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PRIMARY HEALTH CARE TO THE ELDERLY: A CONCEPTUAL MODEL OF NURSING*

Flavia Aparecida Dias¹, Zenewton André da Silva Gama², Darlene Mara dos Santos Tavares³

ABSTRACT: The present study aimed to develop a conceptual model on the role of nurses in care to the elderly in primary health care services. Literature review and document analysis of 40 Brazilian normative documents that regulate primary care and/or care related to the elderly, and data was collected between April and August 2015. Consensus was obtained on information related to the four nursing meta paradigms. The human being was the person aged > 60 years; health/ disease: the set of physical, psychological, social, economic, cultural and environmental factors that pervade aging; and the environment: primary health care, a set of individual and collective health actions, covering health promotion and protection, disease prevention, diagnosis, treatment, rehabilitation, reduction of damage and health maintenance; the nurse, who is responsible for management and health care. The model reflects the concepts related to the elderly, health/disease environment, as well as nursing assignments in primary care.

DESCRIPTORS: Elderly; Nursing care; Nursing; Primary care nursing; Primary health care.

ATENÇÃO PRIMÁRIA À SAÚDE DO IDOSO: MODELO CONCEITUAL DE ENFERMAGEM

RESUMO: O objetivo deste estudo foi elaborar um modelo conceitual sobre o papel do enfermeiro na atenção primária à saúde do idoso. Foi realizada revisão e análise documental de 40 documentos normativos brasileiros que regulam a atenção primária e/ou relacionados ao idoso, com coleta de dados entre abril e agosto de 2015. As informações foram consensuadas nos quatro metaparadigmas da enfermagem. O ser humano foi a pessoa de >60 anos; a saúde/doença: o conjunto de fatores físicos, psicológicos, sociais, econômicos, culturais e ambientais que permeiam o envelhecimento; e o ambiente: atenção primária, um conjunto de ações de saúde, no âmbito individual e coletivo, que abrange promoção e proteção da saúde, prevenção de agravos, diagnóstico, tratamento, reabilitação, redução de danos e manutenção da saúde; o enfermeiro, apresenta responsabilidade de gerência e cuidado à saúde. O modelo reflete as concepções específicas do idoso, saúde/doença, ambiente, bem como as atribuições do enfermeiro na atenção primária.

DESCRIPTORES: Idoso; Cuidados de enfermagem; Enfermagem; Enfermagem primária; Atenção primária à saúde.

ATENCIÓN BÁSICA A LA SALUD DEL ANCIANO: MODELO CONCEPTUAL DE ENFERMERÍA

RESUMEN: Estudio cuyo intuito fue elaborar un modelo conceptual acerca del papel del enfermero en la atención básica a la salud del anciano. Se realizaron revisión y análisis documental de 40 documentos normativos brasileños que regulan la atención básica y/o relacionados al anciano. Se obtuvieron los datos entre abril y agosto de 2015. Se consensuaron las informaciones en los cuatro metaparadigmas de la enfermería. El ser humano fue la persona de >60 años; la salud/enfermedad: el conjunto de factores físicos, psicológicos, sociales, económicos, culturales y ambientales que están presentes durante el proceso de envejecimiento; y el ambiente: atención básica, un conjunto de acciones de salud, en ámbito individual y colectivo, que abarca promoción y protección de la salud, prevención de agravios, diagnóstico, tratamiento, rehabilitación, reducción de daños y manutención de la salud; el enfermero presenta responsabilidad de administración y cuidado a la salud. El modelo representa las concepciones específicas del anciano, salud/enfermedad, ambiente, así como las atribuciones del enfermero en la atención básica.

DESCRIPTORES: Anciano; Cuidados de enfermería; Enfermería; Enfermería básica; Atención básica a la salud.

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● INTRODUCTION

The elderly population consumes most health services, with more frequent hospitalizations and greater bed occupancy time. Therefore, it is necessary to plan the future of health care, focusing on the health care model, so that it can meet the health care needs of a rapidly growing elderly population in the coming decades ⁽¹⁻²⁾.

In this regard, primary care is the preferred entry point to health services. All PHC actions targeted to health care to the elderly are of responsibility of the health care team. It is therefore important that the health team is a multidisciplinary team. Given the key role of nurses in PHC, these services provide a privileged health care environment. According to the Ministry of Health, nurses have the following responsibilities: to plan, manage, coordinate, implement and assess health care units. These responsibilities are also described in the legislation governing the nursing profession ⁽³⁻⁴⁾.

The work process of primary care teams should include, among others, actions that may interfere with the health/disease process of the population, favoring the development of individual and collective autonomy, as well as the quality of life of the users. The program of activities is supposed to meet the criteria of health issues, life cycles, gender and comorbidities ⁽⁵⁾ highlighting the importance to gain insight on the demographic profile of the clients. Thus, the concept of elderly, which may vary between the different Brazilian regions, should be investigated

The health care to elderly people in PHC faces some challenges such as training of health professionals, expansion of the supply of actions specifically targeted to the needs of elderly individuals and improvement of care quality.

Thus, since primary care actions in Brazil are recommended by the Ministry of Health, which is also responsible for ensuring federal sources of funding for their financing, it is important to know the concepts of health care to the elderly, as well as the health care provided by nurses.

Therefore, it is necessary to identify a conceptual model on the subject, as these concepts guide the public policies, in order to view the object of interest and its relationship with relevant issues related to elderly health in this scenario. This may provide a contribution to the improvement of care, ensuring that it meets the recommendations of the Brazilian Ministry of Health. The purpose of the present study was to elaborate a conceptual model on the role of nurses in care to the elderly in primary health care.

● METHODS

Review and analysis of Brazilian normative documents that regulate primary care and /or are related to the elderly.

The search strategy considered the following inclusion criteria: documents produced in the Department of Primary Care of the Ministry of Health (official library website and materials sent in the process of publication by the *Coordenação de Saúde da Pessoa Idosa - COSAPI* (Coordination of Health Care to Elderly People), the State Department of Health of Minas Gerais (site of the library) and national legislation (portal of legislation of the Federal Government and basic legislation of the Unified Health System (SUS) - health portal); documents related to the elderly and/or primary care and/or health nursing care.

The search for these documents was carried out between April and August 2015 without delimitation of the publication period, and included all publications available from 1994 (first publication) to 2014 (last publication).

At the official library of the website of DAB/ MS (<http://dab.saude.gov.br/portaldab/biblioteca.php?conteudo=publicacoes>) 265 publications were consulted in the following sections: policies (4); journals (32); books (32); booklets, guides and manuals (67); legislations on primary care to chronic diseases (11) and SUS primary care (7), *Melhor em Casa* (89), *Programa Nacional de Melhoria do Acesso e da Qualidade* Access and Quality Improvement Program (National Program for Access and

Quality Improvement in Primary Care (12) and food and nutrition (11). One publication appeared in two sections. Thirty-one (31) publications were selected.

The legislation section, and national health policies and ordinances on the health and rights of the elderly, suggested by the *Portal do Sistema de Indicadores de Saúde e Acompanhamento de Políticas do Idoso* (Health Portal Indicator System and Aging Policy Monitoring (SISAP-elderly) of the Ministry of Health (<http://sisapidoso.iciet.fiocruz.br/politicas-e-compromissos>) were also consulted, totaling 24 publications available. Of these, six were selected, but five publications had already been included in other search portals, and one of them concerned another topic. On the website of federal government legislation the word 'elderly' was used in the search by subject. Forty-four (44) documents were obtained and one document was selected.

At the health portal (<http://portalsaude.saude.gov.br/index.php/links-de-interesse/89-cidadao/legislacao/143-legislacao-basica-do-sus>) 10 documents were found in the search of SUS basic legislation, and one document was selected. The material emailed by COSAPI concerns the Manual for the use of the *Caderneta de Saúde da Pessoa Idosa* (Health book of the elderly), as the version available in electronic format was not updated.

At the virtual library of the State Department of Health of Minas Gerais (<http://www.saude.mg.gov.br/sobre/publicacoes/linha-guia-e-manuais>) the 12 guide lines available on the site were analyzed, and six publications were included in this study.

Of the total number of documents (356), the duplicated documents (6) and those not related to the four nursing meta paradigms (310) were excluded. Thus, 40 documents were selected for analysis^(3,53-4). Data collection included data on health care to elderly in the context of primary care, as well nursing responsibilities, where available.

There have been successive readings of each document for the extraction of data to form the nursing meta paradigms: elderly (human being) health / disease process (health), primary care (environment) and gerontological nursing (nursing). The material was subsequently organized and critically analyzed for the construction of the conceptual model.

For the construction of a conceptual model, a set of relatively abstract and general concepts on phenomena of key interest and their heir propositions must be identified⁽⁴⁴⁾. In the field of nursing, the concepts are related to the four nursing meta paradigms: human, health, environment and nursing⁽⁴⁴⁻⁴⁵⁾. The propositions, in turn, can be classified as non-relational (description or definition of a concept) or relational (relationship or association between two or more concepts)⁽⁴⁴⁾.

The construction of the conceptual model was based on meta paradigms, by extracting the concepts of each document; the propositions were analyzed and discussed for adequacy of the model. The panel of experts was composed of three coordinators of the study and an ad hoc researcher. Three of the four analysts had obtained a PhD degree and one had obtained a master's degree, three in the nursing field and one in collective health. The conceptual model submitted resulted from the documents reviewed and the consensus of the researchers.

● RESULTS

Concepts and non-relational propositions

Elderly

In Brazil, the elderly population consists of the persons aged 60 years or over^(6-8,17). From the social and psychological views, elderly individuals are more heterogeneous than young individuals and experience structural and functional changes associated with aging, which can be considered a natural process of gradual loss of functional reserves, called senescence^(11,15,40).

Health-disease process

The concept of healthcare for the elderly is comprehensive and more concerned with the maintenance of the autonomy and independence of these individuals, than with the presence or

absence of organic diseases^(11,16,40). Thus, health should not be merely regarded as the absence of diseases^(11,16,31). It is a complex social production where quality of life aspects are related to decisions on social determinants⁽⁴¹⁾.

Overload from events such as illnesses, accidents and emotional stress during the aging process can cause a pathological condition known as senility, which reinforces the need for appropriate health care⁽¹⁵⁾.

The changes caused by the physiological process of aging, with impact on the homeostatic mechanisms of the elderly and their bodily responses, reduce their functional reserves of the body systems, their mechanisms of defense and adaptation, making them more susceptible to infectious or psychological stimuli⁽¹⁵⁾.

The presence of chronic diseases does not imply that the elderly cannot control their own lives and be independent. Most elderly individuals are able to act independently and make decisions concerning their own lives^(8,40). However, the multiple chronic diseases that affect this population make it more dependent on care for many years. Thus, they must be monitored by doctors and permanent multidisciplinary teams^(11,15,40).

Loss of functionality generates geriatric syndromes and contributes to reduce the quality of life of the elderly, their families and caregivers⁽⁴⁰⁾. Other important factors are polypharmacy, limitations in various areas, as well as mortality and morbidity caused by acute illnesses arising from external causes and acute exacerbations of chronic conditions^(31,40).

Primary Care

In Brazil, primary and basic care are synonyms⁽⁵⁾. Primary care is a set of health initiatives at the individual and collective level, which comprise the promotion and protection of health, in addition to disease prevention, diagnosis, treatment, rehabilitation, harm reduction and health maintenance^(5,40). Thus, its essential elements are: health education, immunization, prevention of endemic diseases, treatment and prevention of diseases, and guidance on the promotion of healthy habits⁽¹¹⁾. The goal is to develop comprehensive care that impact on health status and autonomy and health determinants of communities⁽⁵⁾.

Primary care is the main entry point to health care and the main communication center of the health care network^(5,8,11,40). The target of its actions is the population of a delimited area. Thus, the health professionals must get to know the characteristics of that specific territory. These spaces of health care where the people live, work, interact with others, etc. involve dynamic relationships (social, power, cooperation, integration among others)⁽³¹⁾.

Care for the elderly involves the entire network of care, especially social and health services⁽¹⁵⁾. Thus, primary care is provided in the health unit, at home, in the territory places such as community halls, schools, kindergartens, parks, and other areas where planned actions can be conducted⁽⁵⁾. The elderly are welcomed by the health professionals who are supposed to conduct some actions and assess their status. A bond should be established between the health service and the elderly, involving the family members, to ensure the provision of high-quality, resolute, integral and humanized care⁽¹¹⁾.

Registration, active search, surveillance and health education actions can be conducted in the residences of the elderly⁽³¹⁾, where they can feel more comfortable^(31,42). The residence is a safe environment where the patients have the support of their family. Therefore, the health staff must be in close contact with family members of the patients regarding changes in routines, standards and environments⁽³¹⁾. This is important to preserve emotional bonds and strengthen autonomy, to contribute to the construction of environments more favorable to health recovery⁽³¹⁾.

The primary care actions aimed to promote healthy aging, which should focus on good physical, mental and social functioning, prevention of morbidity and disability, also include improved autonomy, insertion of the elderly in the family and the community and aspects related to the improvement of the quality of life, e.g. treatment of cataracts, investment in caregivers and community living spaces^(11,27).

Gerontological Nursing

Primary care to elderly individuals involve nursing and multidisciplinary responsibilities. The categorization of these responsibilities takes into consideration the following dimensions of the nursing work: to manage, assist, teach, research and politically participate in their contexts of action⁽⁴⁶⁻⁴⁷⁾ adopted by the Family Health Strategy, the entry point to the health care network^(5,8,11,40). However, since the tasks contained in the documents describe the practice in the health service, the possible dimensions in this study are to administer/manage and assist/care. These are the only two dimensions reported in studies on primary care⁽⁴⁸⁻⁴⁹⁾.

The specific assignments of nurses in the management dimension are planning, managing, coordinating, executing and assessing the unit^(3,12); supervise and coordinate the work of community health agents (CHA) and the nursing staff, conduct training activities and facilitate the relationship between health professionals and CHA^(3,5,12,15,21,23,39). The dimension of care, includes performing procedures/ nursing assistance and care^(3,5,34); provide nursing consultations, with specific assessments^(3,5,10-15,18,25,27,32,35,39,41,43); prescribe home care⁽³¹⁾ and check the vaccination status of the elderly⁽¹¹⁾.

Relational propositions

- Most elderly individuals are in good physical condition, and their health status is good. However, with aging, they no longer recover quickly and completely from the diseases⁽¹¹⁾;
- Many measures that affect the health of the elderly go beyond the limits of the health sector, namely: stress caused by physical, emotional and social injuries, such as widowhood^(7,11,42);
- Comprehensive care integrated to the health of the elderly should provide essential elements such as appropriate physical infrastructure, supplies and qualified personnel⁽¹⁶⁾;
- In primary care, diagnostic assessment of the elderly should consider several factors such as physical examination, biological, psychological, functional, social and environmental aspects and their relationship, as well as that of their family members with the health professionals, as these aspects may affect aging and the health disease process⁽¹⁵⁾;
- Aging and the health disease process have multifactor causes, and aging is influenced by discrimination and gender exclusion, ethnicity, racism, lifestyle, socioeconomic status, access to public services, geographic region and place of residence^(15,40). The health /disease is associated with biological and socio-cultural determinants: personal characteristics, health conditions, and formal and informal relationships; conditions of life and work, access to food, education, cultural production, employment, housing, sanitation and health services; and the socioeconomic, cultural and environmental conditions of individuals, families and social networks, and the development, wealth of the c and its distribution, and political factors^(11,16,31,41);
- Elderly individuals have unique characteristics regarding the presentation, onset and outcome of health disorders, and higher vulnerability to adverse events, requiring multi - dimensional and multi-sector interventions⁽⁴⁰⁾;
- The elderly population consumes more health services, with more frequent hospitalizations and greater bed occupancy time^(11,40).
- The Elderly differ according to their life history, degree of functional independence and the demand for more or less specific health services^(8,16). However, the assessment of all these individuals must be based on knowledge of the aging process and its peculiarities adapted to the social and cultural context in which they live⁽¹⁵⁻¹⁶⁾. Such assessment should contemplate the social, clinical, mental and functional dimensions, contributing to the identification of their needs⁽⁴⁰⁾.

Based on four meta paradigms and non-relational and relational propositions, the conceptual model was constructed. It was focused on nursing, as these professionals are responsible for developing management and care actions in primary care that can affect the health/disease process of the individuals. This influence is explained by the fact that primary care is the space where health promotion and disease prevention activities are developed, as shown in Figure 1. Thus, in addition to the health care provided, the health/disease status of the elderly can be affected by personal, socioeconomic, cultural, environmental and political factors.

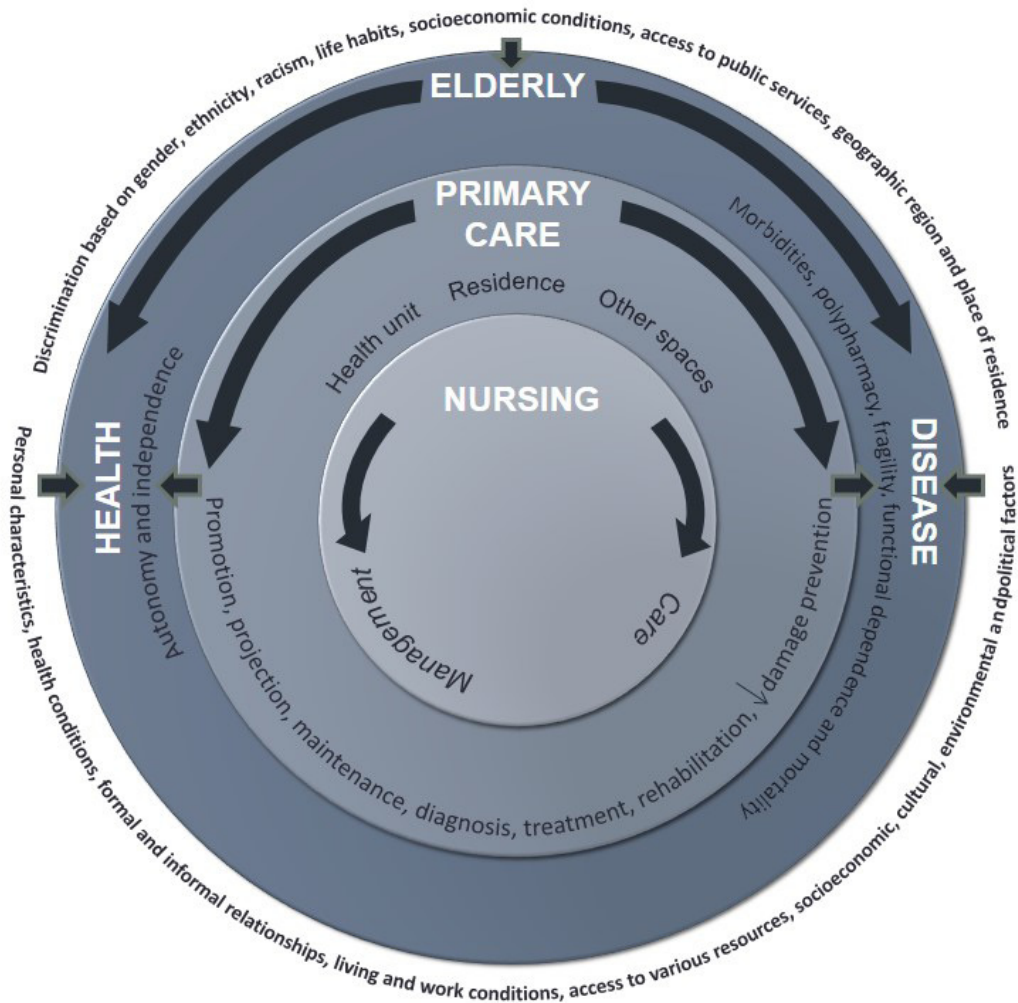


Figure 1 - Conceptual model for the dimensions of the work performed by nurses in the care of elderly in primary care based on the publications of the Ministry of Health and the State Department of Health of Minas Gerais. Uberaba, MG, Brazil, 2015

DISCUSSION

The concepts related to the health/disease process in the elderly indicate the need for reorganization of the Unified Health System (SUS), to meet the increasing demand for health services related to the physical, mental and social rehabilitation of the elderly. In this regard, it is suggested that the health actions focus on disease prevention, rehabilitation from current diseases and health promotion⁽¹⁾.

In this context, we highlight the recommendations of preventive practices for the elderly, according to the evidence-based *Programa de Actividades Preventivas y de Promoción de la Salud* (PAPP – Program of Preventive activities and Health Promotion in primary care. In the latest update of the Group of Preventive Activities for Elderly Individuals of the PAPPs, the following items were reviewed: physical exercise, falls, medication and detection of weakness, and the previous recommendations related to dementia and sensory deficits were maintained⁽⁵⁰⁾. These recommendations can contribute to the reflection on activities targeted to the prevention of diseases in primary care services.

Regarding the actions performed by nurses in primary care, these professionals often have coordination responsibilities⁽⁵¹⁻⁵²⁾. However, in addition to management and planning activities, nurses provide direct care to patients and perform educational activities, which are consistent with the provision of more comprehensive care under the Family Health Strategy (FHS)⁽⁵³⁾.

Nurses also develop typical care activities such as nursing consultation, home visits, group activities,

support activities and supervision of the work of community health workers (CHW) and nursing technicians or nursing assistants, as well as health unit management⁽⁵⁴⁾.

A study on elderly health conducted in Paraná found that nurses only provided curative care for these patients, i.e. aging was considered only in its biological aspects. The preventive actions targeted to this population identified in the study were an initiative of the population and were assigned to other health professionals⁽⁵⁵⁾.

A study conducted in Minas Gerais found that nursing care to the elderly is not systematized, i.e. care was not provided to these patients according to their health needs⁽⁵⁶⁾, which was also observed in a study conducted in Rio Grande do Sul⁽⁵⁷⁾. On the other hand, a study with nurses found that actions conducted within the scope of the FHS are based on the biomedical model, and hence do not meet the national recommendations of official documents governing its implementation and operation⁽⁵⁴⁾.

Therefore, it is necessary to reflect on the role of the FHS, particularly the role of nurses in care to the elderly. The conceptual model of this study focused on nursing activities, which involve management and care responsibilities. These activities include the monitoring of the health conditions of elderly individuals, in order to promote health and prevent the occurrence of diseases.

The limitations of this study are related to the use of normative documents. It has not been possible to identify the items related to the definition and objectives of the nursing profession to be incorporated to the meta paradigm gerontological nursing. Moreover, this model should be validated by a larger panel of experts in the field.

● FINAL CONSIDERATIONS

The identification of the concepts about nursing care to elderly in primary care can contribute to the reflection about nursing care provided to this population. Further studies will be conducted on the use of this model to design indicators to measure the effectiveness of care activities recommended to the elderly in primary health care. Such data will provide guidance on the planning of health care to the elderly.

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