PROFESSIONAL QUALIFICATION OF PRIMARY CARE NURSES FOR ELDERLY CARE

Gabriela Fávero Alberti1, Roselaine Boscardin Espíndola2, Sandra Ost Rodrigues Martins Carvalho3

ABSTRACT
Objective: examining the qualification of nurses in elderly care from primary care of a municipality in the State of Rio Grande do Sul/Brazil.
Method: a descriptive study of a qualitative approach conducted in a city in Rio Grande do Sul with seven active nurses in primary care. Data were collected through semi-structured interviews and analyzed according to the methodology of thematic analysis. The study was approved by the Research Ethics Committee, CAAE 09233312.8.0000.5353. Results: the analysis revealed the qualification from two aspects: academic training and professional improvement of the mechanisms offered by the municipality and/or sought by professionals from the demands on their professional routine. Conclusion: the role of the professional nurse in the care of the elderly is limited because the training to care for this population group has been insufficient and/or inadequate. Descritores: Aged; Primary Health Care; Role of Vocational Nurses.

RESUMO

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Objetivo: examinar la cualificación del personal de enfermería en el cuidado de ancianos desde la atención primaria en un municipio en el estado de Rio Grande do Sul/Brasil. Método: un estudio descriptivo con enfoque cualitativo, realizado en una ciudad de Río Grande do Sul, con siete enfermeras activas en la atención primaria. Los datos fueron recolectados a través de entrevistas semiestructuradas y analizados según la metodología de análisis temático. El estudio fue aprobado por el Comité de Ética en Investigación, CAAE 09233312.8.0000.5353. Resultados: el análisis reveló la calificación a partir de dos aspectos: la formación académica y la mejora profesional de los mecanismos que ofrece el municipio y/o buscado por profesionales de las demandas en su rutina profesional. Conclusión: el papel del profesional de enfermería en el cuidado de los ancianos está limitada debido a la formación para atender a este grupo de población ha sido insuficiente y/o inadecuada. Descriptores: Idosos; Atención Primaria de Salud; Rol del Profesional de Enfermería.
INTRODUCTION
Throughout life we construct representations about the complexity of the human being influenced by sociocultural context in which we live. There are hitched up many thoughts about the process of aging, elderly, old age, life and death. Most of them carried a predominantly and obscure negative perception. In this sense, to discuss about scale problems and propose solutions on the aging process is necessary to deepen our understanding of the way these guys get older; meanings that attach to natural transformations (senescence), especially when they cease to be expected and become problems arising in this period of life (senility); as they seek to ameliorate them; difficulties which are on the way.¹ There is no thinking, so this population group as homogeneous, with common needs.

The elderly are major consumers of public resources (the health service and social security benefits) due to the high incidence of chronic degenerative diseases.² Thus, in Brazil, in 1994 the Family Health Program appears, which later came to be called of the Family Health Strategy (FHS) whose purpose is to reorient the health care model through the implementation of multidisciplinary teams, responsible for a set of families located in a certain geographical area number. The actions of this team consist of health promotion, prevention, recovery and rehabilitation of diseases and ailments, in addition to maintaining the health of community attending.³

The ESF assumes in a privileged space for the integral attention to the subject elderly and the specificities of this phase of life. The professional nurse component of the multidisciplinary team in this service acts contextualized in reality experienced by the elderly, by proximity to the community. Therefore, Primary Care (AB) has been recognized as a fundamental and an essential alternative to permit an effective health system. While level of attention to a system of health service refers to this as the gateway system. While level of attention to a system of health service refers to this as the gateway system. Although the performance of primary care nursing in this area, the specificities of this stage of life are not well understood.

The interviewees are represented by the letter "E" followed by the numeric sequence: E1, E2, E3, (…). The subjects received a Term of Free and Informed Consent Form (ICF) which makes explicit the intentions and methods of this research. Thus, the present study follows the guidelines and rules for research involving human subjects, according to resolution no. 196/1996 of the National Health Council. It is noteworthy that the study underwent assessment by Platform Brazil, adopted as Paragraph No. CAAE 09233312.8.0000.5353.

METHOD

This is a descriptive study with a qualitative approach, of fieldwork type. The subjects studied comprised the professional nurses working in the municipality AB specifically coordinators of Family Health Units (FHUs) in discrete areas of urban coverage. Data were collected in the period from April to July, 2012, through semi-structured interviews.

In total, there were seven women participants; six nurses acting as a coordinator and FHU in the BC and STD/AIDS and Viral Hepatitis Policy. Training time in a nursing these subjects ranged from two years to twenty five years.

For data collection, there was used semi-structured interview. The analysis of data was done by thematic analysis methodology in seeking to achieve the manifest and latent meanings in the qualitative material.⁴

The material obtained from the interviews went through reading, rereading and organizing groupings of similar lines is creating thus the corpus of the work process. The testimonies of the interviews allowed the construction of categories that ordered the examination.

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RESULTS

The number of inhabitants according to the 2010 IBGE Census in this municipality is 49.071. Those residing in rural and urban perimeter, 8.073 are subjects aged greater than sixty years, representing approximately 16.5% of the population.⁵

The municipality in which was conducted this research is divided into twelve geo-health districts and of these, nine have finished FHS,
one under construction, and these six staffed with oral health. The rate of coverage of FHS corresponds to 72% of the total urban area. Each strategy has basically a multidisciplinary team comprising the following categories: a general practitioner, a nurse, a dentist, two nurses and technicians from five to seven Community Health Agents (CHAs) according to the number of micro-areas covering.

### DISCUSSION

The health of the elderly as a complex that requires from health professionals scientific, technical subsidies for the provision of comprehensive, humane care and meets the multiple dimensions involving the guy who is aging. The paper aims to discuss the qualification from two aspects: a reflection on the academic training of these professionals and this could offer the basic and necessary for the promotion of active and healthy aging requirements; and that mechanisms are in professional development offered by the municipality and/or searched by the professionals themselves from the demands and needs involving their professional routine.

#### Academic training

The current scenario in Brazil is in an intermediate position among the countries of Latin America, as the authors point out, with a population of elderly corresponding to 8.56% of the total population. This, therefore, constitutes as a major challenge to the Higher Education Institutions (HEIs) in preparing health professionals guided by this new demographic and epidemiological composition and, above all, contributing to the transformation of existing on aging.

Meanwhile, stereotypical view graduation consists of a privileged space for training professionals able to meet the needs of the user of this service and the health system.

The National Curriculum Guidelines for Graduate Nursing, according to changes established by Resolution of the NHC/CES No. 3, of November 2001, points out in its Article 5 that nurses should be equipped with skills and abilities to perform in various assistance programs health. Specifically, train skilled professionals to care for the elder. Accordingly, with regard to the process of training and graduation contributions to the care of the elderly, we have the following narratives:

(...) [Field Internship] we ended up doing much more issues not specifically related to health. We made more so playful issues. This is also health. But we see that it was not as targeted assistance. (E2)

Professional qualification of primary care nurses...

I’m pre-SUS; (...) In my training, nothing. It was all focused on hospital care, my entire education was in the intensive care unit (...) and last semester was when there was a curriculum reform. (E4)

(...) My gym was very expansive; (...) I visualized, places visited so it was not routine; (...) from my gym I have this strong, the examples I had, where I was, where I visited, encourages the importance ... was important. And my professional experience as well (...). (E5)

Training for professionals in healthcare in terms of learning about the health of the elderly, has some limitations and gaps that compromise the competence and quality of care for these individuals. The lack of alignment between Higher Education Institutions (HEIs) with the current demographic transition; shortages gerontogeriatric in current curricula; the lack of specific fields for practice; and inexperience faculty.

According to the Ordinance 2528 of the year 2006 approving the National Health Policy for the Elderly (PNSPI) the elderly needs assessment based on the knowledge of the aging process and its particularities and adapted to sociocultural reality in which they live. These new demands have important consequences for emerging professional health education, since interventions in elderly health go beyond the biomedical model (focused only on the disease) as these individuals require approaches that address the biological, psychological, social and cultural aspects.

As (E2) “five years ago that I'm on Municipal Health Department and I'm trying to remember if I have received any specific training accordingly. Do not”. The subject (E6) reinforces the previous statement by saying “(...) I do not remember being offered anything regarding the care of the elderly or the theme of healthy aging.”

There is expectation of a bid by government authorities (county, state or union) of continuous training, because in no time nurses surveyed expressed a desire to pursue autonomously such training. Therefore, there is no evidence of the existence of the awareness of professional responsibility in the quest for qualification and improving this aspect.

For (E3): (...) the university was that kind of thing as well, not entirely directed. (...) But I think it should be a study a little deeper yes. (...) Not only have the chair of elderly health and participate in a geriatric home, making dynamic, and party doing as they do. (E3)

It demonstrates the need to reflect on the inclusion of Gerontology in higher education...
curriculum, specifically in the nursing program, so that you can meet the guidelines of the proposed multidisciplinary PNSPI. Although the discussion related to the aging population and existing laws are being increasingly discussed, is not yet clear or properly valued the importance of these contents to society and to the elderly as a social actor. 12

The accountability for comprehensive care implies the knowledge intended by consciousness to know as fruit of dialogue. It is also the intercom and intersubjectivity, because the object is to be known collectively built. Thus, highlight the problems; user demands; service needs; alternatives that can ensure resolving responses; coordination with different sectors implies joint responsibility be shown in search of better conditions for the provision of care. However, there is a need to raise awareness to professionals on their consciousness to seek learning, knowledge and alternatives that can minimize these deficiencies proposed graduation. It is believed that the experience as a nursing student does not cease after completion of the course, nor ends the process of construction of professional identity, as this will continue throughout the working life of the individual as we are constituted as subjects in daily unfinished eternal beings.

Mechanisms of Professional improvement

According to PNSPI, adopted in October 2006, in reference to the institutional responsibilities of the three spheres of government, bring us that it is for the city manager, specifically mechanisms for the qualification of the local health system and establish management tools and indicators for monitoring and evaluating the impact of deployment/implementation of policy. 11

In this context, the respondents were asked this question: the council provides mechanisms for qualification of the local system to care for the elderly? The narratives below:

(...). The space that we have to receive training and to receive information regarding this ends up being always at our meetings. That one monthly. And then, with regard to politics was guided us, you know? Targeted once, but that ongoing training, that something continuous, we did not receive. (E2)

In fact the training happens as needed. (....) A professional, he is enabled and it comes as an instrument for the rest of the network, and this happens because there is no more so as you get a large group, there is a

Professional qualification of primary care nurses...

person who is an instrument that after she disseminates information. (E5)

Recognizing that there is a need for continuing education to meet this new and growing demand implies the following reflections: that indicators show that demand is growing and how we consider reliable data to say whether these actions targeted to the elderly, if any, are able to determine the effectiveness and efficiency of the proposed interventions?

Reflecting on the mechanisms of professional development, we put in evidence the health policies in that question if these are contributing to more people reach advanced ages with the best possible health status.

According (E1) we [nurses FHS] has enough difficulty and strength of our colleagues (....) the issue of people stop to plan our actions (....) we feel much need to create mechanisms to monitor our attendances and evaluate 'after all, who is getting out from these activities while our team?" (E1)

Management tools and indicators used by nurses in the municipality consist only in data collected by the Primary Care Information System (SIAB). Access to health indicators enables professionals to plan their actions and, from that, too, identify shortcomings in promoting care, whether arising from professional training, incentives and the availability of material resources, however, there is, in municipality, information generated from the production of specific indicators to elderly subjects and the specifics of this phase of life, interfering, so the identification of gaps in care.

In view of (E6) the implementation of the policy is not being effective. On paper it has everything required, but not out of it. Insufficient incentives at all levels: local, state and federal. Regarding SUS, there is a growing public demand for the elderly. And there is an effort: the system is shaping up to meet this demand, but it is a 'construction' as was the consolidation of the Family Health Strategy. In this sense, the narrative highlights the need for coordination and integration of all public policies (health, social security, social assistance), for the elderly public, although in practice, institutional actions show up timid, merely experiences isolated.

CONCLUSION

The elderly are affected by disease and (or non-communicable) chronic degenerative diseases that require constant monitoring. Manifest, even more significantly, to the extent that the age of the subject progresses. As such, it is understood as a function of
public health policies contribute to more people reach advanced ages with the best possible health status.

Addressing in health services the old, the elderly and/or aging person is not restricted to a specific area of knowledge, because the process of aging affects multiple dimensions that include issues of social, political, cultural and economic.

The professional nurses working in primary care have weakened and/or insufficient to identify the tenacity of the installation of pathological processes in these elderly individuals scientific properties, which interfere directly in their condition of autonomy, encouraging potential, dignity and acceptance of aging itself.

Nurses, from the knowledge of community health and social issues, when inserted in the primary care services have uniquely positioned to promote health care of the elderly, however, the role of the professional nurse in the care of the elderly is limited, as the qualification for the attention to this population segment under graduation has been insufficient and/or inadequate, considering that only with the changes proposed by the undergraduate Nursing National Curriculum Guidelines in November 2001 that inserted the theme of care for human beings elderly.

Promoted regarding care at the primary health care level, it should be noted that the major challenge for managers and health professionals is to create indicators and thus from these, plan actions to the epidemiological profile and needs of the population.

REFERENCES


A professional qualification of primary care nurses...