http://www.periodicos.uem.br/ojs/index.php/CiencCuidSaude
ISSN on-line1984-7513
DOI: 10.4025/cienccuidsaude.v21i0.59911

ORIGINAL ARTICLE

NURSES IN THE CARE OF OLDER ADULTS: BUILDING A BOND IN PRIMARY HEALTH CARE[1]

Maria Alice Freitas*
Nadia Pinheiro da Costa**
Ângela Maria Alvarez***

ABSTRACT

Objective: tounderstand how Family Health Strategy nurses build a bond with older adults. **Methods:** qualitative research, with 30 nurses from the Family Health Strategies of Joinville, interviewed between January and March 2018. A semi-structured interview instrument was used. Data were analyzed according to thematic content analysis. **Results:** the results that emerged from the categories point to the importance of recognizing the territory of action, improving sensitive listening to aging issues, valuing the individuality of older adults and their context, the need to work with intersectoral partnerships and among the multidisciplinary team, carrying out collective health promotion and prevention activities, aiming at quality in care. This way of working allows nurses to become leaders, references in care, optimizing the building and strengthening of bonds with older adults and the team, which can provide greater adherence to healthy lifestyles and health care. **Final considerations:** nurses are immersed in a process of building a bond in their units, they are leaders, a reference for their team and for older adults. However, there is still a long way to go before these skills are in line with what is postulated as nursing best practices.

Keywords: Nursing. Nurses. Aging. Nursing Care. Primary Health Care.

INTRODUCTION

Brazil has more than 28 million older adults, 13% of the country's population, and this growth tends to continue. This requires preparation of the Unified Health System (SUS - *Sistema Único de Saúde*) to ensure active aging. The possibility of a healthier aging process for older adults requires changes in health services, in order to attend them in a comprehensive, dignified and resolute way, valuing them so that their needs are met and there is quality in the care provided. Primary Health Care (PHC), represented, in particular, by the Family Health Strategy (FHS), is the preferred gateway for older adult users to SUS. Health research needs to provide evidence for the work of professionals who promote health promotion practices, prevention and treatment of diseases in this area[1-3].

Nurses, as FHS multidisciplinary team members, are involved in these multiple actions, from direct care in different lines of intervention and educational processes, to the building of knowledge and articulation of services. However, for professionals' actions to produce nursing best practices, understood as the best practical recommendations, based on scientific evidence and proven through investigations. Investments are needed in the production and encouragement of robust scientific evidence consumption, professional experience appreciation, team integration. From the moment that professionals are able to perform sensitive listening and establish relationships of mutual trust, respect and professional ethics between older adults and the team, the planning of longitudinal health care actions will occur effectively and with better quality[4-7].

Despite the importance of investigating nursing best practices, in order to disseminate successful practices regarding older adults' health, there is a knowledge gap on the subject, especially with regard to the need to include older adults and the family in the planning of gerontological nursing care, as this favors the implementation of care effectively centered on older adults' needs, which helps older adults to strengthen their bonds[5-7].

*Article from a master's thesis presented in 2018, bythe Federal Universityof Santa Catarina (UFSC).
**Nurse. Master in Nursing. Federal Institute of Science, Technology and Educationof Santa Catarina (IFSC). Joinville, SC, Country: Brazil. Email: maria.alice@ifsc.edu.br. ORCID iD: https://orcid.org/0000-0003-4193-9551.
**Nurse. Master in Nursing. Doctoral student in Nursing at the UFSC. Florianópolis, Santa Catarina, Country: Brazil. Email: enfnadya@gmail.com. ORCID iD: https://orcid.org/0000-0001-6550-366X.
***Nurse. PhD in Nursing Philosophy. Professor at the UFSC. Florianópolis, Santa Catarina, Country: Brazil. Email: angela.alvarez@ufsc.br. ORCID iD:https://orcid.org/0000-0002-2622-3494.

In order to clarify the main concepts of this investigation, bond is understood as the building of relationships of affection and trust between people cared for and health workers, enabling co-responsibility for health, a longitudinal process that carries a therapeutic potential. On the other hand, nurses' role can be understood as part of care management, reflecting a collective process on which, for its implementation, it depends on a joint action by nursing and health team that starts from qualified listening to users' demands/needs[5-7].

Considering the study data, it is valid to state that, although there is significant discussion about the care process in current scientific productions, difficulties in relating the demands with the technical-scientific apparatus involved in the field of health are observed in health practices. Nurses' managerial practice involves multiple actions, such as attention related to direct care in different lines of intervention and educational processes, through the building of knowledge and articulation of services in search of quality of care. In other words, nurses are the leaders of care in FHS. However, investments are still needed in an integrative and integrated work with the team.

Thus, the question is: how is the nurses' role in PHC given and how is the bond between this professional and older adult built? Therefore, this research aimed to understand the role of nurses in the FHS and how the bond between this professional and older adult is built.

METHODS

This is exploratory research with a qualitative approach, which took place in a PHC in the city of Joinville, Santa Catarina, where approximately 51,025 older adults live. The city has 56 Basic Health Units, which allocate 150 FHS teams. Nurses working in the city's FHS for at least one year were included. Nurses with a temporary contract and working in the FHS only for overtime purposes were excluded. Data collection took place between January and March 2018. A semi-structured interview was used, and they were audio recorded and carried out by a nurse, master's student, with previous experience in qualitative data collection, without previous involvement with participants, under the focus of nursing best practices[9-12]. Nurses' names were replaced by the letter N (for Nurse), followed by an identification number.

Thirty nurses participated in the study, based on the criterion of data saturation, who worked at the FHS of the city's three health districts (North, South and East). The criteria for selecting the participating health units were based on the number of older adults residing in their area of coverage, in decreasing order, i.e., first, those who had the highest number of older adults in the coverage area were selected. By telephone (from health facilities, publicly available), they were contacted and the purpose of the study was explained and a face-to-face interview was scheduled, after their consent[8].

Data transcription was performed qualitatively and descriptively, through thematic content analysis. The first stage consisted of comprehensive and exhaustive reading of all speeches; in this way, an overview was obtained and assumptions were formulated. The second stage took place from another material exploration, arranging the text excerpts, which allowed the transversal elaboration of subsets. An interpretative reading was also carried out, looking for the points of dialogue between the subsets and the connection points that gave rise to the categories[10].

The broader themes, extracted from the categories, were regrouped and an essay was prepared by theme, articulating them with the theoretical concepts of best practices, initially proposed. From the analysis, a synthesis was built that presented the dialogue on the themes with the research objective and assumptions. It is noteworthy that the conceptual framework that shed light on data analysis was that of nursing best practices. In the present investigation, the criteria of methodological rigor of credibility, authenticity, criticality, integrity, transferability, dependability and confirmability were respected[9,11].

The research was approved by the Research Ethics Committee (REC/UFSC) in January 2018. The research ethical aspects were considered in accordance with Resolution 466/12 of the Brazilian National Health Council (CNS - *Conselho Nacional de Saúde*)/MoH.

The survey was preceded by a favorable opinion from the Municipal Health Department of Joinville.

RESULTS

Twenty-five nurses and five male nurses participated in the study, with a mean age of 42 years and a mean time of experience in PHC of 13 years. Nineteen nurses had graduate degrees. One of the nurses had a graduate degree in gerontology. From the thematic analysis of the collected data, the units of meaning emerged that explain, below, the question proposed by this research.

Sensitive listening to older adults' needs

This category demonstrates how sensitive listening, perceiving the voice, signals and feedback from users can contribute to better health care compliance.

> Older adults seek, to say that it worked, some procedure, some intervention, or else, to say, "look, it didn't work, I couldn't, what you asked of me is too much", then it is negotiated, for example, "so this week you will avoid bread", or "let's try to put another carb that is better", then they change […]. (N18)

> And then you're going to talk to an older adult, who's had hypertension for 20, 30 years or diabetes for 20, 30 years and you're going to cut out the carbohydrates? You can even advise, but depending on your approach you have lost total contact with that person. (N07)

Sensitive listening requires an expanded look at older adults' family and social issues. Participants reported that nurses' perspective needs to transcend the pathology that users bring as a main complaint. Considering users'preferences is one of the foundations of best practices and must be present in the work planning process. Nurses also emphasize that they find resistance from older adult users to certain intervention proposals or guidelines, but the way in which older adults are heard and assessed influences their positive acceptance.

> Often, you have to go slowly, there are older adults who are very resistant, they already have a life story, so if you don't listen, don't evaluate, don't feel how they are, what their life is like and try to adapt to their reality within that reality. you won't get anything. (N12)

> I raise the entire history of that family, I check all the conditions, only then do I see any results. (N03)

In addition to individual consultations, collective actions were cited as an important way to build a bond based on sensitive listening with older adults. Although the establishment of a bond is a continuous and improvable process, the nurse then states that many meetings may not be necessary for users to start giving positive answers, when they feel heard and their needs are met.

> I had such a wonderful experience with an 80-something person, she was in such a depression process, she didn't want to do anything, she didn't want to get up, she just wanted to stay in bed […] so we got a room in the community and made it a spectacular place (with groups and craft workshops). She (older adult) took two classes, but in the third one, she had all the materials I had asked for to be used in the workshop and reported being awake since 4:30 a.m., excited to come to the group. (N03)

Older adults have peculiarities that need to be considered during consultations. Professionals who are sensitive to these issues are able to achieve bonding and positively influence these older adults for (re)establishing their health. This theme is addressed in the speech as follows:

> When you assist older adults, you need to be more patient, because a 20-year-old person is different from a 70-year-old person […], I as a nurse have this understanding. Sometimes, you need a slower service to get on a stretcher, to go down, to put on a nightgown, to go down the stairs, you have to hold your hand, it's not like a 20-year-old person who can get down and go. (N18)

Participants reported the need to consider individuality as a driver of bonding with older adults. This is a factor that can overwhelm the nurse, given the large number of older adults who attend the services, but it is essential if one wants to succeed in the proposed care plan.

> Service is very peculiar; we go as far as we can with each individual. I have older adults who can read, who can write, who are educated and I have older adults who can't write their names […] so, I can't keep the same routine, follow the same for everyone. You have to consider their

> individuality, even hearing, interpretation, knowledge, their culture, so our service is very individualized. (N19)

Building a bond with older adults is essential for the positive reflection of nursing care, because, in this way, nurses are recognized by older adults as a reference in the units, and this recognition facilitates the agreements necessary for the success of care.

> I make an absolute point of keeping myself as a reference for them, because they come back. When they get injured, in the first injury (in the case of older diabetic adults), so that it doesn't evolve, they want to show it to me, they don't want to show it to anyone else, because they trust, we build a bond. (N03)

Health promotion and disease prevention as the focus of care of nurses for older adults

Collective actions for health promotion and disease prevention help nurses to provide quality care, increasing their reliability with older adults and favoring the building of a bond. Older adults participate in the groups offered by the units frequently, which demonstrates that they are open to the unit's proposals and, consequently, to contact the team nurses, having the potential to meet what proposes a best practice:

> We are now starting to apply senior dance with them […] for about two weeks, from 1:30 pm to 2:30 pm, and everyone is enjoying it. First, they explain what this practice is, where it started, the objectives of this practice [...], it's not just the dance itself. (N18)

Older adult users' mental health was mentioned by nurses, reinforcing that older adult, even after discharge, need continued monitoring so that health promotion actions are carried out and that craft work is a way to promote mental health in the units:

> We have a mental health group here, and in the discussion between the physician, the nutritionist and me, the difficulty that the physician had to discharge and I came up with a little project to work with art with women, because the great rate of our group was female, and there were a lot of female older adults. (N03)

Crafts, in addition to promoting mental health and preventing injuries for older adults who already have a history of illness, also have other benefits for older adults, since, according to the following statement, it can become a source of income and promote the social interaction of older adults with the community and with the team, favoring social bonds and improving team bonding.

> They make crafts, learn to paint, sell the crafts they make after they are produced, generating income, and they are older adults who are almost always in the mental health group, depressives. We know that older adults need some external activity to do, in addition to their socializing. (N07)

Professionals refer that the population that most seeks health units when it comes to health prevention are the older adults.

> A large part of our population is old and ends up accessing the entire service of the unit, whether in the preventive (cervical) period, or in the consultation, or in the walking group here, since the vast majority are older adults. (N13)

Nurses also demonstrated the perception that collective actions amplify the scope of health outcomes, especially as a result of the challenge of overcrowding in some services. When users who have similar needs come together, professionals' work is optimized and social support can be strengthened:

> The great passion I have in public health, that's what brought me to public health, is group work. Today, you have a very large number of people to assist and the way to reach the largest number of people is to bring people together to talk about the same topic. (N03)

Nurses' knowledge about the territory

Bond strengthening with older adults was reported as essential and facilitated as the nurses interviewed had knowledge about the territory in which they worked. Older adults have the characteristic of staying in the same neighborhood over time, which facilitates the recognition of their socioeconomic characteristics.

> I've only been here for 12, 13 years, so I know each one of them. (N11)

> I've been here for four years, so I have a very

> strong bond with patients, especially older adults who come here a lot. (N29)

Respondents reveal their bond with older adults as a facilitator of the work process, especially when nurses work since the beginning of the unit implementation.

> Look, I have a very strong bond with my community, I've been here for six years, I was the first nurse in my area when the housing complex opened. Now the resident (resident nurse) is here with me, the comment in the neighborhood is that I'm training a nurse because I'm going out (laughs), then they come, "you're not going to leave, right?". There is already this trust that the family health nurse needs it. A family health nurse without a bond achieves nothing. (N15)

The speech below demonstrates the importance of knowing older adults in the territory, because in this way older adults feel that nurses give importance to their needs and they do not go to the unit just for a specific action. In this way, the older adults themselves, when requesting care from a nurse, based on the bond of trust, become a nursing consultation promoter, which needs to be more present in services.

> So, every month I see mine, I have 26 insulin users that I deliver blood sugar strips, so I already know them all by name, they are all older adults. So, every month I have a nursing consultation with them, I already know them all by name, they already have a bond with me, they already miss seeing me. (N23)

Territory knowledge and the consequent building of a bond between nurses and older adults, in addition to what has already been exposed, can arouse in professionals the desire to deepen studies in the area, arising from the needs of their practice, a fact that is closely related to the process of establishing best practices. This bond also favors the acceptance of practices and procedures that in other situations can embarrass older adults:

> If I were to do another postgraduate course today, it would be in geriatrics, because I really like older adults, you know, I identify a lot with this area. And they like us a lot and I can see that (…) even a very interesting thing that I will say to you is in relation to the preventive exam (for cervical cancer), there is no one missing in my preventive exam, 15 years here, I think the confidence is already very high. (N26)

The establishment of a bond, therefore, in addition to being an essential attribute for fulfillingFHS' work prerogatives and for establishing best service practices, has the potential to lead nurses in the unit to take a leading role in their service.

Nurses and their role in multidisciplinary work aimed at older adults

An aspect of fundamental importance revealed here was the recognition of nurses' role in the multidisciplinary team. Since the harmony between team professionals is a crucial factor to achieve positive results for older adults' health:

> The team adds a lot. We, as nurses, need this partnership, with technicians, with physicians. Alone, we can't handle it. (N01)

> So, the physicians and the CHW team join, so that we can reach a consensus to try to have everyone's support. (N10)

Here too the multidisciplinary work extended to the home of older adults with limited mobility was mentioned as important.

> We always discuss (as a team), the family physician and I, we make home visits together because there is the issue of care for bedsores, wounds, bedridden, anyways. (N25)

The situations of neglect and abandonment of older adults were mentioned at different times during the research and, given their complexity, nurses need to work together with other professionals. Often, support from other care sectors is necessary, demanding intersectoral actions.

> If it is abandonment or neglect, we call the family, talk to the family, seek advice from older adults, CRAS. We now have four older adult brothers who live together, they didn't look for the unit, the CHW who signaled and I already went to their house. (N01)

A best practice, in any area, requires the integration of knowledge and the establishment of support networks for its maintenance. The speech below points to the initiative and proactivity of nurses in building this path:

> I go after it, I have a meeting with the family, I

> talk to the Older Adults Council and CREAS, and I have a good response, I have a good bond with them, with social assistance, they help me, we (as a team) search, go back. It is very participatory with other sectors. (N08)

The NASF (Family Health Support Center - *Núcleo de Apoio à Saúde da Família*) was appointed as a means of multidisciplinary support. Matrix support appears as a way of sharing care among professionals, in order to take the safest conduct:

> We have the NASF team that is support, so if we have already advised that they are having difficulties, they have a problem, anyway, there is a nutritionist, we provide matrices at the NASF, we do shared care, mental health issues, in short. Depending on the situation that presents itself, we take an attitude, and nurses are usually in charge. (N12)

Nurses as a reference forolder adults

> One of the ways pointed out as a means of establishing the role of nurses was, precisely, to be a reference for older adults for certain needs. The statement below represents the nurses' desire to delve deeper into issues involving older adults, making the first assessment of this public at home, when necessary.

> When a family member comes to bring the need for a home visit, the first time there is always a nurse, I go there and I assess the needs. (N28)

> Some situations that we need to resort to, trigger the family, as in negligence, it is always a nurse who is in charge of the process. (N04)

The establishment of clinical nursing care protocols for chronic diseases facilitated decision-making and professional autonomy of nurses in the city. It should be noted that these protocols are not specifically aimed at the adult public. Based on the success of the approach for older adults with chronic conditions, work should expand to other issues that address the healthy aging process.

> The first contact is always with nurses, who evaluate them. Then, if nurses see that they need to ask for routine exams, if patients are hypertensive or need to have a control, something that needs to be adjusted, we already guide, evolve, do HGT, measure patients' blood pressure, and then we take the measures. (N14)

Nurses as the first contact and reference for the care of older adults is beneficial not only for the recognition and motivation of professionals, but, above all, for qualifying the care of older adults beyond the unit's programmatic actions. For nurses' role to occur, they must prioritize a person's needs and difficulties and make a point of seeking resolution. See the speech below:

> I make a big issue of solving the problem of older adults, because I see their difficulties. (N03)

It was noticed that, in addition to being a reference in the unit for older adults' health issues, nurses, even when they were not formally inserted in the position of manager, took over responsibilities for management and articulation of the health network.

Nurses as health unit managers and network articulators

This category highlights how important nurses' role is for the unit operation and articulation with other points of the health network. Nurses have this perception that points to a certain confidence in their work and attribution of value to their role, as expressed in the following statement:

> And it's always ourselves, because, without a nurse, I think the units wouldn't work properly. If they took out all nurses, it's over. (N26)

> Sometimes, a family member reports, and then we have the community worker, who also has this closer link, and then it comes to nurses, everything is always for nurses! (N25)

The units sometimes housed more than one FHS, due to the lack of an adequate number of units in relation to the number of teams in the city, which limited the physical spaces for carrying out actions. However, according to the statement that follows, there is a concern to plan actions according to the territory demographic characteristics, and nurses, as unit coordinators, have autonomy for this.

> Here at the unit, we have three family health teams, each coordinated by a nurse. We also have two groups, but as our characteristic here is older

> adults and I always do an educational approach before the groups. (N11)

The fact that nurses' opinion is considered by the team as necessary for the resolution of complex cases demonstrates the potential for professionals' leading role at work, in addition to having leadership potential to articulate the team.

> But here it is, everything they (team) come to pass on to me, all anxieties come here, difficult cases, they already come to bring me. (N16)

Taking over the network articulation is represented by the reception of the need perceived by CHW in the place closest to older adults and by decision-making to activate other points of the care network that can act jointly with the unit.

> The intercurrence perceived by the CHW comes to nurses first, so I check and I already discuss with the team or with other sectors if it is CAPS, mental health, if it is CRAS, something social. (N18)

Nurses were leaders when they articulate with community resources to improve older adults' quality of life, exceeding the limits of staff and material shortages perceived in many units that served as a scenario for the research:

> We also do physical activity groups with the population (older adults), with physical education teachers from the community itself, we use people from the community to help us. (N26)

To implement nursing best practices, it is necessary that nurses use the leading role they possessed from their practice to positively influence actions that have a scientific basis, that consider older adults' needs, that integrate team knowledge and are supported by the various points of the care network.

DISCUSSION

Regarding the findings in the study, it is noted that the building of a bond is one of the main characteristics for the success of nursing care for older adults and the community in FHS. Such building demands identification and appreciation of users' personal, family and social context. Using a sensitive listening and welcoming attitude by professionals, a climate of trust and mutual respect is formed, which improves the team's ability to meet users' expectations[13-14].

Establishing a continuous bonding movement requires a proactive and responsible attitude for the issues revealed. Moreover, provision of quality practices that ensure longitudinality of care and offer effective and adequate answers is necessary, especially with regard to the increased demand of older people for health services. Nurses are pointed out as a bond between family, government and society, when it comes to older adults assisted in FHS. The focus on active aging requires the acquisition of health knowledge by older adults and centered on the interpersonal relationship between nurses/older adults, based on effective communication and ethical principles. Nurses still need to explore the area of gerontology to make use of their knowledge autonomously in care of older adults[15-16].

The bond in FHS is built in the territory, which is a dynamic space that hosts the health production process through epidemiological and situational diagnosis to identify conditions relevant to health and disease processes[17]. In the face of this process, the new Brazilian National Primary Care Policy (PNAB - *Política Nacional de Atenção Básica*) deconstructs the constitutional commitment to the expansion of family health[18]. Such conditions can impair the territory recognition and, therefore, affecting the recognition of team's needs, health determinants and direction[19].

Given the chronic conditions in which many older adult Brazilians still find themselves, and which were also presented in the results, preventive actions are important in FHS, but they demand territory planning and knowledge by nurses, in addition to support in intersectoral and multidisciplinary actions. From these mechanisms, when the bond between professional and users is established, better practical have fertile land to be implemented, and nurses becomes a reference for its establishment when using best evidence, as well as their clinical experience, considering older adults' preferences within a context of applicability of a planned care[20].

Nurses' leadership needs to be an object of investigation, so that they occupy management

or participate in it effectively, producing transformative evidence of managerial practices. During their undergraduate nursing course, nurses study management content, and this is essential for the development of skills and competences[21-22]. Nurses' work as unit managers suffers interference, which can influence the results of their work, such as unsatisfactory working conditions, pressure from excessive demand and lack of resources[23-24].

The work of nurses is relevant in care management and planning for older adult users, so it is important to achieve users' bond and aim for a more humanized care management process, developing strategies that integrate the network and propose qualified and longitudinal care for older adults[25].

The study limitationspermeated the use of complementary methods to verify professionals' work also outside the headquarters of PHC, in addition to the reduced number of studies on the subject, which interferes with the depth of the literature review prior to data collection. Another limitation is that the qualitative study does not allow data generalizationfor different contexts, which denotes the need to expand investigations on the presented theme.

FINAL CONSIDERATIONS

It is understood that nurses are immersed in a process of building bonds in their units, knowing the territory, managing certain actions. They are a reference for the team and older adults and use sensitive listening in health care. It can, therefore, be considered that nurses are leaders in care for older adults. These professionals have skills and opportunities that can make them a reference when it comes to the bond between older people and the primary care network. However, a long way must be made until these skills are methodologically in agreement with nursing best practices.

It is believed that this study promotes clarification on important concepts that lead nurses who work in PHC to reflect on the quality of their practice, in addition to analyzing the bond conditions that professionals and older adult users have established with each other. Furthermore, thinking about the building of a bond, based on nursing best practices, enhances the understanding of nurses and researchers about the importance of reducing distance between the two fields of activity, favoring research aimed at transforming nursing practice in a sustainable way.

O ENFERMEIRO NO CUIDADO À PESSOA IDOSA: CONSTRUÇÃO DO VÍNCULO NA ATENÇÃO PRIMÁRIA À SAÚDE

RESUMO

Objetivo: compreender como o enfermeiro na Estratégia de Saúde da Família constrói o vínculo profissional com a pessoa idosa. **Métodos:** pesquisa qualitativa, com 30 enfermeiros de Estratégias de Saúde da Família de Joinville, entrevistados entre janeiro e março de 2018. Foi utilizado um instrumento de entrevista semiestruturado. Os dados foram analisados conforme a análise de conteúdo temática. **Resultados:** os resultados que emergiram das categorias apontam a importância de reconhecer o território de atuação, aprimorar a escuta sensível para questões do envelhecimento, valorizar a individualidade da pessoa idosa e seu contexto, a necessidade de trabalhar com parcerias intersetoriais e entre a equipe multiprofissional realizando atividades coletivas de promoção e prevenção da saúde, visando a qualidade no cuidado e, esse modo de trabalho possibilita que os enfermeiros tornem-se protagonistas, referências no cuidar, otimizando a construção e o fortalecimento de vínculo com as pessoas idosas e equipe o que pode proporcionar maior adesão a estilos de vida saudáveis e ao tratamento de saúde. **Considerações finais:** os enfermeiros estão imersos a um processo de construção de vínculo em suas unidades, são protagonistas, referência para sua equipe e para pessoa idosa. No entanto, há que se perfazer um longo caminho até que essas habilidades estejam de acordo ao que se postula como melhores práticas de enfermagem.

Palavras-chave: Enfermagem. Enfermeiras e enfermeiros. Envelhecimento. Cuidados de enfermagem. Atenção primária à saúde.

EL ENFERMERO EN EL CUIDADO AL ADULTOMAYOR: CONSTRUCCIÓN DEL VÍNCULO EN LA ATENCIÓN PRIMARIA DE SALUD

RESUMEN

Objetivo: comprender cómo el enfermero en la Estrategia de Salud de la Familia construye el vínculo profesional con el adulto mayor. **Métodos**: investigación cualitativa, con 30 enfermeros de Estrategias de Salud de la Familia de Joinville, entrevistados entre enero y marzo de 2018. Se utilizó un instrumento de entrevista semiestructurado. Los datos fueron analizados según el análisis de contenido temático. **Resultados**: los resultados que surgieron de las categorías señalan la importancia de reconocer el territorio de actuación, mejorar la escucha sensible para cuestiones del envejecimiento, valorar la individualidad del adulto mayor y su contexto, la necesidad de trabajar con alianzas intersectoriales y entre el equipo multiprofesional, realizando actividades colectivas de promoción y prevención de la salud, buscando la calidad en el cuidado y, ese modo de trabajo posibilita que los enfermeros se vuelvan protagonistas, referencias en el cuidado, optimizando la construcción y el fortalecimiento de vínculo con los adultos mayores y el equipo que puede proporcionar mayor adhesión a estilos de vida saludables y al tratamiento de salud. **Consideraciones finales**: los enfermeros están inmersos en un proceso de construcción de vínculo en sus unidades, son protagonistas, referencia para su equipo y para la persona anciana. Sin embargo, hay que hacer un largo camino hasta que esas habilidades estén de acuerdo con lo que se postula como mejores prácticas de enfermería.

Palabras clave: Enfermería. Enfermeras y enfermeros. Envejecimiento. Atención de enfermería. Atención primaria de salud.

REFERENCES

1. Perissé C, Marli M. Caminhos para uma melhor idade. RevistaRetratos [Internet]. 2019; (16): 18-25 [accessed 19 may 2021]. Available from:https://agenciadenoticias.ibge.gov.br/media/com_mediaibge/arquivos/d4581e6bc87ad8768073f974c0a1102b.pdf

2. Belasco AGS, Okuno MFP. Reality and challenges of ageing. Rev. Bras. Enferm. 2019; 72 (suppl2): 1-2. DOI: https://doi.org/10.1590/0034-7167.2019-72suppl201.

3. Vieira AN, Petry S, Padilha MI. Best Practices in Historical Studies of Nursing and Health (1999-2017). RevBrasEnferm [online]. 2019, 72 (4): 973-978. DOI: https://doi.org/10.1590/0034-7167-2018-0538.

4. Silva SS, Assis MMA, Santos AM. The Nurse As The Protagonist Of Care Management In The EstratégiaSaúde da Família: Different Analysis Perspectives. Texto contexto - enferm. 2017; 26 (3): 109. DOI: https://doi.org/10.1590/0104-07072017001090016.

5. Rodrigues RAP, Bueno AA, Casemiro FG, Cunha NA da, Carvalho LPN de, Almeida, VC, et al. Assumptions of good practices in home care for the elderly: a systematic review. RevBrasEnferm [online]. 2019, 72 (2): 302-310. DOI: https://doi.org/10.1590/0034-7167-2018-0445

6. Seixas CT, Baduy RS, Cruz KT, Bortoletto MSS, Slomp Junior H, Merhy EE. The power of the bond for Healthcare production: what guiding users teach us. Interface (Botucatu). 2019; 23:e170627. DOI: https://doi.org/10.1590/Interface.170627.

7. Patias ND, Hohendorff, JV. Quality criteria for qualitative research articles. 2019, v. 24, e43536. DOI: https://doi.org/10.4025/psicolestud.v24i0.43536.

8. IPPUJ. Joinville Cidade em Dados 2016. IPPUJ 25 anos. Fundação Instituto de Pesquisa e Planejamento para o Desenvolvimento Sustentável de Joinville. 25 anos. Joinville: Prefeitura Municipal, 2016, p.94-158.

9. Palmeira L, Cordeiro C, Prado E. A análise de conteúdo e sua importância como instrumento de interpretação dos dados qualitativos nas pesquisas educacionais. Cadernos de Pós-graduação. 2020; 19 (1): 14-31. DOI: https://doi.org/10.5585/cpg.v19n1.17159.

10. Minayo MCS. Amostragem e saturação em pesquisa qualitativa: consensos e controvérsias. Rev. Pesqui. Qual. [internet]; 2017; 5 (7): 1-12. Availablefrom: https://editora.sepq.org.br/rpq/article/view/82.

11. Oliveira ESF de, Brasil CCP, Higa EFR. Qualitative research in health: countless possibilities and views. Ciênc. saúde coletiva. 2021; 26 (02): 384-385. DOI: https://doi.org/10.1590/1413-81232021262.40972020.

12. Flick, U. Introdução à pesquisa qualitativa. 3 ed. Porto Alegre: Artmed, 2009, p. 2-32.

13. Santos FPA, Acioli S, Machado JC, Souza MS, Rodrigues VP, Couto TA. Nurse care practices in the Family Health Strategy. Rev enferm UFPE on line. 2018; 12: 36-43. DOI: https://doi.org/10.5205/1981-8963-v12i01a230589p36-43-2018.

14. Kessler M, Lima SBS, Weiller TH, Lopes LFD, Ferraz L, Thumé E. Longitudinality in Primary Health Care: a comparison between care models. RevBrasEnferm. 2018; 71(3):1063-71. DOI: http://dx.doi.org/10.1590/0034-7167-2017-0014.

15. Nascimento HG, Figueiredo AEB. Family health strategy and older adults with dementia: care provided by health professionals. Ciênc. saúde coletiva. 2021, 26 (01): 119-128. DOI: https://doi.org/10.1590/1413-81232020261.40942020.

16. Coimbra VSA, Silva RMCRA, Joaquim FL, Pereira ER. Gerontological contributions to the care of elderly people in long-term care facilities. RevBrasEnferm. 2018; 71 (2): 912. DOI: https://doi.org/10.1590/0034-7167-2017-0357

17. Chiu CJ, Hu JC, Lo YH, Chang EY. Health Promotion and Disease Prevention Interventions for the Elderly: A Scoping Review from 2015-2019. Int J Environ Res Public Health. 2020;17(15): 5335. DOI:10.3390/ijerph17155335.

18. Morosini MVGC, Fonseca AF, Lima LD de. National Policy of Primary Healthcare 2017: setbacks and risks to the Unified Health System. Saúde debate. 2018; 42 (116): 11-24. DOI: https://doi.org/10.1590/0103-1104201811601

19. Peruzzo HE, Bega AG, Lopes APAT, Haddad, MCFL, Peres AM, Marcon SS .The challenges of teamwork in the family health strategy. Esc. Anna Nery. 2018; 22 (4): 372. DOI: https://doi.org/10.1590/2177-9465-EAN-2017-0372.

20. Alvarez AM, Sandri JVA. Population aging and the Nursing commitment. Rev. Bras. Enferm. 2018; 71: 722 - 23. DOI: http://dx.doi.org/10.1590/0034-7167-201871Sup201.

21. Machado MH, Koster I, Aguiar Filho W, Wermelinger MCMW, Freire NP, Pereira EJ. Labor market and regulatory processes – Nursing in Brazil. Ciênc. saúdecoletiva. 2020; 25 (1): 101-112. DOI: https://doi.org/10.1590/1413-81232020251.27552019.

22. Magnago C, Pierantoni, CR. A formação de enfermeiros e sua aproximação com os pressupostos das Diretrizes Curriculares Nacionais e da Atenção Básica. A formação de enfermeiros e sua aproximação com os pressupostos das Diretrizes Curriculares Nacionais e da Atenção Básica. 2020; 25 (1): 15-24. DOI: <https://doi.org/10.1590/1413-81232020251.28372019>.

23. Balsanelli AP, David DR, Ferrari TG. Nursing leadership and its relationship with the hospital work environment. Acta paul. enferm. 2018; 31 (2): 187-193. DOI: https://doi.org/10.1590/1982-0194201800027.

24. Fernandes JC; Cordeiro, BC. The management of basic health units from the point of view of nursing managers. Rev enferm UFPE online. 2018; 12: 194-202. DOI: https://doi.org/10.5205/1981-8963-v12i1a23311p194-202-2018.

25. Maia MA, Paiva AC de O, Moretão DIC, Batista RCR, Alves M. The daily work in nursing: a reflection on professional practices. Ciênc. Cuid. Saúde. 2019; 18 (4): 1-6. DOI: https://doi.org/10.4025/cienccuidsaude.v18i4.43349.

Corresponding author: Maria Alice de Freitas. Rua Rui Barbosa, 553, A701. CEP: 89219158. Joinville, SC, Brasil. E-mail: maria.alice@ifsc.edu.br.

Submitted: 06/08/2021
Accepted: 02/04/2022