



THE NURSE AND VIOLENCE AGAINST THE ELDERLY

***¹Maura de Nazaré Quadros Farias, ¹Samilly Fernanda Chaves Costa, ¹Thiago Ribeiro Crisóstomo, ²Daniele Melo Sardinha, ³Danielle Oliveira Maciel, ⁴Milena Farah Damous Castanho Ferreira, ⁵Milene do Socorro Bastos de Carvalho, ⁶Gleyce Pinto Girard and ⁷Ana Gracinda Ignácio da Silva**

¹Nurse. Amazon Metropolitan University Center. Belém, PA, Brazil

²Academic Course in Nursing. Amazon Metropolitan University Center. Belém, PA, Brazil

³Nurse. Master's Student in Health at the Amazon by Federal University of Pará. Professor of Amazon Metropolitan University Center. Belém, PA, Brazil

⁴Nurse. Master in Management by Federal University of Rio de Janeiro. Professor of Amazon Metropolitan University Center. Belém, PA, Brazil

⁵Nurse. Master in Nursing by Federal University of Pará. Professor of Amazon Metropolitan University Center. Belém, PA, Brazil

⁶Nurse. Professor of Amazon Metropolitan University Center. Belém, PA, Brazil

⁷Nurse. PhD in Nursing by Federal University of Rio de Janeiro, Professor of Amazon Metropolitan University Center. Belém, PA, Brazil

ARTICLE INFO

Article History:

Received 29th September, 2018

Received in revised form

06th October, 2018

Accepted 13th November, 2018

Published online 31st December, 2018

Key Words:

Nursing, Elderly, Violence, Nursing Care

ABSTRACT

Objective: To describe the nurses' attitude regarding the violence suffered by the elderly, evidenced in the Brazilian and Portuguese scientific literature, from 2007 to 2018. **Method:** It is an exploratory study with qualitative approach of the type Integrative Review of Literature. The sample consisted of 14 articles, 13 Brazilian and one Portuguese. **Results:** The results showed that nurses are the health professionals who most identify violence against the elderly, either through nursing consultation or the arrival of the elderly in emergency services. However, most of these professionals do not report cases. **Conclusion:** Therefore, it is necessary to adopt strategies to prevent various types of violence through group dynamics, elaboration of educational materials, listening during nursing consultation and other means.

Copyright © 2018, Maura de Nazaré Quadros Farias. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Maura de Nazaré Quadros Farias, Samilly Fernanda Chaves Costa, Thiago Ribeiro Crisóstomo, et al. 2018. "The nurse and violence against the elderly", *International Journal of Development Research*, 8, (12), 24795-24798.

INTRODUCTION

The growth of the elderly population occurred due to the significant increase in people aged 60 or over. The estimated number of elderly people aged 60 and over by 2050 will be 841 million, up to 2 billion. By 2020, according to the World Health Organization (WHO), the number of older people will increase, surpassing the number of children up to five years. According to the Brazilian Institute of Geography and Statistics, the elderly population is 26.1 million (13% of the population) (Tavares; Camacho; Mota, 2017).

The elderly are often subjected to violence due to functional dependence and their fragilities. This violence is characterized by current Brazilian society as physical, sexual, psychological, economic, institutional violence, neglect / neglect and self-neglect. Violence against the elderly is not restricted to the physical act, but also, psychological aggression, neglect, abandonment and ill-treatment, definitely marking the life of the elderly. The situation of the elderly victim of violence and the aggressors is delicate, since there is a lack of information on the part of the elderly to denounce the abuses and the aggressions, which often suffer repression by the aggressor, who are often their caretakers (Aguiar *et al.*, 2015). However, according to article 230 of the Federal Constitution of 1988, the elderly in Brazil is protected against any type of violence,

*Corresponding author: Maura de Nazaré Quadros Farias

Nurse. Amazon Metropolitan University Center. Belém, PA, Brazil

making the family, society and the State responsible for the elderly. The elderly population is protected by Law No. 8,842, which acts on the National Policy for the Elderly (Ordinance No. 2,558 / 2016) and created the National Council for the Elderly, and guaranteed by Law No. 10,741 / 03, known as the Elderly Status (Musse; Rios, 2015). This study is relevant because, although violence against the elderly is considered a criminal act, notification by health professionals is not just a complaint but a practice that promotes public policies aimed at reducing risks and damages in the cases of confirmation and / or suspected violence against the elderly, since knowing how to recognize and identify the various forms of violence, victims and aggressors and to make the correct referral to the care network, promotes the necessary assistance to these victims (Paraíba; Silva, 2015). It is hoped to contribute to reflection and discussion of the problem by nursing professionals, both in care and in universities, enabling visibility and debates on the ways of caring for the elderly, on the aging process, their needs and fragilities, with a view to the construction of adequate assistance, as well as the formulation of comprehensive intervention strategies for health in cases of suspicion and / or confirmation of violence against the elderly. In this sense, this study aims to describe the nurses' attitude regarding the violence suffered by the elderly, evidenced in the Brazilian and Portuguese scientific literature, from 2007 to 2018.

MATERIALS AND METHODS

This study is an Integrative Review of Literature with a qualitative approach. As a research method, the review is indicated for this study, because of its breadth, making possible the inclusion of Brazilian and Portuguese scientific studies in search of evidence on how nurses act when they encounter elderly people who have suffered some type of violence. Integrative literature review is an important type of research to provide new and current knowledge gained from previous studies (Santos *et al.*, 2015). The accomplishment of the study followed the stages of elaboration of the question of research; sampling and establishment of inclusion and exclusion criteria; data collection in the literature; analysis and discussion of results (Soares *et al.*, 2014; Jesus; Brandão; Silva, 2015). The first stage was the elaboration of the research question to guide the integrative review: What are the scientific evidences about the nurses' practice against the violence of the elderly in the Brazilian and Portuguese literature, from 2007 to 2018?

The second phase, referring to the sampling, was used the databases such as the Latin American and Caribbean Literature in Health Sciences (LILACS) Nursing Database (BDENF) and Scientific Electronic Library on Line (SciELO) and CAPES. The search was performed through the following descriptors: Nursing, Elderly, Violence, Nursing care, indexed on the basis of Descriptors in health sciences (DeCS). The terms Boolean and and or were also used to cross the descriptors. As inclusion criteria, articles with complete texts were used between 2007 and 2018 in the Portuguese and Portuguese languages of Portugal that contemplated the proposed objectives, and as exclusion criteria incomplete articles in other languages, as well as those that were outside of the study period. A total of 56 Brazilian scientific articles and 17 Portuguese articles from 2007 to 2018 indexed on online databases were accessed in the databases. In the LILACS databases 10 articles were selected, SciELO 49 articles, BDENF 12 articles and CAPES two

articles. After reading the abstracts 11 Brazilian articles and 16 Portuguese articles were excluded, so the sample consisted of 14 articles, 13 Brazilian and 1 Portuguese articles. In the third step, referring to data collection in the literature, an adapted form of Ursi was applied in each article. The instrument for recording data of interest to the study was applied to each one, thus constituting the body of the study. The fourth step in the analysis of the research was the thematic analysis of content based on Laurence Bardin (2016), systematizing the results found in thematic categories. The thematic analysis according to Bardin allowed the results found to be systematized from their affinities, demonstrating the sense nuclei (Bardin, 2016). In the study based on this analysis it was possible to identify the nuclei of nurses' actions in the face of violence to the elderly. Then, the steps that are part of the method are pre-analysis, the exploration of the material and the treatment of the obtained results and interpretation. In the pre - analysis, the material was organized from the forms with the records of articles of interest for the study followed by the elaboration of a table to systematize the following data: Authors; year; language; type of article; nature of the method; the title of the article. This table demonstrated the selected articles that made the sample allowing the characterization of the sample. In the phase of exploration of the material, the articles were codified in search of pertinent contents to answer the question of research. For a better visualization of the results, the data were systematized in another table the synthesis of the main ideas of the authors researched, that is, with the synthesis of the results of the researches of the articles, thus composing the analysis body of the study. The last phase of the treatment of results obtained and interpretation, we identified the similarities and differences between the units of analysis (sentences, words) that already constitute the produced results, identifying two thematic categories.

RESULTS

The results will be presented in 2 thematic categories according to the analysis of the studies, which are: types of violence suffered by the elderly and the nurse and violence against the elderly.

Types of violence suffered by the elderly

Among the articles researched, seven (7) showed the most frequent types of violence against the elderly: physical aggression; abandonment; negligence; financial exploitation; psychological abuse; rejection, depreciation and disrespect. Negligent violence is pointed out as the most common form of intrafamily violence practiced against the elderly (Castro; Rissardo; Carreira, 2018; Rodrigues *et al.*, 2017; Musse; Rios, 2015; Rodrigues, *et al.* 2010; Paiva; Tavares, 2015; Reis, *et al.* 2014; Lima, 2014; Viera *et al.*, 2013). Some authors report that the type of violence most evidenced is negligence, and that the elderly are also victims of this type of violence by professionals and health workers. The relationship between elderly people living alone and suicide, coupled with feelings of loneliness, lack of inclusion in society and helplessness, are also highlighted (Reis, *et al.*, 2014; Sousa *et al.*, 2018). A study from Portugal found that the most frequent form of maltreatment was psychological abuse (46.66%), followed by negligence (30%) and physical abuse (10%). The aggressors were children (43.45%), spouse (26.09%), daughter-in-law and son-in-law (13.05%), nephews (8.7%), neighbors (8.7%) and 69.54 % of the cases the aggressors were first-degree relatives

(Carmona-Torres, *et al.*, 2017). Studies have shown that maltreatment is related to several stressors such as: cognitive impairment, behavioral problems, psychiatric problems or psychological illnesses, functional dependence, poor physical health, frailty, low income, trauma or abuse in the past by the elderly. As well as, caregiver overload or stress and psychological and psychiatric problems, caregiver, family disagreements, little social support, living with other people in the same residence and that gender influences the ill-treatment in elderly people, being the women mainly, the who suffer some kind of ill-treatment (Sousa *et al.*, 2018; Lima, 2014).

The nurse and violence against the elderly

The health professionals are the individuals with the highest rate of confronting the problem of violence and mistreatment suffered by the elderly. Elderly maltreatment are common, found daily and regularly in clinical practice. Among these professionals, nurses are important to assist in this problem, with actions such as: identifying, preventing and intervening in cases of maltreatment and neglect of the elderly (Rodrigues *et al.*, 2010; Rodrigues *et al.*, 2017). Studies have shown that nurses are the professionals closest to patients and should take every opportunity to identify cases of aggression in the elderly that seek health care, either in the Basic Health Unit or in emergency and emergency services. From this, they should launch research strategies and face the problem, using validated instruments, group dynamics, or even attentive listening during the nursing consultation, as well as acting as disseminators of information on abuse (Aguar *et al.*, 2015).

Nursing consultation emerges as an important strategy to identify violence to the elderly, in a study conducted by Rodrigues and collaborators (2017), the authors found that anamnesis was the most indicated way to identify violence suffered by the elderly, followed by the examination physical examination performed in the nursing consultation. They also referred to the home visit and meeting with the elderly as moments in which they identified about this violence. Most of the nurses reported having reported cases of violence, but 48% said they did not report it, as well as all nurses report that the elderly do not usually report their aggressors. Group activities carried out by nurses with patients are also an important strategy to investigate elder abuse, as well as to stimulate patients to find collective solutions to face the problems experienced by them and to recognize risk factors for violence (Paiva; Tavares, 2015).

The use of a theoretical model of nursing is fundamental to guide the actions of the nurse regarding the identification of violence and mistreatment with the elderly. The study of Lima (2014), approached the Betty Neuman Systems Model for evaluation by the nurse that should include all the environment in which the elderly are inserted together with the stressors. In this model, the role performed by the nurse becomes an analysis of the characteristics of the elderly, the family, family relationships and the environment. It should establish nursing diagnoses identifying the etiology, a measure that contributes to the development of a concise plan. Nursing professionals, using this theory as a theoretical basis for care for the elderly victim of abuse, must intervene through the three levels of prevention. When using primary prevention, the nurse identifies the possible or actual risk factors associated with the abuses, that is, the objective is to promote the health of the elderly. When using secondary prevention, the professional identifies signs and symptoms, being common those related to

injuries, lack hygiene, depression, fear and resistance in denouncing the aggressor. The nurse must intervene early to treat and reduce the negative effects of stressors. Tertiary prevention, continuing the interventions initiated at the secondary level strengthening resistance to stressors, preventing, continuing or reappearing. The nurse, as a professional, teaches and intervenes, plays the role of helping the elderly to also deal with the environment created after contact with the stressors (Lima, 2014). The family health strategy team is an important way of working violence against the elderly, because it is regularly inside the residences, recognizing various situations, one of them possible elder abuse. Some proposals for interventions were identified as: interdisciplinary work within the health fields, implementation of an anonymous complaint box at the basic health unit to record violence against the elderly; the creation of groups of meeting the elderly for various recreational and recreational activities, as well as stimulating self-care (Lopes, 2014). As for the nurse's project specifically, it consisted of creating educational materials; to plan multiprofessional discussion meetings, to structure social interaction workshops with dynamic activities involving various assistance sectors (Lopes, 2014).

DISCUSSION

It was identified that the conduct of violence cases is diversified, and that there are attempts at care practices based on listening, welcoming, co-responsibility and bonding, as well as actions that can contribute to the situation of violence, although professionals do not often feel prepared to deal with this problem. In this sense, it is the nurse, the health professional who studies more about violence in the elderly, analyzing the consequences of the protective measures from the point of view of public health (Guzzo *et al.*, 2014, Minayo; Souza; De Paula, 2010). Some authors point out that several universities in the areas of social service, law, physiotherapy, nursing and psychology are introducing the theme of violence against the elderly as the subject of graduation work, thus involving students in this issue (Minayo; Souza; De Paula, 2010). However, there is a shortage of studies in the area of nursing focused on the subject (Sousa; Perrelli; Botelho, 2018). The results showed that nurses are the ones who most contribute to this care, since they have more contact with the elderly public.

On this, Silva and Boemer (2009) refer that human care, the main concept of nursing, secondly describes social, cultural and psychological issues, within the nurses' work to predict the health of the elderly and to a care of quality. Although the results indicate that the nurses identify through the anamnesis and physical examination the violence against the elderly, the majority of these professionals do not notify the case. Rodrigues Peixoto (2010), Rodrigues Partezani (2017) and Garbim (2015) report that when the nurse suspects or confirms a case of maltreatment, he / she must notify, welcoming the elderly person and directing him to social worker, or a specific program of Prevention of Care for Victims of Violence as it has directed the status of the elderly.

Conclusion

Negligent violence is said to be the most common form of intrafamily violence practiced against the elderly and that they suffer violence by different family members, even from

neighbors and health professionals. It was possible to answer the research question about the nurses' action on violence against the elderly and to respond to the objective proposed for this study, to describe their performance when faced with this type of problem, because it was verified in the articles studied that the nurses have a fundamental role for the elderly, with actions such as: identifying, preventing and intervening in cases of maltreatment and neglect, because they are the professionals closest to patients, and therefore should take every opportunity to identify cases of aggressions in the elderly that seek health care, either in the Basic Health Unit, or in the emergency and emergency services. In addition, nurses use research strategies and coping with the problem, with validated instruments, group dynamics, attentive listening during the nursing consultation, and as disseminators of abuse information. However, despite identifying cases of violence, most of the nurses did not denounce, as well as affirm that the elderly do not usually denounce their aggressors. In the interdisciplinary context, the nurse creates educational materials, plans multiprofessional meetings, structures social interaction workshops with dynamic activities involving various care sectors.

REFERENCES

- Aguiar, M.P.C. et al. Violência contra idosos: descrição de casos no Município de Aracaju, Sergipe, Brasil. *Escola Anna Nery Revista de Enfermagem*, 19(2): 343-349, 2015.
- Bardin, L. Análise de Conteúdo. 1.ed. São Paulo: 123-131, 2016.
- Carmona-Torres, J.M. et al. Maus-tratos no ambiente familiar contra idosos nas Ilhas dos Açores. *Rev. Latino-Am. Enfermagem*, 25(2): 02-08, 2017.
- Castro, V.C.; Rissardo, L.K.; Carreira, L. Violência contra os idosos brasileiros; uma análise das internações hospitalares. *Rev. Bras. Enferm.*, 71(2): 830-838, 2018.
- Guzzo, P.C et al. Práticas de Saúde aos usuários em situação de violência: da invisibilidade ao (des) cuidado integral. *Rev. Gaúcha Enferm.*, 3(2): 100-105, 2014.
- Jesus, P.B.R.; Brandão, E.S.; Silva, C.R.L. Cuidados de enfermagem aos clientes com úlceras venosas uma revisão integrativa da literatura. *Revista da Pesquisa Cuidado e Fundamental Online*, 7(2): 2639-2648, 2015.
- Lima, F.D.M. Teoria de Betty Neuman no cuidado à pessoa idosa vítima de violência. *Rev. Baiana de Enfermagem, Salvador*, 28(3): 219-224, 2014.
- Lopes, L.F.L. A participação da equipe de saúde da família na vigilância de cuidados ao idoso. *Universidade Federal de Minas Gerais*: 11-29, 2014.
- Minayo, M.C.S.; Sousa, E.R.; De Paula, D.R. Revisão Sistemática da Produção Acadêmica Brasileira sobre causas externas e violências contra a pessoa idosa. *Ciência e Saúde Coletiva*, 15(16): 2719-2728, 2010.
- Musse, J.O.; Rios, M.H.E. Atuação do enfermeiro perante a violência doméstica sofrida pelo idoso. *Estud. interdiscipl. envelhec., Porto Alegre*, 20(2): 365-379, 2015.
- Paiva, M.M.; Tavares, D.M.S. Violência física e psicologia contra idoso: prevalência e fatores associados. *Rev. Bras. Enferm.*, 68(6): 727-733, 2015.
- Paraíba, P.M.F.; Silva, M.C.N. Perfil da violência contra a pessoa idosa na cidade do Recife-PE. *Rev. Bras. Geriatr. Gerontol., Rio de Janeiro*, 18(2): 295-306, 2015.
- Reis, L.A et al. Expressão da violência intrafamiliar contra idosos. *Acta Paul Enferm.*, 27(5): 434-439, 2014.
- Rodrigues, R.A.P et al. Violência contra idosos em três municípios brasileiros. *Rev. Bras. Enferm.*, 70(4): 816-824, 2017.
- Rodrigues, T.P et al. Sentidos Associados À Violência para Idosos e profissionais. *Esc. Anna Nery*, 14(4): 772-778, 2010.
- Santos, M.I.P.O et al. Letramento funcional em saúde na perspectiva da Enfermagem Gerontológica: revisão integrativa da literatura. *Rev. Bras. Geriatr. Gerontol., Rio de Janeiro*, 18(3): 651-664, 2015.
- Soares, C.B, et al. Revisão Integrativa: conceitos e métodos utilizados na enfermagem. *Rev. Esc. Enferm. USP*, 48(2): 335-345, 2014.
- Sousa, G.S.; Perrelli, J.G.A.; Botelho, E.S. Diagnóstico de Enfermagem Risco de Suicídio em idosos: revisão integrativa. *Rev. Gaúcha Enferm.*, 39(2): 01-09, 2018.
- Tavares, R.E.; Camacho, A.C.L.F.; Mota, C.P. Ações de enfermagem ao idoso na estratégia saúde da família: revisão integrativa. *Rev. Enferm. UFPE on line*, Recife, 11(2): 1052-61, 2017.
- Vieira, R.A. et al. Prevalência de fragilidade e fatores associados em idosos comunitários de Belo Horizonte, Minas Gerais, Brasil: dados do Estudo FIBRA, Card. Saúde Pública, *Rio de Janeiro*, 29(8): 1631-1643, 2013.
