

ORIGINAL ARTICLE

## NURSES' DAILY CARE FOR OLDER ADULTS IN THE FAMILY HEALTH STRATEGY IN MANACAPURU-AMAZONAS

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### ABSTRACT

**Objective:** To describe the performance of nurses in caring for older adults in the Family Health Strategy of Manacapuru-Amazonas.

**Method:** A descriptive and qualitative study conducted with 16 nurses from 11 Basic Family Health Units, using a semi-structured instrument qualitatively analyzed by the Content Analysis Technique.

**Results:** Care directed to the spontaneous demand and focused on pathologies; nurses are not trained to provide specific care to the older adult population and face the deficiency or absence of a family role in caring for older adults in the Family Health Strategy.


**Conclusion:** The daily practice of nurses in the Family Health Strategy in caring for older adults suffers from significant deficit due to the lack of planning and professional training. In view of this problem, it is important that public policies are implemented and directed to the local and regional population and gerontological nursing care scenarios.


**DESCRIPTORS:** Nursing; Comprehensive Health Care; Aging; Health of the Older Adult; Family Health Strategy.


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## **COTIDIANO DO ENFERMEIRO NO ATENDIMENTO AO IDOSO NA ESTRATÉGIA SAÚDE DA FAMÍLIA EM MANACAPURU-AMAZONAS**

### **RESUMO**

*Objetivo:* descrever a atuação do enfermeiro no cuidado à pessoa idosa na Estratégia Saúde da Família de Manacapuru-Amazonas.

*Método:* estudo descritivo, qualitativo, realizado com 16 enfermeiros de 11 Unidades Básicas de Saúde da Família, através de um instrumento semiestruturado, analisado qualitativamente pela Técnica de Análise de Conteúdo.

*Resultados:* atendimento direcionado para a demanda espontânea e centrado nas patologias; enfermeiros não capacitados para o atendimento específico à população idosa e que enfrentam a deficiência ou ausência do papel familiar no cuidado ao idoso na Estratégia Saúde da Família.

*Conclusão:* o cotidiano das práticas do enfermeiro na Estratégia Saúde da Família no cuidado ao idoso passa por um déficit significativo devido à falta de planejamento e capacitação profissional. Diante dessa problemática, é importante que políticas públicas sejam implementadas e direcionadas para o cenário local e regional populacional e de assistência da enfermagem gerontológica.

**DESCRITORES:** Enfermagem; Assistência Integral à Saúde; Envelhecimento; Saúde do Idoso; Estratégia Saúde da Família.

## **RUTINA DE ENFERMERÍA EN LA ATENCIÓN DE PERSONAS MAYORES EN LA ESTRATEGIA DE SALUD DE LA FAMILIA EN MANACAPURU-AMAZONAS**

### **RESUMEN:**

*Objetivo:* describir el desempeño del profesional de Enfermería en el cuidado de personas mayores en la Estrategia de Salud de la Familia de Manacapuru-Amazonas.

*Método:* estudio descriptivo y cualitativo realizado con 16 enfermeros de 11 Unidades Básicas de Salud de la Familia, a través de un instrumento semi-estructurado, analizado cualitativamente mediante la Técnica de Análisis de Contenido.

*Resultados:* atención dirigida a satisfacer la demanda espontánea y centrada en las patologías; enfermeros no capacitados para ofrecer atención específica a la población de adultos mayores y que hacen frente a una deficiencia o ausencia del rol de la familia en el cuidado de las personas mayores en la Estrategia de Salud de la Familia.

*Conclusión:* la rutina de las prácticas de Enfermería en la Estrategia de Salud de la Familia para el cuidado de las personas mayores sufre un déficit significativo debido a la falta de planificación y de capacitación profesional. Frente a esta problemática, es importante que se implementen y direccionen políticas públicas para el escenario local y regional de esta población y para el de asistencia de la Enfermería Gerontológica.

**DESCRIPTORES:** Enfermería; Asistencia Integral de la Salud; Envejecimiento; Salud de la Persona Mayor; Estrategia de Salud de la Familia.

## INTRODUCTION

Humanity is in an accelerated process of aging and longevity, and this is due to the social and epidemiological changes that have occurred in recent years. This phenomenon can be seen in the Brazilian population, whose number of older adults in a time frame from 1999 to 2012 surpassed the number of 22 million people<sup>(1,2)</sup>.

Projections of the Brazilian population aging show that, by 2040, there will be a significant increase in the proportion of individuals over 60 years old, with a consequent decrease in the youth population, justified by the significant reduction in fertility. Projections report that, by 2060, the total number of older adults will exceed 73.5 million, which corresponds to the total Brazilian population in 1970<sup>(3)</sup>.

In order to meet the emerging demands, Brazil organized itself to ensure assistance to the population aged 60 or over after the creation of the National Policy for the Older Adult (*Política Nacional do Idoso*, PNI), which went through readjustments in 2006 and gave rise to the current National Health Policy of the Older Adult (*Política Nacional de Saúde da Pessoa Idosa*, PNSPI), whose central purpose is to recover, maintain, and promote the autonomy and independence of the older adults, based on collective and individual health measures<sup>(4)</sup>.

With a view to what the PNSPI advocates, within the Unified Health System (*Sistema Único de Saúde*, SUS), Primary Health Care (PHC) stands out in the care of the older adult due to being the gateway to health and to the hub of interconnections of Health Care Networks (*Redes de Atenção à Saúde*, RAS)<sup>(5)</sup>.

PHC is regulated by the National Primary Care Policy (*Política Nacional de Atenção Básica*, PNAB), which directs the organizational guidelines in line with the organizational principles of the SUS. This policy was recently reformulated through Ordinance No. 2,436 in 2017, which, in addition to revising its regulations, stresses support and encouragement for the adoption of the Family Health Strategy (FHS) as a priority strategy for the consolidation of PHC<sup>(6)</sup>.

In this context, the nurse stands out as the professional with the greatest contact in caring for the older adult within the FHS, due to the development of health prevention, promotion, and rehabilitation actions, which contribute to the creation of bonds, knowledge of the health conditions presented by the user, and establishment of a relationship of trust between the professional and the older adult<sup>(7)</sup>. The FHS nurse manages care in order to develop an attentive and integral look at the needs of the older adult and to promote spaces for interactions with the user, aiming at the construction of collective and community care, based on the valorization of the bond with the family and the health units in order to guarantee their connection<sup>(8,9)</sup>.

Thus, when considering the growing demand for assistance directed to older adults in the health services, it is necessary to discuss the role of nurses in the FHS and how their assistance is directed to meet the demands of this population. Given the above, the objective was to describe the role of nurses in caring for the older adult in the Family Health Strategy of Manacapuru, state of Amazonas.

## METHOD

This is a descriptive study with a qualitative approach, which belongs to a larger study entitled "Managing the Care provided to the Older Adult in Primary Health Care in the Municipality of Manacapuru, Amazonas". Of a total of 18 nurses who worked in the 11 Basic Family Health Units (BFHUs) in the urban area of the city of Manacapuru-Amazonas,

Brazil, 16 professionals participated in the study.

The inclusion criteria were nurses who worked in the FHS for at least one year, and the exclusion criteria were nurses who were on vacation or on sick leave during the data collection period. It is worth mentioning that, of the total population of nurses, two were excluded because they were on vacation during the data collection period.

Data collection took place in the months of January and February 2016, through a semi-structured interview composed of two parts: the first consisted in questions about professional characteristics and the second included questions directed to the Nursing care provided to the older adult in the FHS. The interviews were individual and were carried in a private location in the units and at scheduled times.

Regarding data treatment, the results were analyzed using Minayo's Content Analysis Technique, following these stages: pre-analysis: the interviews were recorded after the nurses' authorization and later transcribed, as soon as the analysis was done, through exhaustive reading of the data, in order to systematize the ideas; exploration of the material: categorization of expressions with similar meanings; treatment of the results obtained and interpretation<sup>(10)</sup>.

The project was approved by and recorded in the Research Ethics Committee of the Federal University of Amazonas with CAAE No. 45582015.5.0000.5020 and, for better development of the testimonies and for maintaining the anonymity of the names of the nurses participating in the study, it was decided to use pseudonyms of flower names, followed by the time of performance of each professional.

## RESULTS

The study participants were female (12 nurses), with a mean age of 34 years old and 4.7 years of their training. Five had a Lato Sensu specialization in Obstetrics, three in Urgency and Emergency, three in Public Health, one in Higher Education Teaching, and four had no specializations.

Of the nurses working in the FHS, only two participants received introductory training when they were admitted to work in primary care. As for their participation in short-term updating courses, 15 of the interviewees stated that they had already attended some type of course in this modality; however, only four nurses attended a course on the theme of Health of the Older Adult.

After analyzing the data collected and exploring the expressions with similar meanings, four categories emerged: "the nurse as a caregiver of the older adult in the Family Health Strategy", "lack of training in the professionals to care for the older adult", "bond between the older adult and primary care", and "the role of the family in the care for the older adult who uses BHUs".

### **The nurse as caregiver of the older adult in the Family Health Strategy**

The care provided by the Nursing professional to the older adult in the FHS is directed by spontaneous demand, centered on pathologies and not directed at the specificities and peculiarities of the older adult's multidimensionality.

The nursing consultation, health monitoring, and health education activities aimed at the older adults within the units were directed to meet spontaneous demand, taking into account only the current reason that led the patient to seek the health unit.

*[...] No, I don't have a script, it depends on his clinical situation. (Sunflower, 6)*

*[...] We usually guide the issue of hygiene at home, the issue of locations in the house that may present risk of falls. (Gardenia, 11)*

*[...] The activities performed with this older adult? Only the lectures and the attendance to HiperDia [Hypertension and Diabetes Program]. (Lily, 3)*

The speeches of the nurses showed that there is no specific health care plan for the older adults and no direction of assistance that obeys an instrument that evaluates the older adult in integral aspects.

*[...] In our activities, we don't have specific care for the older adult. (Orchid, 6)*

*[...] The older adult enters the BHU to be assisted in the Hiperdia program [Hypertension and Diabetes Program], we do not yet have a specific calendar to work with that older adult facing the activities that the Statute provides for this person. (Lily, 3)*

### **Lack of training in the professionals to care for the older adult**

The lack of training for care directed to the specificities of the older adult is a reality experienced by nurses in the routine of PHC. The participants identified that there are weaknesses in the care provided to the older adults with regard to the lack of professional training aimed at this population, which submits the older adults to unprepared and fragmented care, according to the following statements:

*[...] The strategy nurse is very limited, in addition to taking on a family health strategy team, I also respond for the management of the unit, so this limits me a lot. It's also the lack of preparation, I think we should have more training. (Orchid, 6)*

*[...] The issue of recycling the program, because it is forgotten. I mean the health of the older adult and the Hypertension and Diabetes program, we are not qualified for this, which creates certain deficiency. (Amaryllis, 3)*

In addition to the Nursing professional not feeling able to care for the older adult, work overload appeared as a limiting factor for the development of efficient care for this user.

### **Bond between the older adult and primary care**

During the interviews, the nurses reported that they have two important bases to strengthen the bond of the older adult with the health unit. The first is the Community Health Agent (CHA), who becomes a fundamental intermediary between the professional-older adult-health unit triad. The second is the Extended Center for Family Health and Primary Care (Núcleo Ampliado de Saúde da Família e Atenção Básica, NASF-AB), which supports the development of activities and actions, in addition to providing multi-professional assistance in PHC.

*[...] What often facilitates is the health agent, he's a facilitator for us, if the health agent gains the trust of the older adults, they will trust us too. (Tulip, 2)*

*[...] So, we have very positive feedback with the entire NASF team, when we have a difficult situation. [...] we need the physiotherapist, the physical educator, the social worker, so that makes it easier. (Jasmine, 10)*

*[...] we have a set of activities that are carried out together with the family health team, the NASF, that gives us this matrix support. (Orchid, 6)*

According to the nurses' statements, the bond of the older adult with the health service in primary care is only possible through the close relationship of the CHA with the older adult population of the territories, as well as through the possibility of counting on

the joint work they have with the professionals of the NASF-AB. In the view of nurses, the support of these professionals is of fundamental importance in caring for the older adult.

### **The role of the family in the care of the older adult who uses BHUs**

The role of the family in caring for the older adult in primary care is seen by the nurses as deficient or non-existent. The family's neglect of the older adult appeared in the statements as a difficulty faced by the nurses in the care process.

*[...] They accept the visit, but when we get there, we see the neglect of the family with that older adult. (Violet, 3)*

*[...] The family issue, because sometimes he's very dependent on the family and the family does not collaborate. They usually don't even visit this older adult who lives alone. (Daisy, 8)*

*[...] One of the problems is related to some family members who do not help, do not cooperate in the health of the older adult, which makes our work difficult, because the older adult can't come to the BHU alone, he can't go fetch some exams alone, and the family must be close to assist this older adult. (Gardenia, 11)*

*[...] The difficulty is really the care of the family, we observe that if he's already old they don't care anymore. (Orchid, 6)*

## **DISCUSSION**

The FHS is the main basis in the comprehensive health care for the older adults, where the nurse gains a prominent role in the provision of care. An integrative review of the actions developed by PHC nurses states that these professionals must adapt their interventions by identifying needs and actions that minimize the limitations of the older adults, taking into account their biopsychosocial conditions<sup>(11)</sup>.

In this study, it was identified that there is no specific health care plan for the older adults. There is no direction of care that obeys an instrument that assesses the older adult in aspects of self-care, cognitive, and functional capacities, serving as parameters in care interventions and, later, for evaluating the interventions provided. This result corroborates with a study<sup>(12)</sup> that showed care for the older adult in PHC as punctual and focused on pathologies and on spontaneous demand.

In this context, technical assignments are practices developed by nurses within the FHS, being fundamental for care. However, care should not be based only on technical procedures. The PNAB highlights that the performance of the professional must have a user-centered view in order to meet their specificities<sup>(6)</sup>.

A study on nursing actions provided to the older adults reinforces that care for this collective should not be performed as it is for any other type of population, since it requires care in a unique way, a global approach, identification of needs, and recognition of the social support network, in order to promote autonomy and independence and to encourage self-care<sup>(13)</sup>.

A study carried out in a municipality in the inland of Bahia showed that the care provided by the FHS team is still too focused on the biological-curative sphere. This line of conduct does not allow for the provision of active listening, which would enable the exchange of knowledge and would take into account the individual's uniqueness, and points to the need to rethink and reconfigure the care model offered to the population<sup>(14)</sup>.

In the current scenario, care is fragmented and offered in a non-systematized manner, causing numerous challenges in promoting longevity to the new population configuration. A survey conducted with nurses who assisted older adults in the FHS of Divinópolis-MG, points to the fact that few nurses are properly trained and have expertise to create bonds and care for the older adult population<sup>(15)</sup>.

This is a weakness experienced in the present study, as nurses recognize the lack of preparation and professional training for the care of the older adults. Of the total participants, only four had attended a short course on the theme of older adults, which explains the lack of knowledge about this population segment and the lack of preparation of the FHS team. The same reality was evidenced in a municipality in the inland of Bahia: the authors state that FHS nurses need specific training for the care of the older adults, as there is no direction of assistance during the consultation or an appropriate script, in addition to the routine of care directed to the Hypertension and Diabetes Program, where they are cared for without a consultation design that meets their particular needs<sup>(9)</sup>.

A cross-sectional study carried out in the northwest of Goiânia states that, in the scope of the SUS, the focus of care within the FHS must be directed to the qualified training of the professionals, in order to meet the principles of the health system in the care of the individual, the family, and the community. It also highlights that these trainings have contributed to the improvement and changes in the professional practice, resulting in more prepared and sensitive professionals to address the most diverse health problems<sup>(16)</sup>.

Thus, the FHS nurse needs to be prepared to care for the older adult, with a view to developing their assistance based on achieving the objectives proposed by the PNSPI: focused on the specificities of the older adult, from the understanding of the physiological changes and the manifestation of diseases, with an emphasis on developing skills and abilities for self-care and independence<sup>(17,18)</sup>.

In order to minimize the weaknesses resulting from care, the nurses participating in the study reported that the CHA and the NASF-AB are fundamental pieces for the development of a bond between the user-professional-health unit triad. The CHA stands out for being the link that facilitates the effective communication of those involved in the care process.

It should be noted that the CHA became effective as a professional category in 2002, through Law No. 10,507, and that its activities were regulated only in 2006 by Law No. 11,350. It is part of the minimum FHS team, with the task of activities aimed at preventing diseases and promoting health through actions at the individual, collective, home, and community levels<sup>(19,20)</sup>.

Among these attributions, there is qualified welcoming, active and sensitive listening, proximity, and bond to the user's daily life. These attributes allow that, during contact with the older adult, the CHA carries out guidelines which guide self-care, follow-up consultations, the use of medications, and the strengthening of relationships with the FHS team<sup>(21,22)</sup>.

However, it is important to highlight the need to strengthen the performance of the CHA, as a strategy to guarantee comprehensive care to this portion of the population. A number of studies reveal that there is a lack of training/updating in the scope of aging and health of the older adults for the health agent, which points to the need for continued training and appreciation within the health team<sup>(21,22)</sup>.

Another facilitator in strengthening the bond and helping with comprehensive care for the older adult is the NASF-AB. Created in 2008 by the Ministry of Health, its purpose is to support and enhance the FHS in order to favor an integrated work developed by a multidisciplinary team, becoming a matrix support and consequently improving the quality of care in Primary Health Care (PHC). Thus, this articulation between the FHS and the NASF-AB directly reflects the expansion and direction of the care provided to the older adult population<sup>(6,23,24)</sup>.

In the process of strengthening bonds, continuity of care and comprehensive care, the family is indispensable; however, the research participants highlighted that care is further weakened by the lack of family support for the older adults. In a systematic review, it was verified that most of the society, especially the family, is not prepared to continue the treatment/rehabilitation of the older adult and does not know how to deal with the conflicts that this unpreparedness may cause<sup>(25)</sup>.

Thus, during the nursing consultation, the nurse must be sensitive in order to identify these weaknesses, and be able to develop strategies to include the family's participation in the care process, in addition to activating the competent entities about the violation of the rights of the older adult set forth in the PNSPI, as family neglect may imply serious consequences for the health of the older adult<sup>(13,4)</sup>.

Thus, the nurse who assists the older adult in the FHS must combine the experiences of reality with knowledge about the aging process to provide care closer to what is recommended by the public policies. It is noteworthy that there were limitations in the study due to the non-participation of nurses working in the rural area and, for it being a local study, the results cannot be considered for other realities.

## FINAL CONSIDERATIONS

The realization of this study can show that comprehensive health care for the older adult has a lot to achieve with regard to the daily practice of nurses in the FHS. The lack of planning and professional training results in a significant deficit in the care provided to the older adult at the gateway to the Unified Health System.

Thus, it is expected that such considerations may contribute to critical reflection in health education, so that comprehensive care for the older adult is an intentionality of the pedagogical proposals of the courses, especially in Nursing.

Potentialities such as the performance of the CHA and the NASF-AB must be worked on in order to strengthen the bonds in the construction of adequate care. Weaknesses like the unpreparedness of the family and the Nursing professional must be considered by the management of the health department of the municipality, in order to minimize and optimize actions aimed at improving health promotion/recovery conditions.

In view of the problem of caring for the older adult in primary care, evidenced in this study, it is important that public policies are implemented and directed to the local and regional population and gerontological nursing care scenarios.

The importance is also emphasized of new studies in the field of geriatrics and gerontology based on this, in order to provide technological and scientific subsidies to provide an attentive and comprehensive look, which meets the singularities of the older adults.

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## REFERENCES

1. Lenardt MH, Carneiro NHK, Binotto MA, Willig MH, Lourenço TM, Albino J. Frailty and quality of life in elderly primary health care users. *Rev bras enferm* [Internet]. 2016 [accessed 30 jan 2019]; 69(3). Available from: <http://dx.doi.org/10.1590/0034-7167.2016690309i>.
2. Minayo MC de S. Aging of the Brazilian population and challenges for the health sector. *Cad Saúde Pública* [Internet]. 2012 [accessed 25 jan 2019]; 28(2). Available from: <http://dx.doi.org/10.1590/S0102-311X2012000200001>.
3. Flores LPO. O envelhecimento da população brasileira. *Redeca* [Internet]. 2015 [accessed 25 jan 2019]; 2(1). Available from: <https://revistas.pucsp.br/index.php/redeca/article/view/27901/19658>.
4. Ministério da Saúde (BR). Portaria n. 2.528, de 19 de outubro de 2006. Aprova a Política Nacional de Saúde da Pessoa Idosa. *Diário Oficial da União*. [Internet]. 20 out 2006 [accessed 20 de jan 2019]. Available from: <http://www.saude.df.gov.br/wp-conteudo/uploads/2018/04/Portaria-MS-n%C2%BA-2.528-de-19-de-outubro-de-2006.pdf>.
5. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Política Nacional de Atenção Básica. [Internet] Brasília: Ministério da Saúde; 2012. [accessed 20 jan 2019]. Available from: <http://189.28.128.100/dab/docs/publicacoes/geral/pnab.pdf>.
6. Ministério da Saúde. Portaria n. 2.436, de 21 de setembro de 2017. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes para a organização da Atenção Básica, no âmbito do Sistema Único de Saúde (SUS). *Diário Oficial da União*. [Internet]. 22 set 2017 [accessed 20 jan 2019]. Available from: [http://bvsms.saude.gov.br/bvs/saudelegis/gm/2017/prt2436\\_22\\_09\\_2017.html](http://bvsms.saude.gov.br/bvs/saudelegis/gm/2017/prt2436_22_09_2017.html).
7. Santos AL, Marcon SS, Teston EF, Back IR, Lino IGT, Batista VC, et. al. Adesão ao tratamento de diabetes Mellitus e relação com a assistência na Atenção Primária. *REME – Rev Min Enferm* [Internet]. 2020 [accessed 30 mar 2020]; 24(e1279). Available from: <http://dx.doi.org/10.5935/1415-2762.20200008>.
8. Leonello VM, Vieira MP de M, Duarte TCR. Competencies for educational actions of Family Health Strategy nurses. *Rev bras enferm* [Internet]. 2018 [accessed 30 jan 2019]; 71(3). Available from: <http://dx.doi.org/10.1590/0034-7167-2017-0390>.
9. Oliveira AMS de, Menezes TM de O. A enfermeira no cuidado ao idoso na estratégia saúde da família: sentidos do vivido. *Rev enferm UERJ* [Internet]. 2014 [accessed 15 jan 2019]; 22(4). Available from: <https://www.e-publicacoes.uerj.br/index.php/enfermagemuerj/article/view/15373>.
10. Minayo MCS, organizadora. *Pesquisa social: teoria, método e criatividade*. Petrópolis, RJ: Vozes; 2010.
11. Linhares CD, Tocantins FR, Lemos A. Ações de enfermagem na atenção primária e qualidade de vida do idoso: revisão integrativa. *J. res.: fundam. Care* [Internet]. 2014 [accessed 04 jan 2019]; 6(4). Available from: <https://dx.doi.org/10.9789/2175-5361.2014.v6i4.1630-1641>.
12. Lima ES. *Saúde da pessoa idosa: atuação do enfermeiro na atenção básica* [dissertação]. Manaus (AM): Universidade Federal do Amazonas; 2015.
13. Tavares RE, Camacho ACLF, Mota CP da. Ações de enfermagem ao idoso na estratégia saúde da família: revisão integrativa. *Rev enferm UFPE* [internet]. 2017 [accessed 30 mar 2020]; 11(supl.2). Available from: <https://pesquisa.bvsalud.org/portal/resource/pt/bde-30878>.
14. Santos FP dos A, Acioli S, Machado JC, Souza MS, Rodrigues VP, Couto TA. Práticas de cuidado da equipe da Estratégia Saúde da Família. *Rev enferm UFPE online*. [Internet]. 2018 [accessed 30 jan 2019]; 12(1). Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/230589>.
15. Resende JO, Silva FM de R e, Assunção RS, Quadros KAN. Assistência do enfermeiro ao idoso na Estratégia Saúde da Família. *R. Enferm. Cent. O. Min.* [Internet]. 2015 [accessed 20 dez 2018]; 5(3). Available from: <http://www.seer.ufsj.edu.br/index.php/recom/article/view/880/935>.

16. Oliveira MPR de, Menezes IHCF, Sousa LM de, Peixoto M do RG. Formação e qualificação de profissionais de saúde: fatores associados à qualidade da atenção primária. Rev bras. educ. med. [Internet]. 2016 [accessed 11 fev 2019]; 40(4). Available from: <https://dx.doi.org/10.1590/1981-52712015v40n4e02492014>.
17. Lima ES de, Oliveira APP de, Esteves AVF. A percepção do enfermeiro sobre a pessoa idosa no contexto amazônico. REAS, Rev Eletrônica Acervo Saúde [Internet]. 2017 [accessed 23 jan 2019]; 9(3). Available from: [https://dx.doi.org/10.25248/17\\_2017](https://dx.doi.org/10.25248/17_2017).
18. Sampaio SN, Esteves AVF, Oliveira APP de, Franco P da C, Lima ES de. Visão da pessoa idosa sobre o atendimento do enfermeiro da Atenção Básica. Rev baiana enferm [Internet]. 2018 [accessed 15 jan 2019]; 32(e27618). Available from: <https://dx.doi.org/10.18471/rbe.v32.27618>.
19. Brasil. Lei n. 10.507, de 10 de julho de 2002. Cria a profissão de agente comunitário de saúde e dá outras providências. Diário Oficial da União, [Internet]. 11 jul 2002 [accessed 18 jan 2019]. Available from: [http://www.planalto.gov.br/ccivil\\_03/leis/2002/L10507.htm](http://www.planalto.gov.br/ccivil_03/leis/2002/L10507.htm).
20. Brasil. Lei n. 11.350, de 05 de outubro de 2006. Regulamenta o § 5 do artigo 198 da Constituição, dispõe sobre o aproveitamento de pessoal amparado pelo parágrafo único do art.2º da Emenda Constitucional nº 51, de 14 de fevereiro de 2006 e dá outras providências. Diário Oficial da União, [Internet]. 06 out 2006 [accessed 18 jan 2019]. Available from: [http://www.planalto.gov.br/ccivil\\_03/ato2004-2006/2006/lei/l11350.htm](http://www.planalto.gov.br/ccivil_03/ato2004-2006/2006/lei/l11350.htm).
21. Andrade VMP, Cardoso CL. Visitas domiciliares de agentes comunitários de saúde: concepções de profissionais e usuários. Psico-USF [Internet]. 2017 [accessed 19 jan 2019]; 22(1). Available from: <http://dx.doi.org/10.1590/1413-82712017220108>.
22. Silva DM da, Silva MAC, Oliveira DS de, Alves M. Cotidiano de agentes comunitários de saúde com idosos segundo o referencial de Certeau. Cogitare enferm [Internet]. 2017 [accessed 10 fev 2019]; 22(4). Available from: <http://dx.doi.org/10.5380/ce.v22i4.50436>.
23. Silva ICB da, Silva LAB da, Valença AMG, Sampaio J. O processo de trabalho do Núcleo Ampliado de Saúde da Família e Atenção Básica. Trab. educ. saúde [Internet]. 2019 [accessed 28 fev 2019]; 17(1). Available from: <http://dx.doi.org/10.1590/1981-7746-sol00180>.
24. Nogueira IS, Baldissera VDA. Continuing health education in elderly care: difficulties and facilitators of the family health support center. Esc Anna Nery [Internet]. 2018 [accessed 28 fev 2019]; 22(2). Available from: <http://dx.doi.org/10.1590/2177-9465-EAN-2018-0028>.
25. Gonçalves MJC, Azevedo Júnior SA, Silva J da, Souza L do N. A importância da assistência do enfermeiro ao idoso institucionalizado em instituição de longa permanência. Rev Recien [Internet]. 2015 [accessed 20 fev 2019]; 5(14). Available from: <http://dx.doi.org/10.24276/recien2358-3088.2015.5.14.12-18>.

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