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RESEARCH

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Perfil de idosos hospitalizados segundo Viginia Henderson: contribuições para o cuidado em enfermagem

Profile of hospitalized elderly according to Viginia Henderson: contributions for nursing care

Perfil de los ancianos hospitalizados según Viginia Henderson: contribuciones para el cuidado en enfermería

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ABSTRACT

Objective: describing the profile of the elderly hospitalized with chronic non-communicable disease, grounded in the Theory of Virginia Henderson. **Methods**: a quantitative and descriptive research conducted in June 2013. The participants were over 60 years old, admitted to the medical clinics of the University Hospital of Niteroi-RJ. There were used Scales of Katz and Lawton to assess the functional capabilities. Technique of semi-structured questionnaire collection and analysis of data were presented in simple statistical analysis. The research was approved under CAAE-5599.0.000.258-10. **Results**: there was a total of 43 participants, 25 (58,14%) males and 18 (41,86%) females, 20 (46,51%) were married, 14 (32,55%) had primary diagnosis of cardiovascular disease, 37 (86,04%) and 24 (55,81%) independent for activities of daily life and instrumental, respectively. **Conclusion**: gerontological perspective involves considering the person as subject and participant in the planning of care where the nurse identifies the needs and specificities against the aging process and hospitalization.

Descriptors: nursing theory; nursing; elderly.

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RESUMO

Objetivo: descrever o perfil do idoso hospitalizado com doença crônica não transmissível, embasado na Teoria de Virginia Henderson. **Métodos**: pesquisa quantitativa e descritiva realizada em junho de 2013. Os participantes são idosos maiores de 60 anos, admitidos nas clínicas médicas de um Hospital Universitário de Niterói, RJ. Utilizaram-se as escalas Katz e Lawton para avaliar as capacidades funcionais. Técnica de coleta questionário semiestruturado e análise dos dados apresentados em análise estatística simples. Pesquisa aprovada sob nº CAAE-5599.0.000.258-10. **Resultados**: total de 43 participantes, 25 (58,14%) do sexo masculino e 18 (41,86%) do sexo feminino, 20 (46,51%) casados, 14 (32,55%) diagnóstico principal de doença cardiovascular, 37 (86,04%) e 24 (55,81%) independentes para as atividades de vida diária e instrumental, respectivamente. **Conclusão**: a perspectiva gerontológica implica em considerar a pessoa como sujeita e participante do planejamento das ações de cuidado, onde a enfermeira identifica as necessidades e especificidades frente ao processo de envelhecimento e hospitalização.

Descritores: teoria de enfermagem; enfermagem; idoso.

RESUMEN

Objetivo: describir el perfil de los ancianos hospitalizados con enfermedades crónicas no transmisibles, basado en la teoría de Virginia Henderson. **Métodos**: es un estudio cuantitativo y descriptivo realizado en junio de 2013. Los participantes son mayores de 60 años, ingresados en las clínicas médicas de la Clínica Universitaria de Niteroi-RJ. Se utilizaron las Escalas de Katz y Lawton para evaluar las capacidades funcionales. Técnica de recolección de los cuestionarios semiestructurados y el análisis de datos presentados en el análisis estadístico simple. Investigación aprobada bajo el CAAE-5599.0.000.258-10. **Resultados**: el total de 43 participantes, 25 (58,14%) de los varones y 18 (41,86%) eran mujeres, 20 (46,51%) estaban casados, 14 (32,55%) con el diagnóstico primario de enfermedad cardiovascular, 37 (86,04%) y 24 (55,81%) independiente para las actividades de la vida diaria e instrumental, respectivamente. **Conclusión**: la perspectiva gerontológica implica considerar a la persona como sujeto y participante en la planificación de la atención donde la enfermera identifica las necesidades y especificidades frente al proceso del envejecimiento y la hospitalización.

Descriptores: teoría de enfermería; enfermería; ancianos.

INTRODUCTION

Defined as a process that occurs during the course of human life, the aging process has become the focus of many studies. Focusing the old people, and with a view to this process in a healthy way, there are many aspects that arise to contributing to a new way of contemplating aspects involving this subject.

Population aging is a global phenomenon that has a large impact on the monitoring system issues and health conditions.

The chronic diseases require continuous monitoring and utilization of health services, thus contributing to greater vulnerability of the elderly to illness factors and the need for hospitalization which may predispose the elderly to social, economic and biological disruptions.

The biggest challenge of care for the elderly is to contribute to that, despite the progressive limitations that may occur, it can rediscover ability to live their own life with the highest quality possible.[1]

In the gerontological perspective, the aging process is not understood as a homogeneous or unicausal experience but involves developing a multi-dimensional look to the elderly, not fragmented, in a Life Span perspective, in which the life cycle is the beginning of any analysis.

The nursing process is the methodological process used to practice the Systematization of Nursing Assistance (SNA), consisting of stages linking theories and care practices concurrently. The Nursing Theories guide this process contributing to a better understanding of the subject in their disease process, as well as in the management of their attitudes to this process.

The primary nursing care, in the view of Virginia Henderson, has the proposal to help the patient in maintaining or creating a healthy life strategy. It is the nurse's responsibility to assist the patient in his daily life or activities he routinely performs without assistance.[2]

The individual is conceived by biological, psychological, sociological and spiritual components.[3] According to Henderson the fourteen components of nursing functions can be categorized into physiological, psychological aspects of communication and learning, spiritual and moral aspect and sociologically oriented to work and recreation.[3]

These categories represent the needs or components of nursing care[3], which are unique roles of nurses and can be described as: breathing, eating, elimination, movement, sleep and rest, clothing, body temperature, hygiene, environmental control, communication, religious practice, work, leisure and learning.

Recognizing the demands of the health needs of the elderly is revealed as a possibility for nursing care improvement to this population segment in order to promote the maintenance of functional capacity, preserving the autonomy and independence.[4]

This study aims to describe the profile of hospitalized older people with non-communicable chronic diseases, based in the theory of Virginia Henderson.

METHODS

A quantitative and descriptive study conducted between January and June 2013 in a university hospital located in the state of Rio de Janeiro with 43 elderly patients hospitalized in the internal medicine ward of the hospital. For data collection it was used a reasoned closed questionnaire in fourteen basic care components approached by Henderson. The Index Scales of Katz and Lawton were used to assest the functional capacity of the elderly.

Then the data was submitted to simple statistical analysis, presented in percentage (%) for categorical data and mean for numeric data.

The study followed the recommendations of Resolution 466/12 of the National Health Council of the Ministry of Health and was approved by the Ethics Committee of the institution under nº 298/2010. The selected participants were informed about the research and signed the Term of informed Consent. The research was funded by the Foundation for Research of the State of Rio de Janeiro (FAPERJ).

RESULTS

The study participants were 43 elderly patients hospitalized in the internal medicine ward, including 25 men (58,14%) and 18 women (41,86%) with an average age of 71,46 years old (± 8,89). Concerning sociodemographic characteristics, 20 were married (46,51%), 17 (39,53%) men and 03 (06,97%) women, of which 13 (30,23%) and 10 were widowers (23,25%) unmarried or divorced.

Regarding the health status, there was a higher prevalence of cardiovascular diseases (32,55%): Heart Failure, Hypertension and unstable angina, followed by respiratory diseases (27,90%): obstructive pulmonary disease, pulmonary nodules and pulmonary emphysema.

In assessing functional capacity, 37 (86,04%) were independent for activities of daily living, while 6 (13,95%) were semi-dependent. For the instrumental activities of daily living, 24 (55,81%) were independent, 14 (32,55%) were semi-dependent and 5 (11,62%) were totally dependent.

The component breathing normally, 2 (4,65%) were smokers, 15 (34,88%) were former smokers and 26 (60,46%) do not smoke.

for eating and drinking properly, 22 (51,16%) do not follow any prescribed diet, 21 (48,83%) follow some type of diet. In this issue, 28 (65,11%) elderly make use of dental (dental implants) and 15 (34,88%) do not use any type of dental prosthesis.

The component eliminating bodily waste, the bladder removal, all elderly patients (100%) did not use diapers or other device of bladder elimination. In intestinal elimination, 31 (72,09%) have elimination of firm consistency and shaped, 10 (23,25%) have constipation and dryness of the feces and 2 (4,51%) had diarrhea or loose feces.

The component moving and maintaining correct postures, 38 (88,37%) seniors do not practice any physical activity, while 5 (11,62%) practice some physical activity. for sleep and rest, 19 (44,18%) elderly have satisfactory sleep pattern, 24 (55,81%) unsatisfactory, of which 11 (45,83%) reported insomnia, 6 (25%) nocturia, 6 (25 %) daytime naps and 1 (4,16%) otherwise.

The component dressing and undressing, evaluated the joint range of motion of the upper limbs, where 38 (88,37%) achieved satisfactory range of motion while 5 (11,62%) had some difficulty in range of motion. To maintain protection and skin hygiene, 37 (86,04%) do not realize sunbathing and 9 (20,93%) carry out sunbathing at any time of the day. It was identified that 41 (95,34%) older people do not use sunscreen and 2 (4,65%) make use of sunscreen.

On the component of avoiding environmental hazards, identified the type of residence for the elderly, where 38 (88,37%) live at home and 5 (11,63%) in apartments. Regarding the use of bracing, 10 (23,25%) older people do not use any type, 15 (15%) use canes or crutches, 4 (12.12%) use a wheelchair or walker, and 32 (96,96%) wear glasses.

The component living by beliefs and values, 24 (61,65%) older people are Catholics, 14 (35,89%) Evangelicals, 2 (5,12%) Spiritualists and 4 (9,30%) have no religion.

For the component having fun or participating in various forms of recreation, 14 (32,55%) refer radio/TV, 7 (12,27%) reported going to the religious environment, 5 (11,62%) are reading or writing, 5 (11,62%) stitching or embroidering, 4 (9,30%) refers to the work 2 (4,65%) some kind of game such as soccer game or playing, 3 (6,97%) no play or participation in recreation and 10 (23,25%) other varied forms.

For component learning, discovering or satisfying curiosity, 38 (88,37%) refer to television or radio, and 39 (90,69%) refer friends, relatives or colleagues as learning facilitators or discovery.

DISCUSSION

According to breathing normally, the aging process causes changes in the respiratory system, such as reduced chest mobility of lung elasticity and resulting reduction in the efficiency of coughing.

The role of the nurse is replacement, consisting of what is lacking to the patient seeking his independence.[3] Few hospitals address smoking in hospitalized patients, even considering that hospitalization may be an opportune time for smoking cessation. Due to the act of restriction of smoking in the hospital, patients are required to quit smoking regardless of the level of motivation that have.[5]

To eating and drinking properly, feeding practices indicate the cultural and social history of the individual and corresponding procedures from the selection, preparation to food consumption.[6]

In the eating behavior of an individual, there is not only the search for satisfaction of physiological needs, but also the psychological, social and cultural needs.[6] Thus, the feeding behavior encompasses biological, cognitive, affective and situational dimension.

The nurse can use health education to the effectiveness of diet therapy in patients without forgetting the culture and familiar social levels.[3] It also emphasizes the influence of nursing in patient access to information about nutrition.[3]

A healthy diet is one composed of various plant and animal foods in adequate amounts for individuals. It is noteworthy that the food guide for the Brazilian population, it makes no specific reference or unique to the elderly.

In the body eliminating impurities, changes resulting from the aging process and the health crisis events may favor

the development of urinary incontinence or constipation in old age.[7] However it is noteworthy that the aging process as a single phenomenon is not cause, but induces anatomical and functional changes that predispose to these problems.

The nurse should start his assessment on knowledge of disposal routes to consider what is normal urinary and fecal frequency.[3] It is noteworthy that an underactivity is one of the factors leading to constipation should therefore be prevented.[7]

In the component of moving and having desirable attitudes, loss of muscle mass and hence muscle strength is primarily responsible for the deterioration in mobility and functional capacity of the individual who is aging.[8] This is considered an indicator of the fragility of the elderly. The exercises help to maintain health, enhance social relations and enhance the psychological state of man.

Physical activity is considered essential for maintaining physical fitness in older people, and this is mentioned in the literature in order to mitigate and reverse the loss of muscle mass, self-worth and updates, helping to preserve the functional autonomy and healthy aging.[9]

In sleep and rest, changes in sleep patterns and rest alter the homeostatic balance and affect psychological function, immune system, performance, behavioral response, mood and ability to adapt.[4-10]

The nurse is competent to help the patient to rest and sleep. The absence of irritating stimuli can help inducing sleep; however, the nurse-patient relationship must be filled with excellent communication.[3]

Insomnia is the most prevalent of sleep disorders in old age. Complements about the common daytime symptoms in patients with insomnia who are fatigue, tiredness, burning eyes, anxiety, phobias, inability to concentrate, attention deficit, memory difficulty, malaise and drowsiness.[4-10]

In adequate selection of clothes to wear and undress, functional capacity is one of the best ways to evaluate the conditions of the elderly, as reflected an expanded concept of health, understood as the existence of physical and mental skills to maintain autonomy and independence, involving multiple aspects of elderly life as socioeconomic, cognitive and health conditions, among others.[11-2]

Aging should not be an obstacle for patients to be able to fulfill their daily activities, because the goal is to maintain the functional capacity of them. So it can maintain or regain independence in activities of daily living. The patient's clothing expresses their individuality and nursing must provide the physical support that patients need to exercise this activity.[3]

The ability to perform activities of daily living, such as eating, bathing and dressing, is associated with functional autonomy.

Concern for diagnosing disability in epidemiological surveys is relatively recent, as these data is essential for creating, implementing and updating specific programs to the elderly because functional capacity is an important indicator of health status and their decline is associated with mortality in this age group.[12]

The component keeping normal body temperature, to adapt dressing and modify the environment, homeostasis focuses on the regulation of body temperature and the ability of thermal adaptation, as these are compromised as well.[13] Aging patients illness conditions can misadjust body temperature and therefore should be watched as for the environmental influences to which they are conditioned.[3]

The vulnerability to heat occurs in people with age due to changes in the intrinsic thermoregulation system, such as decreased body water, the reduction of sweat rate and lower efficiency of the cardiovascular system, or because of the presence of drugs that interfere with normal homeostasis system.[13]

In keeping the body clean and neat, the skin reflects physical and psychological conditions, such as health, age and ethnic and cultural differences; its functions include protection, excretion, temperature regulation, sensory perception and body image.

It develops most fragile skin, thermoregulation disability, less sensory stimulation, elasticity reduction, among others. There is a higher risk for skin injury.[13]

Hygiene, as well as dressing so should be discussed under two values for the patient, the psychological value and the physiological value.[3] Physiologically the skin of the elderly is more dry, brittle, with reduced elasticity and turgor therefore more prone to injuries, rashes and infections due to loss of connective tissue, subcutaneous fat, reduction of hair, sweat and sebaceous glands, and the perception of pain and tactile sensitivity. Adds up although many elderly have comorbidities that cause the need for continuous medication, which can compromise skin integrity.[13]

The component avoiding environment danger, changes resulting from the aging process, as evidenced by decreased muscle strength, range of motion, muscle contraction speed, eyesight and hearing and the postural changes that affect the functional mobility and the deficit balance in elderly individuals, may cause some damage to the elderly, such as increased risk of falls, reducing the level of functional independence and hence the decrease of life quality .[14]

Healthy individuals can control or change the environment when there is need.[3] This component shows up intrinsic and extrinsic factors that make the elderly vulnerable to suffering falls.

In communicating with others, expressing emotions, needs, fears or opinions, the later stages of life are propitious times for new achievements, guided by the pursuit of pleasure and personal satisfaction.

Due to the senescence process the elderly can experience cognitive deficits, changes in speech and language, impaired eyesight and hearing, being able to compromise their communication and interaction.[15]

It is imperative that the interpersonal relationship and therapeutic communication between nurse and elderly

are configured as indispensable elements for achieving a comprehensive and humanized care.[15] The mind and the body are interdependent and inseparable, if the mental illness affects the body, the so-called physical illness affects the mind.[3] The appreciation of the senses and emotions in the exploration and interaction with the environment is fundamental. They serve as mediators and responsible for the sensations, whether pleasant or not, as comfort, safety, pleasure, discouragement or rejection.

The component makeing its worship according to its faith, the pursuit of spirituality with advancing age is an important source of emotional support. Religious beliefs and practices to contribute decisively to the well-being in old age, especially the social support and the ways of dealing with stress.[16]

The separation between religion and medicine may lead to the patient's right to neglect the practices of their faith, while in treatment. As part of basic nursing care in any situation, one should respect the religious needs of patients and help them meeting those needs.[3]

With advancing age, the spiritual needs grow as they view the finitude, and religiosity comes to represent an important source of emotional support that impacts significantly on mental and physical health of the elderly.[16]

Work in order to have a sense of accomplishment, the concepts of happiness and life satisfaction, although interconnected; they differ in aspects related to cognition. Although the specifics, there is a strong interrelationship between the concepts of subjective well-being, happiness and life satisfaction. Having occupational activity is directly related to the feeling of happiness.[17]

Occupational insertion tends to improve the self-esteem of the elderly, social engagement and the quality of relationships.[17]

The experiences of happiness of older people, it was found through phenomenological analysis, in which the autonomy and the ability to work provide greater self-esteem and well-being.[17] A typical day for most people include doing something resulting in a product that fulfills them .[3]

Aging is the result of the subject in the process of biological and behavioral changes, its history in the social, leisure, religion, experiences and adapting to a new lifestyle, including their intrinsic and extrinsic motivation.

Practice of sport or participation in various forms of recreation. Leisure term is considered as a set of occupation to which the individual may surrender of his own free will, either to rest, to have fun, recreate and entertain himself, or to develop his information or disinterested training, his voluntary social participation and free creative capacity, after getting rid or back off of professional, family and social obligations.[18]

Leisure has been appointed as a buffer for stress, as a way to reduce the harmful effects of unpleasant events, especially for its socializing feature. It is a psychosocial need the exercise is influenced by subjectivity, dependent on social and cultural objectivity. It should be worth noting that it is pleasure and therefore is located as one of the key factors for the welfare collaborating for health, especially for mental health.[18]

The disease robs people of recreational opportunities, which often result from the inability of healthy people close to them to provide the same conditions to make recreation possible.[3]

The leisure activity is a psychosocial need. The exercise is influenced by subjectivity, objectivity dependent on social and cultural features.[18]

The planning of basic nursing care should include questions about how many hours of recreation should be reserved for the patient, stimulating him through questions about their recreational interests.[3]

Learning, discovering or satisfying the curiosity that leads to normal development and health, and make use of the health facilities available. In the Life-Span perspective, healthy aging is associated with preservation of the individual development potential throughout his course of life, with a balance between his limitations and capabilities.

However, these can be optimized through interventions such as the acquisition of new learning, which has been highlighted by several studies as an activity that assists in good physical, psychological and social functioning in old age.[19]

One way to exercise the mind is to acquire new knowledge in old age because it allows new social experiences, working as a coping strategy compared with the losses that occur in this stage of life and as a form of reaching leisure and pleasure.[19]

The planning of nursing actions must have the participation and contribution of the patient, so that it can accept it without imposition. People get sick for lack of knowledge, being necessary in such cases, adopting a posture of re-education by the same. The more initiative the patient has, the more likely the care plan will be effective.[3]

However, for that, nursing must possess knowledge and expertise to identify and respond to the learning needs of patients whose goal is self-care and independence as quickly as possible.[3]

The appreciation of the senses and emotions in the exploration and interaction with the environment is fundamental. They serve as mediators and responsible for the sensations, whether pleasant or not, as comfort, safety, pleasure, discouragement or rejection.

Therefore, the nursing process, intuition is part of this process because not only sees science as objective or subjective as art, showing how the nurse must also be attentive to issues that are not clear during application of the nursing process.[3]

In this sense, knowing how to implement appropriate decisions is undersatanding how to act with attitude and competence and this is possible only through research and knowledge update across emerging experiences of everyday practice and coexistence with customers in this context.[20]

Thus, some characteristics of health components need to be clarified during the nursing process so that, in preparing the care plan, it becomes evident which care will be relevant to the Elder for implementation.

Elderly care in gerontological perspective involves considering the person as subject and participant in the planning of care actions, and that the nurse needs to know the person, identify its needs and specificities against the aging process and hospitalization with the goals to promoting comfort ensuring security through a qualified practice, contributing to the well-being, recovery and maintenance of health in all stages of the application of the nursing process.

CONCLUSION

In a gerontological perspective, it covers a broad analysis of the individual so that he can effectively intervene with effective strategies.

The hospitalization process involves subjectivity, which is intrinsic of each subject to his beliefs and culture. The subject should be seen in biological, psychological, sociological, and spiritual levels, so that the nursing means for mobilizing assists or assist the patient to reach its maintenance and recovery of health.

It is noteworthy that in addition to helping the individual to satisfy his human needs maintenance and restoration of health injuries, the nurse should implement coping strategies, as not only the physiological part is under his care, but the subjective nature of that take time to be evident until the trust is established.

The elderly live with risks derived from potential of the aging process itself, which can leave them more susceptible to disabilities resulting from physical, social, emotional and health sphere.

It is with emphasis on maintaining the potential, functional, cognitive or emotional disabilities that nursing care should be developed aimed at preventing health diseases or reducing their progression.

Thus, caring for the elderly in gerontological perspective involves considering the person as subject and participant in the planning of care actions and, therefore, the nurse needs to know the person, identify his needs and specificities against the aging process and hospitalization with the goals promote comfort, ensuring his safety by a qualified practice, contributing to the well-being, recovery and maintenance of health in all stages of the application of the nursing process.

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