







## NURSING RECEPTION AND CARE IN THE FAMILY HEALTH STRATEGY: PERCEPTIONS OF THE ELDERLY PERSON

ACOLHIMENTO E CUIDADO DA ENFERMEIRA NA ESTRATÉGIA SAÚDE DA FAMÍLIA: PERCEPÇÕES DA PESSOA IDOSA  
ACOGIDA DEL PACIENTE Y ATENCIÓN DE ENFERMERÍA EN LA ESTRATEGIA DE SALUD FAMILIAR:  
PERCEPCIÓN DE LOS ADULTOS MAYORES

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**Funding:** No funding.

**Submitted on:** 2019/09/04

**Approved on:** 2020/02/04

### ABSTRACT

**Objective:** to analyze the perceptions of the elderly person on the reception and care of nurses in the Family Health Strategy. **Methods:** a descriptive study with a qualitative approach, developed with 21 elderly people, registered in seven family health units, in a municipality in Bahia, Brazil. A semi-structured interview collected the data between January and March 2016. The data were analyzed based on Bardin's thematic categorical analysis, based on Watson's transpersonal theory. **Results:** the perceptions of elderly people about the reception and care of nurses in the context of primary care were: 1. The empathy with an emphasis on qualified listening; 2. The care assistance with welcoming and affection; 3. The care with an emphasis on the biological aspect; 4. The care aimed at disease prevention and health promotion. **Conclusion:** the reception and care of the nurse have positive repercussions for the health of the elderly person assisted in family health units. However, despite the empathic, welcoming and affectionate care, few statements showed multidimensional attention in its directed aspects, such as the need for the nurse to direct care that meets all dimensions proposed by Jean Watson in the Clinical Caritas Process.

**Keywords:** Nursing Care; Aged; Family Health Strategy; Nursing Theory.

### RESUMO

**Objetivo:** analisar a percepção da pessoa idosa sobre o acolhimento e cuidado da enfermeira na Estratégia Saúde da Família. **Métodos:** estudo descritivo, com abordagem qualitativa, desenvolvido com 21 idosos, cadastrados em sete unidades de saúde da família, em um município da Bahia, Brasil. Os dados foram coletados por meio da entrevista semiestruturada, ocorridas entre janeiro e março de 2016. Os dados foram analisados com base na análise categorial temática de Bardin, sob a luz da teoria transpessoal de Watson. **Resultados:** as percepções de pessoas idosas sobre o acolhimento e cuidado da enfermeira no contexto atenção básica foram: 1. empatia com ênfase na escuta qualificada; 2. cuidado com acolhimento e afeto; 3. cuidado com ênfase no aspecto biológico; 4. o cuidado direcionado para a prevenção de doenças e promoção da saúde. **Conclusão:** o acolhimento e o cuidado da enfermeira têm repercussões positivas para a saúde da pessoa idosa assistida nas unidades de saúde da família. Entretanto, apesar do cuidado empático, acolhedor e com afeto, poucos depoimentos referiram a atenção multidimensional em seus aspectos direcionados, o que remete à necessidade de a enfermeira direcionar o cuidado que atenda a todas as dimensões propostas por Jean Watson no Processo Clínico Caritas.

**Palavras-chave:** Cuidados de Enfermagem; Idoso; Estratégia Saúde da Família; Teoria de Enfermagem.

### How to cite this article:

Menezes TMO, Andrade AMB, Freitas AVS, Moura HCGB, Freitas RA, Pires IB. Nursing reception and care in the family health strategy: perceptions of the elderly person. REME - Rev Min Enferm. 2020[cited \_\_\_\_\_];24:e-1304. Available from: \_\_\_\_\_ DOI: 10.5935/1415-2762.20200041

## RESUMEN

**Objetivo:** analizar la percepción de las personas mayores sobre la acogida y la atención de las enfermeras en la estrategia de salud familiar. **Métodos:** estudio descriptivo con enfoque cualitativo, realizado con 21 personas mayores inscritas en siete unidades de salud familiar de un municipio del estado de Bahía, Brazil. Los datos se recogieron a través de la entrevista semiestructurada, entre enero y marzo de 2016 y se analizaron en base al análisis de contenido propuesto por Bardin, a la luz de la teoría del cuidado transpersonal de Watson. **Resultados:** la percepción de los adultos mayores sobre la acogida y la atención de las enfermeras en el contexto de la atención primaria fueron: 1. empatía con énfasis en la escucha calificada; 2. atención acogedora y afectuosa; 3. cuidados con énfasis en el aspecto biológico; 4. atención con foco en la prevención de las enfermedades y la promoción de la salud. **Conclusión:** la bienvenida y la atención de las enfermeras tienen repercusiones positivas para la salud de las personas mayores atendidas en las unidades de salud familiar. Sin embargo, a pesar de considerar la atención como empática, acogedora y afectuosa, pocas declaraciones se refirieron a la ella como multidimensional en los aspectos enfocados, lo cual indica la necesidad de que las enfermeras se concentren en los cuidados que atiendan a todas las dimensiones propuestas por Jean Watson en el Proceso de Clínica Caritas.

**Palabras clave:** Atención de Enfermería; Anciano; Estrategia de Salud Familiar; Teoría de Enfermería.

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## INTRODUCTION

The increase of the elderly population is a reality in the society of many developed or not countries, being the newest current challenge in the world. Facing the problems of aging in an unprepared social body is urgent, especially in Brazil, which already has an important number of elderly people, with a tendency for an increasing percentage in the coming years.<sup>1,2</sup>

The aging process for developing countries shows the need to develop appropriate policies for the health sectors, especially due to chronic non-communicable diseases (NCDs), significantly increasing the morbidity and mortality of these people.<sup>3</sup>

We believe that only from new research on health promotion and prevention of chronic diseases, it is possible to increase the sensitivity of professionals and other people involved in the process, for more attention on the topic. However, we know that healthy aging is decisive to reduce social and individual impacts, reducing costs in the aging process, and developing innovative strategies in terms of prevention and health promotion.<sup>4,5</sup>

The care service for the elderly person can be promoted by the units of the Family Health Strategy (*Estratégia Saúde da Família* - ESF), based on a model on the work of a multidisciplinary team with

the potential to deal with the socioeconomic, behavioral and educational challenges of the elderly people and their families, being agents that transform the reality of the Brazilian elderly person.<sup>6,7</sup>

The ESF assists the elderly population and their families in a place that breaks with the hospital-centered model, aiming at the promotion and prevention of risks and health problems. The organization of ESF professionals is essential to ensure the quality of the service. The nurse as an essential member of this team carries out specific individual and collective actions for the community, according to the demands and needs of the elderly patients and their families.<sup>8</sup>

Thus, the nurse's performance in these units should be based on overcoming the biological-centered view, expanding their view to the other dimensions of the elderly person, such as social, psychological, and spiritual. Therefore, they begin to recognize that health is the result of several components, such as the context and living conditions of this population, besides the access to health services and lifestyle of an individual who experiences the natural aging process.<sup>9</sup>

Even though Nursing care privileges the physical dimension, with the performance of technical procedures in a more comprehensive care level, Nursing can access emotional and subjective aspects, addressing transpersonality through dialogue and empathy, which they can develop and maintain the harmony and trust necessary for the care process. The Jean Watson's theory of human care considers effective care through transpersonality transcending the patient and professional subject, forming a single element of harmony, favoring the rescue of human care in health actions aimed at prevention and maintenance.<sup>10</sup>

Based on the reality of the elderly people and their needs for comprehensive health care, the perception of how the nurses care for the elderly person in the ESF becomes relevant. Thus, the question is: what is the elderly person's perception of the reception and care of nurses in the ESF? This study seeks to analyze the perception of the elderly person about the reception and care of nurses in the ESF based on Jean Watson's theory of human care.

## MATERIAL AND METHOD

This is descriptive research with a qualitative approach. The study included 21 elderly people registered in seven Family Health Units (USF) in a city of Bahia, from January to March 2016. The selection was for convenience, after the contact of the researcher with the eligible participants, who meet the inclusion criteria: 1. being an elderly person registered for at least two years in one of the selected USFs; 2. having attended at least three consultations per year with the nurse; 3. Being able to establish verbal communication, previously detected by the dialogue with the elderly person. All elderly people invited to participate responded to the invitation and there was no withdrawal.

The data collection instrument contained two parts: the first part has social, demographic, and health data; the second part has the question: tell me how you perceive the care provided by the nurse in your care at this unit?

Data collection took place through semi-structured interviews, at the health unit, using a digital recording device with the authorization of the participants, which were identified by the letter I followed by the Arabic numeral of the sequence of the interviews (I1, I2, I3 ... I21) and, later, transcribed reliably.

Data analysis was performed through Bardin's thematic categorical analysis,<sup>11</sup> respecting the three stages: 1. pre-analysis, in which the interviews were transcribed, organized and subjected to floating reading, aimed to formulate hypotheses and objectives; 2. exploration of the material, with exhaustive readings of the interviews, formulating coding operations with symbolic and thematic categories; 3. treatment of results and interpretation, identifying the key expressions, similar and different points of each answer in the statements, by juxtaposition.

Subsequently, we studied the testimonies based on Jean Watson's theory of human care, widely adopted in health research and the maintenance of institutional assumptions, considering the effective care through transpersonal relationships, exceeding time, space and patient and professional matters, forming a single element in tune, and favoring the restoration.<sup>10</sup>

The study followed the precepts of Resolution 466/2012, which discusses research with human beings.<sup>12</sup> The Ethics and Research Committee of the School of Nursing *Universidade Federal da Bahia* approved this study under Opinion 1,182,034 and CAAE 26934814.8.0000.5531. All participants were instructed on the objective, and their participation in the study was after they signed the Free and Informed Consent Form.

## RESULTS

The participants were 21 elderly people from 60 to 94 years old, with a predominance of females (18) and the age range between 60 and 69 years old, with emphasis on six long-lived elderly participants. Two of the six long-lived participants attended the USF for a consultation with the nurse and four were attended by the nurse exclusively at home, through home visits. A 94-year-old participant, despite being visited by the nurse at home, still travels to the USF with the daughter for other needs.

Illiteracy was highlighted in the education level found with 10 participants, followed by seven with incomplete elementary education. Only one participant had higher education. Considering comorbidities, all participants had at least one chronic disease, with arterial hypertension and diabetes mellitus as the most common, in 19 and 11 elderly people, respectively.

The income of nine elderly people was one minimum wage, followed by eight of them with two minimum wages.

As most participants are diagnosed with high blood pressure, they use several continuous medications, most of them offered by the ESF.

The follow-up time at the USF was: five participants are assisted for 10 years, followed by four who have been assisted for five and four years. One participant has been assisted for 17 years and two for 15 years. The others between six and eight years, showing the link with the unit.

The study created four categories for the elderly person's perception of the reception and care of nurses in the ESF: 1. The empathy with emphasis on qualified listening; 2. The care assistance with welcoming and affection; 3. The care with an emphasis on the biological aspects; 4. The care aimed at disease prevention and health promotion.

## THE EMPATHY WITH EMPHASIS ON QUALIFIED LISTENING

The elderly participant identifies effective communication, valuing the qualified listening of the nurse with attention, care, patience, and promoting trust in the guidance provided, moments of uninterrupted listening and moments of guidance, according to the statements below:

*The nurse talks to me and listens to me, explains what I have to do with my health (I1).*

*She answers when I need to. She calms me down, talking to me about the home problem with my son who uses drugs (I2).*

*She is very careful, patient. She makes us feel free to say what I am feeling, because this is the right thing, if we are feeling, we have to say it to get better (I5).*

*She is good for me, she guides me, she listens to me and treats me very well. She is very competent, but if she was bad, I would also say it (I6).*

The dialogue offered by the nurse to the elderly person in the consultations promotes closer ties between them. The conversations have different contexts, highlighting problems beyond the illness of the elderly person, such as the personal life of 15 with the son. Problems not only related to physical health affect the quality of life of the elderly person.

The pleasant way of speaking with attention, care, and listening was highlighted by the elderly participants:

*She guides me a lot and is very pleasant to talk to people and that makes it easier for us. We are satisfied with that (I10).*

*The nurse always speaks with style, she guides very well (111).*

*She is attentive and waits for me to speak. She is careful to guide as so I can understand (113).*

*She is good at everything, as a person and as a professional. She attends the person great; she respects you, listens to you, and guides you to the best of your health. I think she is a complete professional for everything (116).*

*She talks to me well and lets me ask (117).*

*If the nurse didn't hear me, she wouldn't know and I would probably make my coughs worse, and I could have something more serious. I think she takes very good care and meets my needs at the moment (118).*

The testimonies showed that the nurse listens attentively to the elderly person and also promotes enhanced dialogue skills, such as attentive listening and guidelines, patiently, carefully, and promoting satisfaction and acceptance. Their communication is perceived as effective, as the nurse is concerned with the adequacy of the language for the effective implementation of the guidelines since the understanding of the guidelines by the elderly person promotes success in therapy.

## THE CARE ASSISTANCE WITH WELCOMING AND AFFECTION

The elderly people notice the welcoming, cordiality, attention, affection, and availability for their demands, in which the nurse shows interest in their health and well-being, as follows:

*The nurse treats us very well, with great affection (11).*

*The nurse is attentive. Sometimes, I don't even have an appointment, and if she sees me here at the clinic, she asks me if everything is fine with me. She is very pleasant, she has a good conversation, she is open. She looks for what I'm feeling. I like to see the person who knows how to talk, who likes to know how we are (14).*

*The nurse is a good person, she gives us instructions, with affection, she treats us well (19).*

*I like the service, the conversation, the attention she offers me. I feel special. I think my health improved after I started to be assisted by the nurse (113).*

*The nurses who have worked here have helped me a lot and the nurse who is now also helping me. They are attentive to me, take care of my health, and try to control all the diseases I have, because I have many (114).*

*She likes me, I feel it because she treats me so well! (119).*

The specific care for each patient of the system can ensure more adherence to the treatment and follow the guidelines offered by the team. At the USF, the social relationships between the elderly person and the nurse become so close that they can be characterized beyond their professional practice, being perceived by their personal qualities and the way of being and treating them, as shown:

*The nurse told me that I can look for her for anything I need (110).*

*The nurse does the preventive care greatly, with all affection. She talks to me a lot, explaining the result, always informing (111).*

*She closely monitors everything that happens, even if she has to come to my house, she always comes very willing and with a lot of love (115).*

There is a close relationship between the health professional and the ESF. The nurse in the ESF tries to stay close to the service patients' lives, specifically the elderly person, establishing a kind and privileged care due to longitudinal interactions, linked to the configuration of care in these units.

## THE CARE WITH EMPHASIS ON THE BIOLOGICAL ASPECTS

The care given by the nurse has an emphasis on biological aspects and guidelines, for example, the control of blood glucose, blood pressure, medications used and the indication of healthy eating, according to the statements:

*She always helps me, she put my sugar and high blood pressure down and stayed in control. She guides me, gives me medicine. It is a lot of help in my health (12).*

*The nurse tells me how I have to take care of my food and my medicines correctly (13).*

*If we have no orientation of things, we don't know, do we? We don't even know how to take the medicine. Then, the*

*nurse indicates how to take the medication, the dosage of the medication (18).*

*She tells me that everything is normal and that I have to take care of my pressure and food (111).*

*She always comes to my house, so I don't have to go to the clinic. I can't walk alone. I think it's very good that she comes to visit me always, to know about my pressure (112).*

The guidance for the proper use of medicines favors the accumulation of information, making the elderly people co-responsible for the success in controlling the signs and symptoms of their chronic affections. Valuing the medication act was the most recorded evidence in the statements.

## THE CARE AIMED AT DISEASE PREVENTION AND HEALTH PROMOTION

The guidelines for preventing the onset of diseases and promoting the health and well-being of the elderly person should be very important for nurses in their care at the USF. Despite the context in which they are inserted in which the disease prevention and health promotion must be prioritized, only three statements brought the association of nurse care under the influence of these two aspects of care. One testimony emphasized the guidelines and procedures for the prevention of uterine cancer, and the other the importance of home visits in promoting the health of the elderly population.

*She comes to visit me every 15 days, and these visits help to take care of my health (13).*

*The nurse guides everything about the exams, is very careful in the consultation and with the device in the vagina. Because I already did the preventive exam and I was sick, in some places around, but not with her, because she is wonderful (17).*

*The nurse tells me to always eat natural things, and fruits and vegetables (120).*

The way how to guide the preventive exams requires sensitivity, especially for the preventive exam of elderly women because there is a specific touch and the need to be exposed to the other, and although being of the same gender, it has a certain estrangement and sometimes resistance, especially when patients are no longer sexually active, who think it is unnecessary to perform this test.

Participants cited home visits as a way of health promotion, allowing a privileged space of attention to the elderly person due to the approximation of the unique environment in which they live. Thus, it makes their relationship closer, and also promotes the effective bond between the professional, the elderly person, and their family, strengthening the accountability of those involved in the care process: elderly person, family members, and health professionals.

## DISCUSSION

As a science of care, Nursing needs to be understood beyond its mechanistic techniques, recognizing its work in the ontological perspective of its existence, seeking a more humane, solidary performance, with more proximity to the patients of the health systems, far beyond the knowledge of the health-disease process.<sup>13</sup> This care occurs in ESFs since the demands brought by the patients have led nurses to deal with complex and unspecified situations, demanding the development of attentive listening, empathy, and welcoming strategies.

For the participants, respect, speech, qualified listening to demands in different dimensions show the nurse's interest in the person assisted at the consultation, with the strengthening of the bond and welcoming, and contributing to the efficiency of care. Patients demonstrated that the nurse's care practice in the ESF is full of humanization, welcoming, listening, dialogue and bonding.<sup>14</sup>

Considering the complexity of human beings as a biopsychospiritual being, it is inconsistent to talk about Nursing care focused only on the biological aspect. Jean Watson supports these concepts and reinforces a more coherent, true, and emphatic Nursing care based on a transpersonal relationship between caregiver and the assisted person.<sup>15</sup> Despite this, this study showed the emphasis on the biological aspect.

For Watson, the art of caring evokes humanity. At the time of care, there is a meeting between the caregiver and the assisted person. This can only be demonstrated and practiced effectively in an interpersonal relationship,<sup>10,16</sup> involving respect, affection, acceptance, authentic care relationship found in the Clinical Caritas Process (PCC),<sup>17</sup> as mentioned by the participants in this study. This study also identified the element 9 of the PCC, which recommends satisfying basic human needs, preserving human dignity and integrity, as the nurse must meet not only the demands of the physical body but also the demands of the embodied spirit.<sup>18</sup>

Research carried out with the Nursing team showed that the participants develop care related to the theory of human care since the elements of the PCC could be identified in their practice as care based on human values, with respect, responsibility, ethics, and love, emphasizing their valorization, the patient and their family members.<sup>19</sup> Another study indicated the promotion of a

caring relationship and watch with affection as a care guide, present in the context of care awareness in the PCC.<sup>20</sup> The participants perceived the care with affection in the nurse's care of the USFs.

This interactive and effective interpersonal relationship helps in care by motivating the continuity of care, well-being, and better quality of life. Therefore, effective communication is necessary as the main element of this care, with instruments such as simple listening and consideration of verbal and non-verbal expressions. Thus, the caregiver and the assisted person create a bond between them, providing important subsidies for quality care.<sup>21</sup> When the bond is established, also by the length of service at the USFs as expressed in this study, it provides welcoming by the nurse. Research also identified the welcoming of nurses to the elderly population. When the patient perceives the care based on the proximity of the professional and the welcoming, there is a feeling of support, comfort, and security, contributing to strengthening the nurse-patient relationship.<sup>18</sup>

In the care context, it is important to allow the person to express what he feels and what is manifested in his being in all dimensions, always occurring whenever the elderly person feels welcomed and comfortable to speak, present in element 4 of Clinical Caritas.<sup>20</sup> The theory of human care argues that it is necessary to look at several aspects of comprehensiveness: physical, psychological, social, and spiritual aspects.<sup>10</sup> This study evidenced the care more directed to biological aspects in the diet and the use of medicines. The nurse's practice has traces of the biomedical model, which emphasizes the biological and technical aspects.<sup>14</sup> Nursing care goes beyond the medical diagnosis, the disease or the scenario they are, with the need to go beyond, to transcend the matter, in search of a full care.<sup>15</sup>

The participants also mentioned the accessible language as a promoter of therapeutic success and adherence. This is an important aspect, especially in NCDs, as the lack of understanding about the disease and its treatment can be related to non-adherence to treatment, being a factor of worse prognosis.<sup>7</sup> For a relationship of trust and help, communicating establishes harmony and care, referring to the characteristics of empathy and compatibility, encompassing actions of the nurse horizontally and openly.<sup>16</sup>

Empathy and affection are described by the participants in the nurse's care in the ESF, exposing the professional's interest in the needs and well-being of the elderly person, who sometimes have no complaints. Guidelines related to the use of medications must be complemented with other non-pharmacological instructions, which collaborate to control the symptoms manifested by the service patient. The practice of physical exercise, healthy eating, and stress control are measures that can collaborate to control the signs and symptoms of hypertension and diabetes,<sup>13</sup> which are the most common NCDs in the elderly population.

Only two participants highlighted the disease prevention in health promotion by nurses, reinforcing that activities aimed at controlling signs and symptoms of the activation of chronic

diseases, medications, tests, although necessary and emerging, do not meet the needs of the elderly person in an isolated way.

Transpersonal care focuses on the human being and his multifaceted way, always highlighting the holistic dimension of care.<sup>22</sup> Therefore, the nurse must be attentive to the human needs of the person, and not just those physical needs involved at the time of consultation. Everything that the person brings is the responsibility of the nurse in a focus of care, from the basics<sup>23</sup> to the person's integral needs.<sup>10</sup>

The participants reported home visits as an action in which the nurses show their concern, zeal, and the promotion of care. The home is the most intimate place for the patients, it is their private place and is inserted as a space for health care.<sup>24</sup> A study showed that the home visit by the nurse has a preventive character, with an emphasis on breast and prostate cancer.<sup>14</sup> Another study reported that professionals are not yet available in the work area, in the quantity and quality necessary for a large-scale expansion of home care.<sup>25</sup>

In the ESF area, effective care promotes personal and family health and growth, since, when caring with affection, zeal, empathy, and dedication, the nurse transcends how to be, meets with the personal care and close people in transpersonality, converging to a point of health optimization in a community setting.<sup>10,15,19</sup>

The literature shows that Watson's theory of human care can contribute to autonomy, as well as favoring ethical and humane care for all those involved in the process.<sup>15</sup>

In this sense, the nurse must use the process developed and improved by Watson when caring for the elderly patient in the USFs, mainly providing an environment of spiritual restoration, element 8, and openness and spiritual care, element 10 of Clinical Caritas,<sup>17</sup> not reported by participants of this research, highlighting that the participants did not recognize this care, failing to contemplate the 10 elements of care. For Watson, all human needs are important and must be valued by the nurse.<sup>17</sup>

## CONCLUSION

This investigation analyzed the perception of the elderly person regarding the reception and care of nurses in the ESF, highlighting the positive repercussions for the health and life of the assisted population. None of the participants had a negative perception about the nurse's care in the USFs, maybe because of the fear of having losses in the care received at the USFs, by revealing negative aspects. Also, the low level of education of the participants contributes to the ignorance of the rights and duties of health care and the SUS.

Empathy with an emphasis on qualified listening and care in welcoming and affection allowed the nurse to promote rapprochement with confidence, providing bonding and effective communication, which are fundamental to the success of care.

The participants argued, albeit superficially, that the care provided by the nurse is not only with an emphasis on biological aspects and the valorization of the medication act, emphasizing communication, sensitivity, and language that enable the bond and, consequently more adherence to different guidelines. They did not mention multidimensional care and, despite the welcoming care, few testimonies talked about health promotion and disease prevention.

It is clear that the nurse, in addition to the need to have scientific knowledge and specific skills to guide care to physical health, there is an urgent need to meet the unique, personal demands and biopsychosocio-spiritual needs of the person who experiences the aging process.

In this perspective, to better understand the demands of aging and the nurse's work in the primary care area assisting the population group of the study, we suggest the use of Nursing theories in the ESF, such as Watson's transpersonal theory, searching for the based and attentive care to the multiplicity of the elderly person, and enabling the practice of the most genuine and least laborious nurse in the fulfillment of health service routines.

Disseminating knowledge through this study can contribute with the nurse to a practice that promotes care beyond the objective dimension, including communication, empathy, conceptions, religious and spiritual beliefs of the elderly patients and their families.

A limitation was that we carried out this study in only one municipality, with a specific reality and may not allow generalizations in other scenarios. However, the results achieved can be applied to people who experience the same situations as participants in different contexts. In this sense, it is important to carry out new research in the area, expanding the discussions about the reception and care of nurses to the elderly population and transpersonal care in the USFs.

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