

## The nursing work in care of hospitalized elderly: limits and particularities

O trabalho de enfermagem no cuidado ao idoso hospitalizado: limites e particularidades

El trabajo de enfermería en el cuidado de ancianos hospitalizados: límites y particularidades

*Gabriel Zanin Sanguino<sup>1</sup>; Giselle Fernanda Previato<sup>2</sup>; Andressa de Fátima Silva<sup>3</sup>; Viviani Camboin Meireles<sup>4</sup>; Herbert Leopoldo de Freitas Góes<sup>5</sup>; Vanessa Denardi Antoniassi Baldissera<sup>6</sup>*

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### ABSTRACT

**Objective:** To analyze the nursing care to the elderly in various scenarios of a general hospital, with emphasis on the professional preparation, limits and characteristics of care practices. **Method:** Exploratory research of descriptive nature with a qualitative approach held in a Public University Hospital by open interviews with 15 nursing professionals whose performed care for elderly patients. **Result:** It was identified that the nursing care of hospitalized elderly faces limitations and difficulties of different origins; the nursing care of the hospitalized elderly requires particular attention because of the characteristic of aging; and that the nursing care of the hospitalized elderly is facilitated by collaborative practice. **Conclusion:** It was identified distinct difficulties in nursing care for hospitalized elderly, such as the need for assistance directed to the specificities of the elderly and how much the interprofessional collaboration allows more individualized and effective care to this population.

**Descriptors:** Health of the Elderly, Comprehensive Health Care, Hospitalization, Nursing.

<sup>1</sup> Nurse, Master student in Nursing - Ribeirão Preto School of Nursing, University of São Paulo, SP, Brazil. Email: gzanins@gmail.com.

<sup>2</sup> Nurse, Master Student in Nursing - State University of Maringá, PR, Brazil. Email: giselle\_previatio@hotmail.com.

<sup>3</sup> Nurse, Maringá, PR, Brazil. Email: andressa.silvaenf-uem@hotmail.com.

<sup>4</sup> Nurse, PhD student in Nursing, State University of Maringá, Parana, Brazil. Email: vivianimeireles@gmail.com.

<sup>5</sup> Nurse, PhD in Nursing, State University of Maringá, Parana, Brazil. Email: hlfgoes@uem.br.

<sup>6</sup> Nurse, PhD in Sciences, State University of Maringá, PR, Brazil. Email: vanessadenardi@hotmail.com.

## RESUMO

**Objetivo:** Analisar o cuidado de enfermagem ao idoso em diversos cenários de um hospital geral, com ênfase no preparo profissional, limites e particularidades das práticas assistenciais. **Método:** Pesquisa exploratória de natureza descritiva, com abordagem qualitativa, realizada em um hospital universitário público, por entrevista aberta, com 15 profissionais de enfermagem que executavam cuidados a pacientes idosos. **Resultado:** Identificou-se que o cuidado de enfermagem ao idoso hospitalizado enfrenta limites e dificuldades de distintas origens; que o cuidado de enfermagem ao idoso hospitalizado requer atenção peculiar imposta pelas características do envelhecimento; e que o cuidado de enfermagem ao idoso hospitalizado é facilitado pela prática colaborativa. **Conclusão:** Foram apontadas distintas dificuldades no cuidado de enfermagem a idosos hospitalizados, assim como a necessidade de uma assistência direcionada a especificidades do indivíduo idoso e o quanto a colaboração interprofissional permite um cuidado mais individualizado e efetivo para essa população.

**Descritores:** Saúde do Idoso, Cuidados Integrados de Saúde, Hospitalização, Enfermagem.

## RESUMEN

**Objetivo:** Analizar los cuidados de enfermería a los ancianos en varios escenarios de un hospital general, con énfasis en la preparación profesional, límites y características de las prácticas de atención. **Método:** Investigación exploratoria, descriptiva, cualitativa, realizada en un hospital universitario público, por medio de entrevistas abiertas con 15 profesionales de enfermería cuya realizava la atención a pacientes ancianos. **Resultado:** Identificar a los cuidados de enfermería caras limitaciones y dificultades de diferentes orígenes ancianos hospitalizados; los cuidados de enfermería de ancianos hospitalizados requiere una atención especial impuesta por las características de envejecimiento; y que la atención de enfermería de ancianos hospitalizados se ve facilitado por la práctica de colaboración. **Conclusión:** Distinto se señaló dificultades en la atención de enfermería para ancianos hospitalizados, y la necesidad de ayuda específica a las características específicas de las personas mayores y cómo la colaboración interprofesional permite una atención más individualizada y eficaz para esta población.

**Descriptores:** Salud del Anciano, Atención Integral de Salud, Hospitalización, Enfermería.

## INTRODUCTION

Demographic change in Brazil is known, especially since the last decades of the last millennium when the Brazilian elderly population moved from approximately 7 million people in the 1980s to 11 million in the 1990s. In this direction of population growth, the projection is 34 million individuals over 60 in 2025, which will put Brazil in the sixth position among the countries with the largest number of elderly people. This growth of the Brazilian elderly population will accompany the balance of the world's age pyramid, which is projected to reach one billion nine hundred million people by 2050, the equivalent of the population of children between 0 and 14 years old.<sup>1</sup>

This demographic profile has as causality the decrease in birth and death rates, together with the better life and health conditions that have impacted the life expectancy and, consequently, the increase of the population of the age group of 60 years or more.<sup>2-3</sup> Likewise, it influences

the way health care is managed, given the need to adapt the cultural values, social and health policies aimed at this population in order to reduce the problems caused by aging populations and to allow full care in the different scenarios of health care.<sup>4</sup>

In hospital care, age is an indicator that determines care. For the elderly, there are age criteria that regulate their care,<sup>5</sup> since the identification of their real attention needs falls to the peculiar characteristics of their senescence phase, in addition to their condition of aggravation that required hospitalization. This requires the breaking of paradigms and the proposition of differentiated and integral forms of care, so that nursing professionals must be attentive to the expectations of the elderly, to the complexity and magnitude of this vital stage to realize the essence of care.<sup>6</sup>

Although the nurse is legally capable of planning, organizing, coordinating, executing and evaluating nursing care services,<sup>7-8</sup> there is a mismatch between the demand for care of the elderly and the professional training that works for this purpose.

The scarcity of gerontogeriatric technical-scientific knowledge affirms the lack of harmony between the professional preparation and the needs of care. This disarray reflects on the frailties of the work process of health teams for the elderly and points out the urgency of the training of the professional of the nursing team that needs qualification to provide assistance as the current demands of the elderly population demand, especially in the hospital environment.<sup>3,9-10</sup>

It is believed, therefore, that unveiling the experiences of nursing care to hospitalized elderly can point out the singularities and new perspectives of basic and permanent formation.

In this context, the present study was anchored in the following question: How are the practices of care for the elderly in a general hospital configured, especially with regard to the work performed by the nursing team?

To answer this research question, the objective was to analyze nursing care for the elderly in various settings of a general hospital, with emphasis on professional preparation, limits and particularities of care practices.

## METHODS

This was an exploratory research of a descriptive nature, with a qualitative approach, carried out in the scenarios of care for elderly patients in a public university hospital located in the north-west of the state of Paraná-Brazil, namely: Ready-care, Clinical Medicine, Clinic Surgical and Adult Intensive Care Unit.

Fifteen nursing professionals who performed nursing care for patients aged 60 and over, regardless of the complexity of the care, attended the study, which met the following inclusion criteria: belong to the nursing

team; Be a professional assigned in the Emergency Care, Medical Clinic, Surgical Clinic or Adult Intensive Care Unit; Self to indicate himself as respondent to the research due to his professional performance with the elderly. Nursing professionals working at night were excluded from the study due to the difficulty of their participation signaled by the nursing direction.

The technique for data collection was the open interview, with the use of a recorder to record responses. Data collection occurred during the months of September and October 2012, based on the following guiding questions: How is it to care for an elderly patient? What are the difficulties and the facilities of this work? How do you feel while caring for the elderly patient? Do you think you have received enough training to provide care for the elderly patient? Is there any aspect of elder care that you feel needs to be better prepared? What care do you consider essential for the elderly?

The interviews had an average duration of 30 minutes and were performed with nursing technicians and nurses of both sexes. The transcription occurred in full and in order to preserve anonymity, the interviewees were identified with the letter H (for men) and M (for women) followed by cardinal numbers in the order of their accomplishment, so that we identified, for participants of the Male, H1 and H2 and, for female participants, M1 to M13.

The content of the interviews was grouped into themes for later analysis, following the Content Thematic Analysis, which included the pre-exploration phase of the material through floating reads of the interview corpus, selection of the analysis units and categorization process.<sup>11</sup>

In accordance with the ethical principles of human experimentation guided by CNS Resolution 466/12, each participant was asked to sign a free and informed consent form, after authorization from the service to carry out the research and with the favorable opinion of the Standing Committee on Ethics in Research With Humans (COPEP) of the State University of Maringá (CAAE n° 0310.0.093.000-09).

## RESULTS AND DISCUSSION

As for the characterization of the participants, of the total of fifteen interviewees thirteen were female and two male; Six were married, four were single and four were divorced, and one was a widow; Eight were nursing technicians, six were nurses and one professional had undergraduate nursing course, but was working at the referred institution as a nursing technician.

In relation to the work sector, six interviewees belonged to the emergency department, four of the adult ICU, three belonged to the medical clinic and two to the surgical clinic. In relation to the shift, twelve worked in the afternoon and three of the employees in the morning.

Over the workday, six worked forty hours a week, three reported working thirty-six hours a week, and six said they were working forty-two hours a week. Of these, two had another employment relationship.

From the interviews, we learned the emergent thematic categories, which are presented and discussed, namely: 1) Nursing care for hospitalized elderly faces limits and difficulties from different origins; 2) Nursing care for hospitalized elderly requires special attention imposed by the characteristics of aging; 3) Nursing care for hospitalized elderly is facilitated by collaborative practice.

### Nursing care for hospitalized elderly faces limits and difficulties from different origins

Distinct limits and difficulties were pointed out by the participants about the care process of hospitalized elderly, permeating the challenges in direct care.

One of them concerns the absence of a companion in the period of hospitalization of the elderly or lack of collaboration, especially in patients with more dependence on care and strictly bedridden, understood by the following statements:

*Yes, I face difficulties, the first barrier in caring for the elderly is with the family, or the family participates too much, or the family does not participate, because the family already has this patient at home. As you are already exhausted from this old man taking care of him in the hospital is tiring [...] the old man sulks, sleeps little, is grumpy, is stubborn [...] not to mention that if he is bedridden is totally dependent [. ...] another barrier is that the companions do not accept the care, for example change of decubitus, because everything in him (old) hurts. (M2)*

*Difficulty with elderly patient we do not have, but they appear when he has no companion, we are with an elderly patient, bedridden, and without companion, then it becomes more complicated because of this. (M8)*

The participation of the companions is important in the quality of care with the elderly, since they can collaborate pointing out limits and facilities of the interaction and cooperation of the elderly. It is important to emphasize, however, that nursing care for the hospitalized elderly is not the responsibility of the companion. In contrast, in the highlighted speeches we observed that the presence of the companion is affirmed as necessary to collaborate with the nursing care.<sup>12</sup>

Therefore, it is essential ethical-legal training of the nursing professional to understand the limits of their performance and the companion of the elderly. It is only through this understanding that it will be possible

to harmonize the nursing team with the companions in order to understand the level of participation, emphasizing that it is the role of nursing to value the importance of the presence of the companion during the period of hospitalization of the elderly, considering that their participation in the procedures and their presence improves the emotional state of the elderly.<sup>13</sup>

The hospital environment was also considered by the study participants as one of the difficulties encountered by nursing staff in the care of the elderly, as we verified through speech:

*In the matter of difficulty, the environment does not offer the possibility of, for example, making adequate transport, does not offer adequate beds, they are elderly, often sealed, and they need a different care of the people. (M7)*

We perceive that the nursing professional considers the environment as an essential condition for the care and individualized and timely attention to the elderly, but that are impaired by the deficiency of environmental planning and physical structure. Contrary to what happens in other sectors already sensitized to the peculiar needs, such as pediatrics, obstetrics and more recently for people with morbid obesity, there are few hospitals that provide spaces exclusively for the elderly. The hospital environment for the elderly is said to be fragile for the care of this population.<sup>14</sup>

This reality concretizes that, in fact, the perception about the particular needs of the elderly does not exist and, from an ethico-legal perspective, allows to question a habitual neglect situation. In this sense, although the fundamental rights of the elderly, with emphasis on health care free of legal implications, are ensured by legislation, we perceive that this is a vulnerable population, since their legal achievements do not support health practices.<sup>15</sup>

Another difficulty for elder care reported by survey participants is related to vocational training, which is scarce when taking into account the population growth of this age group and the specificities of this phase of life, as suggested by the following speech:

*In the training does not receive any subsidy to work, I know because of the practice, but in the basic training does not. He had nothing to direct to the elderly patient. (M2)*

We observed that lifelong education, as a training that develops through practice, was assumed to be relevant to professional qualification, since this participant affirms that the know-how was given by work practice. However, it denounces the fragility of professional training and opens spaces for timely discussion on the urgency of this theme in the curricular orientation in the Brazilian territory and also in the proposals of permanent education in health.

It is essential to provide nursing undergraduate students with specific knowledge of care for the elderly, since it is differentiated and usually disregarded. It is also worth noting the importance of completing their initial training in order to perform and carry out their functions with greater ownership and better quality.<sup>10</sup>

The educational practice, whether it be continued, in service or permanent in health, is a tool that contributes to the qualification of the professionals of the nursing team and, consequently, improves the attention to hospitalized elderly.<sup>10</sup>

Another limit and challenge for elderly care revealed by the present study is the existence of diseases of neurological origin that imply deficits in motor function and consciousness, as well as diminished sensorial changes, as reported:

*The difficulties faced are sometimes related to the elderly person who has some underlying disease such as Alzheimer's, some illness that you can not interact with it, often to collaborate to the procedure, the elderly's biggest problem are some neurological changes that already makes it difficult to help with the procedures you are going to do. (H1)*

The increase in the prevalence of neurodegenerative diseases, coupled with the occurrence of two or more concomitant diseases in the elderly, has been considered responsible for the need for greater hospital stay and for the progressive loss of autonomy and dependence in the elderly, which makes it difficult for health professionals to those individuals who are hospitalized.<sup>5</sup>

The large technological mass in the health services, especially in the Intensive Care Unit (ICU) sector, facilitates the maintenance of life. However, it was pointed out as a challenge in care for the elderly and is inserted in the ethical dilemmas of professional practice:

*The difficulty I think I see is that it invests a lot in patients who often do not have a good prognosis, that elderly patient that we see will not leave and we keep insisting, insisting, I think life has a beginning, Middle and end, then we see so often that people do not allow death, I think it is as exhausting for us as for the family too, we can often prolong and interrupt the cycle of life, the patient enters the PA often walking, talking, and we return them often vegetated, so I think we are often interrupting the cycle of life, so I think this is the difficulty of working with the elderly. (M10)*

It is undeniable that life expectancy has increased and that modern medicine has allowed the treatment and cure of numerous diseases. However, on many occasions, technology has led to the prolongation of dying, characterizing therapeutic obstinacy, considered as an excessive medical practice, arising from the possibilities

offered by techno-science and the will to prolong life at any cost.<sup>16</sup>

Criticism about human finitude and unnecessary prolongation of life is present among the study participants and, to a certain extent, demonstrates their commitment to ethical issues not exempt from perplexity and disappointment over what has been experienced. Currently, even considering the innumerable advances proposed by the philosophy of palliative care, health professionals still have much to advance in a practice of end-of-life care, especially in the elderly, distinguishing, therefore, the process of cure, when possible, of the death process, seeking to avoid therapeutic obstinacy.<sup>16-17</sup>

Finally, we observed the question of the affective bond of the nursing team with the elderly, pointed out as a difficulty for nursing care, reported by the speech:

*Sometimes some difficulties that we get a bit moved, involved because here in the ICU, patients stay several days hospitalized and ends up having some affinity for it that can disrupt some of the care of others. (H2)*

Despite the preservation of ethical and moral characteristics, personal involvement with the patient is often unavoidable, given that, through continued care, continuous presence and accompaniment make personal bonds created. As a methodology to support the professional, it is interesting that the work institutions provide psychological measures that enhance the mental health and psychic control of the worker.<sup>18-19</sup>

### **Nursing care for hospitalized elderly requires special attention imposed by the characteristics of aging**

The elderly patients present characteristics of the aging process that should be observed by the nursing team for the planning of care during hospitalization, as highlighted in the speeches of the professionals interviewed:

*With the elderly you have to have more patience, sometimes they are so needy, the family leaves aside, comes from the asylums, has no family, we have to have patience. (M1)*

*I have no difficulty in caring for the elderly, it's actually a more specific care, because of the clinical condition itself, the questions of procedures like venous access, a survey, ends up being a little more difficult, but not a difficulty. (M5)*

*Elderly is easy to care for, they are more collaborative, needy, whatever you do they are already thankful. (M1)*

*[...]There is the emotional side that is pleasurable, the elderly is affectionate. (M2)*

*Most seniors are docile, they are quieter, quieter, easier for us to be dealing with. (M3)*

*It's much quieter than taking care of a child, it's more enjoyable to take care of the elderly, I like it, I work with the elderly and I think it's quiet, and we have the resources today to take care of this old man [...] a series of things that give comfort to them and makes our work easier. (M4)*

The statements of the deponents show the peculiarities that they perceive in the daily life of their professional practices. The elderly, when hospitalized, require specific attention and care by the health team for the resolution or appropriate management of the problems presented.<sup>6</sup> This requires sensitivity and acumen of the professional that provides care.<sup>10</sup>

It is a fact that the elderly are differentiated in relation to the modifications of their own age. Some of these differences in relation to other age groups relate to the sensory and cognitive decline that must be considered because they influence the care.<sup>20</sup> Attention to these particularities implies qualified care.

It is important to emphasize that not only the biological but also the emotional particularities were pointed out by the participants of this study. Hospital admission can be considered a factor of physical-emotional disorganization in the elderly, since actions and interactions occur in a bond established by situational and structural force, which emphasizes the importance of an emotional support more directed by the nursing team to this population.<sup>18</sup> This concern is latent in the statements that point out the characteristics and emotional demands of the elderly in their complexities that originate.

The comparison of the care of the elderly with regard to the child was also cited in a contradictory way and is worth mentioning because it indicates respect for the elderly person's condition, but also because it reveals the concept of resignation, docility and love that should be present in all the elderly.

The elderly should be valued as he is and as any person should be valued, regardless of the stage of life in which he is. It is not the age that prescribes as one is; Not every child is difficult, just as not every old man is loving. It is a fact that longevity - and so many stories it encompasses - can foster more pleasant interpersonal relationships because they are anchored in experiences, but this is not the rule. It seems that the identity given to the elderly, as well as to children, is much more a result of a social construction than of its characteristics, since all identity comes from the way people define themselves and are defined by others.<sup>21</sup>

Because he has experience and a long history of life, he does not really have the same treatment as a child at

risk of infantilizing him. To consider that all are docile is to disrespect the personal characteristics and to reinforce a surreal stereotype. Likewise, to assume that they satisfy themselves with any attention offered is to disregard their critical capacity and autonomy precisely because they feel they have no competence to choose the best for themselves.<sup>20</sup> In this direction, it is necessary to insist that the nursing team receive permanent professional training that will make them more critical and skilled in the process of caring for the elderly, which includes the definition of the elderly person and the identity that is conferred upon him/her.

### **Nursing care for hospitalized elderly is facilitated by collaborative practice**

The interaction of the professionals guarantees health care in full, according to the excerpt from the interview:

*The interaction of a multidisciplinary team is positive, you can count on the speech therapist, nutritionist and physiotherapist. You have good access, everything you need has, if you do not have some medication the pharmacy makes a document and the patient can. (M6)*

In fact, work based on interprofessional collaborative practice is considered the best care approach due to the complexity of health care that requires different knowledges and actions.<sup>22</sup> This practice, although timidly pointed out by the participant of this study, signals the interaction between the nursing team and other professionals who provide care practices to the elderly, together with sharing of actions. Thus, it allows greater safety in nursing care and facilitates assertive decision making for the individuality and excellence of care.<sup>23</sup>

Collaborative interprofessional practice is a facilitating measure in the care process of hospitalized elderly people, which articulates health care with teamwork from an interprofessional perspective,<sup>24</sup> in order to find answers to the new perspectives of health care, especially with regard to Current challenges and persistent fragmentation in care.<sup>25</sup>

The positive effects of collaborative practice on interprofessional work are associated with effectiveness in health care, reduction of therapeutic duplicity and hospitalization time, and may contribute to the improvement of functionality and adherence to drug therapy for the elderly,<sup>26</sup> meeting of the findings of this study.

### **CONCLUSION**

The findings of this study pointed out the different difficulties and challenges faced by the nursing team in the care and assistance to the hospitalized elderly population, as well as the need for a care directed to the diverse specificities of the elderly individual and

his/her aging process as a whole. Finally, it revealed the interprofessional collaboration in health as lived reality for a more effective care for the hospitalized elderly population.

The limits of this work lie in the fact that it was intended for all the professionals of the nursing team, not being possible to deepen the findings in relation to the professional category and also in not having been performed with professionals who work the night shift, who certainly have experiences Nursing care. It is hoped that future work may fill these gaps and that the results of this research may inspire new study questions.

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**Author responsible for correspondence:**  
Gabriel Zanin Sanguino  
Av. Do Café, 1243, Vila Amélia  
Ribeirão Preto/SP, Brazil  
ZIP-code: 14050-230