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Care management for hospitalized elderly: perspective of gerontological nursing

Gestão do cuidado à pessoa idosa hospitalizada: perspectiva da enfermagem gerontológica

Gestión del cuidado del anciano hospitalizado: perspectiva de la enfermería gerontológica

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ABSTRACT

Objective: To analyze the management of care for hospitalized elderly people from the perspective of gerontological nursing**. Method:** qualitative, exploratory-descriptive study, carried out between the months of 2022 May and June, through semi-structured interviews with 18 nurses who are not specialists in gerontology, and work in services that assist elderly people in a university hospital in Rio de Janeiro. **Results:** Nurses have gaps in gerontological knowledge, generating insecurity in the management of care for hospitalized elderly people. **Final considerations:** Nurses who are general practitioners or specialists in areas of knowledge other than gerontology demonstrate limitations in managing care for people with gerontological demands. It is necessary to restructure the curriculum of undergraduate nursing courses, as well as to expand the insertion of specialists in gerontological nursing in hospitalization spaces with elderly patients.

Descriptors: Comprehensive Health Care; Hospitals; Nursing Care; Nurses Improving Care for Health System Elders; Nurses.

RESUMO

Objetivo: analisar a gestão do cuidado à pessoa idosa hospitalizada na perspectiva da enfermagem gerontológica. **Método:** estudo qualitativo, de natureza exploratória-descritiva, realizado entre os meses de maio e junho de 2022, por meio de entrevistas semiestruturadas com 18 enfermeiros não especialistas em gerontologia que atuam em serviços que atendem pessoas idosas em um hospital universitário do Rio de Janeiro. As entrevistas foram realizadas após a aprovação do Comitê de Ética, transcritas e submetidas à análise temático-categorial de Bardin. **Resultados:** os enfermeiros apresentam lacunas no conhecimento gerontológico, gerando insegurança na gestão do cuidado à pessoa idosa hospitalizada. **Considerações finais:** os enfermeiros generalistas ou especialistas em áreas do conhecimento diferentes da gerontologia demonstram limitações para a gestão do cuidado à pessoa com demandas gerontológicas. Faz-se necessária uma reestruturação curricular dos Cursos de Graduação em Enfermagem, bem como ampliar a inserção do especialista em enfermagem gerontológica nos espaços de internação com pacientes idosos.

Descritores: Atenção Integral à Saúde; Hospitais; Cuidados de Enfermagem; Cuidado de Enfermagem ao Idoso Hospitalizado; Enfermeiras e Enfermeiros.

RESUMEN

Objetivo: analizar la gestión del cuidado al anciano hospitalizado desde la perspectiva de la enfermería gerontológica. **Método:** estudio cualitativo, de naturaleza exploratoria-descriptiva, realizado entre los meses de mayo y junio de 2022, a través de entrevistas semiestructuradas junto a 18 enfermeros no expertos en gerontología que trabajan en servicios que asisten a ancianos en un hospital universitario de Río de Janeiro. Las entrevistas se realizaron previa aprobación del Comité de Ética, se transcribieron y sometieron al análisis temático-categorial de Bardin. **Resultados:** Los enfermeros presentan lagunas en el conocimiento gerontológico, generando inseguridad en la gestión del cuidado al anciano hospitalizado. **Consideraciones finales:** Los enfermeros generalistas o especialistas en áreas del conocimiento diferentes a la gerontología demuestran limitaciones en la gestión del cuidado de las personas con demandas gerontológicas. Es necesario reestructurar el currículo de los cursos de pregrado en enfermería, así como ampliar la inserción del especialista en enfermería gerontológica en los espacios de hospitalización con ancianos.

Descriptores: Atención Integral de Salud; Hospitales; Atención de Enfermería; Nurses Improving Care for Health System Elders; Enfermeras y Enfermeros.

INTRODUCTION

The political, economic, technological, social and scientific transformations that occurred on a worldwide scale culminated in an increase in life expectancy and a reduction in the birth rate, thus modifying the demographic profile, which manifests itself in population aging[1].

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In Brazil, the number of aged people exceeds 28 million, which equals 13% of the population, a percentage that tends to double in less than three decades[2]. By 2050, it is estimated that the global number will exceed 2 billion, with 426 million people over 80 years old[3]. The increase in the number of older adults, defined as those aged at least 60 years old[4], implies a consequent increase in the frequency with which this population segment uses health services and reinforces the importance of properly managed care[1].

Care management is understood as the provision of health technologies guided by different individual needs and life cycles, aiming at well-being, autonomy, safety and satisfaction. This involves know-hows, immanently, in the individual, family, professional, organizational, systemic and corporate dimensions[5].

From this perspective, it is interesting to highlight its professional dimension, governed, among other elements, by nurses' technical competence in their specific niche[5]. In the professional dimension, care for older adults is related to a set of phenomena of interest to Nursing, which expand the scope of training for generalist professionals[6].

In this way, the study theme and objective are in line with nurses' role in management of the care to be provided to hospitalized aged people, which requires specific knowledge and skills, representing a challenge for professionals and for the entire care network, which must be structured, coordinated and adapted considering the complex and continuous demands of old age[1].

Aging is a dynamic, progressive and multidimensional process determined by morphological, physiological, biochemical and psychological changes, which turns aged people into individuals with particularities and makes care different from that intended for adults, and which should preferably be coordinated by nurses specialized in Gerontology[7].

However, although it is an increasingly requested field, the number of nurses specialized in Gerontology is quite discreet[8], and, until 2016, the last official public data available, amounted to 118 specialists registered[9].

In synthesis, this fact is due to the fact that work with aged people has a negative stigma and is perceived as diminished in prestige, insufficiently profitable and uninteresting[8]. In addition, it urges to point out that the specialization in Gerontological Nursing was recognized by the Federal Nursing Council (COFEN) in 2001, which makes it recent[10]. Thus, the Nursing care offered to aged people tends to be planned by generalist nurses or non-gerontologist specialists.

Previous studies on care management are predominantly theoretical-conceptual[5] and do not address the performance of nurses who are not specialists in Gerontology in assisting older adults. With this thought, the need to broaden the discussion was identified, and the following guiding question was proposed: How does care management for hospitalized aged people takes place in the practice of generalist nurses or non-specialists in Gerontology? Thus, the objective of this study was to analyze care management for hospitalized aged people from the perspective of Gerontological Nursing.

METHOD

This is an exploratory-descriptive study, based on a qualitative approach and developed according to the precepts set forth in the *Consolidated criteria for reporting qualitative research* (COREQ)[11].

The study was carried out in 13 wards of a university hospital in the state of Rio de Janeiro, three of which were General Practice, six Specialized Clinic and four Specialized Surgery. The units were selected due to the predominance of hospitalizations of aged people in 2021. Units characterized as semi-intensive or intensive care were not included. It is important to point out that the aforementioned hospital does not have a gerontological hospitalization unit.

Nurses not specialized older adults' health, of both genders, day laborers and on-duty nurses, team leaders and heads, were included in the study, considering the following inclusion criteria: having at least six consecutive months of professional practice in the unit, due to the adaptation time to the service, through a temporary contractual regime or public employees of effective position, of which the latter were prioritized, considering the longest period of institutional bond. Nurses who were on leave or away during the data collection period were excluded.

In the units selected there was a total of 26 effective nurses and 56 temporary contract nurses. Eleven heads of unit and seven team leaders participated in the survey. The sample consisted of 18 nurses, with at least one from each of the 13 units selected. Of the 18 nurses, 12 have an effective contract and six are temporary.

Theoretical saturation was identified in the 18th participant, when it was found that the data obtained started to present, in the interviewer's evaluation, certain redundancy or repetition, not being considered productive to persist in

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data collection, at which point the situation was discussed with the other researchers involved and inclusion of new participants was suspended.

For data production, a semi-structured interview was used, guided by a script consisting of two parts - questions to characterize the participants and open questions related to the study object - previously submitted to a pilot test among the researchers.

Among others, the open questions related to the study object included questions related to nurses' understanding of care management for older adults, which elements characterize it, how it is carried out in the unit, assessment of the skills and competences of the nurses who work in care management for hospitalized aged people and the sizing of the workload related to care for older adults.

At first, 20 nurses were approached through an invitation email message, through which an initial contact was established. These were the 13 head nurses from each of the units selected and seven team leaders with important presence in the service, appointed by the Nursing coordination area. The message contained a brief report about the objectives and reasons for the research and the authors' interests in the work, as well as an invitation to participate. The FICF was sent as a file, for advance knowledge. Upon acceptance, the interviews were carried out individually, on the health institution's premises and in an environment that guaranteed privacy, with previously scheduled meetings according to the interviewees' availability. Of the 20 nurses invited, one did not answer the message and another one did not have time available to participate in the research.

Collection of the testimonies took place between May and June 2022, at different times. The interviews were conducted by the main author, a nurse specialized in Gerontology attending the MSc course at the university to which the hospital is linked, with experience in the method through training in Nursing. The testimonies were recorded on a cell phone with a recorder function, with the participants' permission and proposing the reliable construction of the respondents' oral record, lasting a mean of 25 minutes.

The testimonies were transcribed in full to a text editor and each participant was identified with the letter “I” (Interviewee), followed by a number corresponding to the order in which the interviews were carried out, this guaranteeing secrecy and anonymity.

The transcribed material was submitted to Bardin's thematic-categorical content analysis[12], a set of communication inspection techniques that aims at reaching indicators that enable deducing knowledge related to the conditions of message production or reception, through systematic procedures and content description objectives[13] where data and meaning units were coded.

The study was carried out in compliance with the required ethical standards. The research protocol was approved by the Research Ethics Committee (*Comitê de Ética em Pesquisa*, CEP) of the institution involved. All participants were duly informed and signed the Free and Informed Consent Form (FICF).

RESULTS AND DISCUSSION

It was verified that the participants' age varied between 35 and 54 years old, with higher prevalence of the age group between 40 and 44 years old (44.44%, n=8) and a mean of 42, which reinforces what is presented by the Oswaldo Cruz Foundation (FIOCRUZ) and COFEN in the “Nursing Profile in Brazil Research” report[14], where 1/3 (34.6%) of the contingent of nurses in Brazil is aged between 36 and 50 years old. During this period, professionals are in the phase of professional maturity and express full development of their cognitive and technical capacities and dexterity in Nursing practices[14]. They are considered as with due qualification and technical preparation[15].

This fact is in line with the training time declared by the participants, which varied between 04 and 33 years, with prevalence between 11 and 20 years (66.66%, n=12) (38.88%, n=7 from 11 to 15 years; and 27.78%, n=5 from 16 to 20 years). The time of professional experience varied between 2 and 33 years, with prevalence between 11 and 15 years (38.88%, n=7). The extreme values are repeated when analyzing the time working in the hospital institution, varying from 07 months to 30 years, with the majority (77.77%, n=14) between 1 and 10 years. This dichotomy stems from the high turnover of professionals from temporary contracting of civil servants to meet the needs of exceptional public interest. The oldest professionals come from selection through public tenders, whereas the most recent ones have temporary contracts for the most part (n=6). The notoriety of professionals with at least one year of experience in the institution is important data, as this period allowed them to experience different situations and gain knowledge of the routines.

As for professional training, of the 18 interviewees, 2 (11.11%) have a Master's degree: one in Nursing and one in Microbiology; 5 (27.78%) are specialists in Internal Medicine and Surgery; 11 (61.11%) are specialists in the *lato sensu*

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modality, 5 (27.78%) in Intensive Care, 3 (16.67%) in Health Management, 1 (5.56%) in Collective Health, 1 (5.56%) in Teaching/Education, 1 (5.56%) in Cardiology, 1 (5.56%) in Stomatherapy, 1 (5.56%) in Dermatology; and 5 (27.78%) have only Higher Education, as shown in Figure 1.

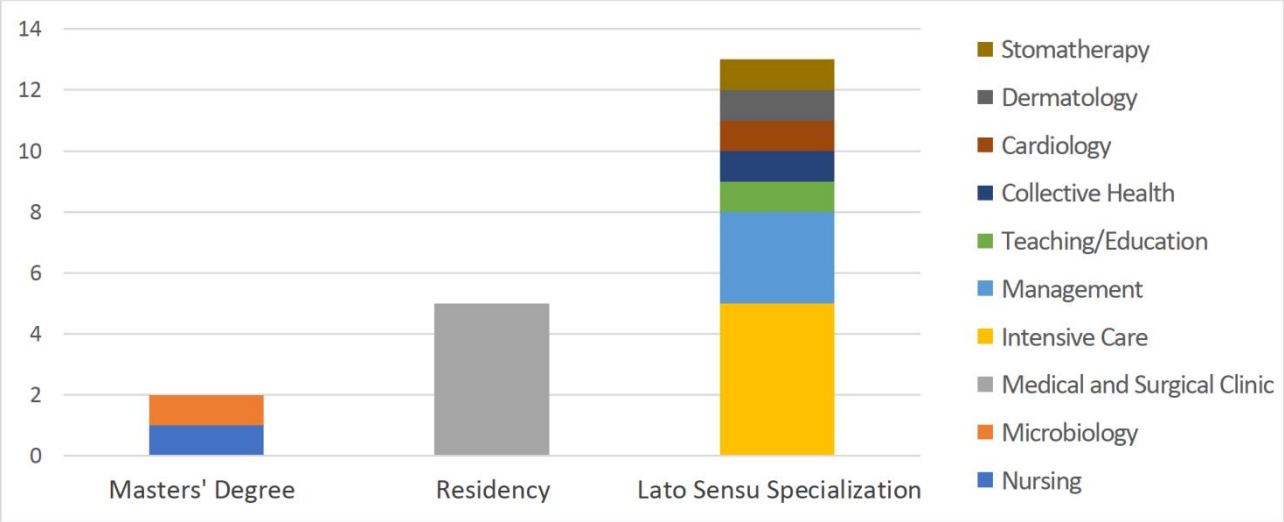

FIGURE 1: Specializations of nurses involved in the care of aged people at a university hospital. Rio de Janeiro, RJ, Brazil, 2021.

It is noted that four professionals accumulate more than one specialization, and that no nurse has a *stricto sensu* graduate degree at the PhD level.

Two thematic categories emerged from the coded and analyzed results, namely: Development of care management for hospitalized aged people (797 registration units); and Strategies for developing care management for hospitalized aged people (618 registration units) (Figure 2).

Categories	Registration Units
Development of care management for hospitalized aged people (797 RUs)	Challenges and weaknesses: threats to care management (559 RUs)
	Possibilities: strengths and opportunities in care management (238 RUs)
Strategies for developing care management for hospitalized aged people	Nursing interventions (283 RUs)
	Communication as a strategy for care management (258 RUs)
	Risk identification (77 RUs)

FIGURE 2: Distribution of thematic categories and subcategories. Rio de Janeiro, RJ, Brazil, 2021.

All participants were unanimous in acknowledging the importance of care for older adults, understood as one of the most challenging public health issues in modern society, with professional nurses described as the ideal profile to meet the demands of this population segment[16].

However, although they are mature and, above all, specialized professionals, there are issues that reveal lack of preparation for gerontological care:

> *[...] we don't have the specificity of a duly trained eye. [...] Because there are other weaknesses that suddenly we still don't have a trained eye for. (I11)*
>
> *[...] the vast majority of the patients we care for are aged, you know, and sometimes they have relationships related to the disease of aging, such as senility, Alzheimer's and which is often... the professionals who work with these patients don't know how to deal, right? (I1)*
>
> *[...] so [age] doesn't make much difference for us in the process, you know? (I2)*
>
> *[...] we don't have a differential of aged patients in treatment. It ends up being the same common thing, there's nothing very specific. It ends up being the care that we provide for all patients, the focus would be more on the disease. (I4)*

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In this sense, it is imperative to consider that, for gerontological assistance, basic science must be combined with specific knowledge, which includes senescence, senility, stratification of frailty, dependence, vulnerability and autonomy[17].

By guiding older adults' care in a similar way to younger patients, their peculiarities are not considered and their needs are not met[10]. In addition to that, the situation worsens when the care focus is on the disease, as the potential for healthy aging is lost due to non-investments[18]. Consequently, care begins to move in a technical direction generally governed by protocols, which symbolizes a risk zone for Nursing professionals, as the gerontological perspective, which comprises aging in the course of life and perceiving its nuances, is irreplaceable[19]. Ignoring the specificities of this age group or adopting behaviors that nullify the possibilities of improving their quality of life constitutes ageism[19].

The ability to identify the professionals' needs and stance based on the findings exerts an impact on care quality[16]. It turns out that all nurses included in the research are managers, which may motivate some professionals to distance from bedside care[20]. As a consequence, prominent issues associated with the care of aged people may go unnoticed or be underestimated, culminating in negligence and errors in addressing problems[20].

The absence of a gerontological view goes in line with the deficits in professional training:

> *I didn't have a chair in my training, a Gerontology discipline. I had a course on Adults' Health, very much like that... two, three classes on older adults' care. (I1)*

> *[...] even because at the time I was studying there was no Gerontology discipline. (I3)*

Older adults' health began to be included in the curricula of Undergraduate Nursing Courses in the 1990s, based on initiatives proclaimed by the National Policy for Older Adults (*Política Nacional da Pessoa Idosa*, PNPI), in an incipient, slow and gradual way[21]. In a large percentage of educational institutions, this was done as an internship field or elective discipline[21]. Considering the representativeness of nurses with older training, many tend to have little proximity to gerontological knowledge, which is not offered satisfactorily during the training process.

Nursing education curricula and programs have insufficient content to guarantee the necessary skills to meet older adults' demands, thus training incomplete professionals[16], despite having the technical capacity to plan, organize, coordinate, execute and evaluate services[22]. However, this failure is not restricted to undergraduate studies; it is also extended to specialization courses:

> *[...] as I'm an intensivist, all my updates come more to Intensive Care. [...] most of the times the hospitalized patients are aged, but not that it's specifically for that. (I14)*

Added to the weaknesses of the training process is the absence of permanent education offered by the health institutions where nurses provide services:

> *[...] I think that we deserve to have training and qualification, right? for us [...] to know about the weaknesses in order to be able to act directly on it, regardless of the complaint. (I11)*

> *If you don't have the knowledge, you don't have the training, you don't have the skills, you're not sure that the care you're providing is of good quality, efficient and effective for what you're submitting yourself and your team to, right? (I1)*

The devaluation of Gerontology by educational institutions and health services contributes to professionals not being motivated to initiate an individual search for training and/or updates of their knowledge and skills, as it can lead nurses to believe that updates are not necessary, for considering that older adults' care is simple[19]. Among the interviewees, 83.33% (n=15) asserted never having attended any course in the older adults' health area throughout their professional career.

> *[...] I have experience like this, on a daily basis, and not thanks to any specific course. I know how to deal with patients. (I10)*

Furthermore, 61.11% (11) of the nurses reported having no interest in Gerontology, reinforcing lack of motivation to initiate an individual search for knowledge.

> *[...] it's not my specific area of preference. (I5)*

> *[...] I'm not very interested. It ends up becoming more part of my job, you know, but no. (I4)*

Lack of interest in Gerontology can be justified by unpreparedness to work with the aged population, by negative experiences in specialized environments for older adults' care, by the low status of Gerontological Nursing within the profession and by the belief that specialized skills are not necessary for this area[23]. In addition to all the factors mentioned, excessive workload is an important barrier to professional development[23].

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> *[...] I end up staying all day [at the hospital], from Monday to Friday, 60 hours a week. (I4)*

When the individual search for knowledge occurs, this is not duly recognized and valued by the service, another demotivating factor:

> *[...] the search for individual professional qualification needs to be something that, in my opinion, has to be included in evaluations, has to be included in management feedbacks. (I9)*

Gaps in gerontological knowledge are therefore reflected in insecurity when caring for older adults, an aspect that is even more relevant when considering the representativeness of aged people among hospitalized patients:

> *Sometimes I get really lost, I don't what to do. (I1)*
>
> *Despite working with older adults, knowledge, theoretical knowledge I don't [have]. (I12)*
>
> *[...] at least 90% of my patients are aged. (I1)*
>
> *[...] in the sector where I work there are a lot of aged patients, most patients are aged, [...] some 70%, 80%. (I4)*

Among the participants, 94.44% (n=17) reported not having experience with aged people, despite the fact that this is the population segment with the highest care demand:

> *[...] I have experience like this, on a daily basis, and not thanks to any specific course. I know how to deal with patients. (I10)*

It is imperative to highlight that the study locus is a university hospital, responsible for the professional training of undergraduate and graduate students and professionals who should be motivated to learn together. When theoretical knowledge is insufficient and the practice is disqualified, there is no support for the proper education of new professionals[22].

In the meantime, it is observed that gerontological knowledge is insufficient and that assistance is based on the biomedical model and on little interprofessional interaction, which precludes achieving the care management goals: well-being, autonomy, safety and satisfaction. Therefore, there is a need for a curricular restructuring[24,25] that adapts to social changes and considers all aspects of human life[19], as well as enabling nurses to develop person-centered care that supports healthy aging over the course of life, functionality and quality of life, recognition of weaknesses and prevention of injuries, going beyond care for diseases, which in turn should not be neglected[17].

However, it should be considered that this is a long-term proposal, as curricula cannot be radically revised and with the necessary agility to respond to the current demands, in addition to not reaching graduated and/or specialized professionals.

In this perspective, a management model is proposed that supports generalist nurses, having as a reference professionals specialized in Gerontology who, with specific knowledge, mastery of a theoretical matrix and methods, support generalists in the ability to make judgments and inferences, in order to decide on the most assertive interventions[6].

Study limitations

The characteristics of the scenario studied in relation to Nursing staffing, the work division among the nurses and the coordination mechanisms adopted can impose limitations on the study, given the nature of the research participants' inclusion in care management for older adults.

FINAL CONSIDERATIONS

Nurses involved in caring for aged people showed little gerontological knowledge, which was reflected in the need for a better qualified practice. Gerontology teaching still seems to play a minor role in Undergraduate and Graduate Programs, which strengthens the demands for adaptations in the curricula in order to develop the necessary skills for nurses to promote healthy aging, especially in the hospital care spaces, considering their greater vulnerability and health problems. Likewise, adopting a management model referenced by a nurse specialized in Gerontology emerges as a proposal to face the problem.

Analyzing care management for hospitalized aged people carried out by nurses who are not specialists in Gerontology allows reflecting on Nursing behaviors that reveal how the particularities of the aged population, comprehensive care and health promotion actions are contemplated. Furthermore, the study points out important gaps in the Undergraduate Nursing Course curricula and in the content of specialization courses, contributing

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subsidies for a reflection on the need to include the content of older adults' health, with a view to improving the professional care practice, as well as the inclusion of gerontologist nurses in hospital services.

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