with dialog and reflection, always articulating the daily care and the reality experienced by the caregivers at the site. The data was organized, the recorded and transcribed speeches, and the written records for analysis into two themes that were validated by the caregivers at the final moment: "Falls cause harm to the elderly" and "The environment can be a cause of falls in the elderly".

RESULTS

It is described that, of the 23 study subjects, there was a predominance of females; the age range was between 32 and 53 years, with an average of 35 years; the minimum length of service was one year. The researcher-caregiver identified, among the researched-caregivers, during the moments of conversations in the wheel, eight without experience in elderly care, because they were transferred from another public institution.

The care for elderly people with multiple comorbidities is characterized, for the researched-caregivers, with only one year of work in the institution, as a difficult, delicate and stressful activity and, in some situations, this care left them worried and questioning the changes resulting from aging; as for the researched-caregivers, with more than a year of service time, the elderly are delicate people and require a lot of attention so that their situation does not complicate and leave them bedridden.

DISCUSSION

Falls cause a lot of damage to the elderly

It is pointed out that the conversation circles for sensitization of caregivers had, as a focus, the attention to the elderly and the adoption of preventive measures for falls. Such measures were dis-

cussed in the meetings and, especially, in the caregiver's practice. It is noticed that one of the advantages in the use of the research-care method is the possibility of implementing care immediately after the identification of the need for care. [7]

In the statements of the caregivers, the concern with preventing falls and teaching about the effects of falling on the elderly is characterized, expanding the responsibility, as they wish and are concerned with maintaining the mobility of the elderly. This attitude coincides with the statement: "Caring for an elderly person goes far beyond the therapeutic conduct. It means paying attention to the quality of life, the levels of autonomy and independence, the social and physical environment. It is to be committed to the promotion of health, to the prevention of diseases, as well as to the adequate treatment of any existing conditions, in this case, it includes the prevention of falls, which generate innumerous diseases in the elderly".[8-9]

The caregivers, with their own way of grasping and understanding reality, associated the need for preventive care with the self-benefit of not increasing the demands of care for themselves, in the same way that the understanding of something corresponds, sooner or later, to an action, to an understanding, primarily, to attitudes that can modify the daily practice of care.[10]

It was reported, by the caregivers, that some elderly people present difficulty regarding memory, attention and language, difficulty to walk in the corridors, as well as to stand up to do personal activities. It is progressively noted that, as the elderly's weakness and dependence increase, the burden of care may undergo new changes, requiring greater efforts to meet the needs that accompany the decrease in the elderly's functional capacity. As a result of the repercussions of caregiving and the state of vulnerability to which the caregiver is exposed, it is alerted that physical, psychological, and/or social exhaustion may arise and, consequently, generate work overload, particularly when the elderly person falls and compromises mobility, increasing the demand for care.[11]

It was exposed, in this context, the need to learn fall prevention strategies to minimize the team's daily work overload. It was mentioned that the more dependent elderly require more physical effort and greater mental demand due to the detailing of the work, differently from those who move independently, even in wheelchairs.

The physical dependence of the elderly is characterized by difficulty or inability to walk, decreased mobility or uncontrollability of movements, causing loss of autonomy and constant need for assistance from their caregivers. It should be added that these, in turn, demand more work from caregivers to meet their needs, generating, in many cases, a feeling of sadness and depression.[12]

It is pointed out that in the elderly, falls can compromise functional capacity, resulting in loss of ability to perform activities of daily living. Consequently, the health team, especially the caregivers responsible for hygiene, feeding, and sunbathing, are overburdened by the impairment in per-

forming these activities. The caregiver, in what concerns the frail elderly, the one unable to collaborate with the care, must attentively perform the hygiene in a safe way, preventing any harm to the elderly.

It was noticed, on the developed activities, that, at each meeting, the caregivers themselves identified the weaknesses and gaps in the care provided, because they thought and pointed new strategies for the group from their own discoveries and reflections of their daily experiences.

It was also approached that, in the institution, most of the elderly have prescriptions for several medications, either because of multiple comorbidities or due to agitation and/or restlessness presented by them, another factor of concern with falls. The continuous use of sedative medications favors the occurrence and risk of adverse reactions, also putting at risk the elderly in conditions of illness.

It is inferred that such events may increase according to the dose used, the time of use, the association with other drugs and by influence of pharmacokinetics and pharmacodynamics altered by the aging process and the prescriptions of such drugs for the elderly, when necessary, should be carefully monitored.[13]

It was awakened, in this case, to the risks, in particular, of falls, due to the effects of the drugs used by the elderly, the benzodiazepines, especially by those elderly with confirmed dementia, psychomotor agitation, aggressiveness, restlessness, among others.

The demand for information requested from the caregiver-researcher at the time of the activities revealed the existence of numerous doubts of the study subjects, as gaps in their knowledge were identified, both in relation to effective care and to the use of medications, their effects and the need for a careful look at the elderly residents.

This process is illustrated, in the workshops, due to the caregivers also adding that the continuous surveillance of the elderly is necessary, especially those who use medication continuously. It was pointed out, by others, the extreme necessity to use the medication so that the elderly can maintain adequate rest and make it possible to perform the care. It was mentioned, however, that care will be emphasized, but that the environment, the elderly's footwear, and old age itself are interesting factors to observe. It was said that their caregiving activity is delicate and extremely responsible, since they are people who, in the absence of attention, are exposed to risks.

The results of the activities with the caregivers showed the need for continuing education to reflect on the daily activities, arising from the practice, in order to improve the quality of care, as well as the quality of life of the elderly residents, through commitment, awareness and responsibilities of the care offered. It was noticed that, with each meeting, other reflections took place and new strategies were built for the group.

It is verified that one of the most attentive results of the people committed to the teaching-learning process is that, together with new knowledge, it provokes, in those involved, the appearance of new ways of thinking and acting, that generate new resources and seek to solve new questionings and problems in society.[14]

The care-education process is known to be a systematic, sequential, logical, planned, and scientifically based course of action consisting of two main interdependent operations; teaching and learning. In this process, a continuous cycle is formed that also involves two interdependent agents, the educator and the learner, who together play their roles, the result of which leads to mutually desired changes in behavior.[15]

The environment can be a cause of falls in the elderly

It can be seen that the caregivers also thought about the environment, especially when it is not well cared for, clarifying doubts about how to offer an environment that provides safety to the elderly because, sometimes, care focuses on the more fragile elderly and those who wander can fall. It is believed that the answers in relation to the existing doubts were rich and enlightening. It was stated that they were unaware of the risks of falls, mainly because they did not know the organic changes resulting from the aging process, which, associated with environmental issues, favor the occurrence of falls. This activity was used to share knowledge according to reality, favoring the recognition of incorrect practices and the reflection of new attitudes necessary to care for the elderly.

The environment of the LSIE where the elderly is inserted may present itself as an important factor for falls when it is precarious. Thus, it is essential to promote a safe environment, especially in cases where there is postural instability of the elderly, highlighting that environmental factors, coupled with functional conditions and mobility of the elderly, influence the occurrence of falls.[17]

It is essential to pay attention to some particularities that favor a safer and more welcoming environment in an LSIE in order to promote comfort, autonomy, and to prevent falls, such as: non-slip floors; beds with side rails; the presence of support bars in corridors and bathrooms; adequate lighting, especially at night; furniture placed in places that do not hinder the elderly's path; not using rugs; bathrooms with large doors and toilets with adequate height and lateral bars; chairs with armrests and appropriate height; obstacle-free corridors.

The caregivers emphasized the poor infrastructure of the institution's internal and external environments in relation to slippery floors, uneven floors, chairs without non-slip feet, lack of grab bars in corridors and rooms.

Therefore, the places with the highest rate of falls are the bedroom, followed by bathrooms. It is noteworthy that this fact may result from the lack of physical structure of many of these envi-

ronments, which do not have non-slip floors, support bars and adequate night light, for example. It is revealed by scientific evidence that, among elderly residents in nursing homes, the bedroom and the bathroom together correspond to 75% of the places where falls occur, and the bedroom is the predominant place.[18-19]

It is believed that ensuring a safe space involves aspects that involve the delegation of tasks to other professionals that enable them to identify malpractices and deal with events in which safety may be impaired. It was observed that the core of the care with the environment for the prevention of falls is the primary goal in promoting the health of the elderly and, in this context, it is essential to add the concept of accessibility in the care practice of nurses and other professionals, aiming at a multiprofessional work.[20]

Due to the importance of monitoring the factors extrinsic to the risk of falls from the physical environment to materials and numerous aid devices, as well as their conservation in an appropriate state of use, procedures from their acquisition, use and periodic maintenance are involved. . It is noteworthy, exemplifying the above and the relationship with falls in elderly residents of LSIEs, the mistaken use of walking aids, sometimes inappropriate for the way of walking of the elderly or even for being damaged. [20]

They are involved, due to the importance of monitoring the extrinsic factors to the risk of falls from the physical environment to materials and numerous assistive devices, as well as the conservation of these in proper state of use, procedures from their acquisition, use and periodic maintenance. As an example of the above and its relation with falls in elderly residents of LSIE, it is worth mentioning the incorrect use of walking aids, sometimes inappropriate to the elderly's way of walking or even because they are damaged.[20-21]

It is informed, in this sense, that the caregivers reflected and exposed the planning of strategies that could alter the modifiable risk factors, establishing care actions of continued vigilance and specific care related to the environment.

Although this educational intervention was developed in five workshops, a possible limitation of the study, changes could be perceived among the caregivers of the elderly in relation to their previous and current positions, as they reworked their concepts and knowledge about the care implemented for the elderly resident in relation to fall prevention.

CONCLUSION

The experience with the conversation circle allowed sharing a continuous exchange, integration and approximation between the researcher-caregiver and the researched-caregivers. It is understood that the knowledge of the reality of working with the elderly and the ways of possible falls allowed a movement of changes and the analysis of the activities of each one in relation to the elderly.

One can consider, as limitations, the non-permanence in the caregivers' daily life, since the care needs constant attention in order not to incur in new problems.

The care-research also favored the opening for discussions about the problems existing in the institution, in relation to other factors related to elderly care, pointing to new moments for the educational process with caregivers to improve care not only in preventing falls, but identifying other related problems.

CONTRIBUTIONS

It is believed that this research provides important results for the health care of the elderly and the caregiver's approach to preventing falls in Long-Stay Institutions for the Elderly.

CONFLICT OF INTERESTS

Nothing to declare

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