

Nurses' participation in elders' socialization groups: integrative review

Atuação da enfermagem junto a grupos de convivência com idosos: revisão integrativa

Participación de enfermeros en grupos de convivencia de personas mayores: revisión Integradora

RESUMO

Objetivo: Descrever a atuação da enfermagem junto a grupos de convivência com pessoas idosas por meio de publicações científicas. Métodos: Trata-se de uma Revisão Integrativa nas bases de dados SciELO, LILACS e BDNF entre maio e junho de 2021, os dados foram apresentados por meio de síntese e com a interlocução das informações sintetizadas. Resultados: Foram incluídos nove estudos com duas áreas de discussão: "Atuação do enfermeiro para o autocuidado em grupos de convivência a idosos" e "Atuação do enfermeiro em atividades educativas em grupos de convivência à idosos". Conclusão: Ações voltadas para o autocuidado e a educação em saúde como estratégias de empoderamento dos idosos. Os enfermeiros devem desenvolver uma atuação voltada para a promoção da saúde, prevenção de agravos e manutenção da capacidade funcional. Mas também se faz necessário um olhar holístico, sistêmico, capaz de ver o ser humano de forma integral.

DESCRIÇÕES: Idoso; Enfermagem; Educação em Saúde; Grupos de Autoajuda.

ABSTRACT

To describe the nurses' participation in elders' socialization groups through scientific publications. Methods: This is an integrative review in databases SciELO, LILACS, and BDNF between May and June 2021, data were presented through synthesis and with the interlocution of synthesized information. Results: Nine studies were included with two areas of discussion: "Nurses' role in self-care of elderly in socialization groups" and "Nurses' role in educational activities in elders' socialization groups". Conclusion: Actions aimed at self-care and health education as empowerment strategies for the elderly. Nurses must develop actions that seek health promotion, injuries prevention, and functional capacity maintenance. However, it is also substantial to have a holistic, systemic look, capable of seeing the human being integrally.

DESCRIPTORS: Aged; Nursing; Health Education; Self-Help Groups.

RESUMEN

Objetivo: A través de publicaciones científicas para describir el papel de los enfermeros en grupos de convivencia de personas mayores. Métodos: Se trata de una revisión integradora publicados en las bases de datos SciELO, LILACS y BDNF entre mayo y junio de 2021, los datos fueron analizados a través de sintetizados y con interlocución de la información sintetizada. Resultados: Se incluyeron nueve estudios con dos áreas de discusión: "El papel de los enfermeros en el autocuidado en los grupos de convivencia de personas mayores" y "El papel de los enfermeros en las actividades educativas en los grupos de convivencia de personas mayores". Conclusión: Se encontró acciones orientadas al autocuidado y la educación para la salud como estrategia para el empoderamiento de las personas mayores. El enfermero debe desarrollar acciones enfocadas a promover la salud, prevenir lesiones y mantener la capacidad funcional, tener una mirada holística, sistémica, capaz de ver al ser humano de forma integral.

DESCRIPTORES: Anciano; Enfermería; Educación en Salud; Grupos de Autoayuda.

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ORCID:0000-0002-4397-1814**Lisiane Paula Sordi Matzenbacher**Nurse, Federal University of Rio Grande do Sul (UFRGS).
ORCID:0000-0002-1407-7717**INTRODUCTION**

Working with groups constitutes an alternative for health care, in which it is possible to implement interactive education actions between professionals, the population and society, aiming at improving the quality of life and health of individuals. Conceptually, the coexistence groups are called environments for socialization of people, especially the elderly, maintaining social bonds, providing pleasant experiences of leisure and fun articulated with health education activities, providing opportunities for improvements in the quality of life.¹ Going beyond biomedical topics, expanding the topics according to the interest of the group.²

In these living environments, different actors are inserted, such as people with chronic diseases, professionals who help in the health and disease process. In the coexistence groups it is possible to carry out social practices, motivate pleasant feelings and sensations that bring improvements to health and well-being. It is in this space that professional nurses stand out, as they create an environment of approximation between subject-professional necessary to promote health.

In educational actions, nurses can promote comprehensive health care in order to implement scientific knowledge in clinical practice, providing effective communication as a strategy for transforming the reality in health. The health promotion actions

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implemented by nurses promote the subject's autonomy through the operationalization of pedagogical and instrumentalization techniques, valuing intersectoriality in health care.³

Health education for the elderly population is relevant, as it is the age group on an upward curve. There are several life changes that occur with the aging process, such as physiological, psychological, functional and behavioral. Many tools can be implemented to improve the elderly in social spaces for a better quality of life, recognition and reintegrating them into society.

The specifics of the aging process demand knowledge, skill and attitude from nurses, since the aging process is different for each subject. Furthermore, the nurse's role must encompass the biological, psychological, spiritual and social factors that are capable of altering the natural course of aging.

A study carried out with elderly people in a social group identified that many elderly people started to have a more active life, engaged in other leisure activities, improved their disposition and mood, reduced their health problems and improved the performance of their daily activities.⁴ The impact generated on the elderly is reinforced in another study, where the elderly were able to re-signify old age and favor their re-socialization in society, having a successful and healthy aging process.⁵

Nurses can play the role of mediation in coexistence groups, as well as promote active listening, as they have in their training

process the realization of this practice in different health spaces. Therefore, the nurse can play a role of facilitator in the coexistence groups and operate in the promotion, prevention, maintenance and recovery of the health of this group.

However, even knowing the legal role of nurses and having theoretical knowledge about the role of the mediator of social groups, this study aims to describe the role of nursing in social groups with elderly people through scientific publications.

METHOD

It is an integrative review, developed in five stages: problem formulation, data col-

lection, data evaluation, data analysis and interpretation, and results presentation.⁶

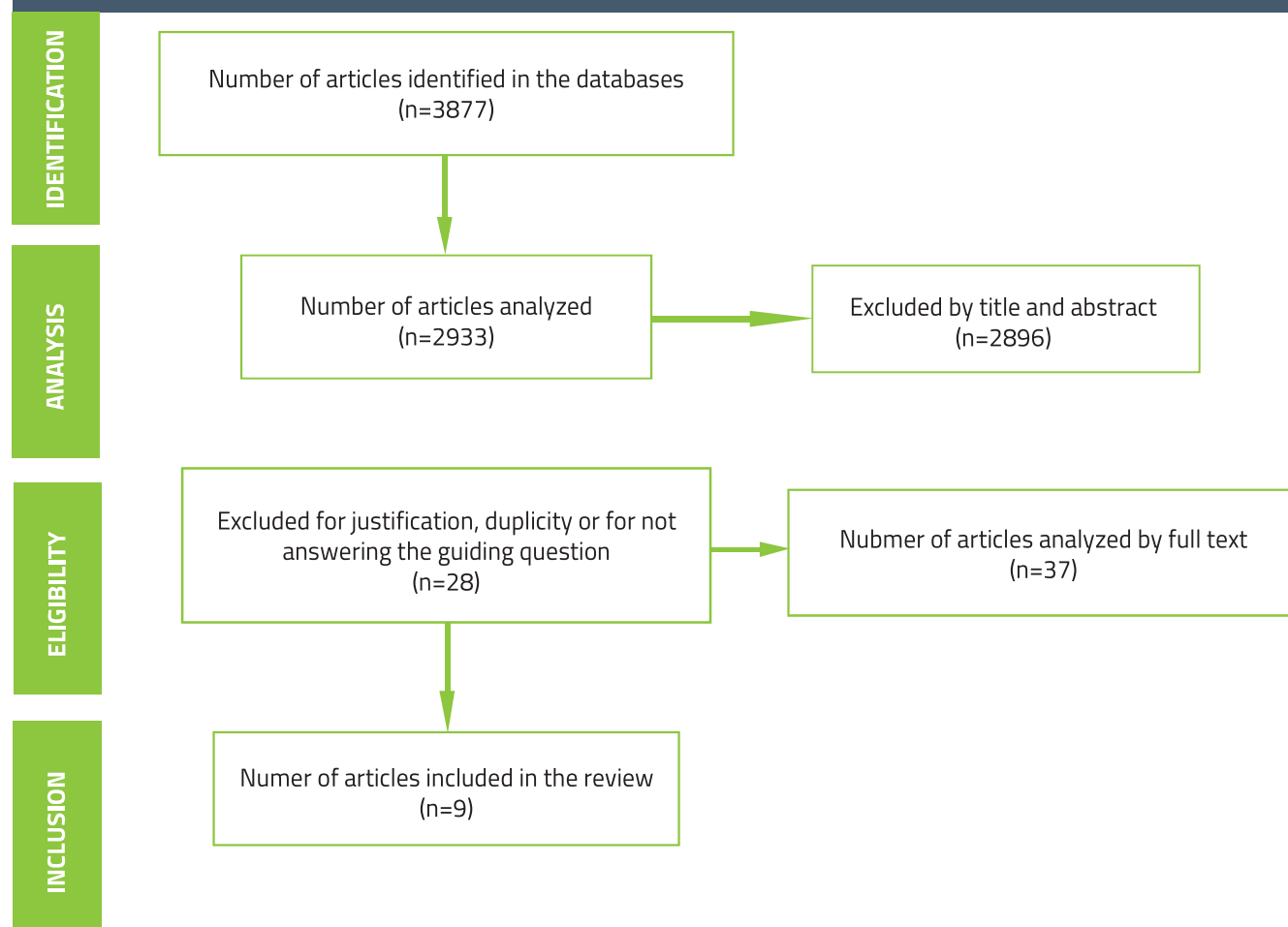
The guiding question of the study was "what is the role of nursing with groups of coexistence with the elderly?" The data collection stage took place between May and June 2021 in the Scientific Electronic Library Online (SciELO) databases, Latin American Literature Health Sciences and Caribbean Health Sciences (LILACS) and Nursing Database (BDENF). The following Descriptors in Health Sciences (DeCS) in Portuguese were used: Grupos de Autoajuda, Educação em Saúde, Idoso e Enfermagem; and in English: Self-Help Groups, Health Education, Aged e Nursing. Combinations with the Boolean operator "AND" were used.

lector "AND" were used.

Inclusion criteria were original articles with full texts available free of charge and online, in Portuguese and English, published between 2010 and 2020; and exclusion ones: theses, review articles, dissertations, experience reports, case studies, editorials, gray literature and scientific articles that did not answer the research question. Figure 1 presents the flowchart of this search process.

After the selection of the articles, the evaluation of the data from the synoptic table began. For the analysis and interpretation of the data, the grouping by areas of discussion was used, which led to the construction of scientific evidence. The presen-

Figure 1. Flowchart of the search process.



Source: The authors, 2021.

tation of data is presented in a qualitative way. Ethical aspects were respected with the preservation and authenticity of data.⁷

RESULTS

Nine articles were selected for inclusion, which are shown in table 1.

As for data analysis, three (33.34%) used thematic analyses, two (22.22%) used descriptive analyses, two (22.22%) used comprehensive analyses, one (11.11%)

TABLE 1. Characterization of the articles that make up the sample (n=9).

AUTHOR/ YEAR	APPROACH	OBJECTIVE	RESULTS
Menezes e Lopes (2012) ⁸	Qualitative	Understanding the meaning of care for the elderly aged 80 years and over	Care of the self, or self-care; need to care for the other and to be cared for by the other, family member or not.
Leite, Pimenta, Costa, Oliveira, Moreira e Silva (2018) ⁹	Qualitative	Identify the knowledge of professionals about assistive technology and its importance in the life of the elderly	Four categories: knowledge about assistive technology; lack of knowledge on the part of professionals about available assistants, technologies for implementation in work with the elderly; use of assistive technology by the elderly; impact on professional practices after implantation of assistive technology.
Santos, et al., (2012) ¹⁰	Quantitative	To describe the actions of self-care in institutionalized elderly people with a focus on health promotion	Some elderly people neglected some aspects related to self-care such as oxygenation, hydration, activity and health promotion. This deficit may be associated with physical limitations, lack of knowledge and low purchasing power.
Santos, Santana, Silva e Valadares (2018) ¹¹	Qualitative	To analyze the communication between the elderly and the family of those who attend social groups	Four categories: conformations, concepts, family meanings, types of communication, communication barriers and communication strategies.
Dias e Tavares (2013) ¹³	Qualitative	Characterize the elderly and their participation or not in group educational activities	Most females, 60-70 years old, married, earning one minimum wage. The most reported morbidities were arterial hypertension and vision problems. Among the non-participants, vision problems and back problems prevailed.
Tavares, Dias e Munari (2012) ¹⁴	Quantitative	To compare the quality of life scores among the elderly who participate or not in group educational activities	The elderly who participated in group educational activities had lower scores in the social relationships domain and in the functioning of the senses, autonomy, past, present and future activities and social participation facets.

Pelazza, Sousa, et al. (2019) ¹⁶	Qualitative	To highlight the importance of physical activity associated with recreational activity in hemodynamic parameters and in promoting the health of the elderly	Awareness of the need for greater care with their own health. Playful activities combined with physical activity are effective in improving quality of life, social participation, mental and cardiovascular health.
Salimena, Dias e Bara (2012) ¹⁸	Qualitative	Understanding the role of nurses in health promotion actions for active aging	The results made it possible to perceive that activities aimed at the elderly are restricted and do not provide the elderly population with a health promotion aimed at active and healthy aging.
Araújo, et al., (2013) ¹⁹	Qualitative	Understand the experiences of health professionals who work in health education for the elderly	From the data, three central ideas emerged that reveal numerous weaknesses present in the health care of the elderly, as well as the strength and determination of professionals to make the difference.

Source: The authors, 2021.

used collective subject discourse analysis and one (11.11%) statistical analysis. As a scenario, one (11.11%) in a long-stay institution with the elderly and the others (88.89%) in the basic health network; all (100%) performed in Brazil.

DISCUSSION

The articles were grouped into two discussion areas:

Nurses' performance for self-care in groups for the elderly

In this category, questions related to the ability of the elderly person to perform their self-care are presented, preserving their autonomy and independence. It is from these elements that the elderly change habits and adopt new patterns of behavior; as the practice of physical activity; seeking medical attention and not using substances they consider harmful,⁸ becoming the protagonist of their lives.

In the meantime, the nurse's role is to sensitize the elderly to the rational and conscious use of technologies that promote the recovery of lost or diminished

functional skills. The correct use of assistive technologies; who identify themselves as crutches, glasses, hearing aids, bath chairs, among others; can influence beneficial changes by promoting autonomy, influencing the health and quality of life of the elderly.⁹

Changes resulting from aging, such as physical dependence, socioeconomic conditions, health impairment, lack of a caregiver and family problems are some of the factors that contribute to the institutionalization of the elderly. The development of activities related to leisure and the practice of physical activities contribute to the promotion of health and social interaction.¹⁰

Encouraging intra-family communication helps prevent family isolation and maintain a healthy family environment.¹¹ By carrying out actions that include the way of thinking and living of the elderly, valuing their knowledge through active and welcoming listening, self-esteem and the practice of self-care are stimulated, contributing to the maintenance of quality of life.¹²

Nurse's role in educational activities in groups for the elderly

In this category, elements relevant to educational activities that contribute to the empowerment of the elderly in the face of healthy aging are presented, considering that a significant portion of the elderly are affected by chronic diseases, and the nurse can monitor and carry out interventions that contribute to health promotion¹³ to the members of the coexistence groups.

The nurse, as a mediator of the groups, can contribute by identifying other factors, developing joint actions, aiming at improving social interaction and strengthening the exercise of citizenship.¹⁴ Articulating a shared construction of knowledge from the convergence between the accumulated knowledge of the sciences with the knowledge of the popular classes through their experiences.¹⁵

The implementation of the practice of physical activity associated with recreational activities in health promotion and changes in eating habits in living environments can influence in several aspects, such as affective, interrelational, psychomotor and vital parameters.¹⁶ Contributing both to social interaction, improvement of intellectual skills and greater clarification about

health care and its limitations.¹⁷

Nurses must use strategies that aim to improve the quality of life and have a systemic and integral view of the individual, family and community in which the elderly person is inserted. Because aging well means staying active, engaged and useful, despite biological, social and psychological losses, living according to the imposed changes, understanding aging as a benign and non-pathological process.¹⁸

Health education is an important tool mainly for the elderly population and through actions that help in health promotion, in the transmission of information and in the use of educational practices, sti-

mulating the autonomy of the elderly. It is necessary to improve and invest in professionals and in the instruments/methodologies used, as well as to motivate the use of alternative therapeutic practices.¹⁹

CONCLUSION

Nurses should propose health promotion actions, disease prevention and maintenance of functional capacity. But it is also necessary to have a holistic, systemic view, capable of seeing the human being in an integral way.

It was found that there are several groups of coexistence with the elderly linked to

other professionals such as physical education, social work, psychology. This shows a gap in the development of knowledge production by nurses, which may justify the low location of scientific productions that answered the guiding question, and there may also be other productions outside the search combination that were used for data collection.

It is hoped that this work can contribute to issues related to the theme, as with the aging population, demands tend to increase and health services need to be prepared for these changes in the population profile.

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