

NEED OF NURSING CARE AMONG HOSPITALIZED ELDERLY

NECESSIDADE DE CUIDADOS DE ENFERMAGEM ENTRE IDOSOS
HOSPITALIZADOSNECESIDAD DE CUIDADOS DE ENFERMERÍA ENTRE LOS ANCIANOS
HOSPITALIZADOS

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ABSTRACT

Objectives: to describe the profile of the elderly hospitalized in the Clinical Medical unit of a teaching hospital and to identify the need for nursing care of these elderly people. **Method:** a descriptive study with 89 elderly patients admitted to the Medical Clinic of a teaching hospital in the Triângulo Mineiro. **Results:** there was a predominance of female elderly, with 60|-70 years of age, low schooling and income, retired, widowed and hospitalized due to diseases of the circulatory system. It was observed that greater percentage was restricted to the bed or needed help to move body segments or to wander; needed nursing and oral hygiene performed by nursing; with bed elimination and / or use of bladder catheter and continuous intravenous therapy. **Conclusion:** This study made it possible to identify the characteristics and care needs of these elderly people, contributing to better quality nursing care.

Key words: Old Age Assistance; Nursing Cares; Geriatric Nursing.

RESUMO

Objetivos: descrever o perfil dos idosos internados na unidade de Clínica Médica de um hospital de ensino e identificar a necessidade de cuidados de enfermagem desses idosos. **Método:** estudo descritivo realizado com 89 idosos internados na Clínica Médica de um hospital de ensino no Triângulo Mineiro. **Resultados:** houve predomínio de idosos do sexo feminino, com 60|-70 anos de idade, baixa escolaridade e renda, aposentados (as), viúvos (as) e internados em decorrência de doenças do aparelho circulatório. Observou-se que maior percentual estava restrito ao leito ou precisava de auxílio para movimentar segmentos corporais ou deambular; necessitava de banho e higiene oral realizada pela enfermagem; com eliminação no leito e/ou uso de sonda vesical e terapêutica endovenosa contínua. **Conclusão:** este estudo possibilitou identificar as características e as necessidades de cuidado desses idosos, contribuindo para uma assistência de enfermagem de melhor qualidade.

Descritores: Assistência a Idosos; Cuidados de Enfermagem; Enfermagem Geriátrica.

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RESUMEN

Objetivos: describir el perfil de los ancianos internados en la unidad de Clínica Médica de un hospital de enseñanza e identificar la necesidad de cuidados de enfermería de esos ancianos.

Método: estudio descriptivo realizado con 89 ancianos internados en la Clínica Médica de un hospital de enseñanza en el Triángulo Minero. **Resultados:** hubo predominio de ancianos del sexo femenino, con 60|-70 años de edad, baja escolaridad e ingreso, jubilados, viudos e internados como consecuencia de enfermedades del aparato circulatorio. Se observó que mayor porcentaje estaba restringido al lecho o necesitaba ayuda para mover segmentos corporales o deambular; necesitaba de baño e higiene oral realizada por la enfermería; con eliminación en el lecho y / o uso de sonda vesical y terapéutica endovenosa continua.

Conclusión: este estudio posibilitó identificar las características y las necesidades de cuidado de estos ancianos, contribuyendo para una asistencia de enfermería de mejor calidad.

Palabras clave: Asistencia a los Ancianos; Cuidados en Enfermería; Enfermería Geriátrica.

INTRODUCTION

The Brazilian society is currently undergoing the phenomenon of increased life expectancy, a fact that has brought impact on both the public health and the nursing care.¹

Although many elderly are healthy, independent and able to manage their own lives, they are more susceptible to illness than adults. Thus, they constitute a representative number of patients assisted in hospitals.¹

When hospitalized, the elderly require specific attention and care in order to minimize presumed diseases. In this context, it is important that health professionals are attentive to their expectations and able to understand the peculiarities involving this vital age as to materialize the essence of care.¹

The hospitalized elderly present particularities that are distinct from those of other age groups, thus, their health

assessment should be conducted with the objective of identifying problems underlying the main complaint, including mental state, vital signs, oxygenation, mobility, ambulation, feeding, discharge, body care, therapeutics, cutaneous mucosal integrity / tissue damage and social and environmental aspects that directly interfere in their health, degree of autonomy and independence.² In this sense, the nurses play a fundamental role in the care of the hospitalized elderly, a role that is essential for health maintenance and recovery.²

Through nurses' clinical judgment, different types of care needed in the nursing assistance of the elderly may be attributed. It is clear to say that such professionals are indispensable, especially in the rehabilitation process, since they make it possible to systematize care, to identify problems in an individualized way and, thus, to provide a qualified care.²⁻³

By identifying the profile of the elderly at the moment of hospital admission, as well as their nursing care needs, it is possible to establish better quality care. Therefore, the objectives of this study are: to describe the socio-demographic and clinical profile of the elderly hospitalized in the Medical Clinics Unit of a School Hospital and to identify their need for nursing care.

METHOD

This is a descriptive, cross-sectional and observational study with a quantitative approach conducted at the Medical Clinics Unit of a School Hospital in the Triângulo Mineiro region.

The sample consisted of all the elderly admitted to the Medical Clinics Unit - in a period of two months - who met the inclusion criteria: to be 60 years old or over and to have been admitted to the Medical Clinics for a minimum period of 24 hours. In this way, 89 elderly were interviewed in the months of October and November - 2012.

In order to obtain the socio-demographic data, time and space orientation of the elderly were verified through the following questions asked by the authors: Do you know where we are? Do you know what day is today? What is your full name? How old are you? What are you doing here? In case the elderly was

unconscious or could not answer all the questions, they were answered by the caregiver. Part of the Brazilian Multidimensional Functional Assessment Questionnaire (BOMFAQ) was used to obtain socioeconomic variables (Sex; Age group; Marital Status; Level of Education; Individual Income; Source of Income; Professional activity; Housing type; Housing arrangement; Self-satisfaction of basic needs and Self-satisfaction of economic situation).⁴

To describe the clinical data, the medical diagnosis of hospitalization were obtained and physical examination was performed. Data on the medical diagnosis of hospitalization – classified according to ICD-10 (diseases in the circulatory, respiratory, genitourinary, digestive and nervous system and also diseases in skin and in subcutaneous tissue) – were verified by means of documentary analysis of the medical records. The physical examination of the elderly - which aimed at identifying the needs for nursing care - was carried out by the researcher and was obtained through assessment of the 12 areas (mental state, vital signs, oxygenation, mobility, ambulation, feeding, discharge, body care, therapeutics, cutaneous mucosal integrity / tissue damage, dressing and time for its preparation) proposed by the Patient Classification System.^{5,6,7}

Data were stored in a *Microsoft Excel*® spreadsheet and imported into the *Statistical Package for Social Science* software for Windows (SPSS®), version 16.0 for descriptive analysis, absolute frequencies and percentages.

The research project was approved by the Ethics Board for Research on Human Beings of the Federal University of Triângulo Mineiro, report nº 2465. Participants were contacted at the Triângulo Mineiro School Hospital and then introduced to the Informed Consent Form with all relevant details. Only after consent of the interviewee and signature of such form was the interview conducted.

RESULTS

It could be verified that the majority of the elderly were female

(57,3%); aged 60|- 70 years old (41,6%), followed by 70|- 80 years old (39,3%); widowed (44,9%); with up to four years of attended school (85,4%); individual monthly income of one minimum wage (62,9%) with retirement as the income source (70,8%). There was a predominance of elderly who did not work (47,2%). Among those who worked, the main activity was housewife (32,6%); who owned their own home (66,3%) and lived only with their spouse or partner (34,9%). The majority of the elderly considered their income to satisfy their basic needs on a regular basis (62,9%) and also considered that such income was similar to that of other people with the same age (65,2%).

Table 1 presents the socioeconomic and demographic variables of the elderly hospitalized in the Medical Clinics Unit.

Table 1. Distribution of frequencies concerning the socioeconomic and demographic variables of the elderly. Minas Gerais, 2013.

Variables		N	%
Sex	Male	38	42,7
	Female	51	57,3
Age Group (in years)	60 - 70	37	41,6
	70 - 80	35	39,3
	80 or older	17	19,1
Marital status	Have never married/ lived with partner	9	10,1
	Live with spouse/ partner	31	34,9
	Widowed	40	44,9
	Separated/divorced	8	9,0
	Ignored	1	1,1
Level of Education	0 - 5 years	76	85,4
	5 - 10 years	9	10,1
	10 years or more	4	4,5

Individual Income (in minimum wage)	None	6	6,7
	< 1	1	1,1
	1	56	62,9
	1 -3	25	28,2
	3 -5	0	0,0
	5 and more	0	0,0
	Ignored	1	1,1
Source of Income	Retirement	63	70,8
	Pension	13	14,6
	Income/Rent	1	2,2
	Donation (family)	3	3,4
	Ongoing work (formal or otherwise)	5	5,6
	No personal income	3	3,4
Professional Activity	Housewife	29	32,6
	Manual labour	6	6,7
	Rural worker	1	1,1
	Independent professional	8	9,0
	Other	3	3,4
	No professional activity	42	47,2
Housing	Home owned and already paid	59	66,3
	Home owned but still paying installments	4	4,5
	Relatives' home – paying rent	3	3,4
	Stranger's home – paying rent	8	9,0
	Ceded home – not paying rent	9	10,1
	Nursing home	5	5,6
	Ignored	1	1,1
Housing Arrangement	Alone (no one else lives permanently together)	27	30,3
	Only with spouse/partner	31	34,9
	In someone else's home	20	22,5
	Other arrangement	9	10,1
	Ignored	2	2,2
Satisfaction of needs	Bad	14	15,7
	Regular	56	62,9
	Good	18	20,3
	Ignored	1	1,1
Economic Situation	Worse	12	13,5
	Equal	69	65,2
	Better	18	20,2
	Ignored	1	1,1

According to the ICD 10, the most frequent medical diagnosis were: diseases of the circulatory system (47,4%), respiratory system (16,7%), genitourinary

system (12,3%), digestive system (11,4%), skin and subcutaneous tissue (6,5%) and nervous system (5,7%).

Table 2 shows the distribution of the evaluations through physical examination performed in the elderly. Based on the data obtained, the main needs of nursing care were identified.

There was a predominance of elderly oriented in time and space (75,3%); who did not use oxygen in their therapy (64,0%); with control of vital signs carried out at intervals of six hours (97,8%), with some change in mobility (71,9%), also, 38,2% of them presented movement limitation, 19,1% had difficulty to move body parts and 14,6% were unable to move.

With respect to ambulation, 40,4% of the elderly were restricted to bed. Concerning feeding, 52,8% of them needed

some help, of which 29,2% were assisted in their oral feeding and 23,6% were fed through nasoenteral tube.

Regarding discharge, 31,5% discharged in bed and/or made use of bladder catheter, 31,5% used bedpan or discharged in bed. Regarding body care, 44,9% needed bed bathing and oral hygiene conducted by the nurse, followed by 28,1% who needed help during shower and/or oral hygiene.

With regards to the therapy, 44,9% used continuous intravenous medication and 33,7% used intermittent intravenous medication. Tissue damage of both subcutaneous and muscle tissue or surgical incision, ostomies or drains were present in 44,9% of the elderly. To recover skin integrity, 82,4% of the patients had the need for dressing twice a day, each procedure taking 15 to 30 minutes long.

Table 2. Clinical profile of the elderly admitted to the Medical Clinics Unit based on physical examination. Minas Gerais, 2013.

Variables		N	%
Mental State	Unconscious	4	4,5
	Periods of unconsciousness	5	5,6
	Periods of disorientation	13	14,6
	Oriented	67	75,3
Oxygenation	Mechanical ventilation	0	0,0
	Continuous use of mask or O2 catheter	25	28,1
	Intermittent use of O2	7	7,9
	Do not rely on O2	57	64,0
Vital signs	Control at intervals lower or = to 2hrs	1	1,1
	Control at 4-hour intervals	0	0,0

	Control at 6-hour intervals	87	97,8
	Routine control	1	1,1
Mobility	Unable to move	13	14,6
	Difficulty in moving body parts	17	19,1
	Limitation in movements	34	38,2
	Move all body parts	25	28,1
Ambulation	Restricted to bed	36	40,4
	Move using wheelchair	8	9,0
	Need some help for ambulating	24	27,0
	Ambulant	21	23,6
Feeding	Using central catheter	0	0,0
	Using gastric/enteric tube	21	23,6
	Oral feeding with assistance	26	29,2
	Self sufficient	42	47,2
Body care	Bed bath with oral hygiene conducted by nurse	40	44,9
	Shower bath with oral hygiene conducted by nurse	2	2,2
	Assistance during shower and/or oral hygiene	25	28,1
	Self sufficient	22	24,8
Discharge	Discharge in bed and use of bladder catheter	28	31,5
	Use of bedpan or bed discharge	28	31,5
	Use of toilet with some assistance	14	15,7
	Self sufficient	19	21,3
Therapeutics	Use of vasoactive drugs	0	0,0
	Continuous Intravenous	40	44,9
	Intermittent Intravenous	30	33,7
	Use of nasogastric tube	6	6,7
	I.M ou V.O	13	14,7
Tissue damage	Destruction of the epidermis, dermis, muscles...	11	12,4
	Ostomy, drain, surgical incision...	12	13,5
	Change in skin color...	17	19,0
	Undamaged skin	49	55,1

DISCUSSION

The predominance of women hospitalized in the Medical Clinics sector was similar to results found in another study (66,0%).⁸ The greater longevity of old aged women may be due to differences

in lifestyle habits and also to the fact they use health services more frequently.⁹

Regarding the age group, our findings are consistent with other research carried out in Brazil among hospitalized elderly.¹⁰ According to the United Nations,

the predominant age in this research is young elders, since it considers: pre-elders (aged 55 to 64), young elders (aged 65 to 79) and old age (80 years old or above).⁹

As to marital status, a divergent result was found in the study carried out among the elderly hospitalized in the Medical Clinics of a public hospital in the city of Picos, state of Piauí, in which 50,7% were married.¹¹ It is important to mention that living with a partner should be considered, since the partner involvement in the health care is important – it may contribute to the regular continuity of the treatment through encouragement, follow-up to the health service and medication administration.¹²

Low education is similar to a study conducted among hospitalized elderly whose results showed that 68,9% of them were illiterate.¹¹ In the present study, most of the elderly are women - which, in a way, can also explain the low level of education. In general, older men are proportionately more literate in this age group.⁸ This fact stems from the characteristics of society and from the education policies prevalent in the 1930s and 1940s - when women's access to school was very restricted.⁸ School attendance may interfere with learning about self-care and understanding of therapeutic behaviors. The nurse must pay attention to effective communication with the elderly and her/his relatives, using

clear and objective language concerning the care needed to improve the health of such individuals.⁸

The low income of the elderly under investigation expresses the challenge for maintaining basic needs. Income is considered to be a factor that influences the access to health services and, possibly, adherence to a private health plan¹³, as well as the income satisfaction. In this context, actions in public health should be adequate to the elders' economic situation, aiming at effective and qualified treatment.¹³ The source of financial resources was predominantly from retirement, corroborating with a study with hospitalized elders (93,2%).¹¹ Currently, retirement and pensions are recognized as the main income sources of the Brazilian elderly population.⁸

Results concerning housing and home sharing are similar to those found in an investigation carried out with the elderly admitted to the medical clinics unit, in which 44,0% lived with their spouse or partner.¹⁴ Studies on the household constitutions in which the elderly live are significant, since other family members can assist them in transportation, medical care and domestic services, in addition to company and emotional support for both sides.¹⁴

The most frequent medical diagnoses are similar to those most

prevalent in the state of Minas Gerais for this age group: diseases in the circulatory system (27,4%), in the respiratory system (16,6%), in the digestive system (9,5%) and genitourinary system (7,3%).¹⁵ The clinical condition presented by the elderly – as a result of acute or chronic diseases during hospitalization – often compromises their physical and cognitive condition for self-care. In this context, nursing plays an important role in helping to keep the autonomy and independence of the elderly.²

Investigation with the elderly attended at a tertiary hospital presented similar results regarding mental state (81,9%), oxygen therapy (66,4%) and control of vital signs (98,2%).¹⁶

With regards to mobility, similar results were obtained in a study conducted in the aforementioned institution, in which 41,6% of the elderly were able to move all body parts, followed by 32,8% who presented limitation, however, there was a lower frequency of patients who were restricted to bed (34,9%).¹⁶ Hospitalization, advancing age and loss of mobility may contribute to a greater risk of developing low self-esteem among the elderly, since these factors may compromise the performance of daily life activities and social interaction.²

Regarding body care, a study conducted at the Hospitalization Units of a

School Hospital in São Paulo, Brazil, found that this critical indicator is the one with the greatest factorial weight, being the most important for change in the care category.¹⁶ The same was observed on findings from another study – these indicators were also the ones contributing to the elevation of the dependence degree: mobility, ambulation, body care, discharges, skin integrity and dressing.¹⁷

Regarding the therapy used, data diverge from the research carried out with the hospitalized elderly, in which 75,7% of the medication was administered intravenously and intermittently and 24,3% was administered intravenously and continually or through nasoenteric tube.¹⁶

Higher percentages regarding tissue integrity were verified in a study carried out in hospitalization units of a School Hospital in the state of São Paulo, in which 80,0% of patients presented continuity solution in one or more areas of the body without necrosis.¹⁷ This elderly profile requires specific nursing care during hospitalization, which should also provide assistance in the maintenance of independence and life quality.¹⁸ These aspects should be taken into account in the dimensioning of the unit nursing teams, with special attention to daily scale of care.

Thus, when focusing specifically on the elderly population, it is understood that, in order to serve this clientele, there is

a great need for new and specific knowledge, given the diversity of situations that are typical to this population.¹⁸ It should be noted that the period for data collection does not allow generalizations for the entire hospital, considering the seasonality in the hospitalization of the elderly – that being a limitation to our research. Further studies with a period of one year for data collection would be necessary.

CONCLUSION

In this study, there was a predominance of female elderly aged 60|-70, with low education and income, retired, widowed and hospitalized due to disease in the circulatory system. With respect to the physical exam, a greater percentage of the elderly was restricted to bed or needed assistance to move body parts or to ambulate, needed bath and oral hygiene performed by nurse, had bed discharge and/or made use of bladder catheter and used continuous intravenous therapy.

This study made it possible to identify the characteristics of these elderly and their care needs. Thus, we believe our study may contribute to a more qualified nursing assistance to be provided to the elderly.

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