



Research Article

The meaning of multidisciplinary care to the elderly in the sight of the Nurses

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Abstract

The purpose of this article was to understand the meaning of the multidisciplinary teaching of Nursing Consultation for the elderly. Data collected during six months by an unstructured interview, the phenomenological approach, with only an initial script. Subjects: twelve nurses who work with the teaching of the query. Scenario: two institutions Hospitals School, working with the teaching of nursing consultation to adult to senior undergraduates and graduate students of Nursing. Approval of the Ethics and Research Committee, protocol number 093/2010. As a result the identification of teaching and learning of action care nursing consultation as an intentional action of the nurse in the multidisciplinary health actions. It was found that the way to the quality of care is multidisciplinary actions, because health is embedded in public policy programs, which depend on the resolution and the speed of your actions.

Keywords: Nursing, Consulting, Teaching, Quality Of Life

INTRODUCTION

The aging process is characterized by the increasing of the population over sixty (60) years old in relation to the total population, in its full complexity, being currently considered a worldwide phenomenon, however it becomes necessary to understand the biopsychosocial aspects and its variants since they directly interfere in the aging subject (Alencar et al., 2011).

Notwithstanding, all this movement gave rise to the the enactment of Law No. 8.842 of January 4th 1994, regulated by Decree No. 1948 July 3, 1996, which provides for the National Policy for the Elderly – NPE, and that, 11 years later, in September 2003, gave birth to the Elderly Statute, Law No. 10.741/2003, carrying seven titles, its respective chapters and 118 articles. Since then, the effectiveness of those human rights of the elderly has become possible, especially for trying to protect and to form a basis for claiming the agency of all (family, society and state) (Rodrigues et al., 2007).

Aside from NPE and the Elderly Statute, another legal provision has been created to guide social and health actions – the National Health Policy for the Elderly, 2528/GM Ordinance of October 19 2006, that grounds the health sector action in a comprehensive care to the elderly population and in the aging process as the Organic Health Law No. 8080/90

determines (Preserving the autonomy of people in defense of their physical and moral integrity) and Law No. 8842/94, regulated by Decree No. 1948/96, assuring the rights of the elderly and seeking to create conditions for the promotion of autonomy, integration and participation of older people in society (Brazil, 2006).

All these new measures aim at recovering, maintaining, and promoting the elderly's autonomy and independence, providing quality of life, guiding collective and individual health measures for this purpose since regional inequality of the aging population requires more attention to the planning and evaluation of actions in line with the principles and guidelines of the National Health System, benefiting all Brazilian citizens aged 60 or over (Saraiva et al., 2011).

In this context and understanding the problematic presented, working with the multidisciplinary approach is perceived as relevant, since graduation, as each professional has his own reasons to explain his unique way of teaching how to perform the care, in the sense of arousing motivation to meet the needs of his customers in this phase of life, seeking the appropriate conduct to each of these individuals. This is due to the uniqueness experienced by each one of those, which is his own and does not belong to any other individual (Santos et al., 2010).

Therefore, it is important to understand the significance of the actions that emerge from this care, in the sense of accepting or adjusting to the new momentary or permanent life style of the cared person, providing plans that meet the biopsychosocial changes of the individual and his family.

The educational activity of this care is geared for both health education, providing quality of life for the elderly, as the reflections and possible changes in the behavior of professionals involved in the process. Therefore, it is in this scenario that, more and more, the population is in need of better living and survival conditions through the provision of health services that can meet their needs and, thereafter, requiring that care be provided by health professionals with the necessary qualification and adequate to the social reality (Chung-Shan et al., 2013).

The Nursing Consultation, scientifically based, is constitutional in full force, according to Law No. 7.498/86, regulated by Decree 94.406/87, where the consultation, prescription and evolution of nursing compete privately to the nurse (Brazil, 1986). Allowing among other things reference to other health professionals, consisting in this multidisciplinary.

Therefore, it is the nursing process which will contribute to the detection and resolution of health problems of the clientele who has been taken care of, however, in order to have resolubility, speed and quality of the provided care, the oneness of other health professionals involved in this process becomes necessary.

Therefore, as the objective of the study: understanding the meaning of the multidisciplinary of the teaching of the Nursing Consultation to the elderly.

METHODS

Participants

The research had as natural setting the dependencies of two institutions Hospitals School which work with the school of nursing consultation to the elderly to undergraduate and graduate Nursing students, one in the city of Niterói - Extension Program "Nursing in attention to the Elderly and their Caregivers - EASIC ", Fluminense Federal University – UFF, and the other in the city of Rio de Janeiro, at the São Francisco de Assis Hospital School - HESFA - UFRJ, aside from the reflection on multidisciplinary care studied in the subject called "Physical Activity, Health and Quality of Life" - Center of Biological and Health Sciences - Nursing and Biosciences graduate program - Doctorate / UNIRIO.

With that, twelve (12) Brazilian women nurses who work with the teaching of nursing consultation to the elderly to undergraduate and graduate students of Nursing were selected, among these 10 are natives from Rio de Janeiro, one from Paraíba and one from Rio Grande do Sul, all of them have graduate degrees, whereas only three are Expertises in Gerontology. Of this total, nine underwent Graduation Course at Public University, five of them in EEAN / UFRJ.

Criteria for Inclusion / Exclusion

Nurses from the two selected institutions for research, working with teaching nursing consultation to the elderly with minimal titration of specialization with at least two years experience in teaching institutions were included in the study. Nurses who were in any period of leave during the study season were excluded.

In order to achieve the proposed objective the study adopted a quantitative and qualitative approach of phenomenological approach, the importance of which is the use of methods that exploit the phenomena captured by the survey to the fullest. Their findings are based on real life experiences of people with first-hand knowledge of the phenomenon.

Qualitative methodologies are those capable of incorporating both the meaning and the intentionality issues as inherent to acts, relations and social structures, these being taken in both its advent as in its transformation as significant human constructions (Brazil, 1986).

Hence, such methodologies will enable explain the world of life and the structures of the relationship between consciousness and its object (Triviños, 1992).

Thus, the study addressed the teaching of elderly care from the stand point of the nurses who work with the teaching of nursing visits for undergraduate and graduate students in nursing practice field and their contextual needs (Chung-Shan et al., 2013).

In this way, it constitutes a semi-structured questionnaire with closed questions for the description of the group towards: age, sex, education, title, length of professional training time and time in higher education, in addition to specific open questions for higher education regarding gerontology.

Thus, the nurses were interviewed individually by electronic recording (MP3). As a criterion of reliability, it was subsequently allowed to hear their interviews. The study was terminated when the specificity of the group studied was obtained from the subjects' statements and which will be stored for a period of five years and deleted thereafter.

As a form of respect for human dignity and belief, the subjects who participated in the study signed a Free and Clarified Consent Term in accordance with Resolution 196/96 approved by the Research Ethics Committee of EEAN / HESFA / UFRJ, protocol no. 093/2010 (Brazil, 1996).

RESULTS

Table 1 presents descriptive data on age, length of professional training time and higher education time with values of central tendency and dispersion of the volunteers in the studied group.

Table 1. Data describing the participants

Nursing group, n = 12					
Variables	Average	SD	Md	Maximum No.	Minimum No.
Age (years)	45,1	8,3	43,5	58,0	32,0
Professional training time (years)	22,5	9,0	23,0	34,0	8,0
Higher education Time (years)	8,6	5,2	8,0	16,0	2,0
Titration	Specialization	Master'sDegree	Doctorate		
	4	2	6		

Legend. SD= Standard Deviation; Md= Median

Upon completion of the comprehensive analysis of the statements what turned out to be meaningful was apprehended so as to organize the biographical profile of the subjects. So through the initial script described below, with unstructured questions, it was possible to grasp and understand the typical phenomenon presented by these subjects, as shown in **Table 2.**

Table 2. It presents the analysis of the speech of the studied healthy volunteers

Nursing Group, n=12
1-How have you been preparing to perform and teach nursing consultation to the elderly for Undergraduates and Graduates nursing?
Answer - Reading scientific articles on the subject; Generalist Nursing Theories; Experience in the Elderly Nursing Consultation; Specialization in Geriatrics; Specialization in Gerontogeriatrics.
2-What does it mean for you teaching nursing consultation to the elderly for Undergraduate and Graduate nursing students?
Answer-The opportunity to prepare future nurses to meet the increasing number of elderly; Establishing the relationship of care with the subject; Self-fulfillment as a Nurse; Establishing the Exchange between teaching and learning.
3-What do you have in mind when teaching nursing consultation to the elderly for Undergraduate and Graduate nursing students?
Answer - Teaching new approaches; Showing the nurse what to do as self-employed; Showing the student the intersubjectivity between the nurse and the patient; Biopsychosocial and spiritual vision; Resolubility to multidisciplinary consultation.
4- Do you use any methodological framework in teaching Nursing Consultation to the elderly for Undergraduate and Graduate nursing students?
Answer-The use of the experience in Nursing Consultation, Theory of self-care by Dorothea Orem; Nursing Consultation Guide from the teaching institution itself; Nursing Process Protocol of the Ministry of Health; Theory of Basic Human Needs by Wanda Horta; Reading scientific articles on the subject of the elderly; Transcultural Theory by Leininger; Treaty of Geriatrics and Gerontology.

DISCUSSION

After a comprehensive analysis of the reports, a concern about the pleasure of doing and teaching the consultation and the vision to perceive it as a scientific basis was revealed through the autonomy of resolubility and the multidisciplinary of the actions that nursing consultation provide; recognizing the importance of consultation between peers; the need for change in the syllabus since graduation, allowing increased interaction with Gerontology; the need for a single theorist who can cope with the complexity of the elderly patient.. When we face a situation which nursing alone does not manage immediately, we call in the physiotherapist, or the physical education professional, or the nutritionist, or the care worker, or the Geriatrician, and then we talk. And the client being present, the client is never apart. I do not do prescriptive consultation, we always make a circle at the end of the consultation, and discuss with the client which priorities in terms of care he will favor. It is a longer consultation, but the student learns that management within the consultation, and also the issue of multi professionalism, multidisciplinary, that are necessarily present in Gerontology (Dendron).

Being thus, according to Saraiva et al. (2011), the intentional act of teaching multidisciplinary nursing consultation is a smoother learning, providing fruitful exchanges and reflecting on scientific knowledge of care technology. There are moments in nursing consultation when nurses will need to forward to another professional. What is not addressed to her, She makes a referral, to whom it is necessary. The student will have the view that nurses can do many things, independently of other professionals , she just needs to have a good knowledge this is our doing. (Sunflower).

Note the expansion and understanding of human knowledge, as a variable process according to the singularity, according to the scientific know-how of each professional involved (Saraiva et al., 2012).

According to the statements of the subjects, the way to a practice of excellence is the multidisciplinary of the actions since nursing is embedded in public policy programs which depend on the resolubility of their actions. (Padilha and Silva, 2002). And that this consultation can be performed in any sector as it does not necessarily have to be ambulatory.

This was demonstrated at the end of an interview when the subject reported that while in the performance of duty as a paramedic, guided a prostitute in relation to the prevention of STDs, on the way to the nearest hospital, still in the ambulance, what is corroborated by Rosas and Gomes (2008).

In this sense, it is said that dealing with people, their problems and their families, requires, aside from the knowledge inherent to our profession, dedication, understanding, intersubjectivity and intentionality of the care action, so characteristic of health care, but so overlooked in the face of technology which ends up dehumanizing care (Corradi-Webster and Carvalho, 2011).

The participants recognize that consultation provides improvement in the quality of life of the cared person, by understanding the biopsychosocial issues that influence health and that through consultation, the elderly creates possibilities for self-care and promotes behavior changes in the professionals involved with the multidisciplinary of the actions, as the opportunity of face to face relationship generates sustainability, serving as anchorage to create the profile of these professionals. (Marinho et al., 2009)

The nurses teach nursing consultation to the elderly to undergraduate and graduate nursing students so as to develop their intergenerational skills in order to keep up with the current and future demand and to stimulate the teaching-learning interaction, aiming at the qualification of health actions, according to their statements. When they arrive at the nursing consultation, they will hear elderly people talking about their grandchildren and their children, and the difficulties that sometimes exist in this intergenerational family gathering (Sunflower)

It is identified through a report the somatic and psychic complexity of the patient. Therefore, the need of several looks with different forms of care and responsibilities naturally divided is confirmed (Souza and Jardim, 1994).

What I aim at the most is the human contact, the interpersonal relationship of the nurse with the elderly and the elderly care. Since it is in this exchange that doubts arise, the explanations are offered, it ends up being more useful than doing a flawless examination. The relationship with them comes first I think the most significant is we create this complicity with them (Daisy)

The relationship at the time of the teaching of nursing consultation concerns the transcendence of a range of values that builds the professional practice, and that makes the practice reflection process a rigid and difficult moment to be consolidated. This is a systemic care relationship, comprising the process of multidisciplinary complicity (Borges et al., 2012).

We realized through the reports that the intentionality of the act of teaching and learning is established by the initiative and motivation of the subjects of the action or by reducing barriers through multidisciplinary (Campos et al., 2011).

Therefore, it was possible to determine how much remains to be done so that there is respect and recognition as self-employed professionals, behaviors and attitudes replicators who are even able to promote a complete change in the health care service.

This knowledge is an endless improves speed and that while transforming agent of reality is in the academic realm is in the hospital must be accompanied, in order to meet the current demands exercising the profession of nursing

autonomy, but guided the technical and scientific knowledge (Souza and Valente, 2014) .

CONCLUSION

Therefore, it was shown that the current action of the nurses is directly related to their training since some of them report they were not adequately prepared to deal with the Nursing Consultation to the elderly. Thus, the qualification turned into necessary in order to become possible to coordinate and propose new models of innovative practice, including assisting the development of new roles, resulting from the clinical competence and the ability of human relationships, allowing to expand this knowledge and providing the desired competency to a wide range of multidisciplinary services.

Therewith, it is understood that the process of teaching and learning needs to be equally skilled at educating both teachers as learners so as to promote multidisciplinary of quality healthcare services. For their current actions reflect the experiences and knowledge acquired since graduation with the peculiarities of each professional. In addition, the favorable organizational professional climates should be promoted to support the expanding of nurse practitioner workforce in primary care and to optimize recruitment and retention efforts (Poghosyan et al., 2013).

Nonetheless, the typical was present with the report of the nurses, the need for strategies to practice theoretical, based on the intentionality of specific interdisciplinary and multidisciplinary activities for the elderly, seeking a set of coordinated actions and constantly evaluated, in order to promote the biopsychosocial resolubility of the cared clientele, or the need for referral to other professionals.

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