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RESEARCH

THE PROFILE OF PARTICIPANT WOMEN IN A NURSING EXTENSION PROGRAM

O PERFIL DAS MULHERES PARTICIPANTES DE UM PROGRAMA DE EXTENSÃO DE ENFERMAGEM

EL PERFIL DE LAS MUJERES QUE PARTICIPAN EN EL PROGRAMA DE DIVULGACIÓN DE LA ENFERMERÍA

Geilsa Soraia Cavalcanti Valente¹, Mirian da Costa Lindolpho², Liliâne Pinheiro de Mello³, Helena Ferraz Gomes⁴, Selma Petra Chaves Sá⁵

ABSTRACT

Objective: To identify the profile of women participating in the Extension Program “Nursing in the Health Care of the Elderly and their Caregivers” (known as EASIC). **Method:** This is a documentary research with quantitative data approach, conducted between the months of June and July 2010, at the EASIC. The data processing took place by means of simple percentage frequency. **Results:** of 458 women served in the EASIC, 44,1% were aged from 71 to 80 years; 30,1% were married; 16,2% received one minimum wage; 36,7% had not finished the Elementary School; 20,1% were catholic; 53,9% lived in the city of Niterói and 63,1% had associations of several diseases. **Conclusion:** the knowledge of the profile of the clientele to be served is crucial for identifying the demands and health needs, by respecting the skills and preserving the resilience of this population. **Descriptors:** Nursing, Health education, Elderly person.

RESUMO

Objetivo: Identificar o perfil das mulheres participantes do Programa de Extensão “A Enfermagem na Atenção à Saúde do Idoso e Seus Cuidadores (EASIC)”. **Método:** Pesquisa documental com abordagem quantitativa dos dados, realizada entre os meses de junho a julho de 2010, no EASIC. O tratamento dos dados se deu por frequência percentual simples. **Resultados:** das 458 mulheres atendidas no EASIC, 44,1% tinham idades entre 71 a 80 anos; 30,1% eram casadas; 16,2% recebiam um salário mínimo; 36,7% possuíam como escolaridade o Ensino Fundamental incompleto; 20,1% eram da religião católica; 53,9% residem em Niterói e 63,1% possuíam associações de várias patologias. **Conclusão:** O conhecimento do perfil da clientela a ser atendida é essencial para identificar as demandas e necessidades de saúde, respeitando os saberes e preservando a resiliência desta população. **Descritores:** Enfermagem, Educação em saúde, Idoso.

RESUMEN

Objetivo: Identificar el perfil de mujeres que participan en el Programa de alcance: enfermería en el cuidado de la salud para las personas mayores y sus cuidadores (EASIC). **Método:** enfoque cuantitativo a los datos mantenidos en los meses de junio a julio de 2010, en EASIC. **Resultados:** de 458 mujeres tratadas en EASIC; 44,1% tienen entre 71 a 80 años; el 30,1% están casadas; el 16,2% recibe un salario mínimo; 36,7% tiene educación primaria incompleta; el 20,1% son la religión católica; un 53,9% reside en Niterói, y el 63,1% cuentan con asociaciones de diversas enfermedades. **Conclusión:** el conocimiento de los perfiles de los clientes que deben cumplir es esencial para identificar las demandas y necesidades de salud, el conocimiento, respetando y preservando la capacidad de recuperación de esta población. **Descriptor:** Enfermería, Educación para la salud, Ancianos.

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INTRODUCTION

The Brazilian population is aging, according to surveys conducted by the Brazilian Institute of Geography and Statistics; and the growth rhythm of the elderly with advanced age has been intense.¹ International and national publications have highlighted changes in population pyramids, in which there is a predicted annual growth rate of 3.5% of the population in the first two decades of this century. Thus, the total number of people aged 60 and over will reach 194 million in our region, by estimating that Brazil will reach over 30 million; which represents the sixth largest elderly population in the world, being that 55% of the Brazilian population contingent aged over 60 years is composed of women.²

Currently, it should be noted a reorganization in families, since women are developing the role of head of the household and also perform services in the labor market, which provides significant changes in the family context.³ Thus, aging is a gradual and sequential process that transforms the human being by gradual situations, which cannot be avoided, by being a non-pathological process that brings about the body deterioration process - which affects the human being and other species and increases the death possibilities.⁴

The predominance of elderly in the Brazilian population has been requiring a reorganization of health systems, with a focus on the care of chronic-degenerative and disabling diseases, which provide an impact on the life of each one elderly, by affecting the life quality; with it, there is a need for increasingly trained professionals.^{5,6}

The old, the elderly or the senior citizen compose a socially relevant clientele, in which we can establish several approaches, without being only limited to just one area of expertise, but

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covering several possibilities to be unveiled about such a clientele.⁷ Moreover, the preventive action strategies against chronic diseases, which are manifested with greater incidence in the elderly people, and the health promotion for this group of people are essential measurements. Hence, it becomes relevant to know the profile of this served clientele, as a way to know the major risk factors in this population.

The Extension Program "Nursing in the Health Care of the Elderly and their Caregivers" (known as EASIC) is linked to the Department of Fundamentals of Nursing and Administration from the School of Nursing Aurora Afonso Costa/UFF, being that its registration is annually renewed by the Dean of Extension since 1998.

The School of Nursing activities in the EASIC are referred to the nursing consultations that are held every morning, from Mondays to Thursdays, from 8:00 A.M. to 12:00 A.M., and every afternoon, from 2:00 P.M. to 5:00 P.M., being that such consultations have a duration of at least forty minutes. Furthermore, it develops therapeutic workshops for elderly with dementia, as well as support to their caregivers, every Tuesdays, lasting two hours. There is also the Extension Project "Enabling Actions together with the relatives of Elderly with Dementia", on Mondays, from 10:00 A.M. to 12:00 A.M., in addition to the achievement of home visitations, on Thursdays and Fridays, for the elderly participants in the program who are prevented from moving.

The clientele is served by spontaneous demand, in which the vast majority is composed of elderly women with some kind of dementia. It is noteworthy that the "Mequinho", where the EASIC Program is located, is a benchmark center for the treatment of Alzheimer's dementia in the Southeast Region of Brazil.

Currently, the EASIC offers field of theoretical and practical teaching to the undergraduate nursing students from the 4th, 6th and 8th periods, as well as to the Nursing Residency in Collective Health, School of Nursing from the UFF, Multiprofessional Residency from the University Hospital Antônio Pedro and also the Academic Master Degree in Health Care Sciences/UFF.

Motivated by the fact that there is a large quantity of women participating in the program and by the knowledge of the characteristics of this clientele, the study object was consisted of presenting the profile of the elderly woman participating in the Extension Program: “Nursing in the Health Care of the Elderly and their Caregivers (EASIC)”. Hence, this research aimed to identify the profile of the woman participating in the EASIC project.

METHODOLOGY

This is a documentary research with quantitative data approach, due to the use of historical records of nursing of the EASIC for holding the data survey. We have considered as documents: information sources, indications and clarifications that bring about their content to enlighten certain issues and serve as proof to others, according to the researcher’s interest.⁸

The research was conducted from June to July 2010, being that it is associated with the initial survey performed in the historical records of nursing of women within the Extension Project: “The nursing consultation as a strategy for health promotion and osteoporosis prevention in the older woman”.

Initially, we performed the survey of the historical records of nursing of women participating in the EASIC, with the support of the teachers participating in the program, scholarship students, nursing residents in collective health
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from the School of Nursing from the UFF and one master’s student of the Academic Master Degree in Health Care Sciences/UFF.

We have collected data of the 458 historical records of women enrolled in the EASIC, which match to the total study population. For data collection, we have used a tool that contained the following information: age, marital status, religion, residence, schooling, family income and existing diseases. Data were stored in the program Microsoft Office Excel (2007), so that they were subsequently quantified in simple percentage frequency and analyzed through statistical analysis.

As our research involves human beings, this was submitted to the Ethics Research Committee from the Faculty of Medicine from the University Hospital Antônio Pedro, which is attached to the Fluminense Federal University, and was approved under the Protocol n° 118/2010.

RESULTS AND DISCUSSION

The data are presented through predominant percentage, being that they will be detailed in the tables. Due to the study limitations, as the non-adequate fulfillment of the tools regarding the historical records of the elderly women at stake and its own variations over the years with sights to better organize it; we have used the expression “not informed” or “without information”, when the historical records did not present information pertaining to the researched topic.

In the nursing historical records of the 458 female participants, with regard to the age, it was found a predominance of elderly women in the age group from 71 to 80 years, matching to 44.1% of women. Regarding the marital status, 30.1% were married women, with prevalent family income of one minimum wage (16.2%), as Table 1.

Table 1: Sociodemographic data regarding the age, marital status and family income of the EASIC women. Niterói; 2010.

Profile of the EASIC Woman	N = 458	%
Age		
30-40 years	1	0,2
41-50 years	4	0,9
51-60 years	18	3,9
61-70 years	96	21
71-80 years	202	44,1
81-90 years	116	25,3
91-100 years	11	2,4
Over 101 years	1	0,2
Unanswered	9	2
Marital status		
Widowed	126	27,5
Married	138	30,1
Divorced	34	7,4
Single	25	5,5
Others	2	0,4
Unanswered	133	29
Family income		
Over 5 wages	24	5,2
5 wages	3	0,7
4 wages	21	4,6
3 wages	33	7,2
2 wages	49	10,7
1 wage	74	16,2
None	10	2,2
Unanswered	244	53,3

Regarding the schooling, 36.7% of the surveyed women had finished the Elementary School. With regard to the religion, because of different beliefs, we can identify several representations, but the gap in completing the nursing historical records was the most appeared issue over this item, totaling 67% of nursing charts without information concerning the religiosity. Nonetheless, in the nursing historical records in which there was the information pertaining to the religion, the Catholic religion has prevailed in 20.1%. As for the residence location, 53.9% of these women lived in the city of Niterói/RJ/Brazil.

It was found that 63.1% of the women served in the EASIC Program had the association of several pathologies, being that the most prevalent were: hypertension, dementia, diabetes mellitus, cancer and osteoporosis. These data can be verified in a more explicit way in Table 2.

Table 2: Sociodemographic data regarding the schooling, religion and residence location and pathologies of the EASIC women (n=458). Niterói; 2010.

Profile of the EASIC Woman	N = 458	%
Schooling Level		
Illiterate	26	5,7
Elementary School	66	14,4
Incomplete Elementary School	168	36,7
Complete Elementary School	37	8,1
High School	20	4,4
Incomplete High School	9	2
Complete High School	31	6,8
Incomplete Higher Education	3	0,7
Complete Higher Education	13	2,8
Unanswered	85	18,6
Religion		
Catholic	92	20,1
Evangelical	48	10,5
Spiritist	9	2,0
Umbanda practitioner	1	0,2
Messianic	1	0,2
Unanswered	307	67
Residence location		
Volta Redonda, Sepetiba, Cachoeiro de Macabu	3	0,7
Araruama, Rio Bonito, Maricá	6	1,3
Itaboraí	9	2,0
Rio de Janeiro	11	2,4
São Gonçalo	165	36
Niterói	247	53,9
Unanswered	17	3,7
Pathologies		
Associated pathologies	289	63,1
Just one pathology	150	32,8
Unanswered	19	4,1

It should be observed that the quantitative of women who participates in the EASIC Program holds a significant representation, because, when comparing our findings with the literature, some studies conducted in programs focusing on elderly people and caregivers have found lesser values or

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just around to the value presented in this research.

By referring to the importance of the EASIC Program, it leads us back to its responsibility in promoting the health of participating women and their commitments before the society as Teaching, Research and Extension Program. Hence, participation is essential, especially on the part of the elderly women, since it is a group that allows the exchange of life experiences.⁹

Moreover, the health care programs for the elderly population are increasingly required and their challenging actions pursue the health promotion, being that it is important to constantly develop practical activities grounded on socioeconomic, cultural, and health components, in addition to the needs for public policies and social participation.¹⁰

We have noted a prevalence of older women, where the age group that most has appeared was the one from 71 to 80 years, by making distinction in relation to some studies in which a “younger” age group has predominated, i.e., the age group from 60 to 69 years.¹¹

We might also emphasize that the age group of the elderly equal to or greater than 80 years, as seen in the study, is the fastest growing segment. The subjects who comprise such a group are called “older elderly”, “very elderly” or “elderly in advanced old age”, being that it is the most relevant time of application of functional assessment in view of designing strategies aimed at maintaining the functionality. This is because studies show that the impairment of the Daily Living Activities (DLA) resulting from the dependence tends to increase about 5% in the 60-69 age group and 50% among those people aged 90 and over.⁴

Regarding the marital status, it was found that married women are at a higher amount, on J. res.: fundam. care. online 2013. out./dez. 5(4):606-13

par with the results of some studies.¹² Nevertheless, in a researched study, the widowhood status and younger women are prevalent.¹¹

People who gain just one minimum wage were prevailing in our survey, which shows a low economic power, by being a negative factor, when we thought on the costs to the health maintenance.¹³

A study performed along with elderly people showed a greater amount of women and demonstrated similar data to this research regarding the schooling level, in which 63% had not finished the Elementary School.¹⁵ While other studies differ, when showing a greater amount of illiterates in the elderly population.¹⁵

It is noteworthy to emphasize the issue of knowing the schooling level of the served clientele, as it serves to direct the parlance and the appropriate level to be used during the nursing consultations, guidelines and performed educational activities, thus facilitating the understanding, in order to contribute to the greater public access to health-related information, awareness and greater adherence to disease prevention and health promotion.

The religiosity might be associated with the health status, when it improves the subjective status - welfare -, depression and anxiety levels are decreased, furthermore, such a status can reduce morbidity and mortality rates. The study corroborates other in which there was a predominance of the Catholic religion.¹⁶

Women are more attached to the religiosity than men, and it is possible to associate the found high religiosity with the fact that the older a person becomes, the more spirituality ties it increases, since the church and the faith end up being one of the social support networks, which lead individuals to know the reality of the other people and reflect on their health status, besides

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working as a promoter of the psychological and emotional welfare of the individual.¹⁶

Due to the activities of the Extension Program under study are located in Niterói, it is justified the high number of patients residents in this city who were included in the study ; as the Program is a benchmark share to the Alzheimer's dementia treatment, customers coming from other locations or cities were also found.

The pathologies which were presented in the study usually are associated, i.e., the same individual has several diseases, being that in most cases they were chronic diseases, which leads us to reflect on the life quality of these women, since a chronic disease is often incurable, with a prolonged course and a long latency period and that, although it is not immediately a life threatening, causes significant burden to health status, where there is exhaustion and suffering by the afflicted person, as well as economic impact arising from its treatment, thus interfering in the life quality of the patient and its family members.^{17,18}

The chronic diseases have increased in the elderly population, which leads to explain the occurrence of further associated pathologies, by considering that the study population is comprised of older women.

CONCLUSION

This study aimed at identifying the profile of the woman participating in the EASIC Program and showed that there is a diversity of clientele, even when compared to other studies, which present results that differ from the results of this study, by demonstrating the relevance of raising the population characteristics of each locality, in order to better conduct the care, in other words, the health care itself.

When realizing a high clientele of elderly women, it should be realized that the assistance J. res.: fundam. care. online 2013. out./dez. 5(4):606-13

tends to be focused on the health demands of this population, as well as the disease prevention, especially the most prevalent chronic diseases in this age group. Nevertheless, health education should be seen so that the educator is a promoter of information and that the student is a thinking being, with sights to acquire knowledge by his own conclusions and, therefore, incorporate into his daily routine.

Hence, all health professionals should know the profile of the clientele in the most varied health services, in order to identify the demands and health needs, as well as to develop activities that invest in the improvement of the life quality and in a more humanized care, by respecting the skills and preserving the resilience of this population.

Through the results, it should be pointed out to the importance of conducting various activities that compose the Program at stake, as strategies for resolving the nursing problems found after identifying the women's profile. Among these strategies, it should be mentioned: workshops of cognitive, physical and behavioral stimulation, recreational activities, craftworks, health education, among others. Such shares enable elderly to achieve relevant outcomes from the intervention strategies performed by the staff.

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