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NURSE PROFESSIONAL'S CONDUCT TO FRAGILE ELDERLY PERSONS DURING THE PERIOD OF HOSPITALIZATION

*Condutas do(a) profissional enfermeiro(a) à pessoa idosa frágil no período de hospitalização**Conducta del profesional de enfermería hacia las personas mayores frágiles durante el período de hospitalización*Letícia de Moura¹ Marinês Tambara Leite² 

RESUMO

Objetivo: compreender as condutas adotadas pelo(a) enfermeiro(a) no cuidado à pessoa idosa frágil que se encontra hospitalizada. **Método:** estudo qualitativo, desenvolvido com dez profissionais enfermeiros(as) de uma instituição hospitalar. Os dados foram coletados por meio de entrevistas semi estruturadas e apreciados pela óptica da análise temática. **Resultados:** as principais condutas referidas pelos profissionais compreendem o rastreamento e intervenções precoces de novos agravos, medidas de conforto, manutenção dos dispositivos invasivos, promoção de autocuidado e a delimitação de um plano assistencial multiprofissional. Os cuidados de enfermagem foram salientados como primordiais no período de hospitalização da pessoa idosa frágil. **Conclusão:** a fragilidade ainda não é compreendida em sua multidimensionalidade, portanto destaca-se a importância da discussão dessa temática com os profissionais mediante educação permanente em saúde, com vistas ao seu manejo de modo integral.

DESCRITORES: Idoso fragilizado; Hospitalização; Cuidados de enfermagem.

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ABSTRACT

Objective: to understand the behaviors adopted by nurses when caring for frail elderly people who are hospitalized. **Method:** qualitative study, developed with ten professional nurses from a hospital institution. Data were collected through semi-structured interviews and analyzed from the perspective of thematic analysis. **Results:** the main behaviors mentioned by professionals include screening and early interventions for new problems, comfort measures, maintenance of invasive devices, promotion of self-care and the delimitation of a multidisciplinary care plan. Nursing care was highlighted as essential during the hospitalization period of frail elderly people. **Conclusion:** fragility is not yet understood in its multidimensionality, therefore the importance of discussing this topic with professionals through continuing health education is highlighted, with a view to its comprehensive management.

DESCRIPTORS: Frail elderly; Hospitalization; Nursing care.

RESUMEN

Objetivo: comprender los comportamientos adoptados por enfermeros en el cuidado de ancianos frágiles que se encuentran hospitalizados. **Método:** estudio cualitativo, desarrollado con diez profesionales de enfermería de una institución hospitalaria. Los datos fueron recolectados a través de entrevistas semiestructuradas y analizados desde la perspectiva del análisis temático. **Resultados:** las principales conductas mencionadas por los profesionales incluyen el screening e intervenciones tempranas ante nuevos problemas, medidas de confort, mantenimiento de dispositivos invasivos, promoción del autocuidado y la delimitación de un plan de cuidados multidisciplinario. Los cuidados de enfermería fueron destacados como esenciales durante el período de hospitalización de los ancianos frágiles. **Conclusión:** la fragilidad aún no es comprendida en su multidimensionalidad, por lo que se destaca la importancia de discutir este tema con los profesionales a través de la educación continua en salud, con miras a su gestión integral.

DESCRIPTORES: Anciano frágil; Hospitalización; Cuidado de enfermería.

INTRODUCTION

The rapid ageing process of the Brazilian population has led to a number of relevant, reflective and adaptive implications for the elderly and society, related to the demographic transition and its challenges.¹ This process is progressive and multifaceted, involving physical and mental changes which, for the most part, lead to a gradual decline in functional capacity, which is closely related to frailty.²

Frailty syndrome in the elderly is characterized by its multidimensionality with a multivariate set of signs and symptoms, involving a decline in the physical, biological, social and psychological domains, which impair homeostatic reserves and therefore increase vulnerability to stressors. These changes culminate in countless consequences for the lives of older people, such as functional dependence, disabilities, limitations in carrying out activities of daily living, risk of falls, institutionalization or hospitalizations, comorbidities or death.³

The condition of frailty is progressive and risky, with significant negative repercussions on the quality of life of the elderly, contributing to an increase in long-term care needs and medical and hospital costs.⁴ Therefore, in order to understand it and establish a care plan, it is necessary to carry out a multidimensional assessment, which consists of an organized tool, made up of several dimensions, which makes it possible to point out the clinical, psychosocial and functional

limitations or abilities of each person, while also making it possible to understand and intervene in a unique way, with a view to recovering and/or maintaining functional capacity.⁵

A study carried out with the aim of understanding the multidimensionality involved in the process of hospitalization of the elderly and their frailty status showed that 30% of the elderly were classified as being at risk of frailty, 27.3% had mild frailty, 22.7% had moderate frailty, 9.3% had severe frailty and 10.7% had no frailty. It also showed that factors such as reduced handgrip strength and depression were associated with frailty.⁶

It is worth pointing out that factors related to hospitalization, such as greater vulnerability, low homeostatic reserve and a lower capacity to respond to different types of stress, can characterize one of the results of the frailty condition.⁶ In addition, hospitalized elderly people often have physiological alterations and complications in their bodies, such as decreased tone, loss of muscle mass, flexibility, balance, cognitive alterations, polypharmacy and complications from chronic non-communicable diseases.⁷

In this way, the provision of care to the elderly population with this complex profile of needs requires the health system to organize care in a continuous and interprofessional way, ensuring the implementation of health actions and services that promote their health and well-being.⁸ In this scenario, the importance of carrying out a global assessment with attention to aspects of frailty stands out, since the speed with which care

is provided to the elderly is a determining factor, in order to minimize the progression to more serious conditions and the consequent impairment of their functional capacity.⁵

In view of the above, the aim of this study is to understand the conduct adopted by nurses in caring for frail elderly people who are hospitalized.

METHOD

This is an excerpt from a larger study called: “Nurses’ perceptions of scales for assessing conditions in hospitalized geriatric patients”, which is exploratory, descriptive and qualitative in approach. The research was carried out with nurses linked to a medium-sized hospital located in the northwest of the state of Rio Grande do Sul. The inclusion criteria were being a professional nurse, working in clinical and surgical hospitalization, ICU and emergency services, as these are services that provide care to the elderly population.

Data collection took place in September 2023, carried out by the main researcher and a duly trained research assistant, through interviews, using a semi-structured script that dealt with the sociodemographic profile of the sample and nursing care in the face of frailty in hospitalized elderly people. The interviews were conducted individually and recorded using audio equipment, which was then transcribed in full. In order to maintain anonymity, the participants were identified with the letter “E” followed by the Arabic numeral referring to the order in which the interviews were carried out.

The sociodemographic data was entered into Microsoft Excel spreadsheets and analyzed using descriptive statistics with relevant sample calculations to characterize the sample. The information collected in the interviews was interpreted using Minayo’s (2014) thematic content analysis,⁹ consisting of a horizontal and exhaustive reading of the material, followed by cross-sectional readings, in which categories were defined and similar parts were grouped together in an attempt to establish connections between them, followed by the final analysis. The data was grouped into two related thematic categories, enabling a targeted analysis that responded to the research objective.

It should be noted that this study followed the ethical precepts, in which the participants who agreed to take part in the research signed the Free and Informed Consent Form as set out in Resolution 466/2012 of the National Health Council. In addition, this study was submitted to and approved by the Research Ethics Committee of the Federal University of Santa Maria under CAAE number: 71043923.2.0000.5346 and Opinion No. 6.227.345.

RESULTS

Ten nurses who worked directly in the care of hospitalized elderly people took part in the study. With regard to sociodemographic and occupational variables, there was a predominance of females (80%), with an average age of 31.2 years, an average time working in the hospital sector of 2.54 years, and 50% had higher education in nursing + and specialization, as shown in Table 1.

Table 1 - General characterization of the sample (n=10). Palmeira das Missões, RS, Brazil, 2024

Variable	n (%)
Age group	
20 to 30 years old	5 (50%)
31 to 40 years old	4 (40%)
40 years old or more	1 (10%)
Education	
Higher Education (HE)	3 (30%)
HE and Specialization	5 (50%)
HE and Master	2 (20%)
Unit of operation	
Medical Clinic	2 (20%)
Emergency	2 (20%)
UCI	2 (20%)
More than one	4 (40%)

Variable	n (%)
Length of training	
0 to 5 years	6 (60%)
5 to 10 years	2 (20%)
> 10 years	2 (20%)

Source: Authors, 2024.

After reading, re-reading and analyzing the content of the interviews, the following thematic categories emerged: Nursing conducts for managing frailty in the hospitalized elderly person; Multiprofessional care and health education about frailty in elderly people from the nurse's perspective.

The nurse's approach to managing frailty in hospitalized elderly people

Given the complexity of the care that elderly people need due to the changes resulting from the ageing process, hospitalization for this age group is frequent and can have negative repercussions. The hospital setting is permeated with various behaviors and interventions, so nurses seek to humanize this experience, providing the elderly with a more welcoming environment.

Sometimes we try to put them closer to the TV. We have a TV, which is in the ICU, that only reaches three beds. So we try, sometimes, by changing beds, to put them closer together to distract them and put the TV away. (E1)

In addition, the professionals stressed that the period of hospitalization must be managed with a series of precautions to prevent the emergence of new problems, which can lead to longer hospital stays and manifestations of the frailty syndrome, which have a negative impact on the elderly person's quality of life. Among the main problems that can be caused by frailty as a result of hospitalization, the participants highlighted falls and pressure injuries. They therefore stated that the prevention of these problems should be part of the assessment of hospitalized elderly people for screening and early interventions.

Paying attention to skin lesions, to the beginning of skin lesions, so that we don't let it... so that we can... start the treatment in phase one, without letting it get to phase two of the lesion. When redness starts to appear there, we start to pay attention, moisturize the skin, not just the skin, but also the person themselves, with saline solution or a larger supply of water...(E3)

Taking care of the risk of falling so that they don't fall out of bed, that sort of thing, when they're going to move around, like going to the bathroom, things

like that, when we see that they... that they need it more, right? That we "play" with them... (E7)

The testimony shows how much hospitalization reduces the autonomy of the elderly, due to the need for greater care by the nursing and multi-professional team. In this scenario, aspects related to self-care are also affected by hospitalization. Thus, the professionals recognized the importance of helping the elderly to practice self-care as a way of managing the components of frailty, since this can prevent the onset of other problems.

We provide nursing care, such as good oral hygiene, turning, moisturizing,... basic care, that in a way... doesn't prolong his hospital stay, because if he opens a wound, he might get an infection, something that will prolong it. (E5)

In addition, the professionals reported that, in the management of factors involving frailty, comfort is one of the main focuses of nursing and should encompass a series of actions, among them the use of the pyramidal mattress, which, in addition to providing greater comfort to the elderly, helps to prevent the emergence of new problems, in addition to those already established.

Comfort issues, elderly patients usually come bedridden, we try to put in a pyramid, if possible, if we have a pneumatic available too, which helps to reduce damage. (E8)

In addition, the participants in the study stressed that in order to manage the factors that favor the occurrence of frailty, care with invasive devices must be redoubled so as not to cause further damage to the patient. It is worth noting that, due to the serious problems that improper handling of these devices can cause, the nursing team's attention must be redoubled. This is shown in the statement below.

Patients who are sometimes intubated, we also take care of the cuff pressure to avoid aspiration...which also reduces the length of hospitalization, right? Also, the question of the tube... we take a lot of care to do intimate hygiene, to avoid... urinary tract infection, right? We also take a lot of care of the nasoenteral tube, I ask them to go downstairs to take care of it, because it sometimes happens during changes of decubitus. Sometimes, when they pull the

nasoenteral tube, something happens and the dialysis infuses and they end up bronchoaspirating, right? Because many elderly patients sometimes have nasoenteral tubes, right? So we always take care of the tube, always... (E2)

Multiprofessional care and health education about frailty in the elderly from the perspective of nurses

In addition to nursing care, the participating professionals mentioned the importance of multi-professional care for managing the components of frailty in the hospital environment. It is noteworthy that the interaction between the members of the health care team in this institution is harmonious and widespread, since the nurses recognized and delimited their actions and highlighted the actions that would be taken in conjunction with the other professionals, especially the doctor, physiotherapist and nutritionist.

When it is, then I ask for it, I always talk to the doctor to see what we can ask for, maybe physiotherapy that we have access to, right? Which then...respiratory, motor, which is fundamental, the question of...if it's nutritional support, then we talk to the nutritionist to see if they can help with...or some kind of protein, a different diet... (E4)

We always try to do it and talk to the professionals about reducing it in a certain way...so that he doesn't create a disease that he doesn't need, because he's here he comes for one thing and the next thing he knows he's got pneumonia... (E5)

It can be seen that the professional takes care to reduce harm and prevent new dysfunctions from arising as a result of the hospitalization period. In this context, it is important for professionals to act with a view to reducing harm and preventing problems, since these can lead to new invasive procedures and an increase in the length of hospitalization, which can increase the decline in physical and functional capacities and trigger an increase in frailty.

The dynamism of the impairment caused by hospitalization goes beyond the physical dimension, causing feelings of fear, uncertainty and also loneliness. The professionals pointed out that in the face of prolonged hospitalization and the multidimensionality of frailty, psychological support should be part of the care routine.

Usually yes, right? Patients who stay for a long time, a lot of the patients we have here stay for a long time and end up not having a visit, they don't have a companion, so we contact the social worker, the psychologist, right? To look into this issue. (E8)

The complexity of the care that the elderly person needs in the hospital environment extends to after discharge, when it is often carried out by family members. In this sense, the participants recognized that the role of nursing goes beyond the care provided in the hospital context and directly to the elderly person. It should also extend to accompanying family members, with a view to achieving better results in the recovery period.

There's a lot of rotation of family members of elderly people, usually it's either grandchildren or children, so there are a lot of people... always giving them extra education so they can perform well at home too. Because sometimes there are patients, patients who have had a stroke, right? So they're going to be bedridden, a hypothetical case, so it happens that the people in the house don't have a minimum of experience, so we try to give them a...a few tricks, let's say, alternation of decubitus, hydration. We see, we educate people as we go along... (E9)

DISCUSSION

The process of hospitalizing elderly people increases their frailty and can trigger feelings of inability to make their own decisions, which can lead to depersonalization. In this scenario, some of the nurse's attitudes can raise the status of the elderly person as the protagonist in their care, such as active listening.¹⁰ In the Brazilian health system, the identification of frailty is deficient, and is characterized as a challenge for the current health care model, which should minimize its progression and reduce its adverse effects, making it possible to maintain autonomy and quality of life.¹¹

Identifying the needs of the elderly, through the focus of nursing care, is essential in many aspects related to promoting/acquiring the skills needed to maintain the person's autonomy, including self-care.¹² It should be emphasized that through continuous monitoring of patients, together with a screening system, it is possible to identify cases and develop tools that improve the results obtained, delay the progression of frailty and contribute to the interventions discussed from the perspective of the patient and family.¹³

The professionals stressed the importance of proposing actions aimed at reducing the damage that hospitalization can cause to elderly inpatients. Thus, reducing the risk of unnecessary harm associated with the health care process to an acceptable minimum is patient safety in the hospital environment, since, as well as providing safer care and reducing the rate of incidents, it has a positive impact on reducing hospital costs.^{14,15}

In addition, the nurses showed that the maintenance of invasive devices during the elderly person's hospitalization process is an essential part of care. With invasive therapeutic

interventions, the hospitalized patient is constantly exposed, which can lead to various complications during hospitalization.¹⁶ In this sense, establishing policies and standardizing the implantation and maintenance of invasive devices are fundamental in the prevention and control of healthcare-related infections (HAIs).¹⁷

As for the comfort measures reported by the professionals, these were predominantly focused on physical aspects, such as the use of a pyramidal mattress. It should be noted that the act of providing comfort is complex and more comprehensive than just keeping patients well positioned in bed and relieving their pain; it is about meeting the needs of the elderly person in all their human dimensions, and the nursing team is responsible for providing care based on a holistic and humanized vision, promoting strategies that favour comfort.¹⁸

In this context, in order to provide the elderly person with effective care, nurses play a leading and privileged role in the care process, which involves offering the person being cared for feelings of trust, security, tranquillity and relief, through attitudes aimed at promoting well-being and comfort.¹⁹

In addition, multi-professional care is recognized by nurses as being essential in order to minimize the factors that contribute to frailty, since it allows for an assessment from different perspectives and the development of different interventions. Thus, interdisciplinary and multidimensional care for the elderly should be implemented, which considers interactions between physical, psychological, environmental and sociocultural factors as possible influencers of frailty.¹¹ It is therefore up to nursing professionals and the multiprofessional team to develop technical and human skills so that, in parallel with scientific evidence and theoretical references in the area, they can be prepared to deal with ageing and its mishaps.²⁰

A limitation of this study is the small number of participants. In addition, its qualitative and cross-sectional nature did not allow the researchers to develop strategies and interventions in the setting studied, with a view to better training nursing professionals in the management of frailty and the decline in autonomy of hospitalized elderly people.

FINAL CONSIDERATIONS

Faced with the complexity of caring for elderly people with frailty syndrome, the professionals understand the need for specific and targeted care. Thus, they reported various types of care they provide to the elderly during hospitalization, encompassing both the physical and psychological dimensions. With regard to nursing care, it must be attentive to the needs of hospitalized elderly people, by means of a comprehensive

clinical assessment that takes into account all their constituent dimensions and identifies risk factors, as well as carrying out early screening for health problems.

It should be noted that the results of this study can support the reflective analysis of professional nurses on the practice of caring for elderly patients in a situation of frailty and also stimulate the development of care protocols that take care of the elderly person as a whole and reduce the problems associated with hospitalization.

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