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Nursing assistance systematization in a long-term care institution for the elderly: limits and possibilities

ABSTRACT | Objective: To analyze the main limitations for the implementation of the Nursing Assistance Systematization in a long-term care institution for the elderly. Method: Research of a descriptive and exploratory nature with a qualitative approach, carried out with four nurses from Long-Term Care Institutions for the Elderly. Four nurses were interviewed. Results: Two central categories emerged: Perceptions about the importance of updating for the practice of systematizing nursing assistance in the health of the elderly and the difficulties and working conditions faced by nurses in implementing the Nursing Assistance Systematization in a Long-Term Care Facility for the Elderly. Conclusion: there must be institutional stimulation, through measures that subsidize the implementation of the Nursing Assistance Systematization, partnership and training for the nursing team, providing an improvement in the quality of care to its clientele and professional satisfaction.

Keywords: Nursing process; Aging; Long-term care Institution for the Elderly; Nursing Assistance.

RESUMEN | Objetivo: Analizar las principales limitaciones para la implementación de la Sistematización de la Asistencia de Enfermería en una institución de atención de larga duración para el adulto mayor. Método: Investigación de carácter descriptivo y exploratorio con abordaje cualitativo, realizada con cuatro enfermeras de Instituciones de Atención de Larga Duración para el Adulto Mayor. Se entrevistó a cuatro enfermeras. Resultados: Surgieron dos categorías centrales: Percepciones sobre la importancia de la actualización para la práctica de sistematizar la asistencia de enfermería en la salud del adulto mayor y las dificultades y condiciones laborales que enfrentan los enfermeros en la implementación de la Sistematización de la Asistencia de Enfermería en una Institución de Atención de Larga Duración para el Adulto Mayor. Conclusión: debe existir un estímulo institucional, a través de medidas que apoyen la implementación de la Sistematización de la Asistencia de Enfermería, asociación y entrenamiento para el equipo de enfermería, proporcionando una mejora en la calidad de la asistencia a su clientela y satisfacción profesional.

Palabras claves: Proceso de enfermería; Envejecimiento; Institución de atención de larga duración para el adulto mayor; Asistencia de enfermería.

RESUMO | Objetivo: Analisar as principais limitações para a implementação da Sistematização da Assistência de Enfermagem em instituição de longa permanência para idosos. Método: Pesquisa de natureza descritiva e exploratória de abordagem qualitativa, realizada com quatro enfermeiros de instituições de Longa Permanência para Idosos. Foram entrevistados 4 enfermeiros. Resultados: Emergiu-se duas categorias centrais: Percepções sobre a importância da atualização para prática da sistematização da assistência de enfermagem em saúde do idoso e dificuldades e condições de trabalho enfrentados pelos enfermeiros na implantação da Sistematização da Assistência de Enfermagem em Instituição de Longa Permanência para Idosos. Conclusão: deve-se haver estimulação institucional, através de medidas que subsidiem a implantação da Sistematização da Assistência de Enfermagem, parceria e treinamentos para a equipe de enfermagem, proporcionando a melhoria da qualidade da assistência à sua clientela e a satisfação profissional. z

Palavras-chaves: Processo de enfermagem; Envelhecimento; Instituição de Longa Permanência para Idosos; Assistência de Enfermagem.

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INTRODUCTION

The debate about population aging has been one of the most discussed issues worldwide in recent years. There is evidence, in several studies, that, in Brazil, this discussion is already expanded, since, according to the World Health Organization (WHO), in 2050, we will have two billion elderly people in the world and, in 2025, Brazil will be the sixth largest country in concentration of elderly population. ⁽¹⁾

As we get older, we are susceptible to developing a process of vulnerability,

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whether of a social nature, which implies the stigmas attributed to the elderly, or family vulnerability in the face of the disruptions imposed by the loss of autonomy and the process of being cared for, when affected by geriatric syndromes. ⁽²⁾

In this context, the Long Term Care Institutions for the Elderly (Instituições de Longa Permanência para Idosos - ILPI) stand out, which have been experiencing a considerable increase in demand by families, who see them as one of the options of quality care for the elderly, making them a good option for this type of care. However, the ILPI themselves have not kept up with these changes, as they do not have a strategic agenda aimed at aging processes, as well as the production of technologies, which can meet the needs of this clientele. ⁽³⁻⁴⁾

In this perspective and considering that the context of family care constitutes great benefits, being, therefore, dominant, there is still an increase in the search for formal care in ILPI. These institutions must accommodate the needs of this population, consider their life trajectory and preserve their autonomy and independence, promoting an understanding of the aging and institutionalization process, making them protagonists in their care process. ⁽⁵⁾

In this scenario, the Nursing Care Systematization (Sistematização da Assistência de Enfermagem - SAE) has been the subject of wide discussion on the nurse's performance and is understood as all content that organizes the work/action and that makes the Nursing Process (NP) operational. Generally speaking, SAE brings benefit and safety to the patient, recognition of the profession, optimizes nursing care and values the professional in front of society that has difficulty perceiving it. ⁽⁶⁻⁷⁾

Regarding the specific role of nurses, it is understood that they develop their activities through the care process, which consists of looking at the patient considering the biopsychosocial and spiritual dimensions. ⁽⁸⁻⁹⁾

Although there are systematizations

about the performance of the nursing professional, it appears that there is a gap and scarcity of studies that discuss the interaction between the Systematization of Nursing Care in the scenario of the Long Stay Institution for the Elderly. In view of this need, it is essential to develop research and concrete training that address the theme of institutionalized elderly health, but above all that this association is a facilitator to reduce damage to the health of those involved in the care process.

Therefore, this study is necessary and has great importance for discussing concepts about nursing care, offered to the elderly in a long-term institution, since it will be able to demonstrate the possibilities and limitations that nurses face in carrying out the systematization of nursing care, aiming at the quality of care for the elderly. This service must be humanized and holistic, conceiving the biopsychosocial and spiritual processes.

Therefore, the question is: What are the main possibilities and limitations that nurses face when applying the Systematization of Nursing Care in a Long-Term Care Institution for the Elderly?

This research aimed to analyze the main limitations and possibilities of applying the Systematization of Nursing Care in a Long-Term Institution for the Elderly.

METHOD

This is a descriptive and exploratory research, with a qualitative approach, developed in four Long-Term Institutions for the Elderly, with a philanthropic character, located in three small cities, located in the Paraíba Valley region, in the interior of the state from São Paulo, Brazil. The ILPIs were intentionally chosen, due to their work philosophy dedicated to assisting the elderly, without distinction of any kind.

In this article, the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist was used ⁽¹⁰⁾, in order to follow the methodological rigor necessary for this approach.

Four nurses who work in Long Term Care Institutions for the Elderly were invited and accepted to participate in the study and met the following inclusion criteria: being a nurse; work at the LTCF for at least one year and have the conditions and time to answer the questions. As an exclusion criterion, nurses were considered to be away from the service, either because they were on vacation or on leave; and those who were not present at the service after three consecutive visits by the researcher to the ILPI, during the period scheduled for data collection.

For data collection, a semi-structured interview script, developed by the researchers, was applied for each participant. The interview consisted of questions that encompass sociodemographic aspects, such as: age, sex, length of professional experience; and for guiding questions that directly addressed the challenges encountered by nurses in performing SAE in ILPI.

The interviews lasted an average of 30 minutes and occurred when the participants were in the middle or at the end of the working day. They were held individually, in private rooms, in a single meeting previously scheduled with the research participants. They were made between the months of November and December 2017.

As a method for data analysis, the analysis technique based on Minayo's recommendations was used ⁽¹¹⁾, according to which the results are presented in thematic categories. The following were evaluated: the intensity, the scope and the diversity of the information collected, in order to reach the proposed objective of the research. The phases of the analysis of the study can be divided into: Pre-Analysis: in this phase, the transcribed material was organized and the exhaustive reading of the interviews proceeded to familiarize the content and assimilation of the main ideas. The second phase consisted of the exploration of the material, therefore, the content was synthesized from the questions generated by the in-

interviews and this material constituted the body of the analysis. The third phase was the treatment of the results obtained and the interpretation, when the frequency of the record units was verified, as well as the similarity of the meaning considering the proposed objective. The keywords and phrases were coded with the same meanings, which served as a basis for thematic categorization. ⁽¹²⁾

After the end of the interviews, these were transcribed and submitted to manual analysis by one of the researchers and validated for a second with experience and training in operationalizing them, thus consolidating the double analysis following the steps of the methodological framework.

In view of the obligation to guarantee the confidentiality of the participants' identities, for the presentation of the data, the letter "E" was used, which refers to the Nurse (Enfermeiro), followed by the Arabic number corresponding to the order in the interview (E1 to E4).

Ethical aspects were respected and the research followed the recommendations established by Resolution 466/12 of the National Health Council for research conducted with human beings. It was also appreciated by the board of the surveyed ILPIs, just as the project was approved by the Ethics and Research Committee of the Teresa D'Ávila- University Center (UNIFATEA), under opinion No. 2.339.089 and CAAE 78851417.2.0000.5431, of October 27th, 2017.

RESULTS

Four nurses were interviewed who develop their professional activities in a philanthropic and long-term institution for the elderly. These institutions are located in three cities in the interior of São Paulo that receive an average of 20 to 30 institutionalized elderly.

It was observed that 100% of those surveyed were female, even though, a priori, this was not an inclusion criterion. Regarding age, it ranged from 22 to 55

years old, with a training time between 5 and 20 years. Of these, only one claimed to be a postgraduate (Specialist) in elderly health. Regarding the nurses' working time at the site, she presented an average between 2 and 15 years of professional experience.

Below are the categories that emerged after analyzing the collected data:

Category 1: Perceptions about the importance of updating to practice the systematization of nursing care in health of the elderly.

It was identified that only one of the participants took a course on systematization of nursing care, in the last 5 years. Most reported contact with the nursing process only during the undergraduate period.

Regarding the physical examination, which is considered one of the first stages of the nursing process, together with data collection, it was noticed that all participants said they perform anamnesis frequently, but are unable to do this every day, presenting a temporal variable between when the elderly person is admitted to the institution, or when he/she presents a perceived change or even weekly or twice a week and/or only when there are possibilities of referral to specialized health services as an emergency. This can be evidenced in reports such as:

"[...] Only when necessary" E2

"[...] The physical examination is performed as soon as the elderly person is institutionalized and when they notice any changes" E1
 "[...] Physical exams are also performed during hospitalization, however, they are also done twice a week." E3

"[...] I do the physical exam when the elderly person is institutionalized and when necessary." E4

Regarding the practice of the nursing process, which encompasses the systematization of nursing care, 3 (75%) nurses sta-

ted that they apply SAE in the institution. And two (50%) said they had their own printed checklist to perform this activity.

When asked about which phase of the nursing process they face the most difficulty in applying, three participants (75%) highlighted the phase of nursing evolution as a limiting factor, aiming to execute this phase of the process weekly, as we see in the following reports:

"[...] twice a week". E1 and E4

Category 2: Difficulties and working conditions faced by nurses in implementing the Nursing Care Systematization in a Long-Term Care Facility for the Elderly.

From the perspective of the factors that prevent or hinder the implementation of the Nursing Care Systematization in the Long-Term Care Facility for the Elderly, we identified the following situations:

"[...] Lack of adequate place for physical examination and anamnesis" E1

"[...] High routine demand" E2

"[...] Institution Resistance" E3

"[...] Make progress because the vast majority of the elderly have Alzheimer's" E4

About the way nurses use the Nursing Care Systematization at the ILPI, it was evident in the following speeches:

"[...] To assist the quality of care" E1

"[...] In support of care prescriptions and nursing diagnoses" E2

"[...] From the entrance of the elderly in the long-stay institution" E3 e E4

The 4 interviewees (100%) understand that SAE has an impact on the quality of care for institutionalized elderly. According to the participants, there is a wide range of nursing diagnoses that can be inserted in the context of institutionalized elderly. About this, they mention that these diagnoses range from

"[...] risk of infection" E1, "[...] Impaired Skin Integrity and Risk of Fall" E3, which are the most common diagnoses, up to "[...] diagnoses for elderly people with diseases like Alzheimer's" E2

When analyzing the testimonies, we found that all recognize the importance of SAE, however, of the four, only one practices it effectively. In view of the answers on the question: Do you use any theory to develop SAE? We obtained the following reports:

"[...] I do my data collection based on the nursing theory of basic human needs, I found the most suitable and I have Wanda Horta as a base." E2 and "[...] Here I use Wanda Horta's theory more often." E4

Therefore, within the perspective of care in the systematization process of nursing care for institutionalized elderly, we argue that it is up to the nurse to perform more effectively, which contributes to individualized and quality care, even in the face of the difficulties evidenced by nurses.

DISCUSSION

As we have already said, there was a predominance of the female population in the study. It is known that, among nursing professionals, this disposition is recognized, since the health area has a tendency towards feminization, however the male share is increasing significantly. ⁽¹³⁾

Regarding the specialization, mentioned by only one of the interviewees, we understand that this information is in line with the study ⁽¹⁴⁾ on the job market in the Gerontology specialization, as, in recent years, nursing has focused on the production of knowledge about the aging process, supported by demographic change, which determined the growing demand for the elderly in health services and

gained expansion in specialties. Among them are Geriatrics and Gerontology which have advanced in practice, in teaching and in the dissemination of specific laws to protect the elderly. Still, some do not understand that comprehensive care for the elderly requires specialized care. ⁽¹⁵⁾

Gerontogeriatric Nursing is a spe-



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cialty based on development based on aging processes. The main condition for nurses working at ILPI is to know the aging process, thus understanding the needs mentioned and not mentioned by the elderly, trying to maintain the principles of autonomy. ⁽¹⁶⁾

We emphasize that nurses must be based on a method that guides and docu-

ments their care practice, called the Nursing Process. This process is combined by the following steps: history obtained by interview/data collection, anamnesis and physical examination; diagnosis; planning; implementation and evaluation. Therefore, the nurse needs to have knowledge, capacity and sensitivity in relation to the individualized need of the elderly, as there is a greater probability of developing limitations for daily activities and manifesting "Geriatric Syndromes". ⁽¹⁷⁾

However, the ineffective performance or the lack of physical examination of the institutionalized elderly makes the characteristic of specialized nursing care unfeasible, since many of the difficulties resulting from the aging process are not noticed, which, in turn, hinders planning and the practice.

In this context, the predominance of the diagnosis of risk of falling is consistent with the literature, due to the visual and auditory limitations, found in these elderly people who may be susceptible to falls. In addition, age over 65 years and a history of osteoporosis are the other two factors that contribute to the survey of this nursing diagnosis. ⁽¹⁸⁾

In this perspective, nursing interventions against falls in the elderly's space arouse the need for monitoring in the decay of auditory and visual functions, characteristics of aging, as well as nutritional status regarding calcium intake and the supervision of medication use. ⁽¹⁹⁾

However, the speeches of the participants revealed fundamental disabilities in the execution of a good nursing consultation, such as issues related to cognition, memory, assessment and observation of the elderly, focused on the practices of Daily Living Activities (ADL), as well as to considerations about the main signs and symptoms associated with geriatric syndromes, such as dementia.

Therefore, it is argued that the nursing consultation for this elderly person should be differentiated, with more specific assessments. One must pay attention to family relationships, how the elderly

express themselves and observe their behavioral aspects. ⁽¹⁸⁾

As a limitation of this research, data production was performed in only one scenario, however it was possible to highlight the qualitative aspects related to the practice of systematizing nursing care for the elderly. Other obstacles were: the low number of participants; the impossibility of generalizations in view of the chosen methodological approach; and the regionality of the facts or the collection, which, in some way, may differ from large urban centers and capitals.

However, further investigations are recommended with a broadening of the panorama for the state context, perhaps Brazilian, with new methodological approaches, in order to understand the

reality regarding SAE in ILPI.

That said, it is expected that this study will contribute to understanding the role of nurses in relation to the care needs of the institutionalized elderly. It is also believed that our research can show that this professional can also integrate the process through theoretical-practical improvement, enabling the development and implementation of the systematization of nursing care in a Long-Term Care Institution for the Elderly.

CONCLUSION

The result of this study demonstrates that one of the main limitations is the non-appropriation and incorporation of this process by nurses, who demonstrate

little understanding about SAE.

Thus, potentially the planning and implementation of SAE in nursing services promote the qualification of assistance as well as contribute to the safety of institutionalized elderly.

For that, there must be institutional stimulation, with possibilities through measures that support the implementation of SAE, the formation of partnerships and the provision of training for the nursing team, providing an improvement in the quality of care for its institutionalized clientele, as well as professional satisfaction.

It is noticed that the greatest difficulty for the implementation of SAE, in the ILPI, goes beyond the physical and bureaucratic structures, referring to the ILPI itself and to the SAE form. 🐦

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