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THE NURSING PROCESS IN FAMILY HEALTH STRATEGY AND THE CARE FOR THE ELDERLY[1]

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ABSTRACT: This article aims to nurses practising of Family Health Strategy related to actions directed at the elderly care. It is a qualitative study, converging-assistential, which data were collected between May and June/2012 through interviews and theme workshops with 20 nurses, who work in the Family Health Strategy of a Sanitary District of Florianópolis Municipality, SC. The data analysis involved processes of apprehension, synthesis, theorization and transference, resulting two categories: care to elderly; public Healthcare policy for the elderly. The results sustain discussions about the need of connecting the nurse work and proposal of government policies to the elderly health care. It is strongly recommended permanent education to the professionals already in service, so they can deal with the challenges of population aging.

DESCRIPTORS: Nursing. Health of the elderly. Professional practice. Family health program.

A PRÁXIS DO ENFERMEIRO DA ESTRATÉGIA DE SAÚDE DA FAMÍLIA E O CUIDADO AO IDOSO

RESUMO: Este artigo objetivou discutir a práxis do enfermeiro da Estratégia de Saúde da Família relacionada às ações de cuidado dirigidas ao idoso. Trata-se de uma pesquisa qualitativa, convergente-assistencial, cujos dados foram coletados entre maio e junho/2012, através de entrevistas e oficinas temáticas com 20 enfermeiras, que atuam na Estratégia de Saúde da Família de um distrito sanitário, do município de Florianópolis-SC. A análise dos dados envolveu processos de apreensão, síntese, teorização e transferência, fazendo emergir duas categorias: o cuidado ao idoso; políticas públicas de saúde ao idoso. Os resultados sustentam discussões sobre a necessidade de aproximação entre o trabalho do enfermeiro e as propostas das políticas públicas de atenção à saúde do idoso. Recomenda-se educação permanente para os profissionais já inseridos nos serviços, para que possam lidar com os desafios do envelhecimento populacional.

DESCRITORES: Enfermagem. Saúde do idoso. Prática profissional. Programa Saúde da Família.

LA *PRAXIS* DEL ENFERMERO DE LA ESTRATEGIA DE SALUD FAMILIAR Y LA ATENCIÓN AL ANCIANO

RESUMEN: Este artículo tiene como objetivo discutir la *práxis* del enfermero de la Estrategia de Salud de la Familia relacionada con las acciones dirigidas a la atención a los ancianos. Se trata de una investigación cualitativa, convergente-asistencial, cuyos datos fueron recolectados entre Mayo y Junio /2012 a través de entrevistas estructurada y talleres temáticos con 20 enfermeros, que actúan en la Estrategia de Salud de la Familia de un Distrito Sanitario, del Municipio de Florianópolis-SC. El análisis de los datos involucró procesos de aprehensión, síntesis, teorización y transferencia, dando como resultado dos categorías: atención a los ancianos; políticas públicas de atención a la salud del anciano. Los resultados sustentan discusiones sobre la necesidad de aproximación entre el trabajo del enfermero y las propuestas de políticas públicas de atención a la salud del anciano. Se recomienda educación permanente para los profesionales que ya trabajan en los servicios, a fin de que puedan enfrentar los desafíos del envejecimiento de la población.

DESCRIPTORES: Enfermería. Salud del anciano. Práctica profesional. Programa de salud familiar.

INTRODUCTION

The Family Health Strategy (FHS) proposes the reorganization of primary health care and the consolidation of the principles of the Unified Health System (SUS). This strategy should prioritize actions in promotion, protection and the recovery of health in a comprehensive and continuous manner, centering care in the health of the family, which must be understood and perceived as per their physical and social environment.[1]

The FHS should have, in its minimum configuration, a physician, a nurse, a nursing aide or technician and community health workers (CHWs). This team is in charge of monitoring a maximum of four thousand inhabitants, with the recommended average being three thousand inhabitants, who then become co-responsible for their health care.[2]

With the increasing expansion of the FHS throughout the country, it has become an important field of action for nurses, allowing greater professional autonomy and greater visibility to their work.

In the FHS, the Ministry of Health points out, as a specific minimum allocation of nurses, full care to individuals and families at all stages of human development, that is, from childhood to old age; performing nursing consultation; supervising the work of the CHWs and the nursing team, and participating in the management of the Family Health Unit.[2]

In actions related to the health of the elderly, FHS nurses have, as specific expertise: "a) delivering comprehensive care to the elderly; b) delivering home care when needed; c) carrying out nursing consultations, including fast multidimensional evaluation and complementary instruments; requesting additional tests and prescribing medications, if necessary, as per protocols or other technical regulations established by the city manager, subject to the laws of the profession; d) supervising and coordinating the work of the CHWs and the nursing staff; e) carrying out ongoing and interdisciplinary educational activities with other professionals from the team; f) guiding the elderly, the family and/or the caregiver about the proper use of medicines".[3:28]

Given the accelerated process of population aging that Brazil is experiencing and the growing demands of care for the elderly population, the FHS, as the gateway to the SUS, has a great challenge to meet the emerging needs of this population group. With reference to health care of the elderly and to all the specifics of the aging process, it is extremely necessary to deliver nursing care to the elderly in health services.

As one of the researchers of this study has been developing activities as an FHS nurse for 10 years, it was noted that there are significant demands in this age group, whose health care requires more specificities. As observed, in our country, many FHS nurses are dedicated almost exclusively to the nursing care of FHS health markers (children, pregnant women and people with hypertension, diabetes, tuberculosis and hanseniasis) and, often, elderly care is focused on chronic conditions.

Given these experiences, we wondered how we could contribute to the reflection of FHS nurses, as regards the practice of promoting the health of the elderly. In this sense, the aim of this article was to discuss the FHS nursing process related to actions of care aimed at the elderly. This theme was originated from the research entitled: *Consulta de enfermagem ao idoso no contexto da Estratégia de Saúde da Família* (Nursing consultation for the elderly in the Primary Health Care context), which aimed to understand the reasons why Primary Health Care nurses, from some Health districts, in Florianópolis, Santa Catarina state, do not perform nursing consultations for the elderly; and to identify, together with them, aspects that contribute to the implementation of nursing consultations for the elderly.

METHOD

This is a qualitative, convergent-care study, in which structured interview techniques and thematic workshops were adopted to obtain data. The choice for the Care Convergent Research (CCR) was due to the fact that it is oriented to solve or minimize problems in practice or to carry out changes and/or the introduction of innovations in health practices.[4]

The study was conducted in the city of Florianópolis, Santa Catarina state, together with nurses from a health district of the City Health Department. There are 50 Health Centers (HCs) in Florianópolis, divided into five health districts: North, Central, South, East and Mainland. Data were collected in the Mainland health district, due to its high concentration of elderly residents and for being the setting of care practice of the main researcher. In the convergent analysis, the physi-

cal space for research is where the problem to be solved or changes to be made were identified.[4]

The study included 20 nurses who compose the FHS teams in 11 HCs, making up the total of nurses who were working in care during the data collection period. For the selection of subjects, the following criteria were used: being a nurse in the Mainland health district; being part of the FHS team; and developing care activities in the city for at least six months. Data were collected between May and June of 2012.

The research project was submitted to the Ethics Committee of the Federal University of Santa Catarina, approved by substantiated opinion no. 21,532.

The interviews were conducted in the workplace of the participants, by prior consent. At the time of interview, the respondents were asked to read and sign a Free and Informed Consent Form, in two copies, one copy for the researcher's file and the other for the participant. This ensured the anonymity of the participants and the confidentiality of the information. Participants were identified with the letter N, as in "nurse", followed by sequential Arabic numerals. After the interviews, two thematic workshops were conducted.

Concerning the development of workshops, these were organized into four stages: 1) Reception of participants: consisted of preparing the environment to receive the participants, as well as the development of a dynamic activity to join the group; 2) Focus on the topic of discussion: in this stage there were different group activities, which provided the exposure of ideas on the workshop subject in focus. The theme in focus of the first workshop was "Population aging and the need for elderly care", and the second workshop was "Nursing consultation for elderly individuals in the FHS should have ... as pillars"; 3) Moment of synthesis and referrals: in this stage, the mediating researcher at the workshop gave an overview of the discussions and proposals made by the group, encouraging the group to propose solutions to the problems raised; 4) Evaluation: this stage was designed for the group to evaluate the workshop.

Data analysis, for both the interviews and the workshops, was conducted according to the principles of the CCR,[4] which consists of the following processes:

Apprehension process: initiated with the collection of data, originated from the interviews and thematic workshops. The information from the meetings was read successive times to approach the content of the speeches. Then, the information was concentrated in groups determined by the most frequent subjects, beginning the process of encoding the reports. Synthesis process: in this stage, the information found in the apprehension phase was analyzed subjectively, seeking associations and variations of such information in order to encode it. The codes were grouped by similarity and this process resulted in around 20 different groups, which, after careful reading and analysis, gave rise to the categories. Theorization process: this phase occurred as they tried to interpret the findings based on the literature and the theoretical framework that supports this study. Transfer process: this is the final step of the analytical process, and consists of giving meaning to findings and discoveries, seeking to contextualize them in similar situations, aimed at the socialization of the results.

To give real meaning to the findings, there was the intention to answer the research questions at the same time the opportunity was given to the nurses to reflect on the care provided to the elderly population, seeking solutions to problems faced in practice, and prioritizing the principles of the CCR.

The reflective process of nurses about elderly care needs and the care provided was an intentionality of the CCA, since it is believed that changes in the context of practice will occur only if there is involvement of those responsible for the practices, and a way for this to occur is the inclusion of them in the entire research process.

RESULTS AND DISCUSSION

With regard to the group characteristics of nurses who participated in this study, all of them were effective public employees and were aged between 26 and 54 years old, with the mean age of the group being 34 years. According to the time of graduation, the group had a mean of 8.5 years, ranging between one and 26 years. As for graduate studies, only one did not have such training; two had master's degrees; 10, specialization in Family Health; five, expertise in related fields, with two being in Public Health and three in Women's Health. Another two had expertise in other areas (Intensive Care Unit and Pre-Hospital Emergencies). It is noteworthy that although the majority of nurses were graduates, none of them were in the area of health care for the elderly. The time of activity of the respondents in the FHS had a mean of 5.6 years, ranging between one and 13 years.

The main theme and the focus of this article, "the FHS nursing process", involves issues related to the health care of the elderly and is supported in the following categories: care for the elderly and public health policies for the elderly.

Care for the elderly

The elderly were seen by the participating nurses as the most frequent population group in the HCs, making it difficult to ensure meeting priorities faced with the great demand of this population, as observed in the following statements:

[...] *it is the population that most visits the Unit. We even have difficulty assisting everyone* (N1); [...] *our population is quite old, it seems that most of the population is elderly* (N4); *the elderly should be given priority in care, but how can I give them priority if 90% of those waiting are elderly; It's a very large population* (N8); [...] *most of them are over 80 years old, many older than 90 years* (N20).

The increase in the elderly population, which has occurred quickly and progressively, becomes a major challenge for the SUS, since actual diseases from aging begin to gain more expression throughout society, resulting in greater demand for elderly health services, which are often not prepared to assist this population.[5]

FHS professionals face challenges in the health care of the growing elderly population and its specific problems, competing for care to children, pregnant women, and men and women of childbearing age, in an epidemiological context of chronic-degenerative and infectious diseases, aggravated by social problems.[6]

The respondents reported that they perceived a progressive increase in longer life of individuals who often still preserve independence and autonomy; on the other hand, it is the segment that has more chronic diseases and tends to become weaker, as can be seen in the following statements:

I have many healthy elderly patients (N1); *most of them are independent* (N2); [...] *many are bedridden, but most are independent* (N5); [...] *the oldest are more dependent* (N13); *the vast majority have hypertension and diabetes* (N17).

The elderly are mostly in good physical and health conditions, but, as they grow older, they are more likely to become debilitated and need help for self-care. To deal with the elderly, it is necessary to understand aging, not as a disease, but as a process in people's lives.[7]

Despite the previous statements showing that, in the perception of nurses, most of the elderly were healthy and independent, nursing care, on a scheduled basis, is focused on the disease, for the elderly who are bedridden and for hypertension and diabetes. Care to the spontaneous demand was initiated by receiving the patients, and they described this service as fast, punctual and often centered on the complaint, as shown in the following report:

We assist the elderly within the hypertension and diabetes programs, and at home visits (N5); *care for the elderly is like a marker* [hypertension and diabetes], *but I do not help with the specific issues of the elderly* (N10); *we assist them with that specific point, with the complaint, we are not performing health promotion* (N16); [...] *there is a lot of demand for this population, the care at reception becomes very fast* (N10) (N19).

It can be observed that the practice of these nurses reproduces the biomedical model of care. The situation described seems to corroborate the results of another study,[8] in which the nurse, when performing the nursing consultation (NC) with the elderly, focused care on the complaints they presented, with a curative proposal, aiming at the disease and rather than at the human being.

This form of care is incongruous to the FHS proposal, which guides the promotion of healthy aging, the prevention of diseases and disabilities. Proposals for the promotion, care and rehabilitation of the elderly person's health should go beyond treatment and the control of specific diseases. As most of the elderly were in good health conditions, in the perception of respondents, the focus of care for this population should be the maintenance of functional capacity and the early detection of diseases, in addition to monitoring chronic conditions.[5]

Because of the demographic transition process and the resulting epidemiological transition the country is experiencing, chronic-degenerative diseases often affect the elderly population.[9] Such conditions associated with longevity, often generate dependencies and disabilities, demanding greater needs for care at home, both from the family and health services.

According to reports, home care was part of the FHS nurses' daily work. The respondents reported that the main reason for conducting home visits for the elderly population was the large number of bedridden elderly.

Home care, inherent in the work process of the FHS teams, aims to respond to the population's

health needs, which can be found in functional losses and dependencies for carrying out activities in daily life.[3]

Aging, with dependence, becomes a challenge to the practice of FHS nurses who, while trying to avoid or postpone it, will have to deal with an already established dependency. Therefore, it is essential that nurses acquire gerontological-geriatric knowledge, since this expertise has not been absorbed by FHS nurses, who have been assisting the elderly without considering the particularities of age.[10]

In this study, the unpreparedness for the care of the elderly population is pointed out by the nurses, who signaled gaps from the training process to the absence of continuous education in services. The nurses' statements suggest the need for better preparation in dealing with the specifics of aging. In these statements, they also recognized they were not performing the care of the elderly as they thought they should be, as can be seen in the following statements:

during training I had practically no information on aging (N7); *our training is aimed at the maternal-infant issue, we realize these limitations in elderly care* (N15)*; I have little knowledge about aging* (N12); [...] *we need training to do better in practice than we have done* (N2); *We need continuous training and to review the protocols with professionals* (N10).

In a recent survey conducted with pioneering research nurses, in the study of the aging process, this perception of the need for knowledge in gerontology was explained by the reality of demographic transition, which impacts on care practice in services and imposes on the nurse a need for specific training to assist the elderly.[11]

This study shows that the training of health professionals in the FHS is insufficient to deal with the challenge of aging. The geriatric and gerontology content have little weight in vocational health training.[6]

Thus, it becomes essential that the professionals, already in the work process, participate in continuous education, since this can motivate personal and professional transformation, enabling the minimization of the existing challenges of the daily life in health services.[12]

Public health policies for the elderly

The National Health Policy for the Elderly (NHPE) aims to recover, maintain and promote the autonomy and independence of the elderly, based on collective and individual health measures.[13] However, the nurses' statements presented below show their detachment from public policies on health care for the elderly.

I know that the NHPE exists, but I'm not intimate with it (N1); *I read about it when I studied for the admission exam, but I confess I do not remember it* (N3) (N6) (N19); *I know very little* (N9); *I know about the NHPE, but I am unaware about the guidelines of the health pact related to the elderly* (N11); *As I am not practicing specific care for the elderly, you end up reading little, giving priority to what you are doing* (N12); *I know some of the rights* (N14); *I've never read the NHPE, not even the pact about the elderly* (N15) (N16) (N17).

To exteriorize their lack of knowledge about the NHPE, nurses annul the possibility of organizing their work process based on what is proposed in this policy, a fact that hinders the implementation of actions to promote the health of the elderly. The same happens when nurses assume that they do not use specific technical input, which is available, in relation to the health of the elderly, as per the following statements:

I don't have the booklet on primary care for the elderly, I use the one for women and children (N1); *I don't use it, because the service during reception is very fast* (N4) (N19); *the protocol for the elderly should be discussed with professionals* (N3); [...] *the protocols come from the top down, they are imposed* (N12).

The Primary Care Booklet – Aging and Health of the Elderly – was published by the Ministry of Health in 2006, and it is a technical contribution to the daily practice of professionals in this field.[3] Besides this device, the city of Florianópolis has a specific protocol for the health care of the elderly. According to this document, gerontological-geriatric nursing care is oriented "towards the promotion of active and healthy aging; compensation of limitations and disabilities; providing support, treatment, control and care in the course of aging; treatment and specific care in geriatric syndromes; and facilitation of the care process".[14:99]

The use of protocols has contributed to the development of the care model proposed by the SUS. However, they should be discussed, problematized and adjusted to the health needs of the population and the work process of the FHS teams so that they have meaning in the daily work routine of health professionals.[15]

The Elderly Health Booklet can be considered an important tool to identify any frail elderly person or those in the process of becoming frail. For healthcare professionals, this booklet enables

the planning and organization of actions for the elderly, as well as better monitoring of the health status of this population.[16]

Even though the booklet had been distributed in the city, and is still available for distribution, the professionals recognized that its use was not promoted, as evidenced in the nurses' statements:

It isn't used much, I forget to make sure (N3); *It's another document for us to make records* (N18); *It is a difficult instrument to be deployed, we have distributed many booklets, but they do not bring them and the professionals are not encouraging its use* (N19).

These instruments can be considered strategies for the implementation of the elderly health policy and, when used, facilitate the daily practice of the FHS professionals, meanwhile helping to select the most appropriate behavior towards the demands of the elderly population. However, the statements show the lack of coordination between the organization of the FHS nursing work and the contents of public health policies for the elderly. This situation points to the need to upgrade activities, bringing together the theoretical courses and practical actions of elderly care in the FHS.

CONCLUSION

Despite the new health model proposal to meet the demand for care of the elderly population comprehensive and continuously, in general, practice is still unsatisfactory. Even if we can count on legislation referring to very advanced elderly care, the challenge is to put into practice the actions, related to aging, present in the legal framework. The present study revealed a gap between the work of the FHS nurses and the proposals of public health policies for the elderly.

Our results show that the FHS nurses also develop their professional practice under the influence of the biomedical model. This fact, coupled with the lack of preparation in relation to the aging process, contributes so that nursing care of the elderly is far from what is recommended in the FHS.

Given these results, we believe that there is a need for nursing to approach the promotion of practices in elderly health, since targeting elderly care for pathologies reinforces the curative model. In addition, this course of action does not contribute to the consolidation of the principles that guide the actions of the FHS and the SUS.

It is essential that FHS nurses include, in their practice, working methodologies that address the multidimensional assessment of the elderly, enabling healthcare planning, in order to maintain functionality, for the independence and autonomy as much as possible, as well as aging in an active and healthy manner. Such actions meet the policy premises of health care for the elderly.

The information obtained also indicates the need to give priority to a permanent in-service education, covering discussion with workers about the new demands of care experienced with the growing population aging.

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