

Qualification of the nursing team by means of convergent-care research: contributions to the care of the hospitalized elderly person

Qualificação da equipe de enfermagem mediante pesquisa convergente assistencial: contribuições ao cuidado do idoso hospitalizado

Calificación del equipo de enfermería mediante investigación convergente asistencial: contribuciones al cuidado del anciano hospitalizado

Juliane Elis Both¹
Marines Tambara Leite¹
Leila Mariza Hildebrandt¹
Margrid Beuter¹
Luis Antonio Muller¹
Caroline de Leon Linck¹

1. Universidade Federal de Santa Maria.
Palmeira das Missões - RS, Brazil.

ABSTRACT

Objective: To analyze the contributions of the educational practice in the qualification of the nursing team in order to provide the care for hospitalized elderly people. **Methods:** This is a descriptive and qualitative study that made use of the theoretical and methodological precepts of convergent-care research for producing and analyzing information. 20 nursing professionals who work in a unit of admission of Medical Clinic participated in the process. **Results:** For most subjects, the elderly person requires differentiated care actions and the educational practice is a tool that might be used to contribute to the qualification of members of the nursing team. This enhancement improves nursing care to the hospitalized elderly person. **Conclusion:** It is concluded that the educational practice is a qualification and updating tool for the members of the nursing team.

Keywords: Elderly Person; Hospitals; Health Education; Nursing Team.

RESUMO

Objetivo: Analisar as contribuições da prática educativa na qualificação da equipe de enfermagem, para prestar o cuidado a idosos hospitalizados. **Método:** Estudo qualitativo, descritivo que utilizou os preceitos teórico-metodológicos da pesquisa convergente assistencial, para produção e análise das informações. Participaram vinte profissionais de enfermagem, que trabalham em uma unidade de internação de clínica médica. **Resultados:** Para a maioria dos sujeitos, o idoso requer cuidados diferenciados e a prática educativa é uma ferramenta que pode ser utilizada para contribuir na qualificação dos integrantes da equipe de enfermagem. Tal aprimoramento, melhora a atenção de enfermagem ao idoso hospitalizado. **Conclusão:** Conclui-se que a prática educativa constitui-se em instrumento de qualificação e atualização para os integrantes da equipe de enfermagem.

Palavras-chave: Idoso; Hospitais; Educação em Saúde; Equipe de Enfermagem.

RESUMEN

Objetivo: Analizar las contribuciones de la práctica educativa en la calificación del equipo de enfermería para prestar cuidado a mayores hospitalizados. **Métodos:** Estudio cualitativo, descriptivo, que utilizó los preceptos teórico-metodológicos de la investigación convergente asistencial para la producción y análisis de las informaciones. Participaron veinte profesionales de enfermería que trabajan en una unidad de internaciones de clínica médica. **Resultados:** Para la mayoría de los sujetos, el anciano necesita cuidados diferenciados y la práctica educativa es una herramienta que puede ser utilizada para contribuir en la calificación de los integrantes del equipo de enfermería. Tal perfeccionamiento mejora la atención de la enfermería al mayor hospitalizado. **Conclusión:** Se concluye que la práctica educativa consiste en instrumento de calificación y actualización para los integrantes del equipo de enfermería.

Palabras-clave: Anciano; Hospitales; Educación en Salud; Grupo de Enfermería.

Corresponding author:

Marinês Tambara Leite.
E-mail: tambaraleite@yahoo.com.br

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INTRODUCTION

The continuous increase in life expectancy of people leads to the need to comprehend the old age and all the changes provoked by age, and it has become the reason for concern in society. Population aging produces changes in the age structure of the population, where one can clearly perceive a rise in the number of people aged 60 years or over. Such phenomenon, which is characterized by being natural, progressive and irreversible, is happening across the world, highlighting countries like Brazil, where the elderly population is growing quickly¹.

It should be understood that the increase in the elderly population is an achievement of the current society. Nonetheless, the aging process causes alterations and adaptations in different social sectors, including in the health scope. In this scenario, the health of elderly citizens emerges as one of the priorities of the Ordinance n^o 399, February 22nd, 2006, which establishes the Pact for Life, which has several actions aimed at implementing some of the guidelines of the National Policy for the Elderly's Health¹.

It is worth emphasizing that, concomitant with the increase in the number of elderly people and the progress in life expectancy, there is an increased incidence of health problems in this population, whether they are from acute or chronic nature. As a result, elderly subjects often suffer hospital admissions, especially in acute cases of diseases. A hospital admission might cause decreased functional capacity of the elderly subject, due to the influence of external, environmental, physical and cultural factors that interfere in the functional independence of older people. Throughout the health-disease process, a hospital admission might exacerbate physical frailty and emotional vulnerability, since the hospital environment is commonly unfriendly. In this space, when confronting the disease and the treatment, patients coexist with people who are usually not part of their social structure, in addition to facing circumstances that interfere in their lifestyle. Thus, hospital admission requires acceptance, adjustment, subordination and resignation².

A geriatric care should be sectorized and organized at all levels, from the primary health care, with home visits, to the hospital care with consultation and geriatric assessment. Regarding the hospital environment, patients with acute pathologies, which are not treated in outpatient mode, need a type of care targeted to diagnosis and treatment, without forgetting the beginning of the rehabilitation. One should highlight that chronic diseases are generally incurable, require a continuous treatment and have complications that might result in functional disabilities. Given the need for hospitalization of the elderly person, there is the expectation that it will be of short duration and that he/she and his/her family receive guidelines for conducting the home care³.

The elderly patient requires special care actions and needs greater sensitivity and acumen from the professional who performs the attendance. Regarding the care of the elderly patient, this is a differentiated customer due to having biological

modifications typical of its age. Among the differences, there are chronic diseases, decline in general status, drug interactions, iatrogenic risk and sensory and cognitive deficits that influence in the care and must be considered³.

Concerning the care of elderly people, the presence of the nursing team is crucial and this need to be technically qualified to provide it in a different manner, both to the elderly person and to its caregiver who, usually, also has many concerns. Regarding the care of the elderly subject, the members of the nursing team must be co-responsible in the health promotion, disease prevention and rehabilitation, through technical interventions and suitable guidance, i.e., of the health education. In this scenario, among the strategies of the Brazilian Unified Health System to qualify the health care of elderly people, one can cite the training of human resources, including workers of the nursing team. In addition, it advocates that managers of health institutions provide permanent education to professionals who work in them, thereby allowing participation in courses, seminars and workshops that address the care of elderly people⁴.

Searching the improvement with focus on the care of elderly people is important so that the nursing can provide a qualified care to this population layer. Thus, the training of professionals in nursing is a strategy of policies for the health and care of the elderly population, since it contributes to the construction of knowledge in the field of aging and directs for a sympathetic intervention, centered on the person who ages, in its context and, in particular, when it requires care actions. Issues such as aging and society, care policies, interventions and geriatric care, aspects related to prevention of morbidities and of health promotion should be among the contents to be developed during the training courses⁵.

Currently, because of the promptness in which the social and technological advances occur, the professionals increasingly need to be updated. In this scenario, one can identify that educational directions are characterized by being permanent and seek changes in the understanding and way of training and qualifying professionals. In permanent education, the teaching and the learning are introduced into the everyday life of institutions and change the subjects, making them proactive actors and with reflective capacity on the practice, as well as producers of knowledge. The linkage between education and daily lives of people is the result of educational possibilities existing in the work environment, which favors the transformation of the situations experienced in learning and the valued work process⁶.

In view of the constant increase in the elderly population and the need for qualified and individualized care of this population, the study object is the educational activity as one of the tools for qualifying the care, and it is guided by the research question: "How has the developed educational practice with professionals of the nursing team helped in qualifying the care of hospitalized elderly people?" The objective of the study is to analyze the contributions of the educational practice in the qualification of the nursing team to provide care to hospitalized elderly people.

METHOD

This is a descriptive study, with qualitative approach, for which the methodological benchmark of the convergent-care research was used (known by its Portuguese acronym PCA). This allows the researcher to involve participants in the health education process and, simultaneously, produce data for the investigation, by employing reflection and group discussion, with the active participation of subjects in the study. Thus, there is a commitment with the construction of new knowledge for the renewal of care practices⁷.

This type of research makes a linkage between 'thinking' and 'doing', resulting in the "know-how", thereby characterizing a suitable method to search the care practice of nursing⁷. It should be emphasized that the choice of PCA was performed because of the understanding that this offers the possibility of, at the same time, producing information on the experiences of the study participants and conducting the care practice by means of actions of information, guidance and education related to the care of elderly people within the hospital environment. Thus, during the step of data production, four workshops with focus on the care of hospitalized elderly people were performed, which consisted of an intervention in the researched scenario.

The study was developed in a philanthropic hospital located in the northwestern region of the State of Rio Grande do Sul. The nursing team of the institution is composed of 36 nurses and 220 nursing technicians and assistants. The place of data production was the Unit of Medical Clinic of the above mentioned institution, since the patients hospitalized in it were, predominantly, elderly subjects. At the time of data collection, this unit had 33 beds, divided into seven rooms, and a nursing team composed of 17 nursing technicians and a nurse for each shift, including night A and night B, totaling 21 professionals, of whom 20 were participants of the study.

The inclusion of participants in the study took place in accordance with the following criteria: being a nurse, nursing technician or assistant, being acting in the Unit of Medical Clinic of the hospital, place of study and expressing interest in collectively discuss its experience of caring of hospitalized elderly people.

Data were produced from January to March 2012. According to the methodological proposal of the PCA, this occurred in three steps. Initially, individual interviews with 20 professionals who participated in the study and act in the unity were conducted, boosted by the guiding question: What do you think about the care of a hospitalized elderly person? After the consent of the participants, the interviews were recorded and, subsequently, transcribed in their entirety. This first step was aimed at obtaining demographic data, as well as information from each of one of the nursing professionals, from their experience, on nursing care provided to elderly people within the hospital space.

The second step was composed of four workshops, whose themes emerged from the completion of the interviews. Such workshops were developed by means of convergence, focus and coexistence groups⁷. Each workshop was held in two moments

so that the greatest number of participants could be present. It should be noted that the number of participants has not exceeded the maximum of 15 people, one of the assumptions of group works. For each workshop, a technique of group animation in accordance with the theme was performed and, in all, 17 subjects participated in them. Regarding the number of workshops attended by members of the team, two were present in one, four in two, five professionals participated in three and six participated in four workshops, whereas three subjects did not participate in any workshop.

The third step consisted of a new interview, in which the workshop participants rated their participation and the changes observed after participation. It is worth highlighting that, in the first workshop, concepts related to aging were addressed, moment in which the professionals were able to express their opinions and discuss about this theme. In the second, aspects related to nursing care of hospitalized elderly people were addressed, in which study the participants discussed the care and the forms of care. In the third workshop, the aspects of communication with the hospitalized elderly patient were listed, and, for this workshop, the importance of communication and its various ways was stressed. The fourth workshop dealt with the legislation for the elderly people, with discussion of the Statute of the Elderly, rights and duties.

There was also the participant observation, with record in a field diary, by following a pre-established script, in order to analyze the way in which the health care practices for hospitalized elderly people take place, with focus on how the practice occurs and confronting with what they discoursed in the interviews and during the workshops, throughout the phase of data production.

All produced information was transcribed in its entirety, and, for data analysis, the four basic steps of the PCA were followed: seizure, synthesis, theorization and re-contextualization⁷.

In order to maintain the anonymity of the participants, the fragments of the speeches were coded by the letter E, followed by a number, not necessarily in the order of accomplishment of the interviews. The workshops received the code "Of", followed by the number of the workshop. It should be highlighted that, for the accomplishment of this study, all guidelines established by the Resolution 196/96 were observed. The research project received an assent to its implementation from the Research Ethics Committee from the *Universidade Federal de Santa Maria (UFSM)*, under the number 0340.0.243.000-11.

RESULTS AND DISCUSSION

The organization and reading of information produced allowed, by convergence of ideas, constructing two categories, where the first is about the care of the hospitalized elderly subject, under the viewpoint of nursing professionals, and the second talks about the educational practice as a boosting factor for care of hospitalized elderly people.

Initially, in order to better situate the reader, it is worth characterizing the study participants. The age ranged from 24 to 46

years, with four males, unmarried, and 16 females, married. As for the aspects of religiosity, 12 declared themselves Catholics, seven Evangelicals and one Mormon. Regarding the residence, 16 had their own homes and four lived in rented properties. The income of the participants ranged from one to five minimum wages. Of the interviewees, eight have a child, six have no children, five have two children and one has three children.

Regarding the living habits, the practice of physical exercises is performed from one to seven times a week by 12 participants, but eight of them do not maintain the custom of performing the physical exercises. In relation to tobacco, one of the participants reported being a smoker; two stopped smoking and 17 never made use of this substance. With respect to the self-referred health conditions, three consider regular, ten refer that it is good, five point that it is very good and two judge it as excellent.

The work time in nursing ranged from six months to 15 years. The period of work in the institution ranged from three months to 17 years, and, for six of them, this is the only workplace. Six have another job and eight already played working activities in other institutions. Eight subjects attended, during their training, at least one discipline that addressed the care of elderly people.

The care of elderly people under the viewpoint of nursing professionals

In order to meet the demand formed by elderly patients, the nursing professionals should have knowledge and skills typical of their training and have access to constant updates and trainings. Thus, seeking the improvement with a focus on the care of the elderly person is crucial so that the nursing can provide a qualified care. Moreover, it is important that team members do not show prejudice towards the condition of being old and minimize stigmas related to the old age. In the conception of the interviewees, the care of the elderly patient requires attitudes and ways of acting that can be acquired in the home space, when they coexist with the elderly people belonging to their relationships, or else in the course of the professional training.

I think this comes from crib, because, before taking the course [...] I took care of my grandparents, who took care of me as a daughter, I have my mother, but a part of my life I lived with elderly people, I think that you learn a little about it, you come from home with your structure formed (E11).

When I studied and started to do internship in the Senior's Home, there I learned to be lovely with the elderly people, by talking to them, I think that what they need most is kindness, because they need more fondness (E04).

It is worth highlighting that nursing professionals should, in the course of their training, have access to knowledge of the field of geriatrics and gerontology, since they often they come into contact and play activities with the elderly population.

This strategy enables better understanding and positive representation of the old age. A research conducted with focus on the perception of nursing students about the care of elderly people has evidenced that one must be qualified to deal with the elderly person, by focusing on the physical, social and psychological needs that go beyond the biomedical model, which, in the past, acted on training of these professionals in a hegemonic manner⁸.

The nurse is the one who commonly coordinates the aspects related to permanent education in hospital institutions that have this service. The participation of the nursing professional in this area is important, since it is in direct contact with the entire nursing team⁹.

In the speech of one of the participants, one can identify dubiousness of understanding. Through its manifestation, the elderly person requires special care actions, but, at the same time, suggests that the care provided is similar to all hospitalized patients, regardless of the age at which they are, since the care is focused only on the problem or clinical condition.

The elderly has to be a more special care, but, within the hospital, we do not prioritize it. Thus, the work is done on the patient's problem, on the things that need to be done. So, if you have an adult there with a stomach or geriatric problem, which has no movement, it will be more focused on the problem, the care shares are more specific on the problem (E01).

In this scenario, one can realize that there is knowledge that the elderly people require comprehensive gaze and care, but it seems that the care is conducted in a fragmented and timely manner, with focus on the disease. Accordingly, there is a need for nursing professionals to have knowledge of the gerontological-geriatric area to offer the care in a holistic form. As discussed, the members of the nursing team, in hospital institutions, play numerous essential functions to ensure a comprehensive care, with quality, solvability and safety for patients. Furthermore, they have the role of developing educational activities, when conducting guidelines about health problems, self-care and prevention of complications, thereby qualifying the provided care. Thus, technical, intellectual, interpersonal and relational skills are required for the planning of interventions and of desired outcomes⁹.

Regarding the care of elderly patients, the study participants consider that it needs differ from the care provided to adult patients, taking into account the biological, psychosocial, welcoming and communicational aspects typical of aging. Moreover, one can identify the importance of the accomplishment of individualized care.

The care of the elderly person has to be individualized, will depend on the needs of each one. It will have to assess

each patient differently, one has difficulty, decreased visual acuity, the other has hearing loss, the other has dehydration, the other has a pressure change, then will depend on the patient that you have in your front for you assessing and you have the necessary care procedures (E17).

Much difference. The elderly subject need more care shares, more special, has more bedsores, more wounds, more ulcers and they are... type, more depressed, need more care procedures, but it's more from the need for coziness, you know what I mean, talking to others, it's much more different (E05).

Most elderly people have many pathologies and are users with specific characteristics who require from the nursing a greater time for the provision of care actions. Accordingly, there is the need for individualized care, with the guidance of the difference in degrees of dependence of each elderly person, which leads to diversification in the way of providing care, with the purpose of reducing and compensating the limitations typical of the age and the weakness of the old age¹⁰.

In the conception of the study participants, the care of elderly people should also be individualized because it has more difficulties for the comprehension of information. Furthermore, the elderly person has more functional limitations, which favors an increase in its dependence.

Because the adult can carry itself well, he goes to the bathroom, he can press the ringer, he explains, he says. The elderly subject can't do it anymore! The elderly needs a help to take him to the bathroom, to move it on the bed, he has difficulty to press the bell to call, so that's different (E16).

In addition, the decline of the sense organs, especially in eyes and ears, leads to greater dependence, which requires individualized care.

This issue is that they already have difficulty in hearing, locomotion, their culture is ever different, the issue of age (E14).

Another aspect that emerged in the manifestations is related to the condition of abandonment of the elderly person by family members. One can identify that there is concern of professionals who seek to supply the absence of the family, but also can recognize that they do not meet this task, since there is commonly a small number of employees at the hospital unit. The situation of abandonment by family entails a greater affective neediness. When this condition is realized, professionals seek to give more attention, talk, listen and motivate the elderly person to make it feels more stimulated and can be recovered.

You feel slightly uncomfortable, because nobody wants to end up in a situation in which we sometimes see here, where some people with almost 98 years have no care on the part of the family, who end up dying alone, we see it frequently, people who are abandoned by their grown-up children. Then, as there are few employees for many patients, sometimes it ends up provoking a sort of dehumanization of care, which we should pay much more attention, sometimes we do not provide the proper care, due to lack of time (E14).

Surely, we have much more affection for an elderly person abandoned by the family, we talk, stimulate, we say you will be fine, will improve, will go back home, the person usually ends up cheering up a bit (E19).

It is worth remembering that the human aging process entails psychological, biological and social changes for the individual and the old age is characterized as the last period of life, and it does not constitute a process, but a condition of being an old person.

Another data that was raised is related to the conditions of communication and comprehension. Although the greater portion of older people keep their cognitive domains preserved, one can note that some present difficulties to seize the guidelines provided by the nursing team. This fact generates the need for a repetition of information and, consequently, an abrasion in the professional/patient relationship. Furthermore, one can observe that, given the absence of an external caregiver, relative or not, the team sometimes needs to take attitudes of greater impact, such as restrain the patient mechanically, with the purpose of preventing that it has personal injury, and it might worsen its clinical condition.

The care that you have to have, talk, explain what you will do... there are some who understand and do what you ask; others, As much as you explain, explain in various ways, they do not understand, and we end up having to restrain... when I started to work here, I thought, dude, one has to tie up the little old man, the little old woman, but that's not a thing to harm them, harming would be failing to remove the probe, hurt them, then it is a thing we also learned there (E18).

Because the adult, not being an old, he understands better what is explained. Nonetheless, elderly patients have difficulty! Some are illiterate and do not understand what you're saying, or even to express themselves and there are also many people who only understand their parlance and we try to express with our, the Portuguese and is difficult... the elderly often has a lot of it and if there is a family member nearby, it's better (E15).

One can identify that participants have the understanding of the importance of communication, which can be verbal or non-verbal, with the elderly patient, both at the time of providing care and at the time of offering guidance for self-care, including the caregiver.

The act of caring and the care itself are tasks characterized as a continuous challenge that requires dialogue, learning and teaching, which fosters health communication. In addition, during hospitalization, the subject tends to decipher and interpret the behaviors, which requires that professionals are aware of communication skills, because this unveils the positive and negative feelings. Thus, it is important to know the dimensions and mechanisms of communication to facilitate the patient/professional relationship, with a view to achieving a qualified care¹¹.

Furthermore, it is essential that the elderly subject feels welcomed in this space and encouraged to participate in the accomplishment of their care actions. One can realize the importance of including the elderly person itself in the care process, thereby stimulating self-care. By considering that elderly patients have, by law, the right to have a caregiver in the hospital environment, it is understood that the nursing should direct its gaze to the elderly patients and their caregivers, thereby introducing them in the care process¹².

Another aspect mentioned by the professionals is related to the fact that majority of the elderly subjects did not face the experience of hospital admission during their adulthood. This situation can increase the difficulty in providing care actions, since the elderly people require further guidelines and might become more frightened and insecure, because they are introduced in unknown environments that are estranged from their relatives and/or friends. Within this context, there is still concern among professionals with the patient's privacy.

One cannot arrive in the room and pull out the sheet to give a bath without telling them what you will perform, most of elderly, they did not live as today, with 40 years they're already hospitalized, you has a notion of the way in which a hospital works, but they don't know, they were almost never hospitalized, then there's no way you arrive and take off things or do tasks without speaking what you will do. There's no way you arrive and perform the procedure without talking to them. It's hard to talk to a young patient, so imagine a senior citizen, you have to correctly explain what you will do, what you will stop doing and what are the consequences of it all (E3).

When hospitalized, the elderly person tends to lose its references, since it loses its physical space and starts to experience other difficulties, in addition to those that already it has. When entering the hospital, its concerns are exacerbated, since, besides the disease, it is exposed to the weaknesses typical of its condition of being an old person and needs to adapt to

institutional routines, which favors the development of stress and suffering¹³. In addition to the treatment of organic needs, one should pay attention to the emotional aspects. That said, it is important to appreciate the interaction and communication with the elderly subject, as it has peculiarities and needs of emotional security that need to be worked with competence¹³.

Accordingly, the professionals report treating an elderly patient with more affection, because it shows more sensitivity and experienced countless situations of suffering, which encourages a change of attitude of professionals, making them more welcoming and sympathetic, thereby fostering the creation of a more affective and humanized care.

The elderly person requires more attention, we know that he suffered more, he needs more fondness (E04).

There is a difference, because the older requires more care actions, you will have to pay more attention to him, you have to talk more with him, since... now and again, you have to go there (in the room) to check because he won't call you, he goes to sleep, you have to go as often as possible to observe, perform care shares to prevent it from falls of the bed (E20).

Faced with this scenario, it emerges the need to deploy multidisciplinary and educational actions as a strategy to control morbidity and mortality in the elderly population, including awareness and accountability of professionals working with this target audience. In addition, promoting the development of individual and group educational activities, in the sense of providing health promotion and disease prevention, since an effective health care for the elderly person, within the public health system, in an interconnected and committed way, is still a goal to be achieved¹⁴. Furthermore, there was a manifestation of some professionals that make no difference in the time between caring of an elderly patient and caring of a young adult patient.

At that time, I make no difference. The same fondness that the elderly person gains, attention... the patients deserve, not because he is younger or by being a elderly citizen, even the elderly having more rights, but the care is the same, they should be treated equally (E08).

If there is a bedridden 40 and 80 year old patient, for me it'll have the same care, for me nothing changes (E03).

According the fragments of the speeches, the elderly subject is usually treated as any adult person, without having its peculiarities considered, and it is often performed mechanically, which propitiates the depersonalization. It should be highlighted that the nursing team is responsible for providing a balance of organic and emotional functions of patients and helping them to face and accept the hospital admission. Regarding the way of

performing the care, the professionals understand that this must be provided with empathy, taking into account the viewpoint of others and putting themselves in their places.

You have to give attention to him, because it's a person... and I hope I'll not get rid of being an old woman, that's why I would like to be treated like I treat them (E20).

When I take care of an elderly patient, I put myself in its place; I always think that, in the future, I want to be able to be in a better situation than the people I'm treating (E14).

Thus, one can consider that the nursing care of the elderly patient must be holistic, with a view to encompassing the physical, psychosocial and spiritual aspects. To that end, the professionals must be updated, in view of the peculiarities of this age group, by participating in educational activities that are focused on issues related to the gerontological-geriatric nursing.

Educational practice and care of hospitalized elderly people

The construction of this category took place from the accomplishment of workshops with themes derived from the needs of the interviewees; it understands that the joint construction enables and transforms the scenario. Thus, the first workshop addressed concepts related to aging. For this purpose, the dynamics "being old" was used, in which ten professionals participated and were able to identify themselves with this phase of life. The second had 13 participants. It addressed aspects related to nursing care for hospitalized elderly people, with a focus on teamwork. The third workshop had the presence of 15 professionals, in which the communication with the hospitalized elderly patient was discussed. In order to boost the theme, initially, a dynamics of information that constitute communication was used. The fourth workshop dealt with the legislation targeted to the elderly person, by making use of a dynamics on active listening, with the participation of ten people.

Of the subjects who participated in group workshops, 14 of them consider that educational practice, from the convergence groups, has generated changes in the way of caring of elderly people within the hospital environment; two stated that there were no changes and one of them participated in a day, which did not allow realizing changes in the routine of its work.

In the experience of nursing professionals, whose essence is the care, educational practices are a constant. Thus, the study participants understand that the development of educational activities by means of groups is positive.

I think it's important, doing/participating in workshops, it is always good to remember when we already know, but sometimes we forget some points... the way you work and how to work with the elderly person... (E02).

We have to learn more, there is always something to learn, as much as you deal every day with the elderly person,

it has many years of difference and has an experience, there is always a practice that you can learn. I liked these practices (E06).

It should be noted that the educational practices are not only theoretical discussion, but one should use them as tools and possibilities of social transformation. They might take place in different spaces, whether they are formal or not.

You dealt with a lot of issues that we deal in everyday life, but we don't stop to think and analyze it there, you come and work like a machine, that's already a routine, but you don't stop and analyze really, that is to say, the patient itself (E03).

From the discussion and the knowledge acquired and shared, one can clearly perceive the changes that took place in the professional practice of the participants of this study. The statements below depict the change generated in the behavior and attitude in the provision of care for elderly people from the reflections that were developed during the group workshops.

It changes everything in the sense of analyzing more, even the way to talk, care, ask a question, it's just wait for him to respond and such, because otherwise we go there and ask, is it hurting? Did you already go to the bathroom? Did you eat well? That is to say, we make a lot of questions at the same time and it has changed. In case, I'm taking more care, because I speak without stopping, I started to care more, ask a question and wait for him to respond. As I told you, we do there, running and quick and it ends up not realizing, sometimes, those small details. For sure, the attendance has been modified (E03).

I think it's pretty useful, I'll really do like this. There should have a lot of people who should have this information, for sure. I did not think it was in that way, I thought it was different, like, more content, but it was much more practice (E06).

The professional updating by means of non-formal educational practices has been expanded and acquired space due to the need to increase the knowledge and the information of workers, so that they can be able and with competence to meet the demands that emerge in the social context. In this scenario, the education in society is not an end in itself, but a tool for social maintenance and/or transformation.

It was different, but we experience in everyday life everything that was discussed with us, but you've to record things, to remember, because we do things so automatically that sometimes we don't even pay attention to certain details that would be important for the care of the elderly people (E19).

So, the fact is, in everyday life, we don't even pay attention, which was not approached in the workshops... I believe that it has changed in this sense, in relation to the fact of caring, in the sense we said, when the person is deaf, when is blind, sometimes the parlance, the language that speaks, speak in Portuguese, speaks only in German, all these are little things that we start to pay a bit more attention (E14).

In addition, aspects related to the importance of health education were discussed. Furthermore, when it comes to educational practices, through non-formal education, one can develop actions in different social spaces, which aim at analyzing, discussing and developing certain themes with a view to conducting a possible change of behavior or attitude in each individual. As for the non-formal education, it has a collective character and constitutes a process of group action, is experienced as praxis of a particular group, even if the learning outcome is absorbed individually. The process is developed from social relationships and is mediated by intersubjective factors¹⁵.

Thus, for the interviewed participants, the formation of groups with focus on thematic studies is viewed positively, since it allows them to work in an articulated manner and as a team, by sharing knowledge and experiences.

The themes that were approached were issues that led us to reflect on how the everyday life of the elderly person actually runs, they are practices that cause you to have an idea of what is being a senior is, that's very rewarding (E17).

It's good because it connects all working shifts and, hence, sometimes, one thinks in one way, the other in another, and so they have a moment, I think it's pretty cool to provide it, then they can exchange experiences (E16).

In groups or workshops of studies, the actions performed by means of non-formal education make feasible the development of a learning that influences in the professional and formative growth for the work, which allows the appreciation of skills and the acquisition of new knowledge to act collectively with regard to the trouble-shooting of the everyday life.

When participants were asked about the work developed by means of group workshops, they responded that this is an important activity to keep them updated and, consequently, provide a qualified care. In addition, the meetings might constitute a space for solving little conflicts of the working routine.

Because, from the moment you have a group for discussion, you will assess the pros and cons of a care action, you can propose improvements, propose adjustments, change the quality of care, so it's surely useful. It has to be done, is something that should be done constantly.

Meetings to discuss this theme, targeted to these patients and other patients that are hospitalized in the unit, but it's very good to have it, unfortunately we don't have it yet, but it's something interesting to be proposed, especially, with your study, to propose as a suggestion, did you know? Proposing meetings of the professionals of the unit to discuss such matters, for sure that's great (E17).

Because, sometimes, a disagreement happens, due to the rush, that if you don't sit down to talk, one interprets it in one way and the other in another, then it can happen, those things that should not happen, then it's important that we organize meetings, talk, discuss on the events of the unit (E18).

In this context, one can make use of a study¹⁶, which indicates that the health organizations should offer to the professionals who care of elderly patients some strategic actions to prevent physical and mental exhaustion, since the work with the elderly people might be exhaustive, with a view to improving the quality of life of these employees. In the hospital space, there is a great amount of patients to be attended in a short space of time, which requires mechanisms to meet the demand. Educational practices are one of these means, since they provide a basis for dealing with everyday situations of the care of elderly people.

Here, one can highlight that, for the study subjects, communication is understood as a key resource for the effectiveness of the provided care. That is why, in one of the thematic workshops, the communication with the hospitalized elderly was discussed. In light of the foregoing, from the speeches of participants, one can realize that they consider communication as an important factor, and sometimes it is necessary to make use of certain resources to achieve the goals.

In order to have a good communication, we must use the technical terms in form of more popular terms; thus, because the level of culture is differentiated, to adapt. Even because there are patients who only speak German, one has to call the colleague who can speak German (Of3).

One of the professionals has indicated one of the alternatives found by one of her colleagues so that the communication with the elderly subject could be conducted. Thus, when the experience starts to be socialized, it can become a practice in the workplace.

One interesting thing is that there was a patient, who was already a grandfather, then the colleague gave a sheet there and a pen and he wrote, and he communicated through it (Of3).

Thus, it is necessary that the members of the nursing team have acumen and initiative to use means to intervene in the communication, by understanding that it is essential so that care

is resolute. It is known that, among the strategies used by professionals, one can mention the dialogue with the elderly patient. This resource runs by asking the patient to repeat the information, by transmitting guidance to caregivers, by watching the positioning before the patient, by making use of tools, among other skills.

In another workshop, matters related to the importance of teamwork to the provision of care to the elderly person were problematized and discussed.

The elderly really requires care shares, how would you care of it alone, that's difficult, there are many things that need to be done and many things he cannot do single-handedly. After all, in fact, we will never succeed in reaching anything alone like this. Because sometimes not every procedure you can provide alone, you need a help of someone, or family member or professional or a colleague too; then you have to keep yourself in interaction, need to have some support, you alone will not do! Everything involves the environment (Of2).

For elderly people, hospitalization represents a moment of weakness and fear, because, in addition to all the insecurities caused by the disease, the elderly patient requires attention from a team of professionals to intervene in this process, both to ensure the balance of its physical and psychological functions and to deal with the hospitalization¹⁷. Accordingly, it is important to highlight that teamwork enables the elderly patient to achieve the attendance of its needs, which corroborates with a qualified care.

Throughout the conduction of a workshop, it emerged the understanding that participants have about care and, also, there was a discussion about the fact that elderly patients require differentiated attention and care actions, due to their health situation and because they often have limitations, especially decreased hearing and visual acuity. In this scenario, the care is a phenomenon resulting from the dynamic process of caring that requires the ability to modify its own behavior in the face of the needs of the other¹³, which, in this case, is of the hospitalized elderly person.

Caring is to pay attention, so I think he often is there not so much by the disease, but for lack of care, lack of a friendly word, a gesture of fondness, some reason. Surely, because We had not even commented in another meeting he is a patient who has hearing impairment, has visual impairment, he has difficulty to walk around, to move on the bed, sometimes to feed itself, we need to give aid... then it's different! (Of2).

Accordingly, during the development of the convergent-care research, more precisely during the workshops, the study participants had the opportunity to collectively discuss the care for elderly people, thereby minimizing gaps in knowledge. At the same time, through participant observation, it was possible to show

that group space for learning is an important tool for qualifying the care, because, from an observation script, it was possible to observe significant changes occurred in the accomplishment of the nursing care for the elderly people.

Therefore, one can realize that health education through the formation of convergence groups is an important aspect with regard to the qualification of the care for elderly people at the hospital environment, because it enables the articulation of working shifts and generates a space for discussion and collective construction.

FINAL REFLECTIONS

The study highlights that the elderly person requires a distinct and qualified care by the nursing team. Furthermore, the communication, the way of caring, the concepts related to aging and the legislation have proved to be essential tools to supply the everyday needs of the nursing care within the hospital environment.

Educational practices constitute an enhancer tool in the way of providing care actions. Thus, the convergence group allowed the strengthening of the bond between researcher and subjects, and this was a productive fact for the generation of information. Furthermore, the study indicates that the conduction of convergence groups to discuss the care for the hospitalized elderly subject is of great importance under the viewpoint of professionals of the nursing team.

Thus, one can realize the importance of including a health education service in hospital institutions, because these substantiate the theoretical/practical articulation with the everyday experiences. Lastly, it is recommend the implementation of a permanent health education service in the researched hospital institution, as well as the use of the PCA in other researches.

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