






Nurses' competences in promoting the health of elderly people with systemic arterial hypertension

Competências do enfermeiro na promoção da saúde da pessoa idosa com hipertensão arterial sistêmica

Habilidades del enfermero en la promoción de la salud de los ancianos con hipertensión arterial sistémica

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ABSTRACT

Objective: to identify, in the literature, nurses' competences related to promoting the health of elderly people with systemic arterial hypertension (SAH) in light of the Galway Consensus. **Method:** in this integrative literature review, the LILACS, MEDLINE/PubMed, BDNF, SCOPUS, and COCHRANE databases were searched for articles dating from 2011 to 2020. Of the 11,892 articles found, 20 were selected. **Results:** the articles were analyzed by the eight domains of the Galway model of health promotion competences: catalyzing change, leadership, needs assessment, planning, implementation, impact assessment, partnership, and advocacy. The domains most in evidence were catalyzing change, impact assessment, and planning. **Conclusion:** the results of this research showed that nurses play a leading role in promoting the health of hypertensive elderly people and are capable of acting in management of skilled care and of contributing to comprehensive care for the elderly. **Descriptors:** Nursing; Professional Competence; Health Promotion; Aged; Chronic Disease.

RESUMO

Objetivo: identificar na literatura as competências do enfermeiro relacionadas à promoção da saúde de idosos com hipertensão arterial sistêmica (HAS) à luz do Consenso de Galway. **Método:** trata-se de uma revisão integrativa da literatura, cuja busca foi realizada nas bases de dados LILACS, MEDLINE/PubMed, BDNF, SCOPUS e COCHRANE, de artigos que datassem de 2011 à 2020. Dos 11.892 artigos encontrados, 20 foram selecionados. **Resultados:** os artigos foram analisados de acordo com os oito domínios do modelo de competências para promoção da saúde de Galway: catalisar mudanças, liderança, avaliação das necessidades, planejamento, implementação, avaliação do impacto, parceria e defesa. Os domínios mais evidenciados foram catalisar mudanças, avaliação do impacto e planejamento. **Conclusão:** os resultados desta pesquisa evidenciaram o protagonismo do enfermeiro na promoção da saúde de idosos hipertensos, capaz de atuar na gestão do cuidado qualificado e contribuir com a assistência integral à pessoa idosa. **Descritores:** Enfermagem; Competência Profissional; Promoção da Saúde; Idoso; Doença Crônica.

RESUMEN

Objetivo: identificar en la literatura las habilidades del enfermero relacionadas a la promoción de salud de los ancianos con hipertensión arterial sistémica (HAS) de acuerdo con el Consenso de Galway. **Método:** es una revisión integradora de la literatura, cuya búsqueda se ha realizado en las bases de datos LILACS, MEDLINE/PubMed, BDNF, SCOPUS y COCHRANE, de artículos publicados entre 2011 y 2020. De los 11.892 artículos encontrados, 20 han sido seleccionados. **Resultados:** los artículos han sido analizados de acuerdo con los ocho dominios del modelo de habilidades para la promoción de la salud de Galway: catalizar cambios, liderazgo, evaluación de las necesidades, planificación, implementación, evaluación del impacto, colaboración y defensa. Los dominios con más evidencia han sido: catalizar cambios, evaluar el impacto y la planificación. **Conclusión:** los resultados de esta investigación han comprobado el protagonismo del enfermero en la promoción de la salud de ancianos hipertensos, capaz de actuar en la gestión del cuidado cualificado y contribuir con la asistencia integral al anciano. **Descriptor:** Enfermería; Competencia Profesional; Promoción de la Salud; Anciano; Enfermedad Crónica.

INTRODUCTION

Chronic Non-Communicable Diseases (CNCDs) are the main causes of mortality and disability in the entire world. Every year, nearly 38 million deaths are due to these diseases, and 75% of that total is recorded in low- and middle-income countries such as Brazil¹.

Among the CNCDs, the most common in older adults is Systemic Arterial Hypertension (SAH), which can interfere with performance of the activities of daily living, as well as result in significant repercussions in the patient's life, such as changes in the everyday life of older adults and their family members when having to adopt routines and behaviors related to healthier practices². In this context, the adoption of health promotion measures is fundamental for healthy aging, as they mitigate the risk of frailty and functional disabilities³.

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Thus, the need emerges for nurses to work in comprehensive assistance to older adults, not only in a curative dimension, but with a focus on preventing comorbidities and carrying out health promotion activities, based on strategies that encompass the entire biopsychosocial context of the older adults and their families, in order to meet primary needs⁴.

In this sense, in June 2008, the Galway Consensus was agreed to subsidize the implementation of health promotion actions through the standardization of fundamental competences, encouraging the adoption of quality practices by the health professionals, since new attitudes are encouraged in the work process⁴. The document also highlights the values and principles of health promotion based on the health determinants, equality, social justice and respect for diversity, as well as it determines the essential competences to promote health, divided into the following domains: Catalyzing change, Leadership, Assessment of the needs, Planning, Implementation, Assessment, Advocacy and Partnerships⁵.

Thus, identifying Nursing interventions carried out to promote the health of hypertensive older adults according to the Galway Consensus corroborates the development of evidence-based Nursing practice and supports quality assistance, with a focus on the subject's needs and no longer centered on the disease. In addition to that, it is expected that this study promotes a critical reflection about the nurses' performance in the context of health promotion of hypertensive older adults in order to strengthen the professional practice in the provision of comprehensive care.

From this perspective, this study aimed at identifying in the literature the nurse's competences related to the health promotion of older adults with Systemic Arterial Hypertension (SAH) in the light of the Galway Consensus.

METHOD

This is an integrative review conducted in six stages, namely: elaboration of the guiding question; definition of the databases and of the sample's inclusion and exclusion criteria; definition of the information to be extracted from the studies selected; assessment of the studies included in the integrative review; interpretation of the results; and, finally, presentation of the review/synthesis of the knowledge produced.⁶

The PICo strategy (P - Population/Patient: hypertensive older adults; I - Intervention: Nursing intervention; Co - Context: health promotion according to the Galway Consensus) was used to formulate the guiding question, which resulted in the following research question: Which are the Nursing interventions conducted to promote the health of hypertensive older adults according to the Galway Consensus?⁷.

The articles were identified through a bibliographic search carried out in April 2020 by two independent researchers in the following databases: *Literatura Latino-Americana em Ciências de Saúde* (LILACS) and *Base de Dados em Enfermagem* (BDENF), consulted through *Biblioteca Virtual de Saúde* (BVS), Medical Literature Analysis and Retrieval System Online (MEDLINE), via PubMed, and SCOPUS and Cochrane, accessed through the CAPES portal.

The inclusion criteria adopted were as follows: articles available in electronic format in English, Spanish and/or Portuguese, published from January 2011 to March 2020, whose research dealt with individuals aged 60 years old or more, with systemic arterial hypertension, and which discussed Nursing interventions for health promotion. The study time delimitation was based on the National Policy for Health Promotion, which highlights the need for practices to control the health determinants⁸. Editorials were excluded, as well as letters to the editor, papers published in event annals, reflection articles and repeated articles.

In the searches conducted in the international databases, the Medical Subject Headings (MeSH) descriptors were used with the respective Boolean operators: *Hypertension AND Aged OR Aging AND Nursing Care OR Nursing Process*. In the BVS searches, the Descriptors in Health Sciences (*Descritores em Ciências da Saúde*, DeCS) were also combined with Boolean operators, namely: *Hipertensão AND Idosos AND Cuidados de Enfermagem OR Processo de Enfermagem*.

A total of 11,892 publications were found. After the studies were identified, their titles and abstracts were read, with exclusion of those that did not meet the inclusion criteria and/or did not correspond to the theme proposed. Subsequently, full-reading of the articles was initiated, where duplicate studies were excluded. Finally, 20 articles were selected to comprise the final sample of the review. To describe the searches and study selection, the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)⁹ were used.

The quality of the studies was assessed based on the classification of the level of evidence, as follows: Level I - evidence obtained from the result of meta-analysis of controlled and randomized clinical studies; Level II - evidence obtained from experimental design studies; Level III - evidence obtained from quasi-experimental research studies; Level IV - evidence obtained from descriptive studies or from those with a qualitative methodological approach; Level V - evidence obtained from case or experience reports; Level VI - evidence based on experts' opinions or on norms or legislation⁶.

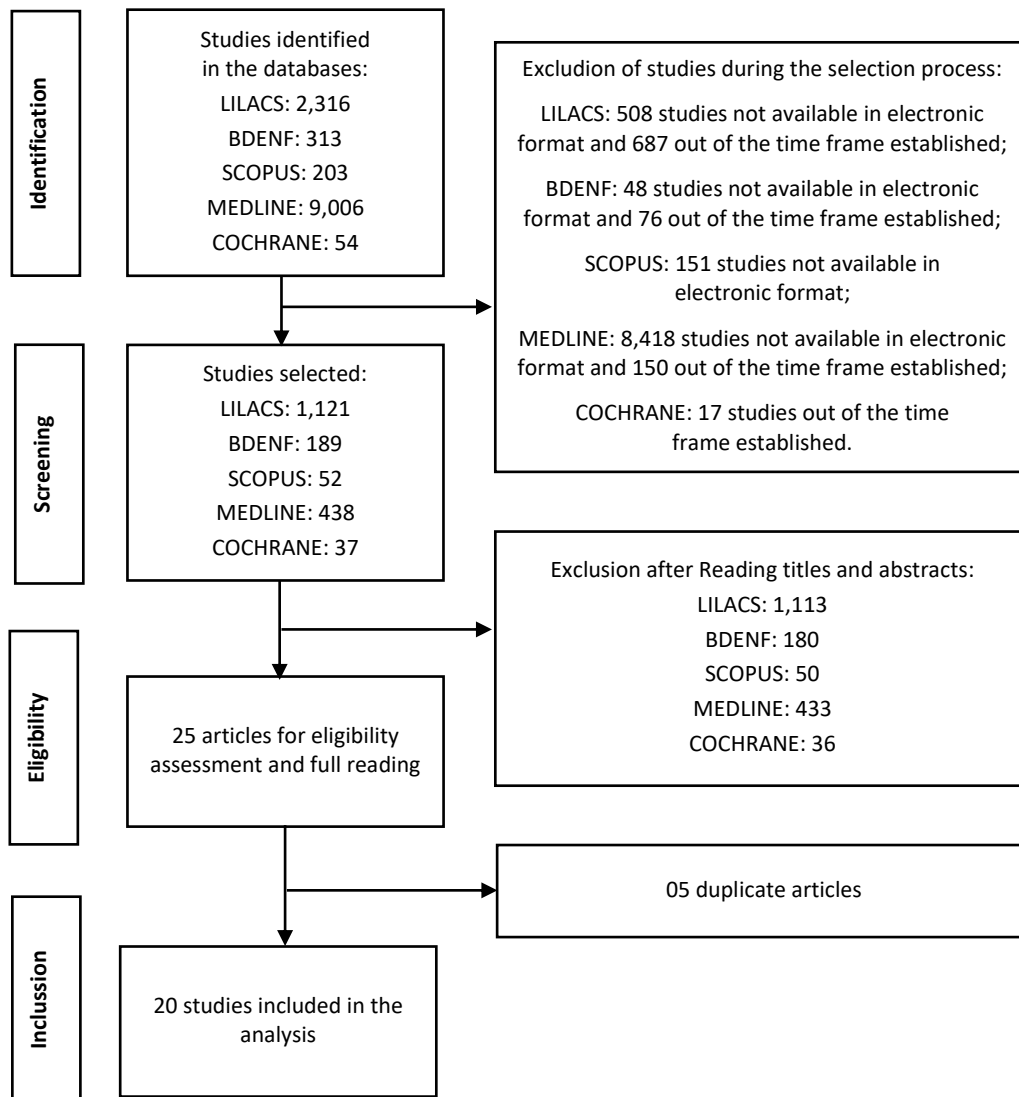


FIGURE 1: Flowchart corresponding to the study selection process, based on the PRISMA model. Sobral, CE, Brazil, 2020.

Subsequently, a detailed reading of the articles was conducted, aiming to organize the data. For interpretation of the results, the findings were discussed based on the critical assessment and use of other studies that converge on the guiding question established.

The studies were analyzed and the data were interpreted in an organized and synthesized manner by means of a chart with the following information: year, country, methodological design, level of evidence and journal. It was also decided to present the Nursing interventions found in a chart and to analyze them according to the eight competences for the health promotion practice defined in the Galway Consensus^{10,11}.

RESULTS

The characterization of the 13 selected articles is presented in Figure 2.

Studies	Journal	Year of publication	Country	Study design	Evidence level
Torres et al. ¹²	Revista Gaúcha de Enfermagem	2017	Brazil	Descriptive	VI
Hafele e Siqueira ¹³	Revista Brasileira de Atividade Física e Saúde	2016	Brazil	Transversal	IV
Dias et al. ¹⁴	Journal Health Science Institute	2016	Brazil	Descriptive - exploratory	VI
Mendes, Pontes e Farias ¹⁵	Revista Kairós Gerontologia	2015	Brazil	Participant-research	VI
Moura et al. ¹⁶	Revista Eletrônica de Enfermagem	2014	Brazil	Multiples cases study	VI
Silva et al. ¹⁷	Revista Rene	2014	Brazil	Transversal	IV
Pedroni, Rosa, Almeida e Guedes. ¹⁸	RECOM	2013	Brazil	Transversal	IV
Mendes, Silva e Ferreira ¹⁹	Estação científica (UNIFAP)	2018	Brazil	Transversal	IV
Oliveira et al. ²⁰	Revista de Enfermagem UFSM	2017	Brazil	Descriptive - exploratory	VI
Santos. Florêncio, Oliveira e Moreira ²¹	Revista RENE	2012	Brazil	Descriptive - exploratory	VI
Oliveira et al. ²²	Enfermería Universitaria ENEO-UNAM	2012	Mexico	Descriptive	VI
Resende et al. ²³	Revista de Enfermagem UFPE	2017	Brazil	Descriptive	VI
Sousa et al. ²⁴	Revista de Enfermagem UFPE	2018	Brazil	Descriptive	VI
Colósima, Silva, Toma e Pierin ²⁵	Revista da Escola de Enfermagem USP	2012	Brazil	Randomized clinical trial	II
Adler et al. ²⁶	BMJ Open	2019	Ghana	Cohort	IV
Dean et al. ²⁷	Family Practice	2014	England	Randomized clinical trial	II
Zabler et al. ²⁸	Contemporary Clinical Trials	2018	United States	Randomized clinical trial	II
Enç e Alkan ²⁹	Turk Kardiyol Dern Ars	2017	Turquia	Randomized clinical trial	II
Hebert et al. ^{9,30}	Journal of General Internal Medicine	2011	United States	Randomized clinical trial	II
Guevara, Parra e Rojas ³¹	BMC Nursing	2019	Colombia	Randomized clinical trial	II

FIGURE 2 - Summary table of articles selected for this review. Sobral, CE, Brazil, 2020.

Prevalence of national productions was observed, with a total of 13 articles (65%), distributed as follows according to the Brazilian regions: five (25%) from the Northeast^{15,17,21,23,24}; four (20%) from the Midwest^{13,18-20}, three (15%) from the Southeast^{14,16,25}; and one (5%) from the North¹².

It was observed that 7 (35%) were of international origin, with the United States^{28,30} (10%) standing out; followed by England²⁷, Mexico²², Ghana²⁶, Turkey²⁹ and Colombia³¹, with one article (5%) each.

Regarding the year of publication, 2017 stood out with four articles^{12,20,23,29} (20%), followed by 2012^{21,22,25}, 2014^{16,17,27} and 2018^{19,24,28}, with three articles each (15%).

Descriptive-exploratory studies predominated, with seven (35%), followed by randomized clinical trials^{25,27,31}, with six (30%) publications; four (20%) cross-sectional studies^{13,17,19}; one (5%) multiple-case study¹⁶, cohort study²⁶ and participant-research¹⁵, respectively. According to the classification of the levels evidence of the studies, nine (45%) were classified as Level VI^{12,14-16,20-24}; six (30%), as Level II^{25,27-31}; and five (25%), as Level IV^{13,17-19,26}.

Figure 3 shows the classification of the articles regarding the Nursing competences and interventions domains.

Competence domains	Nursing interventions
Catalyzing change	-Empowerment ^{13-15,19-22,24,26-29,31} -Health education ^{12-16,18-23,25-28,31} -Self-care promotion ^{13-16,18-20,22-24,26,27,30} -Bond between nurse and patient ^{12,14-16,18,21,24,26} -Development of activities to promote healthy habits ^{13-16,18-24,26,27,30,31} -Emotional support ^{12,15-17,19,20,25} -Identifying barriers in the treatment ^{28,29,31} -Motivation for leaving addictions ^{22,23}
Leadership	-Established communication ^{12-16,20,21,24,31}
Assessment of the needs	-Quality of life assessment ^{13,15,17,19,26,27} -Mental health assessment ^{12,17,19,22,27} -Family needs assessment ^{16,19,21,22} -Life style assessment ^{13-15,18,20-22,26-28,31}
Planning	-Definition of strategies for health promotion ^{12-16,19-22,26-28,31} -Nursing care systematization ^{16,19,22,23,18,31} -Planing of coping strategies ^{13-16,18-22,25,27,28}
Implementation	-Follow up by phone call ²⁴ -Home visits ^{14,16,19-22,30} -Systematic monitoring of the patient's health conditions ^{24-26,30} -Group educational activities ^{12,14,18,20,21,25-27} -Pharmacological therapy compliance ^{14,15,17,18,20-22,24,27,28} -Social support ^{12,14-16,19,20,26} -Promoting strategies for accessing health services ^{12,14,15,28,31} -Promotion of Physical activity ^{13,14,16,18-20,22,26}
Impact assessment	-Systematic assessment of patient response to treatment/intervention ^{13,15,16,18-20,22,24-31}
Advocacy	-Improving well being ^{12,14-16,19,20,26}
Partnership	- Strengthen partnership between nurse, family and patient ^{12,16-19,21,22,24,26-28,31} -Multidisciplinary team ^{13-16,21,26} -Partnership in action of primary care and municipal social services ²¹

FIGURE 3 – Distribution of articles according to nursing competences and interventions domains, according to the Galway Conference. Sobral, CE, Brasil, 2020.

It was verified that 100% of the productions dealt with interventions that covered the Catalyzing change domain, 75% with Impact assessment^{13,15,16,18-20,22,24-31} and 65% with Planning^{12-16,19-22,26-28,31}.

DISCUSSION

The construction of Nursing assistance directed to practices for health promotion and prevention of health problems is fundamental to meet the psychological, physical, socioeconomic and cultural needs of older adults, who must be seen by the health professionals in a comprehensive manner, and not fragmented due to their diseases³².

Some studies of this review presented important health education^{12-16,18-23,25-28,31} and empowerment ^{13-15,19-22,24,26-29,31} interventions, both belonging to the “Catalyzing change” domain, characterized by allowing transformation by means of individual and collective training in the sense of improving health⁵.

Nursing professionals promote older adults' empowerment through education in health actions that allow identifying barriers in the treatment and difficulties in therapeutic adherence, as well as they enable changes in behavior and the adoption of new lifestyle habits³³.

A study carried out in a Basic Health Unit in Teresina, Piauí, identified that education in health actions aimed at empowering the patients are powerful tools for the prevention of health problems based on the direct relationship between nurses and older adults, which allowed providing information on SAH and guidelines about control measures, resulting in a reduction in the number of health problems and complications resulting from the disease³⁴.

Health promotion is directly linked to the patients' empowerment regarding their health/disease process, as it allows greater control over health-related decisions and actions. Thus, the efficacy of education in health is perceived when it empowers older adults in facing their vulnerabilities and in making decisions that directly influence healthy aging⁷.

Self-care promotion by means of the bond between nurse and patient was also presented by some authors as an intervention capable of catalyzing changes in older adults with hypertension^{20,23}. Promoting health through self-care actions can reveal a behavior that seeks the potentialities, understands the limitations, values health and well-being, and finds creative self-care strategies³⁵.

Thus, the Nursing consultation presents itself as a fundamental technology for promoting self-care through systematization of Nursing capable of identifying the patient's real needs, developing assistance planning and implementing interventions that enhance care, encouraging older adults to participate in care with health recovery and disease prevention practices⁶.

A study carried out in Minas Gerais in the Family Health Strategy from an inland municipality, which aimed at evaluating the Primary Care actions carried out to improve adherence and control of SAH among older adults, identified that the interventions and activities developed favored changes in relation to the risk factors based on the nurse's relationship with the research participants, such as the adoption of a healthy lifestyle and adherence to the medications¹⁶.

The third health promotion competence deals with assessing the needs. For this purpose, some studies pointed the assessment of the older adults' quality of life as a strategy^{13,15,17,19,26,27}. Therefore, it is necessary to reinforce the importance of assessing the quality of life of this population with the possibility of implementing intervention actions for health promotion and prevention, both individually and collectively, assisting in the modification of risk behaviors and in adherence to healthier life habits³⁶.

Other interventions included in the Assessment of the needs competence is the evaluation of mental health^{12,19,22,27} and lifestyle^{13-15,18,20-22,26-28,32}. A number of studies suggest that, when exposed to difficult situations, these individuals would present difficulties managing the disease, compromising adherence to the treatment and, consequently, their quality of life^{5,17}. Thus, the nurse emerges as a professional who identifies risk factors in the psychological and lifestyle context, outlining effective health promotion strategies that trigger behavioral changes and actions to cope with the stressors³⁷.

In order to enhance the care provided to the older adult with SAH, it is necessary that nurses assume the Planning competence in their performance. Among the studies selected, Systematization of Nursing^{16,19,22,23,28,31} and adoption of coping measures^{13-16,18-22,25,27,28} stood out. In the meantime, using the Nursing Process (NP) allows applying the broad theoretical framework of Nursing to the clinical practice, making individualized, orderly and systematized care possible, in addition to helping the patient to cope with the disease³⁷.

In the context of the care provided to older adults with hypertension, the NP must be understood as a complex technological model that makes it possible to offer comfort and physical and mental well-being to the patient. In a study that sought to use NP in 45 Family Health Strategy users who were registered in HIPERDIA, it was evidenced that the survey of Nursing diagnoses was associated with a better analysis of the responses to hypertension, as well as that it favored more comprehensive care centered on the individuals, not only on their diseases¹⁶.

Implementation, the fifth competency, is the effective and efficient deployment of culturally sensitive and ethical strategies to ensure the greatest possible improvement in health, including management of human and material resources⁵. In this domain, interventions such as group approach^{12,14,18,20,21,25,27}, home visit^{14,16,19-22,30}, systematic monitoring of the patient^{24,26,30}, adherence to the pharmacological therapy^{14,15,17,18,20-22,24,27,28} and social support^{12,14-16,19,20,26} were identified.

As a health approach, group education enables knowledge exchange and favors education in health and the identification of risk factors of the subjects involved. In the context of Gerontology, it represents an important health promotion tool, used to encourage the practice of physical activity, healthy eating, improvement in the cognitive

pattern, and care self-efficacy to reduce the modifiable risk factors³⁶. Groups made up by older adults employ empowerment and autonomy strategies, with positive changes for all the actors involved in the educational process.

The home visit emerges as a means for care and health promotion, active search and identification of the demand that frequently does not reach the health unit, in addition to favoring local diagnosis and supporting action planning based on reality, of mediation between the families and the health care team³⁸. A study reports the experience of an educational intervention carried out with ten older adults by means of home visits, which provided establishment of bonds and relationships of trust between researchers and participants, in addition to having favored better understanding and clarification of the participants' and family members' doubts²¹.

Regarding adherence to the pharmacological therapy, it was evidenced as essential in the treatment of older adults with SAH, as they need quality clarification about the benefits of the medications along with periodic monitoring, especially in the case of drug-resistant patients^{27,28}. In addition, many patients present cognitive difficulties remembering to take the medication, which impairs effective continuity of the treatment.

Social support is a relevant variable in disease prevention, health promotion, therapeutic adherence, and the recovery process²⁵. An educational program, cited in the articles, aimed at assisting older adults who deal with chronic diseases with no help from caregivers or family members to seek greater social support and, with that, assist in problem resolution and in stress reduction. In addition to that, the program conducted therapeutic listening among the patients by assembling a support group¹⁵.

The sixth competence, Impact assessment, aims at determining the scope, efficacy and repercussions of the health promotion policies and programs. This includes the use of quality assessment and research methods to support improvement and sustainability programs⁵. Most of the articles^{13,15,16,18-19,22,24-31} selected for the study carried out a systematic assessment of the patient's response to the treatment, favoring the planning of interventions and their implementation.

Advocacy of patients and communities, another domain of competences found among the articles analyzed^{12,14,16,19,21,22}, aims at improving health and well-being, as it favors important aspects of quality of life and health promotion in hypertensive older adults⁵. The professional should feel co-responsible for the patient, mainly when dealing with vulnerable populations, such as older adults and patients with hypertension.

Based on the eighth competence, Cooperative work among disciplines, sectors and partners can improve the impact and sustainability of health promotion programs and policies⁵; in some studies, partnership with the family^{12,16,19,21,22,24,26,31} and with the interdisciplinary team¹³⁻¹⁵ was evidenced, with referral of the patient to other sectors or services²¹. In this sense, as care coordinator, the nurse must seek ways to integrate the multi-professional team to meet the social and health needs required by old age, by means of preventive, curative and rehabilitation actions that contribute to improving older adults' quality of life³³.

According to the data presented in this study, nurses can develop several competences to promote the health of hypertensive older adults with arterial hypertension, namely: carrying out interventions with a view to triggering changes, assessing the needs of the individuals, guidelines regarding important aspects of quality of life and healthy habits, as well as improving the impact of health promotion practices and policies and establishing interprofessional and intersectoral partnerships.

Given the above, the importance of professional training in Nursing, qualified and directed towards health promotion practices is understood, in order to enhance comprehensive care for older adults, identifying and meeting their needs as a priority.

Identifying the Nursing competences in the health promotion of older adults with hypertension in the light of the Galway Consensus enables nurses greater clarity and visibility of their work, resulting in increased quality of care for a population with clinical and social vulnerabilities. In addition to that, it expands the ability to analyze the intervention and older adults' needs in the health/disease context of this population.

Study limitations

As a limitation of this review, the reduced number of databases selected and the restriction regarding the languages of the studies during the search stand out. Thus, it is recommended that, for the elaboration of new research studies on the theme, a greater number of databases is used in order to expand the search and, consequently, the identification of other health-promoting practices carried out by nurses.

CONCLUSION

A total of 20 articles about the Nursing competences regarding health promotion for hypertensive older adults were analyzed. The data presented in this study point to several competences developed by nurses, such as: comprehensive assessment of the patient, education in health, development of empowerment strategies, prevention of health problems, lifestyle assessment, intervening in modifiable risk factors and promoting partnerships between patients, family members and professionals, as well as planning and assessment. The most frequently evidenced competence domains in the publications were as follows: Catalyzing change, Impact assessment and Planning.

It is noteworthy that the results of this study may be able to support the nurses' behavior in the practice of health promotion in older adults with hypertension, as well as encourage such professionals to adopt the strategies herein discussed.

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