UFSM

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REVISTA DE ENFERMAGEM DA UFSM

ISSN 2179-7692
Open access

Rev. Enferm. UFSM, v.12, e52, p.1-18, 2022 • https://doi.org/10.5902/2179769269562
Submission: 3/12/2022 • Acceptance: 10/14/2022 • Publication: 11/25/2022

Original article

Repercussions of COVID-19 on elderly care: perceptions of Primary Health Care nurses

Repercussões da COVID-19 no cuidado ao idoso: percepções de enfermeiros da Atenção Primária à Saúde

Repercusiones de la COVID-19 en el cuidado del anciano: percepciones de los enfermeros en la Atención Primaria de Salud

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Abstract

Objective: to understand the perceptions of Primary Health Care (PHC) nurses about the repercussions of COVID-19 on the care and daily life of the elderly. **Method:** exploratory, descriptive study with a qualitative approach. Ten nurses from the PHC of Santa Catarina were integrated. Data collection took place through a semi-structured interview, between July and September 2021, with an application video call due to the pandemic. Content analysis was used to organize and assess the information. **Results:** two categories emerged: Repercussions of COVID-19 in the care of the elderly in PHC; COVID-19 and the transformations in the daily lives of the elderly regarding health care. **Conclusion:** the pandemic generated social and affective restrictions and reduced face-to-face activities carried out in PHC, culminating in changes in health. Therefore, the reflection and planning of actions regarding the care of the elderly in PHC are fundamental, especially regarding mental health, affected in the pandemic context.
Descriptors: COVID-19; Aged; Health Services for the Aged; Primary Health Care; Nursing

Resumo

Objetivo: compreender as percepções de enfermeiros da Atenção Primária à Saúde (APS) sobre as repercussões da COVID-19 no cuidado e cotidiano do idoso. **Método:** estudo exploratório, descritivo, com abordagem qualitativa. Integraram-se 10 enfermeiras da APS de Santa Catarina. A coleta de dados ocorreu por meio de entrevista semiestruturada, entre julho e setembro de 2021, com chamada de vídeo em aplicativo devido à pandemia. Para a organização e avaliação das informações, utilizou-se a análise de conteúdo. **Resultados:** emergiram duas categorias: Repercussões da COVID-19 no cuidado ao idoso na

APS; COVID-19 e as transformações no cotidiano dos idosos para o cuidado em saúde. **Conclusão:** a pandemia gerou restrições sociais e afetivas, além de reduzir atividades presenciais realizadas na APS, culminando em alterações na saúde. Portanto, a reflexão e o planejamento de ações perante o cuidado ao idoso na APS são fundamentais, principalmente quanto à saúde mental, afetada na conjuntura pandêmica.
Descritores: COVID-19; Idoso; Serviços de Saúde para Idosos; Atenção Primária à Saúde; Enfermagem

Resumen

Objetivo: comprender las percepciones de los enfermeros de la Atención Primaria de Salud (APS) sobre las repercusiones de la COVID-19 en el cuidado y el cotidiano de los ancianos. **Método:** estudio exploratorio, descriptivo con abordaje cualitativo. Se integraron 10 enfermeros de la APS de Santa Catarina. La recolección de datos se realizó a través de una entrevista semi-estructurada, entre julio y septiembre de 2021, con una aplicación de video llamada debido a la pandemia. Para la organización y evaluación de la información se utilizó el análisis de contenido. **Resultados:** surgieron dos categorías: Repercusiones de la COVID-19 en el cuidado del anciano en la APS; COVID-19 y las transformaciones en el cotidiano de los ancianos para el cuidado de la salud. **Conclusión:** la pandemia generó restricciones sociales y afectivas, además de la reducción de las actividades presenciales realizadas en la APS, culminando en cambios en la salud. Por lo tanto, son fundamentales la reflexión y la planificación de acciones para el cuidado de los ancianos en la APS, especialmente en lo que respecta a la salud mental, afectada en la situación de pandemia.
Descriptores: COVID-19; Anciano; Servicios de Salud para Ancianos; Atención Primaria de Salud; Enfermería

Introduction

Currently, there is evidence of the sudden growth of the elderly population, aged 60 years or more, caused by the decrease in birth and mortality, in addition to the increase in life expectancy. Estimates indicate that in 2050 there will be a population of two billion elderly people in the world.[1] In Brazil, the Brazilian Institute of Geography and Statistics (IBGE) revealed that, in 2018, the country had 28 million people aged 60 or over, with projections for the next decade of 38 million elderly people.[2] Also according to the IBGE, in 2060, approximately one third of the population will be elderly people.[3]

Health care is a right of the elderly, provided for by Law number 8.842 of 1994, which established the National Health Policy for the Elderly (NHPE).[4] All elderly people must be assisted by the Unified Health System (SUS), with the guarantee of disease prevention, promotion, protection and recovery of health. The National Health Policy for the Elderly (NHPE), established by Ordinance number 2.528 of 2006, has Primary Health Care (PHC) as a gateway for the elderly.[5]

In the context of elderly care, the Family Health Strategy (FHS) stands out, which is inserted in PHC, coordinating the flow of users and implementing actions through the performance of a multidisciplinary team.[6] It should be noted that aging is a broad process, not only associated with age, but also with quality of life. Therefore, the attitudes of daily life throughout life directly imply in health and in the achievement of longevity with fullness. Therefore, living conditions, health, family support and social support are necessary. The aforementioned public policies contribute to guaranteeing the right to a dignified old age, but in practice they become increasingly insufficient, in view of the various realities experienced by the long-lived population.[1]

In this context, the need for trained professionals to develop care governed by law for the elderly is evident. Among the FHS workers, nurses stand out because they work directly in the care of the elderly in various ways, being essential in the planning and development of actions that promote quality of life and prevention of diseases and injuries. In addition, they also perform home care, educational activities, consultations and integrate with the other guardians according to the needs of each individual or group. Thus, the nurses are the protagonist in the provision of comprehensive care, well-being and quality of life to the elderly, aspiring to a healthy old age.[7]

Recently, *Coronavirus Disease* 2019 (COVID-19) has spread rapidly around the world due to its form of droplet transmission and contact, resulting in a pandemic. The disease can cause mild or severe respiratory symptoms, which can lead to death. The elderly are part of the risk group because they have more unfavorable reactions to the disease. Even with the start of the vaccines and the complete vaccination schedule for many elderly, preventive measures are still needed.[8]

COVID-19 also impacted health services, which needed to reorganize the routine and adapt according to the peaks of the disease. One of the initial strategies was social distancing, in which people were instructed to leave home only in cases of demand for essential services, such as the market, pharmacy and health care, since the other services were temporarily suspended. Throughout the pandemic, technologies were used for teleconsultations with people positive for the disease. The flows for vaccination and care of the team were also organized due to the lack of professionals due to the high demand or contamination and the need for leave.[9.]

In view of the pandemic and the various changes that have occurred in the life and health care of the elderly, the development of this study is justified in order to give light to their care, from the perspective of the PHC nurses, who needed to reorganize the care of demands in pandemic times. It is also noteworthy the plurality of Brazilian elders, who have different care needs, and it is urgent to advance to qualify training and understand the relevance of health promotion actions in the care of this population, in search of healthy aging. The elderly need specific care beyond COVID-19, making it essential to gradually adapt the return of care and services provided normally, emphasizing strategies that allow this population to age with health, after a period of consequences caused by the pandemic. Thus, the objective was to understand the perceptions of PHC nurses about the repercussions of COVID-19 on the care and daily life of the elderly.

Method

This study is characterized by being an exploratory, descriptive research, with a qualitative approach, based on the theoretical framework of the National Health Policy for the Elderly.[5] It is emphasized that the exploratory work seeks to understand a situation or problem. The descriptive study seeks to know and describe characteristics of a given group of people. Qualitative research, on the other hand, allows a more comprehensive view of problems, based on their meanings and contexts.[10]

The research had the participation of 10 nurses working in PHC, in the western region of the state of Santa Catarina, Brazil. These were selected to integrate the study by the snowball sampling method, in which a participant indicates the next one and, thus, successively,[11] until the data saturation, which occurred when the information began to repeat itself. However, it is worth remembering that the qualitative researcher does not work with data saturation in mind, worrying about the scope, depth and diversity in understanding the phenomenon studied.[12]

The interviewers were previously trained to carry out the interviews, some professionals trained in the health area and others in the process of training. Participants were invited by telephone, the first invitation being through the social network of the researchers. All nurses agreed to participate in the study, with no refusals. The inclusion criteria were to be a nurse working in PHC, in the state of Santa Catarina, for at least 1 year, and to have access to an electronic device (cell phone or computer), internet and instant messaging application to

participate in the research. As exclusion criteria: being away from work for a period exceeding 30 days.

Data collection occurred during the months of July and September 2021 through a script containing semi-structured questions, being conducted by researchers with experience in this type of approach. An interview was conducted with each participant, lasting approximately 1 hour. The interview questions addressed the repercussions of COVID-19 on the care of the elderly and how the PHC nurses can help to promote the health of this population, especially in pandemic times.

It should be noted that prior to the interview, the participants were provided with the Informed Consent Form (ICF) via instant messaging application, which was digitally signed and returned to the researchers in the same way. In addition, the acceptance of participation in the study of all the nurses who participated in the research was also recorded, who authorized the recording of the interviews by signing the informed consent form.

The interview took place virtually through a video call in the instant messaging application, with a date and time scheduled in advance with each participant, in order to preserve health and comply with social distancing measures in the face of the pandemic. The interviewees were instructed on how to access the application and the meetings were recorded with the help of a recorder. During the conversation, after each answer, the researchers sought to repeat the information shared to validate it with the participants, which helped with the fidelity, organization and analysis of the data.

Content analysis was used for data organization and assessment.[13] The first stage consisted of the pre-analysis, performing the floating reading of the data obtained in the interviews, in which the documents were chosen to be submitted to the analytical procedures. In the second moment, the analysis material was explored when coding was organized, following three choices: clipping, which is the choice of units; enumeration, the choice of counting rules; and classification and aggregation, with organization of categories.[13] Thereafter, two categories emerged, which will be further presented and discussed.

This research complied with the requirements established by the Resolution of the National Health Council 466/2012, with approval of the Research Ethics Committee of a public University, on June 13, 2021, with Certificate of Presentation of Ethical Appreciation 45363221.7.0000.5564, under opinion number 033347/2021. To ensure anonymity, it was

decided to replace the names of the participants with the initials of the word "nurse", followed by Arabic numerals, such as N1, N2, N3 and so on.

Results

Ten nurses, aged between 25 and 46 years, participated in the study. They worked in PHC in different municipalities of Santa Catarina, 6 in Chapecó, 1 in Saudades, 1 in Cunha Porã, 1 in Tigrinhos and 1 in Nova Erechim.

From the content analysis [13], the information was organized into two thematic categories: Repercussions of COVID-19 in the care of the elderly in PHC; COVID-19 and the transformations in the daily lives of the elderly regarding health care. Box 1 shows the organization of the data, with the categories, subcategories and registration units found.

Box 1 - Categories, subcategories and registration units of content analysis

Categories	Subcategories	Registration Units
Repercussions of COVID-19 on elderly care in PHC	Interrupted group activities	8
	Changes in individual and group care	7
	Decrease in search for service during COVID-19	7
	Gradual return to service after vaccination	6
	Decrease in free demand services, with priority for COVID-19	5
	Changes in prescription renewal	2
	Changes in the way of attending	2
	Break of bond	1
	Biomedical model	1
	Elderly people were left unassisted	1
COVID-19 and the transformations in the daily lives of the elderly regarding health care	Restrictions for the elderly	6
	Difficulties of the elderly	3
	Changes in mental health	3
	Use of sleeping medication	2
	Return of leisure activities	1
	Contributions of the pandemic on health habits	1
	Changes in health	1
	Lack of physical activity	1

In the first category, which addressed the repercussions of COVID-19 on elderly care in PHC, the participants explained the reality of care during the pandemic, having the opportunity to reflect on changes in care and implications for the health of the elderly. The nurses shared

the interruption of group activities carried out prior to the pandemic in the Basic Health Units (BHU):

> *We had the groups, there was a group of hypertensive and diabetic, the walking, the physical educator, but after the pandemic came, all this was lost, it is expected that soon it will be possible to rescue* [...]. (N1)
> *Currently with the pandemic we are not having groups, which before we had a group of physical activity, hypertensive and diabetic, that we had a greater participation of this elderly audience.* (N2)

Also, the interviewees mentioned the reorganization of health services according to the COVID-19 follow-up and reality of each location, culminating in changes in individual care and group activities:

> *Now we have returned making smaller groups of activities with greater distance and with all care* [...]. (N3)
> [...] *It was a way of reinventing care, the ways to reach this elderly person, because I am there attending Covid as if I'm going to make a home visit, even I can get ready, but what about the risk when we have many cases of the disease? So, all of this we've been inventing.* (N4)
> [...] *we are changing the forms of care* [...], *between one patient and another we always clean the office, but you see that the next is an elderly person gives a better care to be able to have a safe environment.* (N5)

It also addressed the decrease in the search for health services during the COVID-19 pandemic and the gradual return, after the application of vaccines:

> *It decreased a lot like that; at first moment you didn't see any older people.* (N4)
> *There were many people who disappeared from the unit because they were afraid* [...]. (N3)
> *Now that most are vaccinated, they are seeking care again* [...], *we realize that they want to go to the unit to get the medicine or something, because it is a way for them to leave the house, see other people, talk* [...]. (N6)

The interviewees commented on the changes in free-demand care, initially restricted, with priority to people with respiratory symptoms and suspected COVID-19:

> *At the beginning of the pandemic, the population with flu-like symptoms was treated, so it was restricted to another part of care, it was as if no one else got sick, except with the flu* [...]. (N7)
> *It was chaos; we went through several processes, through the initial process that we only attended urgency, emergencies. Then, we started to attend part-time, part-time Covid, then we went through the process of attending only on Friday afternoon Covid, we attended much less elderly in that period.* (N8)

The participants reflected on the changes in care, with return to the biomedical model

and change in the time of prescription renewal:

> *I realize that the pandemic hindered and got in the middle of the issue of treatments and especially the issue of promotion* [...], *we had something structured and then the pandemic came and came back with all that biomedical model of consultation and medication, they only seek the unit for these purposes.* (N9)
> [...] *The prescriptions that the elderly came to get every six months to renew, they started to be valid for a year [...]; the follow-up disappeared, sometimes a problem that you could observe in six months, now it would take a year to look.* (N8)

With the reorganization and reduction of care and services previously provided, it was commented on the breaking of the bond and the lack of assistance of the elderly due to contact restrictions:

> *It was very negative, we lost a lot of the bond with them and even [...] for the sake of protecting the elderly* [...] *it was that thing, I gave the prescription and left here to protect you, because here is a contaminated environment* [...], *the personal issue was lost a lot.* (N5)
> *We had that first moment that everyone stayed at home and that we even sinned because we often forgot about these elderly people who were there and who need attention, they often do not have a family member around, there is no one to give support* [...], *we need to think about them* [...]. (N4)

The participants were able to express their experiences, providing a reflective dialogue during the interviews so that they could identify the vulnerabilities of health care for the elderly during the pandemic. It was also possible to reflect on beneficial changes and return resignified and adapted to the current pandemic situation.

In the second category, in which COVID-19 and the transformations in the daily lives of the elderly regarding health care were highlighted, the nurses reported that social distancing as a measure of protection and containment of contagion, with other factors, such as the fear of being contaminated, caused several changes in the life and health of the elderly. Thus, they exposed their perceptions regarding the restrictions experienced by elderly people during the pandemic:

> *We had an elderly person who had a grandchild and could not visit, so it was very difficult for them, both physically and affectively.* (N10)
> *There are many elderly people who went out, they did those meetings once a week in the elderly group or who did physical activities that stopped doing it to stay at home,* [...] *it interferes a lot in the issue of health condition and mobility* [...]. (N7)

The participants pointed out difficulties suffered by the elderly during the pandemic,

related both to protection measures and to the limitations of public transport:

> *I think it was very painful, very difficult for them, like wearing the mask* [...], *it fogged the glasses, interfering with breathing.* (N10)
> *They spent a long time without the bus; the bus did not take the elderly, so they had no way out, many children had no way to take the elderly, because they can't or because they don't want to* (N2)

The interviewees also addressed the changes in the health of elderly people identified during the pandemic:

> [...] *With regard to care for the elderly, we perceive the abandonment of treatment, the exacerbation of chronic diseases, often it is not even because that elderly person is not taking the correct medication, but it is for N reasons that they really that they discontinued treatment* [...]. (N4)

The use of sleeping medication by the elderly was pointed out as a consequence of the effects of the pandemic, in addition to the expansion of the use of antidepressants:

> [...] *Many elderly people were already using antidepressants or sleeping medication before the pandemic. I saw that most increased the dose or started to abuse the medication. The elderly used to sleep in the afternoon, so, of course, they were not sleepy at night and needed something to get to sleep.* (N2)
> *There was a lot of negative repercussion due to the difficulty in dealing with this, some ended up using antidepressants, taking sleeping medication.* (N3)

The nurses also commented on the perception of gradual return of leisure activities:

> *Now, we already realize, we even see the movement in the street that they are doing again: meetings with neighbors, close friends, a card game, something like that.* (N6)

They also explained about the changes in mental health and the perceptible worsening in the elderly:

> [...] *I can't compare it because I don't have a number of elderly people before the pandemic with mental health issues, but I am amazed at the number of elderly people who need mental health services, it's a lot.* (N9)
> *We noticed an increase in the mental health issue during the pandemic, even talking to the health agents, they reported to us that they noticed it during the visits and we noticed it in the unit as well.* (N6)

Among the many harms of the pandemic reported by the study participants, there is also the perception of their contributions to the health habits of the elderly:

> *Something positive about the pandemic was the change in hygiene habits; the pandemic intensified hand washing and that interfered with the entire population, including the elderly who perhaps did not have much habit in the issue of hand washing and not sharing tea as well.* (N7)

It was noticed with the reports that the COVID-19 pandemic and its restrictive contact measures triggered significant changes and impacted on the life and health of the elderly population. The main difficulties reported were related to changes in physical and mental health that occurred during this journey. Thus, it was possible to rethink the possible complications in the elderly population due to the pandemic situation.

Discussion

In view of the reports from the research, there are different repercussions and challenges related to the COVID-19 pandemic with regard to the care of the elderly in PHC. The continuous changes and instability in the organization of care are remarkable, generating daily challenges for professionals to rethink the provision of comprehensive care to the elderly, especially in the pandemic context, when the vulnerabilities of the long-lived increased.

The changes in the flow of people assisted due to restrictions on free demand care, exams and dental care were impactful, with priority being given to those with respiratory symptoms and suspected COVID-19. In this context, there was an impact on care for the elderly, which, even being considered a risk group, requires many other care associated with aging itself, which implied health and comprehensive care. It is emphasized the need for continuity of care for the elderly, even in the pandemic moment, in order to ensure comprehensive care and adaptation and new forms of care.[14-15.]

The FHS and the multidisciplinary team are responsible for providing education and health promotion and proactively develop preventive activities, helping to adhere to treatment and adopt a healthy lifestyle to encourage self-care through group activities. Unfortunately, due to social isolation, it was not possible to continue this important action carried out in the BHU, leaving the elderly unassisted, especially with regard to health promotion and prevention of the aggravations of Chronic Noncommunicable Diseases (CNCD).[16]

The changes in the flow of care and exacerbated demands of the service due to COVID-19 limited the bond built between PHC professionals and elderly people, with a view to interrupting activities, such as home visits. However, telemonitoring was widely used through telephone calls to users, in order to supply physical contact and strengthen the bond, even indirectly, being safe for elderly people because they constitute a risk group.[17]

The visits occurred differently during the pandemic, focusing on assistance in the diagnosis and treatment of respiratory symptoms, which impaired the holistic and comprehensive approach achieved in the care provided by nurses. Thus, the biomedical model was resumed, with a technical approach and focused on the disease, distancing itself from the integral view that elderly people need, and which demand attention and communication.[18]

Also noteworthy is the problem of increasing the period of validity of the prescriptions of medications for continuous use during the pandemic period, adopted to control the movement of people in the BHU and to avoid, mainly, the exposure of elderly people. On the other hand, it impaired the health monitoring of this population, becoming a care relationship, without stimulating the creation of a bond and dialogue that instigates conscious participation in the health and self-care process.[19]

With the guidance of social isolation, elderly people decreased the demand for health services. Also noteworthy is the insecurity of these long-lived people in seeking care during the pandemic in the face of risks to exposure, which contributed even more to the scarce demand. Adaptively, we focused on the monitoring of elderly people listed as a priority in the territory. Each health team planned and monitored this public during the pandemic, being remote or in person by Community Health Agents (CHA), for example. Thus, despite the interruption of continuous care for the elderly, strategies were adopted to prioritize those most in need, according to the risk classification.[14]

However, in 2021, a hope for a return to routine and natural daily life in health care was born. COVID-19 vaccines began to be applied to restrict the evolution of severe symptoms of the disease, being offered to Brazilians through the SUS. Because it is a priority group, elderly people were the first to receive the immunobiological, therefore, given the start of vaccination campaigns, a large part of this population quickly completed the vaccination schedule. From there, there was an increase in this public in the streets and in the search for the care offered in the BHU, but it is worth mentioning that the application of all doses did not yet completely prevent contamination. The fact that there are still non-immunized people also requires the maintenance of contagion containment measures, since the pandemic persists.[20]

As it adapted to the COVID-19 pandemic, PHC gradually became resignified and returned to its functions, in order to reinvent itself and reconcile assistance to comprehensive care provided to the elderly. To this end, it was necessary to follow hygiene protocols, cleaning

of environments and organization of the physical space and the flow of care in order to protect mainly those who presented the greatest risk through contamination, such as the long-lived. In this context, the concern, especially of nurses, about the instability of COVID-19 became inevitable, as they have already experienced the pandemic and, thus, became more prepared for future scenarios, serving as a lesson to develop strategies for the health care of elderly people in the projection of new health crises.[21]

There were several reductions in activities, especially health promotion, and in the care provided in PHC. However, the nurses were prominent professionals during the pandemic, becoming capable and instructed along the way to deal with something totally new and unexpected. In the midst of the global health crisis, they assisted in the diagnosis, treatment, monitoring of patients and families, vaccination campaign and more, reinventing themselves several times with innovative ideas, such as telemonitoring.[19]

Although the orientation was to avoid seeking the health service so as not to be exposed, the doors never closed and elderly people who presented urgent or emergency situations were attended, in addition to being seen as one of the priorities within the PHC. Thus, nurses and other professionals needed to reflect and plan actions that encompassed comprehensive care for elderly people, including health promotion, restoring the person-centered model and adjusting it to the repercussions that COVID-19 had caused in the elderly people.[19]

With the pandemic, measures of isolation and social distance were adopted transforming the daily life of society with the interruption of face-to-face activities and restriction of physical contact.[21] These changes impacted the daily lives of elderly people, as well as their health.

Elderly people tend to experience consolidated routines and habits, in addition to presenting a greater need for affective relationships, requiring greater attention and contact with family members, social network of friends, neighbors and groups. Due to the restrictions adopted for the protection of the long-lived, they began to practice social isolation. The abrupt rupture of the routine contributed to the development of complications in physical and mental health, leading to the intensification of feelings of loneliness, sadness and helplessness. However, it was possible to fulfill the social distancing without undoing important links through telephone contact or video calls with friends, family and even the health team to mitigate the

complications of changing daily life.[22]

In addition to coping measures, the elderly suffered limitations related to restriction in public transport, which was initially interrupted and, after a period, gradually resumed, in order to avoid use in an attempt to prevent contamination. Although these measures were designed to protect them, they hindered the performance of essential activities, especially for the most vulnerable who do not have other means of locomotion. In order not to restrict the rights, the measures were rethought and a greater amount of transport was made available to avoid crowding, as well as a maximum number of passengers, mandatory use of a mask and 70% alcohol bottles.[23]

Another measure taken to reduce the dispersion of the disease was the interruption of non-essential activities, restricting social life and leisure and work activities, being adapted at home. Leisure activities, such as shopping malls, theaters, festivities, elderly groups, gyms and parks, were suspended. To readapt leisure, the elderly started to use social media as entertainment and communication. Although it was a way to adapt to the new scenario, limiting barriers were identified regarding the degree of instruction for handling these tools, as well as the economic issue to obtain cell phones and the internet, not being achievable for everyone. Fortunately, with the advancement of vaccines, leisure spaces gradually began to be released for elderly people to enjoy these environments again, as long as they followed the measures.[24]

Mainly due to social isolation, they triggered feelings of loneliness, becoming predisposed to changes in health, as the vast majority received guidance and care from friends, health professionals and family.[25] In addition, there was a decline in the autonomy of the elderly in society and in health care, causing abandonment of treatments and exacerbation of diseases. In addition to loneliness, this period of uncertainty, fear, sadness, anguish and other feelings has made this population more vulnerable to changes in mental health.[25] Thus, it is necessary to program strategies for monitoring the elderly through PHC, in order to promote health and prevent complications and exacerbation of unpleasant feelings, in order to offer care consistent with the specific needs of this public during and after the pandemic.[26]

It is noteworthy that elderly people have greater vulnerability to depression, anxiety and, consequently, suicide due to the perception of uselessness and social disconnection. With the pandemic, the psychosocial impact affected society, but predominantly the higher age groups, culminating in increased medication use and demand for mental health services.[27].

As a result of anxiety, associated disorders began to be perceived, such as changes in eating habits. It is known that food directly influences the health of all people; however, individuals with CNCDs, such as hypertension and diabetes, demand a more restrictive diet. Excessive food consumption causes obesity and associated comorbidities. In addition to the monitoring provided by nurses, the elderly need to enjoy quality of life, and social, family and community interventions are necessary to restore biopsychosocial well-being, overcoming negative repercussions on mental health and reiterating quality of life.[28]

In order to mitigate the abrupt transformations in the daily life of elderly people, to prevent current and future complications to their health, it is up to the nurses, as well as to other health professionals, to propose strategies to maintain the activities inherent to PHC in an adapted way, being able to use the technologies to monitor and support the implications that the new reality brought, safely maintaining the coexistence at a distance. Also, encouraging contact with friends and family in the remote format favors psychological and mental well-being, in addition to the need to guide the elderly to avoid excessive information, to practice physical activities that are easy to perform at home and especially that, in the presence of adverse symptoms and feelings, report to a health professionals to carry out comprehensive care.[22]

As for the limitations of the study, they are related to the location of the participants, since they lived in a region of the state, making it impossible to know and reflect on other realities of Santa Catarina and Brazil. Among the numerous contributions, this research stimulated the rethinking of nurses and other health professionals about the repercussions of the pandemic with regard to the health of elderly people, as well as the development of health promotion strategies at the current and post-pandemic moment, through the expansion of policies, assistance and actions aimed at achieving healthy aging and the quality of life of this population.

Thus, it is opportune to reflect on the adaptations that have taken place in PHC regarding the care of the elderly in the pandemic situation. It is worth highlighting the need to plan actions for the physical and mental health care of the long-lived population, affected during and after the pandemic period, as well as the formulation of policies that ensure comprehensive and humanized care for the elderly population, in order to avoid future damage and possible overcrowding in health services, which reveals the demand for the continuity of

studies that address this theme for the continuation of care and preparation of professionals in the face of the changes and impacts caused by COVID-19.

Conclusion

During the COVID-19 pandemic, there were transformations in the care of elderly people, impacting the health of these individuals. For the PHC nurses, there was a need to reorganize the care, with constant adaptation of the professionals in the face of changes, which significantly reduced the activities carried out in person in the BHU, but necessary for the protection and performance in the face of the pandemic.

As impacts of the pandemic on the health of the elderly, the exacerbations of physical diseases and mental health problems were evidenced, caused in a period of loneliness and social distancing from family members, health professionals and society in general. Restrictive measures changed lifestyle habits in society, interfering with the health of the elderly.

Thus, PHC provided priority assistance to people positive for COVID-19 with testing and treatment. PHC also led the vaccination campaign, in which the elderly public took priority. Health care within PHC was reinvented several times, rethinking strategies to serve the population and the most vulnerable, including elderly people, through technology.

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Scientific Editor: Cristiane Cardoso de Paula
Associate Publisher: Maria Denise Schimith

How to cite this article

Schleicher ML, Souza JB, Zuge SS, Celich KLS, Walker F, Mafra SK. Repercussions of COVID-19 on elderly care. Rev. Enferm. UFSM. 2022 [Access at: Year Month Day]; vol.12, e52: 1-18. DOI: https://doi.org/10.5902/2179769269562