

THE NURSE APPOINTMENT TO THE ELDERLY ON FAMILY HEALTH STRATEGY: CHALLENGES AND POSSIBILITIES¹

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ABSTRACT

This article aims to understand the reasons why the nurses of Primary Health Attention of a Sanitary District of Florianópolis Municipality (SC) do not execute the nurse appointment with the elderly, and identify among them, aspects that contribute to implementing the elderly nurse appointment. It is a qualitative study, converging-assistential, which data were collected between May and June/2012 through interviews and theme workshops with 20 nurses. The analysis involved processes of apprehension, synthesis, theorization and transference where there themes have emerged from. In this article one of them will be discussed – The Nurse Appointment to the Elderly. The results point out the challenges in dealing with the demanding care presented by the growing elderly population and brings up discussion about the nurse appointment to the elderly as a possibility to answer these care needs.

Keywords: Nursing. Health of the elderly. Family Health Program. Professional practice.

INTRODUCTION

The accelerated growth of the elderly population can already be considered a challenge for the Unique Health System (Sistema Único de Saúde, SUS). Very quickly, Brazil went from an epidemiological scenario of a young population for a typical mortality chart of enduring countries, with chronic and multiple diseases of long-lasting, with complex and costly requirements of care. One of the consequences of this dynamic is the increased demand of the elderly for health services⁽¹⁾.

Even though aging is not necessarily related to the diseases and disabilities, a current study shows that chronic degenerative diseases are often found in this age group⁽²⁾. On the other hand, other studies indicate that chronic diseases and their disabilities are not inevitable consequences of aging, being the effective prevention, even in the more advanced stages of life^(3,4).

Given this, we see the need for health care for this population for the activities of health promotion and prevention of diseases, having as goal the maintenance of the functionality,

independence and autonomy as much as possible, as well as an active and healthy aging.

As regards to the public health policies for the elderly, on the national scene, it is emphasized the Pact for health, published in 2006 by the Ministry of Health; among the actions agreed in the three spheres of the government, the health of the elderly appears as one of the priorities⁽⁵⁾.

In a more specific direction, the National Health Policy for the Elderly (NHPE) was updated in October 2006, passing the National Health Policy of the Elder Person (NHPEP), having as purpose to retrieve, maintain and promote the autonomy and independence of the elderly, in harmony with the principles and guidelines of SUS⁽⁶⁾. From there, it is defined that the health care of the elderly population will have as a gateway the Primary Care/Family Health Strategy (FHS).

More recently, the promotion of active ageing appears as one of the main actions of the axis of Health Promotion in the Strategic Action Plan for Confronting the Chronic Non-Communicable Diseases (CNCD) in Brazil 2011-2022. This plan defines and prioritizes the actions and investments needed for confronting the CNCD

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over the next 10 years. Among the actions related to active ageing is the training of teams of FHS for attendance, reception and care of the elderly and people with chronic conditions⁽⁷⁾.

Referring to the activities of the FHS nurse it is the achievement of Nursing Consultation (NC). The health care of the elderly through the NC is a huge opportunity for developing care practices, such as: link strengthening, health education, multidimensional assessment, early identification of fragile elderly people or in the process of weakening, among others. Against this, it is believed that the FHS nurse has a fundamental role in the responses to the health needs of the elderly population in the Basic Care, and the NC appears as a care strategy, as well as a space of health promotion and prevention of diseases of this segment of the population.

In this sense, this article aims to discuss the challenges and opportunities for the implementation of the NC to the elderly in the FHS. This is an emerging research theme entitled: "The elderly nursing consultation in the context of Primary Health Care", which aimed to understand the reasons why the nurses of Primary Health Care in a Health District of the municipality of Florianópolis/SC, they did not have the elderly consultation and to identify with the same aspects that contribute to the implementation of the nursing consultation to the elderly.

METHODOLOGY

This is a qualitative research type of convergent healthcare modality (PCA), conducted between the months of May and June 2012, in the municipality of Florianópolis/SC, along with nurses from a Health District of the Municipal Health Secretary.

The municipality of Florianópolis has 50 Health Centers (HC) divided in five Health Districts: North, Centre, South, East and Continent. The data collection occurred in the Health District of the Continent, due to high concentration of elderly residents and to be the scenario of the care practice of the main researcher. In the convergent-care research the physical space for the research is the one where

it was identified the problem to be solved or changes to be made⁽⁸⁾.

20 nurses participated in this study that are in the FHS teams in 11 HC, making the total number of nurses who were acting in care during the period of the data collection. The participants were identified with the letter N, from the word "nurse", followed by a sequential Arabic number. Later, two thematic workshops were performance to the interviews.

As for the development of these workshops, they were organized in four stages. 1) Reception of the participants: consisted in the preparation of the environment for the participants, as well as the realization of a dynamics to integrate the group. 2) Focus on the topic of discussion: at this stage group activities were practiced that provide exposure to ideas about the subject focus of the workshop. The focus theme of the first workshop was "population aging and elderly care needs", and the second workshop was "the NC to the elderly in the FHS must be pillars ...". 3) Moment of synthesis and referrals: at this stage the researcher giving the workshop made a synthesis of the discussions and proposals made by the group, encouraging the group to propose solutions to the problems raised. 4) Evaluation: the stage was meant for evaluation of the workshop by the group.

The data analysis followed the footsteps of qualitative analysis suggested by the PCA: apprehension, synthesis, theorizing and transference⁽⁸⁾. Through readings and re-readings of texts generated of the transcriptions of the interviews and from the workshops were the units of meaning that gave origin to the initial encoding process. Proceeding in analysis, it was depurated the encoding process that guided the elaboration of categories, supporting the three thematic axes. In this article, we are analyzing and discussing just one of them.

The survey attended the Resolution 196/96 of the National Health Council, under the Regulatory Rules in the Research with Human Beings⁽⁹⁾. Being submitted to the Ethics Committee of the Federal University of Santa Catarina, approved by opinion embodied under the number 21532/2012.

RESULTS AND DISCUSSION

The nurses who were part of this study were all effective public employees and were between 26 and 54 years old, and the average age of the group was 34 years old. According to the training time at the graduation, the group had an average of 8.5 years, varying between one and 26 years. Concerning the training of post-graduate, only one did not have this training; two had master's degree; ten, specialization in Family Health; five, specialization in related areas, being two in Public Health and three in Women's Health. Two others had specialization in other areas (Intensive Care Unit and pre-hospital Emergencies). The performance of the FHS informants presented an average of 5.6 years, varying between one and 13 years.

The main theme "the NC to the elderly", discussed in this article reports the challenges and possibilities of performing the NC to the elderly in the context of the FHS. It is supported in the following categories: challenges in caring the elderly and the NC as a possibility.

CHALLENGES IN CARING THE ELDERLY

The new care demands presented by the elderly were perceived by nurses who participated in the study, which pointed out the challenges in dealing with chronic diseases, which often affect this population, and simultaneously work to prevention of diseases and health promotion, as noted in the following lines:

[...] to meet the chronic diseases you're putting out the fire of a demand that is already happening. (N13).

We must seek strategies to minimize the complications of chronic diseases (N5).

We are working hard on chronic conditions, we haven't been able to make a more comprehensive assessment, a health promotion (N15).

These lines show that, although focus their care in chronic conditions, the nurses surveyed recognized the need to include in the service of the elderly the prevention of diseases and health promotion for those who still maintain the functional capability preserved. This fact was

noted by informants as recurrent, once they noticed this condition in the most elderly assisted. As necessity of care the nurses highlighted the health guidance, appropriate use of medicines and prevention of falls, as reported below:

Most of them are independent, they need some guidance regarding the care, medications, healthy habits for life [...] (N10).

To work better to prevention of falls, since most of the elderly is very active (N2).

The issue of self-care should be better worked, for them to live more in the best way (N12).

The priority should be the health promotion, health education (N5).

The distancing of the nurse of the practices of health promotion for the elderly may compromise the advances and stabilization already conquered in the FHS. Such conduct appears to be based on curative logic and only serves to reinforce the culture of failing to promote health to continue treating patients. It is necessary that the nurse adopt care strategies aimed at attitudes more discernment on chronic health conditions, regardless of the degree of impairment of health of the elderly⁽¹⁰⁾. A major challenge in care to the elderly is contributing to that, despite the limitations that may occur, they might discover possibilities to live with quality⁽¹¹⁾.

Another important challenge to respond to the demands of health care of the elderly is the attention at his residence. In this study, the need to expand the home care was singled out by the group of nurses, once with the increase in longevity, many elderly find themselves in care-dependent households. The domiciliary visit (DV), on a scheduled basis, was held for them in a single period, once a week. The nurses reported that under these conditions they cannot perform monitoring at home for all elderly who are restricted in households, and they pointed out as main difficulties to the lack of a car and the great demand of care in Health centers, as we can see from the lines:

The domiciliary visit leaves something to be desired, we can't do the follow-up of all bed-ridden [...] the domiciliary assistance should increase (N14).

Missing a car to the domiciliary visit to suit every dependent, beyond the car we have difficulty leaving the Clinic because the attendances, to visit. (E9).

The greatest difficulty is time for DV, elderly to be assisted, the problem is the time (N8).

One of the main justifications cited for this difference is that the majority of elderly Brazilians present precarious conditions of life, with a shortage of financial resources coupled with multitude of pathologies and difficulty of access to health services more complex. Apart from the difficulty in a urban infrastructure services, which further undermines the autonomy of the elderly⁽¹²⁾.

In the face of demographic and epidemiological transition, and the consequences that result, the DV can be a strategic tool to fight the problem, since it should be an important pillar of action in FHS for intervention in the health/disease process of the population in the process of aging or aged.

The practice of DV by nurses is an opportunity to perform the NE to the elderly more comprehensively, as well as the evaluation of the elderly, issues that determine and influence the health/disease process can be worked out considering the individual inserted in the family, in the domestic space and in the Community⁽¹⁰⁾.

The nurses in this study realized that the care of the elderly at home rests primarily on the family. In some situations, such as those described below, the family was not realizing these cautions:

[...] I see that the family has to be very worked, in care, affective relations, I think it's very precarious, very fragile (N13).

[...] I see that they strive, but they need guidance. (N8).

I understand the need for caregivers to the family [...] I see enough difficulty, sometimes families do not want to care, go rising with my belly. (NE18).

Although there are perform care to the family, another challenge for nursing is to consider the family as a unit to be cared for. A family has one of its dependent members requires an evaluation of family nursing, to learn

about the impact that the family system entails dependent individual as well as identify the needs of support to give answers to the demands of care⁽¹³⁾. It cannot be overlooked that every family has its particularities and forms of care, however formal and informal support is a necessity for both the elderly and their family caregiver⁽¹⁴⁾.

Another point exposed by informants was the challenge in dealing with violence against the elderly. The most reported type of violence was domestic violence, as described below:

We are afraid to denounce mistreatment, as scared of not having confidence, that's pretty hard [...] (N11).

So we end up wondering what we can do, because, the negligences, the mistreatment, the aggressions often occur by the familiar which is the sole caregiver [...] so we get that doubt of what to do, right, it will be better or it will be worse to do this type of complaint, or how he will be able to be helped, then stay in our hands the decision, it is hard (N10).

We don't know what to do [...] this part is pretty complicated. (N6).

Even though it is a legal requirement the notification of violence against the elderly, what it is realized is that in practice this occurrence is still very sub-notified. The proximity with the family the FHS provides and attention to the elderly by DV favor the identification of risk factors for the health of the elderly, as well as the perception of domestic violence situations. However this same proximity generates professional fear of denunciation since it feels vulnerable to reprisals by the aggressor, and the fear that the denunciation interferes in the relations with the family of the aggressor.

A study that aimed to identify the forms of recognition of domestic violence against the elderly mentioned by the FHS, in Curitiba, verifies that the FHS professionals have few alternatives to intervene in the issue of violence, being necessary the role of support networks and social support⁽¹⁵⁾.

Before all the complexity of the issues involving domestic violence, the nurse should not have the responsibility to solve it, but rather seek support of the multidisciplinary team, as the

professional of the Support Core for Family Health (SCFH), that together they do the assessment, notification and referrals, as well as the necessary support to the elderly attacked, as well as through the intersectoral approach through the Reference Center of Social Care (RCSC) and defense entities for the rights of elderly people.

The fulfillment of the individual notification/investigation form of domestic violence, sexual and/or other violence can subsidize the planning and execution of public policies for the reduction of morbidity and mortality resulting from the violence⁽¹⁶⁾. Although, at first, the act of notifying the violence against the elderly might not seem like a priority, because the notification is not characterized as a denunciation, the registry of the occurrences and the knowledge of the factors related to domestic violence against the elderly can assist in the prevention of violence.

Permeating all the challenges singled out by nurses in dealing with the needs of the growing elderly population care, is the need of professional qualification about the contents of geriatrics and gerontology. The nurses surveyed reported insecurity in performing the NC to the elderly, feeling unprepared and the need of professional improvement to fulfill existing gaps since graduation, as can be seen in the following statements:

The NC for the elderly is well forgotten, at graduation we didn't have NC for the elderly, of course, that we see the health of the elderly, but not the NC itself, as the NC for the child and the pregnant woman that we learn step by step (N11).

I had no training to work with the elderly [...] NE for the child and pregnant we learn that well (N6).

If we could make the NE to the elderly, we will need really training (N16).

The lines show that the nurses were giving up to include the NC in assisting the elderly population, and attributed this fact to the deficit of knowledge in gerontology, but showed the passive posture to this situation. Attitudes such as these ones undermine the professional autonomy, as well as to demonstrate the reaction of the nurse's clinic in the care to the elderly.

A survey of pioneering researchers nurses in the study of the aging process has identified four components as a constituent of the autonomy of nursing in elderly care and their families: knowledge, professional attitude, the systematization of the assistance and the delineation of the role in the multidisciplinary team. In the opinion of the interviewees, scientific knowledge is able to exploit the development of nursing care with competence and autonomy, but it is not enough only the knowledge, it is necessary that the nurse take a personal approach to deal and address the application of that knowledge in benefit of the elderly population⁽¹⁷⁾.

In this perspective, the NC appears as a possibility to provide answers to the challenges presented, which will be discussed more broadly in the following category.

THE NC AS A POSSIBILITY

The realization of the two thematic workshops provided the reflective process on the need for implementation of the NC to the elderly, as well as encouraged the group of nurses to propose strategies that contribute to the implementation of the NC to the elderly in the municipality.

In the first workshop the participants were divided into small groups and proposed the reading of texts that dealt with the population aging and care needs of the elderly. After the reading, each group presented highlights considered important in the text, allowing the discussion in the large group. At the end of the first workshop, the nurses reported that they were more sensitized to working with the elderly, as it appears in the following lines:

[...] I think I was sensitized to think a little more in the elderly, we were more concerned with children and pregnant women and the elderly on a daily basis is forgotten (N11).

I felt I served to reflect it, see what I can improve in my practice, I am not looking right to them, so I'm looking to improve that (N2).

This discussion space I found the most important [...] take a moment to reflect, to discuss, to think [...] (N15).

I had a sequence of discussion of reality [...] which are our challenges, our difficulties, we have to reflect, not with anguish, but as a challenge, to view paths [...] (N13).

To learn about the beliefs and ideas that the nurses had about NC the elderly, in the second workshop was proposed to put in cards their assumptions regarding to NC to the elderly, as noted in table 1 below:

Table 1. Nurses' assumptions about the NC to elderly

The NC will provide moments of listening, exchanging knowledge, health education. Health promotion, prevention of aggravations, qualified and training listening link between the professional and the elderly; It must be focused on listening, in sharing information and knowledge on health; [...] it checks for problems where the nurses can act; It contributes to the reduction of complications in chronic and reducing hospitalizations.

Source: Thematic Workshop nº 2 (2012)

The NC the elderly in FHS, despite not being held by nurses surveyed, it was seen by them as a possibility to respond to growing demands for care of the elderly population. It is noticed that the assumptions presented are approaching the health promotion paradigm, considering the elderly as an active subject in the health/disease process and not exclusively as a carrier of diseases.

From the assumptions made, the group was encouraged to define the fundamental points which should contain in the NC to the elderly, that is the guiding pillars for the NC to the elderly in the FHS and the result will be presented on table 2.

The fundamental points suggested by the nurses for the NC elderly in the FHS will meet the contents of policies for health care of this population. It is recommended a care model that includes a global assessment with an emphasis on functionality, including a research in the history of life of the elderly. It is through this that this evaluation will be a balance between the losses and the resources available, to propose a plan of care.

Table 2. Fundamental points that should be addressed in the NC to the elderly, according to the nurses

Nursing consultation to the elderly

- Nursing History (personal data; family constitution; socioeconomic situation; education; eating habits; beliefs/religion; physical activity; occupation; use of medicines and/or alternative methods; family history and individual of morbidities; leisure; sexuality; physiological eliminations; use of prostheses and orthoses; visual and auditory acuity; immunization; history of falls; self-care; use of alcohol and other drugs; cognitive research).
- Application of instruments according to the need: social support network; Pentacle of lifestyle; questionnaire of falls; Range of basic activities of daily living (BADL) and instrumental activities of daily living (IADL); Mini examination of mental state (MEMS).
- Complete physical examination.
- Evaluation and nursing diagnosis.
- Prescription guidelines, plan of care and referrals (groups, SCFH, DV, vaccine room, returning with the nurse, dental, medical consultation).

Source: Poster prepared on the thematic Workshop nº 2 (2012)

After the presentation of the fundamental points that must contemplate the NC to the elderly and the resumption of the assumptions, the group was instigated thinking in solving the problem of non-realization of the NC to the elderly. The main ideas thrown will be presented on table 3:

It can be seen that the obstacles to the realization of the NC to the elderly beyond the need for capacity building, improved the training and continuing education services. These, surely, are fundamental elements, but the professional attitude of nurses being proactive, autonomous and independent in the performance of nursing care to the elderly is

indispensable for the NC to the elderly really be a possibility.

Table 3. Suggestions made by nurses to address the problem of non-realization of the NC to the elderly

Training in health of the elderly; Need for continuing training; Discussion of the Elderly's Health Protocol with the professionals; Instrumentation for application of geriatric scales; Disclosure of the nurse's role and importance of the NC; Guarantee support of the geriatrician through organization; Ensuring appropriate physical space for realization of the NC; Professional attitude of nurses in prioritizing their private activities; Division of bureaucratic activities with other team members for nurses to have more time for care.

Source: Thematic Workshop nº 2 (2012)

FINAL CONSIDERATIONS

The present study demonstrated that the non-realization of the NC to the elderly by the nurses surveyed was resulting from different factors, since the process of formation of the nurse even working conditions and the professional attitude. The implementation of the NC to the elderly is seen as a possibility,

but for that the nurse of the FHS must be willing to confront many challenges that population aging causes, in addition to the difficulties imposed by everyday life.

To provide the reflective process about these issues, it is hoped that this study has contributed to the improvement of nursing care to the elderly, at least in the Health District where the nurses surveyed developed their professional performance.

The home care is seen as an important strategy to respond to the needs of the care to the elderly who are at home, however, with the significant increase of the elderly in this situation, the FHS nurses realized that they were not able to handle this demand, and the lack of a car for realization of DV and the organization of work in the HC also contributed to the home care being insufficient.

Given this, the results of this research points to the need to expand the home care to the elderly population as well as include the family focus of care.

Finally, if the NC to the elderly is as a possibility to enlarge the role of the nurse of the FHS in the health care of the elderly person, besides contributing with this health promotion population segment so expressive and with so many specifics.

A CONSULTA DE ENFERMAGEM AO IDOSO NA ESTRATÉGIA DE SAÚDE DA FAMÍLIA: DESAFIOS E POSSIBILIDADES

RESUMO

Este artigo objetivou compreender os motivos pelos quais os enfermeiros da Atenção Primária à Saúde de um Distrito Sanitário, do Município de Florianópolis/SC, não realizavam a consulta de enfermagem ao idoso e identificar junto aos mesmos aspectos que contribuíam para a sua implementação. Trata-se de pesquisa qualitativa, convergente-assistencial, cujos dados foram coletados entre maio e junho/2012 através de entrevistas e oficinas temáticas com 20 enfermeiras. A análise envolveu processos de apreensão, síntese, teorização e transferência, fazendo emergir três eixos temáticos, sendo que neste artigo será discutido um deles – A Consulta de Enfermagem ao idoso. Os resultados apontam os desafios em lidar com as demandas de cuidados apresentadas pela crescente população idosa e traz discussão acerca da Consulta de Enfermagem ao idoso como uma possibilidade para dar respostas a essas necessidades de cuidados.

Palavras-chave: Enfermagem. Saúde do idoso. Programa Saúde da Família. Prática profissional.

LA CONSULTA DE ENFERMERÍA AL ANCIANO EN LA ESTRATEGIA DE SALUD DE LA FAMILIA: DESAFÍOS Y POSIBILIDADES

RESUMEN

Este artículo tiene como objetivo comprender los motivos por los cuales los enfermeros de la Atención Primaria a la Salud de un Distrito Sanitario, del Municipio de Florianópolis/SC no realizaban la consulta de enfermería al

anciano e identificar junto a ellos aspectos que contribuyan para su implementación. Se trata de una investigación cualitativa, convergente-asistencial, cuyos datos fueron recolectados entre mayo y junio /2012 a través de entrevistas y talleres temáticos con 20 enfermeras. El análisis involucró procesos de aprehensión, síntesis, teorización y transferencia, dando lugar a tres ejes temáticos, siendo que en este artículo será discutido uno de ellos - La Consulta de Enfermería al anciano. Los resultados apuntan los desafíos en lidiar con las demandas de cuidados presentadas por la creciente población de ancianos y trae la discusión sobre la Consulta de Enfermería al anciano como una posibilidad para dar respuestas a estas necesidades de atención.

Palabras clave: Enfermería. Salud del anciano. Programa Salud de la Familia. Práctica profesional.

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