

NURSING CARE IN AN EMERGENCY UNIT: PERCEPTION OF LONG-LIVED ELDERLY PEOPLE**CUIDADOS DE ENFERMAGEM EM UMA UNIDADE DE PRONTO SOCORRO: PERCEPÇÃO DE PESSOAS IDOSAS LONGEVAS****ATENCIÓN DE ENFERMARÍA EN UNA UNIDAD DE EMERGENCIA: PERCEPCIÓN DE LOS ANCIANOS LONGEVOS**

Natalina Maria Da Silva¹, Marina Schneider Ribeiro², Leticia de Moura³, Marinês Tambara Leite⁴, Sandra Biasuz⁵, Caroline Thaís Both⁶

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ABSTRACT

Objective: to understand the perception of long-lived elderly people about nursing care in an emergency unit. **Method:** This is a qualitative and descriptive research, developed with 15 elderly people aged 80 or over, at the UPS of a University Hospital. Data were collected through semi-structured interviews. The data was processed using Minayo's thematic analysis. **Results:** The sociodemographic profile showed a predominance of females, aged between 80 and 90 years old, widowed, retired and with incomplete primary education. The perception of the care provided by nursing professionals was good and characterized by the creation of bonds; however, the infrastructure did not completely meet their needs. **Conclusion:** The participants in this research had a positive perception regarding nursing care, which contributed to the improvement of their clinical condition and the alleviation of their concerns related to staying in the Emergency Room.

Descriptors: Aging; Longevity; Nursing care; Emergency Room.

¹ RN (UFSM), Specialist in Intensive Care (UNIFRA) and Environmental Education (UFSM), Master in Gerontology (UFSM). Federal University of Santa Maria. <https://orcid.org/0000-0002-9801-1378>

² Nursing Student (UFSM). Federal University of Santa Maria - Palmeira das Missões Campus. <https://orcid.org/0000-0002-6378-2869>

³ Nursing Student (UFSM). Federal University of Santa Maria - Palmeira das Missões Campus. <https://orcid.org/0000-0002-6461-893X>

⁴ RN (UNIJUI), Master in Psychiatric Nursing (USP), PhD in Biomedical Gerontology (PUC). Full professor at the Department of Health Sciences at the Federal University of Santa Maria - Palmeira das Missões Campus. Federal University of Santa Maria - Palmeira das Missões Campus. <https://orcid.org/0000-0003-3280-337X>

⁵ RN (UFSM), Specialist Nurse in Cardiology and Preceptorship at SUS, Master's Student in Health and Rurality (UFSM). Nurse at the Hospital de Clínicas de Passo Fundo. Federal University of Santa Maria - Palmeira das Missões Campus. <https://orcid.org/0000-0002-2374-8893>

⁶ Graduated in Nursing (UFSM), Specialist in Management and Public Organization (UFSM), Master in Health and Rurality (UFSM) and PhD student in the Postgraduate Program in Nursing (UFSC). Federal University of Santa Catarina. <https://orcid.org/0000-0002-1451-4155>

RESUMO

Objetivo: compreender a percepção de pessoas idosas longevas sobre os cuidados de enfermagem em uma unidade de pronto socorro. **Método:** Trata-se de uma pesquisa qualitativa e descritiva, desenvolvida com 15 pessoas idosas que possuíam 80 anos ou mais, na UPS de um Hospital Universitário. Os dados foram coletados através de entrevistas semiestruturadas. Os dados foram tratados através da análise temática de Minayo. **Resultados:** O perfil sociodemográfico demonstrou predomínio do sexo feminino, com idade entre 80 e 90 anos, viúvos, aposentados e ensino fundamental incompleto. A percepção sobre o cuidado prestado pelos profissionais de enfermagem era bom e caracterizado pela criação de vínculo, porém, a infraestrutura não atendia completamente a suas necessidades. **Conclusão:** Os participantes desta pesquisa possuíam uma percepção positiva em relação aos cuidados de enfermagem, o que contribuía com a melhora de seu quadro clínico e com a atenuação de seus anseios relacionados a permanência no Pronto-Socorro.

Descritores: Envelhecimento; Longevidade; Cuidados de Enfermagem; Pronto Socorro.

RESUMEN

Objetivo: comprender la percepción de los ancianos longevos sobre los cuidados de enfermería en una unidad de emergencia. **Método:** Se trata de una investigación cualitativa y descriptiva, desarrollada con 15 adultos mayores de 80 años o más, en la UPS de un Hospital Universitario. Los datos fueron recolectados a través de entrevistas semiestructuradas. Los datos fueron procesados mediante el análisis temático de Minayo. **Resultados:** El perfil sociodemográfico mostró predominio del sexo femenino, con edades entre 80 y 90 años, viudos, jubilados y con educación primaria incompleta. La percepción sobre la atención brindada por los profesionales de enfermería fue buena y se caracterizó por la creación de vínculos, sin embargo, la infraestructura no satisfizo completamente sus necesidades. **Conclusión:** Los participantes de esta investigación tuvieron una percepción positiva sobre los cuidados de enfermería, lo que contribuyó a la mejora de su condición clínica y al alivio de sus preocupaciones relacionadas con la permanencia en Emergencias.

Descriptor: Envejecimiento; Longevidad; Cuidado de enfermeira; Primeiros auxílios.

INTRODUCTION

The change in the global demographic profile and dynamics is manifested by the population aging trend. In Brazil, this phenomenon began more recently and more quickly, when compared to more developed countries, bringing with it a great social impact, requiring changes in public policies. In health, this scenario demands the reconfiguration of services, with the readjustment of the supply and qualification of human resources,

guaranteeing access to meet the health needs of this population.¹

In this scenario, with a view to minimizing problems related to elderly people's access to health services, especially in urgent and emergency situations, the Ministry of Health created the Urgency and Emergency Care Network in the Unified Health System (SUS), composed of, among other services, the Emergency Medical Services (UPAS), which are non-hospital structures and serve

to provide care to low and medium complexity emergencies, functioning as intermediate units. In this network, there are also Emergency Care Units (UPS) that have a high flow of professionals and patients, characterized by being highly complex.²

The elderly person's search for UPS occurs, among other conditions, due to the worsening of a chronic condition. In this circumstance, when seeking care in this service, elderly people require that care be humanized and with high technology. This is because, commonly, the association of multiple diseases favors worse results in health status and recovery.³ A study³ carried out on elderly people's access to UPS found that the guidelines relating to equity and universal access to the Emergency Care Network were recognized as positive by users, particularly with regard to guaranteeing care, regardless of severity and the availability of resources, such as exams and medications that help resolve the health problem.

In terms of public policies, the Statute of the Elderly Person, in its Art. 15, ensures comprehensive health care for the elderly, through the Unified Health System (SUS), guaranteeing universal and equal access, in an articulated and continuous set of actions and services, for the prevention, promotion, protection and recovery of health, including special care for the sick

elderly.⁴ In this context, all stages of care for the elderly person who has polyopathologies are fundamental and require professionals to have varied knowledge in order to attend to them.

Furthermore, hospital UPSs are structures with medium and high complexity care, operating 24 hours a day and with the aim of guaranteeing patient care, intervening in their clinical condition and guaranteeing the resolution of care. According to Ordinance MS No. 3,390, from the Ministry of Health⁵, the demand for emergency and hospital emergency services occurs because they are located in complex institutions, have technological resources and rely on a multidisciplinary and interdisciplinary approach, so that their actions include promoting health, disease prevention, diagnosis, treatment and rehabilitation.

Much has been studied and published about human ageing and longevity. However, it should be emphasized that studies on the perception of nursing care provided to long-lived elderly people in UPS, in their voice, are still incipient, which is why this study was carried out. Thus, the aim of this study was to understand the perception of long-lived elderly people about nursing care in an emergency unit.

METHOD

This is a qualitative study, with an exploratory and descriptive nature, developed at the UPS of a University Hospital, located in the southern region of Brazil. This institution is public, large and has 323 beds for medium and high complexity.

The study included 15 long-lived elderly people admitted to the UPS, which met the following criteria: long-lived elderly people - aged 80 years or over; admitted to UPS for more than 48 hours. The following exclusion criteria were adopted: long-lived elderly people who were unable to verbalize or without clinical-cognitive conditions to be interviewed. Participants were selected based on convenience, that is, the interviewer approached and invited elderly people who met the inclusion criteria, at different times of the day.

Data collection occurred through individual interviews in which, initially, the Mini-Mental State Survey (MMSE) was applied to assess the cognitive level of the elderly person and their ability to participate in the study. The MMSE is the most used cognitive screening test in the world. This instrument has a score, the result of which can vary from 0 to 30 points, based on the individual's formal education, to determine the cutoff points

suggestive of cognitive deficit: for illiterates, 13 points; for individuals with low or medium education (1 to 8 years), 18 points; and, for those with a high level of education (more than 9 years of formal study), 26 points.⁶

Next, sociodemographic information was obtained, with the aim of characterizing the participants in this study, and to assess functional capacity, the Functional Assessment Scale for Basic Activities of Daily Living (BADL) - Katz Scale was used. This is a standardized instrument widely used in gerontological studies, which aims to assess the functional independence of patients when carrying out daily tasks, such as bathing, dressing, going to the bathroom, transferring from bed to bed, chair and vice versa, maintain sphincter control and feed. The result can vary between zero and six points, where the minimum value (zero) to two points means that the person is dependent, four points partial dependence and six points independent for carrying out BADL.⁷ The application of these instruments in this study was guided by the need to understand the conditions of long-lived elderly people to take care of themselves and remain independent, both in the hospital space and outside it.

To understand the perception of long-lived elderly people about the care and nursing assistance received at the UPS,

they spoke freely based on the following guiding questions: a) Talk about what it is like for you to experience the situation of being hospitalized in the emergency room help; b) Tell us how you perceive the care or assistance received here in this hospital unit.

The interview with elderly patients took place at the bedside, in a moment of greater tranquility and silence, in the absence of medical and/or nursing procedures. The interview was digitally recorded and later transcribed in full.

The interviews ended when the researcher identified that there was information saturation. That is, when the content of new interviews did not contain data that could be added to the study, thus complying with the data saturation criterion⁸, a condition that occurred when carrying out 15 interviews.

In addition to the interviews, non-participant observations and field diary notes were carried out by the researcher, referring to non-verbal communication. This information also comprised the study analysis. Data production took place from October 2019 to February 2020. To guarantee the anonymity of the participants, the interviews were coded with the letter I for Elderly followed by a numeral, in the order in which they were carried out (I1, I2, I3 ...).

The data were analyzed according to the steps recommended for thematic analysis. This consists of three stages: pre-analysis, exploration of the material and treatment of the results obtained and their interpretation. In the initial stage, the pre-analysis, the documents to be analyzed were chosen, the initial objectives of the research were revisited, modeling them according to the needs of the collected material. Afterwards, the material was explored and encoded. Finally, in the third stage, the results were processed and the data was interpreted and discussed with the scientific literature.⁹

The development of the research began after approval by the Institutional Ethics Committee of the Federal University of Santa Maria, with a favorable opinion for its execution under No. 3,660,204 of October 24, 2019.

From reading and re-reading the material from the interviews, an analysis category was constructed, which addresses the perception of long-lived elderly people about the nursing care received at the UPS.

RESULTS

Fifteen long-lived elderly people, aged 80 to 90 years, participated in the study, nine females and six males. Furthermore, eight participants were widowers, six married and one single. As

for having children, 14 had two to 11 children and one had no children. Catholicism was professed by 13 patients, with two following the Lutheran religion. Nine had incomplete primary education, three had completed secondary education and three were functionally illiterate. Regarding professional status, 11 were retired and 4 were pensioners.

Regarding the clinical profile during the period of hospitalization at the UPS, it was found that they had complications resulting from bone fractures, heart disease, pneumonia, leukemia, cholelithiasis, systemic arterial hypertension, acute myocardial infarction, diabetes mellitus, acute renal failure, among other pathologies. Some of them had undergone surgical interventions and had more than one clinical diagnosis.

The scores found in the Mini Mental State Examination showed that: three long-lived elderly people had a reduced score, but as they were illiterate, in the evaluation they were considered to have preserved their cognitive function, even if partially. Likewise, for seven other elderly people, who obtained an average score, but had low/medium education. Five elderly people had good scores, who had a high level of education and preserved cognitive capacity. It is worth noting that some elderly people, even with low education, were able to answer the

instrument's questions easily, despite the limitations of their clinical condition and advanced age.

When evaluating the functional capacity of hospitalized long-lived people, it was found that three were independent and were able to carry out basic activities of daily living without assistance, even with the limitations imposed by age. Five of them had significant dependence and seven had partial dependence, that is, they needed the help of a caregiver to dress, bathe, perform personal hygiene and walk.

Care received at UPS in the perception of long-lived elderly people

The elderly people's perception of the care received in the UPS environment was considered good, as they felt supported and welcomed by the nursing team. That is, they positively understood the assistance received in this health service, from their arrival in the emergency room to the period of hospitalization in the unit, as can be identified in the reports:

“The nurses treat us so kindly [...] they treated me very well, a lot of people helping me, the most beautiful thing, in this hospital (EI 03). “

“Ah, very good, I received very good service. How can I tell those who take care of us..., the nurses are really

good (EI 05). The nurses here treated me wonderfully, they are treating me well every day (EI 07)."

On the other hand, although some of the long-lived people stated that they were well attended to and were satisfied with the care they received, some statements show a certain dissatisfaction regarding the lack of an alternative in being able to give their opinion and choose, which reveals the elderly person's loss of autonomy. This factor is presented in the statement below.

"Here there are more resources [...] we are well received and well treated [...] I have no complaints about anything, but I have no option, I don't command anything, I just have to obey (EI 01)."

The unit's infrastructure stands out as a limitation, as accommodation at UPS is not adequate to meet the demands of this public. Participants stated that they subject themselves to this situation due to extreme necessity, demonstrating a certain resignation.

In the statement below, a certain level of resilience can be seen, which constitutes a protective factor in coping with the situation they are experiencing. It is noteworthy that due to the adversities that the period of hospitalization can cause

in elderly people, it is essential that the nursing team develop strategies to prevent these factors.

"We have to endure it right here. It is not a good room, as the other person says. But having a bed to sleep in, food to eat, medicine, treatment, care is good (EI 02)."

"For an elderly person there is no such thing as a homely place at home, or a room, but here I am very well received (EI 09)."

Hospitalization is seen as something negative, as it causes changes in the daily routine, enters an environment without privacy surrounded by unknown norms and routines that need to be followed, distance from family members and, often, affects individuality and autonomy. Long-lived individuals declare that they do not like being hospitalized, demonstrating some discomfort with staying at UPS.

Participants, when induced to reflect on the care offered, also bring to light the clinical condition that led them to seek UPS, expressing that they experienced distressing moments, with signs and symptoms related to a more serious clinical condition, triggered by different morbidities.

“I was having convulsions. I lost consciousness, I did not see anything, I was unconscious (EI 09). “

“There was no pain, it doesn't give me pain, it just makes my hands tremble and I have to do it like this (hand gestures) and soon I'll start paying, my mouth will go soft (EI 05).”

“I had pain in my legs, I couldn't stand up, my bones, knees and curves felt dry. I couldn't stop standing on the edge of the bed (EI 13).”

In addition to the aspects mentioned above, the hospitalization period was understood as a period that allows the patient to self-analyze their health care. In their statements, they recognize that self-care can preserve their functional capacity, postponing disability and promoting independence, therefore, being a predictor of longevity. Among the precautions mentioned are nutrition and physical activity.

“We have to be careful. Care depends only on us. Of course, accidents happen in traffic in other places, it is up to the person to take care of their health; if they start to waste it, it is not possible. Starting to drink or take drugs or eat these

fatty foods harms organs such as the liver and stomach (EI 12).”

Finally, there is a need to expand knowledge about care for long-lived elderly people who are in a UPS, with the aim of promoting care focused on their specificities and better understanding of the situations they experience.

DISCUSSION

Demographic and epidemiological changes, resulting from the reduction in birth and mortality rates, associated with improvements in socio-sanitary conditions, favored an increase in life expectancy and, consequently, an increase in the number of elderly people aged 80 and over. This age group is more vulnerable from a social and physical and mental health point of view, among which loss of autonomy and independence are common.¹⁰⁻¹¹ This situation brings challenges to the safe assistance provided by nursing professionals during care, since the intense use of health services by elderly people exposes them to greater adverse risks when receiving fragmented care.¹²

The sociodemographic characterization of this study showed a prevalence of women, widows and those with low education. A study¹³ of an integrative literature review on care for elderly people in the emergency sector

showed similar data. The predominance of females may be related to greater life expectancy compared to men.¹⁴

It was observed that the interviewees attached great importance to spirituality, which can provide relief from psychological or physical pain, or even positive outcomes in relation to the clinical condition. Religiosity and spirituality are characterized as an important strategy for regulating the emotional response triggered by the process of functional incapacity, which can be caused by illness or advanced age, in addition to repairing the existential void and making the individual feel welcomed.¹⁵

The decrease in functional capacity was present in most of the interviewees. This decrease occurs especially due to a series of organic changes arising from senescence, which can lead to this decline and also to physiological changes in organs and systems.¹⁶ Furthermore, a study¹⁷ highlights that hospitalization leads to loss of autonomy and functionality, which leads to negative and stressful events. This occurs because this period is usually related to low self-esteem and anxiety, which may result from the difficulty in coping with the disease and the loss of work capacity, family and independence.

In a qualitative research¹⁸, carried out with nursing professionals who worked in the emergency sector, it was highlighted

that the physical structure is inadequate for caring for elderly people and compromises the nursing care provided, pointing out that one of the problems is related to the safety of elderly patients. Similarly, participants in this study reported that the unit's infrastructure did not fully meet their needs, especially in relation to comfort. It is worth noting that elderly people, when staying for long periods in the emergency room, are at greater risk of additional problems, such as delirium, hence the recommendation that they should be removed from this environment as early as possible.¹⁹

It should be noted that the interviewees linked the period of hospitalization to reflection on the care they take with their own health. Therefore, self-care is a practice that should be addressed and encouraged due to its effectiveness in improving health status and reducing treatment costs. Therefore, proposing self-care measures for aging people is a priority, because the progressive limitations that occur as a result of the aging process, often associated with chronic diseases, trigger changes in the way these people take care of themselves. Although, the adoption of these measures is complex, as professionals must work with resistance on their part, due to culture, fears and taboos.²⁰

Given the aforementioned arguments, it is extremely important that nursing care provided to elderly people is characterized by communication and bonding, with a view to offering comprehensive care, including family care. This presupposes that professionals must be qualified not only in terms of technical competence, but also in terms of the ability to deal with their own feelings and to identify and understand the needs of the elderly person, whether physical, psychological or social.²¹

CONCLUSION

The delineation of the sociodemographic profile of the long-lived elderly people in this study verified the prevalence of women, aged 80 to 90 years, widows, with children, having incomplete primary education, who professed the Catholic religion and were retired. In relation to health status, it was identified that there was a predominance of the presence of heart diseases, with preserved average cognitive capacity and partial dependence to perform BADL, which highlights the limitations that this population presents with advancing age and the needs specific and targeted care to meet the particularities of each patient.

The development of this study made it possible to understand how long-lived elderly people perceive the care

received in an emergency unit during their period of hospitalization. During the data collection stage, it was possible to identify the suffering, pain and discomfort that long-lived elderly people experienced when staying hospitalized at the UPS. It is worth highlighting that this space is a place that allows resolution of the health problems that long-lived elderly people presented, and this aspect is valued by the study participants. From this perspective, it was expressed that they were receiving good care from nursing professionals, as well as that care was provided with respect, affection and attention.

It is noteworthy that the elderly people participating in the study have in common the perception that the unit's infrastructure is not adequately equipped and organized to serve long-lived people, that there is overcrowding of patients in the UPS environment, the privacy and individuality of elderly people are compromised and that this is not an appropriate space for these patients to remain hospitalized for a long time. Furthermore, they highlighted that there was an understanding that they were receiving good care from the healthcare team, a fact that contributed to alleviating their concerns and increasing the expectation of improvement.

It proved essential to know the perception of elderly people who use the

health system to develop strategies that strengthen the health system and the quality of care in the public urgent and emergency sectors. Therefore, the need to expand knowledge about illness in long-lived people is identified, with the aim of promoting care aimed at their specificities and better understanding of the situations experienced.

Furthermore, it is considered that with the increase in the number of elderly people, including those who are more long-lived, there should also be a demand and increase in these in emergency services, with polypathologies and who use polypharmacy. In view of this, it is clear that there is a need to rethink the structure of these services, in order to provide accommodations to patients, which are welcoming, and that professionals have knowledge of the gerontogeriatric area, with the aim of minimizing the negative effects of the clinical situation experienced by elderly people who access UPS.

In this scenario, it is up to nursing professionals to be aware of the repercussions that population aging imposes on emergency units, in order to provide individualized care, which respects the particularities of this age group, offering quality and effectiveness in the care provided.

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