Chapter 146

Basic conditioning factors in the context of the self-care capabilities of hospitalized elderly people

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José Vitor da Silva
Nurse, visiting professor of the Graduate Program of the School of Nursing of the Federal University of Alfenas (UNIFAL), Alfenas-MG.
E-mail: enfjvitorsilva2019@gmail.com

Matheus Henrique Alves de Moura
Nurse, Master in Nursing, School of Nursing (UNIFAL), Alfenas-MG.
E-mail: matheus2henrique@hotmail.com

Elaine Aparecida Rocha Domingues
Nurse, PhD in Health Sciences, State University of Campinas (UNICAMP), Itajubá-MG, Brazil
E-mail: elainerocha.contato@gmail.com

ABSTRACT
Objective: to associate sociodemographic and health characteristics with self-care capacity. Method: This is a study with a quantitative and cross-sectional approach. The study participated in 200 people over 60 years of age, in hospital for at least 24 hours, in the medical, surgical and cardiology clinics, with preserved cognitive capacity and verbal communication hospitalized. Elderly people who presented in a situation of dependence and physical frailties with hemodynamic alterations were excluded. The instruments were used: Sociodemographic and Health Characterization of The Healthy And the Scale to Assess Self-Care Capacities. Results: The differences between self-care capacity with income (p=0.037) and physical disability (p=<0.001) were statistically significant. When correlating age with self-care capacity, the p-value corresponded to 0.006. Conclusions: The basic conditioning factors: age, income and physical disability were associated with self-care capacities.

Keywords: Self-care. Old. Hospitalization. Nursing.

1 INTRODUCTION

Aging refers to a stage of human life, of a normal, evolutionary, irreversible nature and without the consideration of being a disease. (1) It is widely touted the statement that the human being is living longer. Human longevity has been a challenge, as the amount of years lived has progressively increased. (2)

Associated with this contemporary reality, the increase in the number of old people has followed the same direction of longevity. In this sense, they are currently ores with these two human realities of universal amplitude and irreversible nature. It can be affirmed today, with evidence, that the increase in the number of old people and longevity are two phenomena among human actors, which, in turn, have produced two effects: one positive and the other negative. The first concerns quality of life, active and healthy aging, maintenance of functional capacity, autonomy and physical independence. The second is certified by the C-tronic Sonic SonicS (NCDs) that compromise life and its health aspects. (2)

In this context, the practice of self-care is the indispensable strategy for the maintenance of active and healthy aging, as well as for the prevention of late complications of NCDs. Self-care can be understood as the set of actions, carried out in a deliberative manner, for the maintenance of life, health and well-being or quality of life. (3)

Dorothea Orem's Nursing Theory of Self-Care Deficit (TEDA) is highlighted in this scenario, since it presents in one of its central concepts self-care capabilities. This appreciation refers to the knowledge, skills and experience obtained throughout life, informally or not, and that are used in the performance of self-care actions. (4-5)

It is noteworthy that hospitalized old people, with certainty throughout their lives, have been guided by knowledge of the requirements for the action of universal self-care, personal development and their health problems, especially their comorbidities. Therefore, recognizing the self-care capacity of hospitalized elderly people and associating with sociodemographic and health data allows us to profile individuals who have obstacles regarding their self-care skills.

Therefore, the aim of the study is to associate sociodemographic and health characteristics with the self-care capacities of the old people in the context of hospitalization.

2 MATERIAL AND METHOD

The present study was of a quantitative, cross-sectional approach. The sample consisted of 200 older people, aged 60 years or older, of both sexes and hospitalized in a large general hospital, philanthropic, university and located in a city in the South of Minas Gerais.

The sampling was non-probabilistic and the method intentional or rational. The inclusion criteria consisted of being hospitalized for at least 24 hours; have preserved cognitive and verbal communication skills, which was evidenced by the application of the sociodemographic characterization instrument and being hospitalized in the medical, surgical and cardiology clinics. Exclusion criteria were to be present in a situation of dependence and physical frailties and hemodynamic alterations.

Data collection occurred from March to May 2018, in a private place, after information and clarification on the study, obtaining the consent and signing of the TCLE. Two instruments were used for data collection. The first refers to the sociodemographic and health characterization of the old people, elaborated by the authors of the study and consisting of open and closed questions.

The second, called Scale to Assess Self-Care Capabilities (ASA-A), was elaborated by Evers, Isenberg, Philipsen, Senten M and Brouns(6) and adapted to Brazilian culture, and evidence of psychometric properties by Silva and Rocha (7) The instrument is composed of 24 items and Liuert type scale. The score ranges from 24 to 120 points. The lower the score, the lower the self-care capabilities and vice versa. (8)

Data analyses were performed from the elaboration of a database with the variables of the instruments. The Statistical Package for the Social Sciences (SPSS), version 22.0, was used, from which descriptive statistics were used for categorical and continuous variables. From the inferential statistics, the following nonparametric tests were used: Mann Whitney, Kruskal Wallis, Spearmann correlation coefficient. Level d andsignificance corresponded to p equal to or less than 0.5.

This research followed the ethical precepts established by Resolution 466/12, of December 2012, and was approved according to The Embodied Opinion Number 2,734,851 of the Ethics and Research Committee of the University of Vale do Sapucaí (UNIVÁS), Pouso Alegre/MG.

3 FINDINGS

Regarding sociodemographic and health characteristics, it was found that 56% were female; the mean age of the study participants was 78.8 years (Deviation Padrão= 6.2); 47.5% had incomplete elementary school; 37.5% were married; 80% had children; 71.5% of the older people lived with family members; 78% were retired and 61.5% received less than one minimum wage, as observed in table 1.

Regarding self-perceived health, 43.5% considered it "good"; 77.5% had NCDs. Of these, 48% had cardiovascular diseases; 72.5% reported not having physical disabilities and 70.5% did not practice physical activity. The evaluation of self-care capacities showed that the mean was equal to 105 (DP= 12.0).

Table 1 presents the association of sociodemographic and health characteristics with self-care capacity of hospitalized old people. The variables income and physical disability were associated with self-care capacity ($p<0.05$).

Table 1: Comparisons between sociodemographic and health characteristics with self-care capacities of hospitalized old people. Minas Gerais, 2018 (n=200). (Continues).

		Sex				Mann-Whitney Test (p)	Result
		Male			Female		
EACAC Total	Median	105,00			105,00	0,490	Male = Female
	Interquartile deviation	11,00			12,00		
	n	88			112		
		Marital status				Kruskal-Wallis test (p)	Result
		Married	Single	Widower	Divorced		
EACAC Total	Median	105,00	102,00	104,00	103,50	0,291	Married = Single = Widower = Divorced
	Interquartile deviation	12,00	12,00	13,00	13,50		
	n	75	27	73	20		
		Schooling				Kruskal-Wallis test (p)	Result
		No	Incomplete Fundamental	Complete Fundamental	Middle and Upper		
EACAC Total	Median	103,00	104,00	107,00	104,00	0,847	None = Fund. Inc. = Fund.Com. = Medium = Upper
	Interquartile deviation	13,00	12,00	11,00	12,50		
	n	38	95	49	18		
		Income				Mann-Whitney Test (p)	Result
		< 1 sm			1 or + sm		
EACAC Total	Median	104,00			107,00	0,037	(<1 sm) = (1 or + sm)
	Interquartile deviation	11,00			12,50		
	n	123			77		

		Difficulty sleeping			Kruskal-Wallis test (p)	Result
		Yes	Sometimes	No		
EACAC	Median	104,50	104,00	106,00		
Total	Interquartile deviation	12,75	11,00	13,00	0,460	Yes = Sometimes = No
	n	44	81	75		

		Health Assessment					Kruskal-Wallis test (p)	Result
		Great	Very Good	Good	Regular	Bad / bad		
EACAC	Median	105,50	105,00	107,00	103,00	102,00		
Total	Interquartile deviation	14,00	10,00	12,00	12,00	10,00	0,071	Great = Very Good = Good = Regular = Bad/bad
	n	12	40	87	43	18		

Source: Instrument for demographic characterization of health and Scale to Assess Self-Care Capacities (ASA-A).

Table 1: Comparisons between sociodemographic and health characteristics with self-care capacities of hospitalized old people. Minas Gerais, 2018 (n=200). (Continued).

		Visual difficulty			Kruskal-Wallis test (p)	Result
		Yes	No (with glasses)	No (no glasses)		
EACAC	Median	104,00	105,50	104,00		
Total	Interquartile deviation	12,25	11,00	11,75	0,536	Yes = No (with glasses) = No (no glasses)
	n	24	112	64		

		Hearing difficulty			Kruskal-Wallis test (p)	Result
		Yes	No (with device)	No (no device)		
EACAC	Median	99,00	109,00	105,00		
Total	Interquartile deviation	15,00	12,50	11,00	0,089	Yes = With device = No device
	n	24	16	160		

		Physical disability		Mann-Whitney Test (p)	Result
		Yes	No		
EACAC	Median	99,00	107,00		
Total	Interquartile deviation	14,00	10,00	<0,001*	Yes < No
	n	59	141		

		Physical activity		Mann-Whitney Test (p)	Result
		Yes	No		
EACAC	Median	103,00	105,00		
Total	Interquartile deviation	11,00	12,00	0,885	Yes = No
	n	59	141		

Source: Instrument for demographic characterization of health and Scale to Assess Self-Care Capacities (ASA-A).

Table 2 shows the correlation between age and self-care capacity, showing that the correlations were significant ($p<0.05$) and with negative coefficients, i.e., the older the age, the lower the values in the scales.

Table 2: Correlation between age and self-care capacities of hospitalized older people. Pouso Alegre-MG, 2018 (n=200).

		Age
EACAC_Total	Correlation Coefficient	-0,194
	Sig. (p)	0,006*

Source: Instrument for demographic characterization of health and Scale to Assess Self-Care Capacities (ASA-A).

4 DISCUSSION

It is notorious the greater commitment of women to health care, evidenced by its extension of longevity to the detriment of men. Moreover, the intrinsic factors and frequent habits of seeking health services place in women a greater disposition for self-care (10). However, the test confirmed that there was no significant difference between the sexes, indicating that this variable did not affect the maintenance of self-care of individuals. This result may be directly related to the fact that individuals are in the context of hospitalization, because the routine of hospital care differs, is based on curative culture and the passivity of the patient, often existing in the relationship of care (between patient and health professional), prevails. (9-11)

Regarding marital status, we chose to evaluate the variable to understand the impact of family relationships on self-care performance, because it is feasible that family life intervenes fully in the way the elderly act, either with autonomy or with dependence. (12).

However, in the present study, there was no differentiation of self-care between the components of the group regardless of whether they were single, married, widowed or divorced. This result may be made up by the hospitalization factor, after all, the old people were in environmental conditions analogous to each other and the dynamics of hospital care itself may have influenced this result. (13)

Linked to this scenario, it is known that, with the change in the national sociodemographic profile, which indicates progressive aging of the population, associated with the reduction of the birth rate, it is inferable that gradually the support networks of elderly people are and tend to continue to be smaller and smaller. (14) It is currently common to find older people living alone and without children and/or spouses. This reality, which, on the one hand, leaves the old person at risk of helplessing, on the other hand, contributes to their autonomy and promotion of self-care, because they are unique in the condition of being responsible for their own well-being and health. (15)

The questionnaire included possible CAAS conditions that, in turn, also did not show correlation within the sample, namely: difficulty sleeping, the presence of chronic diseases and visual or auditory alteration. It is emphasized that old age is surrounded by numerous social stereotypes and is often related to limitations and the ipending of the end of life. (15-16)

In the popular imaginary, it is common to note that the elderly represent a figure that needs to be constantly cared for and monitored, because, theoretically, it would not have more self-care conditions. It is worth mentioning that the aging process is complex, continuous and heterogeneous and the level of functional capacity is individualized, varying in a similar way among people. (17)

Sociodemographic factors such as education and income are closely linked to self-care, as they are attributes that enable the individual to favor the promotion of his own health. In Dorothea Orem's Theory of Self-Care Deficit, the item knowledge is highlighted as a determinant and enabler of self-care. (18) Linked to this, low purchasing power is associated with the worst health conditions, as well as reduced access to health care, which directly impacts self-care capacity.

Associated with this, it can be affirmed that the available resources require the financial aspects for the purchase, consumption or use. To complete this operation, it is notorious that the financial part is the attribute necessary for the realization of the purchase. Therefore, it can be concluded that, if there is a need, resource and financial situation, the necessary resources can be acquisition. However, schooling is another essential factor, because, without knowledge, acquisition may be impaired or incomplete, because education is essential in the provision of self-care. It is often observed that the old people, even performing self-care practices, certain basic conditioning factors such as schooling especially provide them with many negative or compromising questions.

With regard to age as a determinant variable, it is observed that it directly interferes with the pattern of self-care. The limitation of self-care capacity is directly influenced by the reduction of the functional capacity of the older person, due to the physical and psychological changes inherent to the aging process, which compromises performance in daily life. (18)

Linked to age, another factor that impacted self-care capacity was physical disability. Cross-sectional research associated the deficit of self-care with sociodemographic, behavioral, health condition, access and use of health services, which corroborated this evidence. The results highlighted that the elderly dependent to perform basic activities daily and with physical disability presented deficit in self-care. (19) Physical disability leads to the loss of the independence of the old person, as it restricts the performance of daily activities and increases the pattern of dependence, worsens the quality of life, directly impacting self-care. (20)

The stimulus to self-care, health education regarding chronic conditions and their injuries are fundamental parts to offer the user of the health system subsidies for a general maintenance of the health status, not also excluding the need for factors such as access to medications, treatment resources, consultations and other logistical and structural components for health care.

In this context, health professionals should seek educational and adaptive methods, based on the lifestyle of the elderly, with emphasis on functional capacity to realize the strategies of self-care incentives and the improvement in the quality of care for this population. (21)

Perhaps one of the most interesting findings, although not statistically related, is the answers obtained with the self-assessment indicator of self-care. To realize that even those who classified their own health status as Regular and Bad did not present statistical difference in their self-care compared to those who reported having optimal or good health.

In studies conducted with the healthy people, it is common to find levels of compromised health states, according to the perception of the old people. Self-perceived health showed that 40.8% of the elderly progressed to a worse situation than five years ago; 39.8% reported that they remain in the same health situation and 19.4% in a better situation, in the time frame already established. When comparing their own health with that of other elderly, it was found that 19.4% were in worse health conditions than most of the elderly; 38.8% stated that their conditions are equated to them and most of the sample considered

themselves better than people of the same age. (22-23) Data of this nature may compromise the self-care capacities of the old, because self-perceived health, considered as a basic conditioning factor of the intrinsic type, may compromise the performance of self-care. The way the old person sees themselves in the health context can compromise their self-care practices. (24)

It can be inferred that the possible cause of this situation is related to two aspects that are very evident in the practice of self-care: 1º The old people have had long experience and used in relation to self-care, either by practice or by knowledge; 2nd Hospitalization can be a stage of life that does not require elderly patients self-care actions because, in this context, most of the care is performed, but the elderly are accustomed to take care of themselves and, in any case, this, even minimally, is developed by them at the hospital level. It can be affirmed that self-care is integrated or associated with life, especially those living in rural areas. It can be affirmed, according to Orem (4), that self-care is a human need, especially among older people.

5 CONCLUSIONS

The basic conditioning factors, including sociodemographic and health characteristics, according to the nursing theory of self-care deficit, interfere in self-care capacities. In the present study, the factors that interfered in self-care capacities were age, income and physical disability.

To prove the results obtained in this research, further studies are suggested maintaining these associations with self-care capacities. In the education and professional practice of nurses, it should be guided that the action of self-care, as long as it is possible, should be granted to the old person.

REFERENCES

1-Rocha JF. O envelhecimento humano e seus aspectos psicossociais. Revista Farol. 2018; 6(6): 77-89. Disponível em: http://www.revistafarol.com.br/index.php/farol/article/view/113/112.

2- World Health Organization (WHO). Envelhecimento ativo: uma política de saúde / World Health Organization; tradução Suzana Gontijo. – Brasília: Organização Pan-Americana da Saúde, 2005.

3- Samartini RS, Cândido VC. Reflections on elderly autonomy and its meaning for the practice of nursing care. Rev Bras Enferm. 2021; 74(3): 1-5. Disponível em: https://doi.org/10.1590/0034-7167-2020-0723

4- Orem DE. Nursing: concepts of practice. 2006;7. St. Louis/MD: Mosby.

5- Vitor FA, Lopes MVO, Araujo TL. Teoria do déficit de autocuidado: análise da sua importância e aplicabilidade na prática de enfermagem. Escola Anna Nery. 2010; 14(3). https://doi.org/10.1590/S1414-81452010000300025

6- Evers GCM, Isenberg MA, Philipsen H, Senten M, Brouns G. Validity testing of the Dutch translation of the appraisal of the self-care agency. Int J Nurs Study. 1993;30(4):331-42.

7- Silva JV, Reis RD. Capacidade de autocuidado de pessoas idosas hospitalizadas. Enfermagem Brasil. 2020; 19(5). https://doi.org/10.33233/eb.v19i5.3968

8- Silva JV, Domingues EAR. Adaptação cultural e validação da escala para avaliar as capacidades de autocuidado. Arq. Ciênc. Saúde. 2017; 24(4),30-36.

10- Organização Mundial da Saúde - OMS. Cuidados inovadores para condições crônicas: componentes estruturais de ação: relatório mundial. Brasília: OMS; 2003.

11- Organização Mundial da Saúde - OMS. Relatório mundial de envelhecimento e saúde. Brasília: OMS; 2015.

12- Araujo LF de, Castro JL de C, Santos JV de O. A família e sua relação com o idoso: Um estudo de representações sociais. Psicol. pesq. 2018; 12(2):14-23. doi.org/10.24879/2018001200200130

13- Costa SRD da, Castro EAB de, Acioli S. Capacidade de autocuidado de adultos e idosos hospitalizados: implicações para o cuidado de enfermagem. Revista Mineira de Enfermagem.2013; 17(1): 193-207.

14- Veras RP, Oliveira M. Envelhecer no Brasil: a construção de um modelo de cuidado. Ciência & Saúde Coletiva. 2018; 23(6): 1929-36.

15- Duarte YAO, Niwa LMS, Lucas PCC, Afonso SR, Damaceno DG, Ciosak SI. Distanciamento social e idosos que residem sozinhos em grandes centros urbanos. Enfermagem gerontológica no cuidado do idoso em tempos da COVID 19 - 2. 2.ed.rev. Brasília, DF: Editora ABEn; 2020.

16- Minó NM, Mello RMV de. Representação da velhice: reflexões sobre estereótipos, preconceito e estigmatização dos idosos. Oikos: Família e Sociedade em Debate. 2021; 32(1): 273-98.

17- Dias MAF, Paúl C, Watanabe HAW. Representações sociais de velhice e suas relações com declínio e finitude em comentários e críticas publicados na mídia.Revista Kairós Gerontologia. 2014; 17(1): 125-43.

18- Goes M, Lopes MJ, Oliveira H, Fonseca C, Marôco J. A Nursing Care Intervention Model for Elderly People to Ascertain General Profiles of Functionality and Self Care Needs. Sci Rep. 2020 Feb 4;10(1):1770. doi: 10.1038/s41598-020-58596-1.

19- Coura AS, Enders BC, França ISX, Vieira CENK, Dantas DNAD, Menezes DJCM. Ability for self-care and its association with sociodemographic factors of people with spinal cord injury. Rev Esc Enferm USP. 2013; 47 (05): 1150-7.

20- Imaginário C, Rocha M, Machado P, Antunes C, Martins T. Functional capacity and self-care profiles of older people in senior care homes. Scand J Caring Sci. 2020 Mar;34(1):69-77. doi: 10.1111/scs.12706. Epub 2019 May 31.

21- Coutinho LSB, Tomasi E. Déficit de autocuidado em idosos: características, fatores associados e recomendações às equipes de Estratégia Saúde da Família. Interface (Botucatu). 2020; 24(Supl. 1): e190578 https://doi.org/10.1590/Interface.190578

22- Farías-Antúnez S, Lima NP, Bierhals IO, Gomes AP, Vieira LS, Tomasi E. Incapacidade funcional para atividades básicas e instrumentais da vida diária: um estudo de base populacional com idosos de Pelotas, Rio Grande do Sul, 2014. Epidemiol. Serv. Saude. 2018;27(2): 1-14. https://doi.org/10.5123/S1679-49742018000200005

23- Azevedo SGV, Moreira ACA , dos Santos SBC , de Oliveira FES, Magalhães Júnior JWC. Estud. interdiscipl. envelhec.2020; 25(2): 171-96.

24- Leal, R. C. et al. Perception of health and comorbidities of the elderly: perspectives for nursing care. Brazilian Journal of DevelopmenT. 2020; 6(7): 53994–4004.