PERCEPTIONS OF THE NURSING TEAM ABOUT THE USE OF GERIATRIC DIAPERS IN THE HOSPITAL

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ABSTRACT
It has as objective to describe and analyze the perception of the nursing staff on the use of diapers in hospitalized elderly. We used a qualitative approach, semi-structured interviews, analysis of thematic content, with 22 nurses, working in units of medical and surgical, of a university hospital in the state of Rio de Janeiro. Obtained 26 thematic units with 332 recurrences discursive, organized into three categories: The diaper placed in care routines, as Diaper care technology: Benefits and Harms; Diaper in the hospitalization: dependency of the elderly and family involvement. It discusses the need for institutional protocols guided by the evidence-based practice and clinical reasoning associated with the establishment of evaluation criteria and a safe hospital environment and promoter of independence and autonomy of the elderly. It is recommended that awareness of the insertion of hard technologies, such as diaper artifact associated to soft technologies (relational) and yeasts (process) in nursing care.

Keywords: Elderly. Geriatric Nursing. Nursing Diagnosis. Adult Diapers. Nursing Process.

INTRODUCTION
The use of diapers in hospitalized elderly may reinforce myths and stereotypes of aging when performed empirically and usual without prior assessment of actual needs and risks, such as skin lesions, low self-esteem and dependence in activities of daily living. (1) You can describe it as the product of intimate hygiene function to hold urine and feces, used for babies, children and adults who have changed the control elimination of physiological needs. (2)

It is considered the diaper as an instrument of technology and care in the hospital, determined as soft-hard technology and classified in healthcare as an artefact that in communion the processes of interpersonal relationship (light) and structured knowledge in the nursing process (soft-hard) organize health technology. (3)

Studies indicate that although there is technological development for hospital products is not the case in similar proportions as relates to absorbent products. Likewise, those who deal cutaneous not have included in their use of the material factors as the cause of the problem, perhaps due to the decoupling between them. (4-5)

Hygiene care and skin of patients fall into schemes activities several times a day and interfere with the responses of the subjects, especially the cutaneous affections. Factors such as number of daily exchanges, cleaning and use of barrier creams can determine the appearance of effects arising from the use of the diaper. (6)

Given the aging population, the progression of hospital admissions and bed occupancy period is noted that despite being regarded as common practice, there is a lack of literature that addresses the use and list of adult diapers and processes of nursing care the hospitalized elderly. (7) In hospital practice the timing of care stems from experiences heterogeneous, concurrent and stakeholders of professionals that add to the aged effect on the care and transfers the caregiver the ability to reconstruct, modify, and rearrange this experience in the pursuit of optimal intervention. (8)

In this way, the interaction of the nursing staff for the care practices characterized the plurality of perceptions found in professionals from the same link carefully, understanding that a single practice encompasses different nuances when perceived by many performers.

In this sense the question is: 'What is the perception of the nursing staff on the use of diapers in hospitalized elderly?' And aims to

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describe and analyze the perceptions of nursing staff on the use of diapers in hospitalized elderly.

**METHOD**

This is a qualitative study, ie, descriptive. For concerned to grasp the subjectivity enunciated by the nursing staff and their perception about the use of diapers in hospitalized elderly.

Therefore it was used as a technique for data collection semi-structured interview was chosen for this by allowing the expression of the subject guided by a roadmap leading researcher in pursuit of their goals. This was previously validated, the form and content in a pilot test conducted with 1 nurse and 1 nursing technician, who did not figure in the final sample.

The instrument of data collection had issues of characterization, such as age, sex, education, length of experience and highest degree of education obtained. As well as open questions: 'How to use the diaper falls in nursing care?', 'In your opinion, how to evaluate the necessity of using diapers? What are the criteria used? ', 'What is the role of nursing care in the hospital? And for the improvement of the elderly? ' And the family, how it fits in this context? ' And what are the main advantages and difficulties of using diaper in nursing care? ' The period of data collection was September to October 2010.

Convenience sample, consisting of 22 subjects, with the selection criteria: nursing professionals including nurses and nursing technicians, of both sexes, with time care practice over 05 years and works in the areas of clinical medical or surgical .

The scenario study deals Unit medicine and surgery of a large university hospital, located in the State of Rio de Janeiro - Brazil, serving a clientele referenced and specialized.

For data analysis we used the technique of content analysis, the type theme, composed by stages: initial reading of manifestos produced, interpretation of content and context of speech coding in units of recurrence (RUs), and training and organizing empirical categories. Obtained 26 thematic units with 332 recurrences discursive, organized into three categories.²⁹

Note that the study meets the ethical prerogatives of human research, and contains favorable opinion by the Ethics in Research of the scenario in question, in compliance with Resolution No. 196/96, following the opinion paragraph. 230/08. To professional objectives were presented, offered relevant information and possible explanations, and those who agreed were asked to consent to signing the consent form.

**RESULTS AND DISCUSSION**

The majority of respondents are female corresponding to 68.1%, confirming the historical fact of the exercise of females in the nursing profession. Have been 41% of nurses and 59% of nursing staff. And in relation to the exercise time in nursing care to individuals 05-10 years of professional experience accounted for 40.9% and considered of greater expertise accounted 22.7% over 16 years. Of these, 59% were working in the medical clinic and 41% in the surgical clinic.

Table 1 shows the units of recurrence found in the speeches of professionals organized analytic categories in the study

**Category I - The diaper placed in care routines**

Reports associate the diaper as the object of care inherent in everyday nursing practice relevant to hygiene and bind to the duties of the nursing technician and also describe the (in) existence of criteria for his nomination.

At admission, the diaper is a medium in which we conducted hygiene care of this patient [...] (E 02)

With jogging routine day to day, there are times when it is very difficult to assess all the patient needs. You cannot be thinking too arises or not. (E 01)

Falls within the activities that we consider basic, usually technicians perform [...] (E 03)

The routines sometimes camouflaged a more critical professional. (E 05)

We can see the description of the use of the diaper coming from actions previously established as an empirical practice care. Can be considered simple and routine for the professional, but do not always have the same meaning for the elderly, which can identify it as a means of maintaining institutional order that common environment.³⁰
Thus, there is the use of the diaper inserted into the concept of the common basic care related hospitalization care of the elderly on a scale reportedly lower in the hierarchy of nursing tasks routinely assigned to nursing technician.\textsuperscript{(11)}

The statements suggest that the identification and evaluation of care demands may occur, but end up bumping in need of immediate actions arising from service routines, ie, professionals can get grants for clinical judgment, but these are overridden by other obligations technocrats embedded in daily activities.

Thus, inadequate standardization of procedures, lack of standards and assessments, as well as possible failure to use a methodology of nursing practices add up as technicist influenced by the biomedical model where each individual performs its activity in a fragmented way.\textsuperscript{(12)}

If we exchange a dirty, soiled again, at the time of hygiene we exchange (...) it’s difficult when we’re tight and have a lot of patient to change. Several times a day too much bothers them. (E 06)

Hospitalization is a common act, is what you normally see on the wards (...) Not always the nurse needs to determine it the coach, they (technicians) are already along with other care. (E 14)

Most of them need, but do not know who has to assess or not. It’s simple; the elderly is bedridden, right? So he needs the diaper, they cannot really fend for himself. (E 08)

Time would be another determining factor for the performance of tasks without individual assessment of the actual need to use diaper. Note that in practical assistance in understanding the
relationship between the diversity and uniqueness of the professional requires the ability to discern similar situations in different subjects. (13)

Through its functions and dynamics of hospital organization, the nursing professional may have compromised their work process related to the numerous tasks that involve everyday routine. (14) These arguments denote the overhead to meet the demand for care can influence the construction of a usual daily care, whose standard is empirical, static and unsystematic.

In this perspective, the role of the nurse can extricate itself from the exclusive care activities. Sometimes their assignments are characterized by managerial routines, work overload, quantitative deficit in the staff and service standards impractical. (12)

Therefore, professionals describe the different subjects and their respective roles and the nursing technician featured in primary care practices, including diaper changes, hygiene and tidiness of the bed. Technical division of labor in the nursing assessment is demonstrated incipient and devoid of foundation in clinical care planning. Thus, the activities carried out by professional technical level lack of adequate supervision, planning and monitoring of nurses. (15)

Category 2 - The diaper as care technology: Benefits and Harms

At this point the lines indicate dual understanding of professional judgment in the use of the diaper as deleterious or even when manipulated empirically satisfied the care needs of the elderly.

[...] And when coaches make hygiene, they (seniors) do not think much more in the diaper, but in fact they are more comfortable and clean. (E 01)

In improvement, I think when the elderly do not complain about the use and it does not make you evil, favors, even indirectly, in the intimacy and privacy [...] (E 12)

I think using the diaper helps in nursing work. Dirty and come and exchange. Often it is difficult to bring the elderly to the bathroom all the time, even when he can go. (E 08)

It starts with the premise that the diaper could be indicated for elderly people with difficulty in urinary elimination, as incontinence or severe mobility restrictions that prevent the use of utensils aid as midwife and / or duckling. And it is considered that its use may compromise skin integrity, self-esteem and increase the risk of nosocomial infection. (16) In this way, the circumstances relating to the use of the diaper permeate own justifications and appropriate indications for nursing assessment.

This distance means that although the nurse is the element that evaluates and directs care actions of his team, the practice of prescribing basic care routines in the context of study still has untied the prerogatives of their professional practice. (17)

However, concerns that the diaper has met the basic needs of hygiene and deletions, and is presented as enabling technology in the dynamics of working with dialectical discourse.

I do not see that can influence the patient's improvement. But it is certain that many are really sad and uncomfortable to have to use when they have scab, then! Worsened even more, because it gets hotter and scratches. (E 10)

Ah, many feel better when not use, but they do not usually talk directly to us, but you can tell. We are dead too, if not use, will use what? (E 09)

It is observed that professionals perceive the significance of using the diaper for the elderly and associated practice as threatening, generating conflicts and anxieties, causing discomfort, distrust, insecurity and stress. (4, 6)

Even more when you have no other options technological substitute the indeterminate use becomes even more common. (3)

Although the tools and practices used by professional nursing care are considered common in daily hospital procedures and provide comfort, can appear distant from the personal care of the elderly used in everyday life, such as those that cause the exposure of the body and genitals to non-family.

Category III - The diaper in the hospitalization context: dependency of the elderly and family insertion

Professionals indicated that the diaper is a tool commonly used by the elderly on the premise of the high degree of dependence of this
population and so there is a tendency to link the image of the elderly need to use diapers.

Almost all seniors wear diaper when hospitalized, most are well dependent mainly postoperatively. (E 13)

We see very old man full of trouble, cannot move right in bed. And the more they can end up using too; already puts us in almost everyone. (E 15)

The old people always need, so whenever they intern we’ve put to ease. (E 08)

[...] I see that the diaper disturbs, because at home he uses, when you put here feels bad and had it not using help in the improvement, I think (...) (E 10)

The immediate association to the frailty of old age brings a mistaken view and prejudiced no notion of what can be a step together with quality of life and functional capacity. The correlation of health and well-being with independence and autonomy is characterized as a potential factor in the stimulation of hospitalized elderly even in the presence of limitations. (18)

However, in the hospital environment decisional capacity, independence and autonomy may present introverted due to administrative and bureaucratic issues that relate care asymmetrically between the professional and the elderly. The structure sustained by norms and routines characterizes biopower exercised by professionals and enables the loss of identity of the elderly and the consequent dependence and fragility. (19)

Thus, elderly care was dependent on professional discourses when reporting on the involvement of families / caregivers in care during hospitalization, those pertaining to hospital nursing. Thus, there are opposing opinions that are closely linked to the degree of interaction familiar to staff and the elderly.

Help us when you have a lot to do and they do not need to keep asking for change; go there and even exchange. Help service. (E 07)

Family is always close to tell when you need to change and most of the time, they exchange them. Take on this task, because they are eager to see the patient more comfortable. (E 04)

I’m not much of meddling in family activities that are team, but they help the elderly when exchanging calls and it helps team. (E 11)

Hospitalization in the family involvement can characterize an uncomfortable situation for professionals when aggregation occurs in the same assignments that belong to the team, even as it limits the flow and dynamics of activities to try to direct the actions from their desires. (20)

So by highlighting that the family realized the diaper changing or signaled to staff that need, professionals acknowledged the role of the family in the hospitalization, but pondered their influence while not interfering with service structure already established. (20)

**FINAL CONSIDERATIONS**

Work routines were perceived as obstacles in the implementation of planned activities, linked to the troubled time and accumulation of tasks, distanced vision of professional about possible criteria for the use of the diaper. This combined with the technical division of nursing work influencing the performance of activities of indeterminate form.

Have become a majority of the elderly using that artifact at some point of hospitalization, which may prove beneficial aspects when associated with maintaining hygiene and facilitator in the dynamics of the work, so as well as malefic when associated with the advent of physical and emotional illnesses.

Professionals perceive the use of the diaper as a fact "common" to the elderly, inserted into a set of actions and behaviors, which linked to the stigma of hospitalization, may promote dependency and disability. We also observe the role of the family / caregiver / companion, emphasizing its insertion in elderly care dependent and hence the basic nursing care.

However, the gaps found in the diverging analyzes of professionals can serve for future studies to consider the importance of systematizing and enhancing basic nursing procedures, essential to good practice.

Therefore, it is recommended that studies on the complications of the use of diapers in hospitalized elderly, and technological innovations of this basic care.
PERCEPÇÕES DA EQUIPE DE ENFERMAGEM SOBRE A UTILIZAÇÃO DE FRALDAS GERIÁTRICAS NA HOSPITALIZAÇÃO

RESUMO
Tem-se como objetivo descrever e analisar a percepção da equipe de enfermagem sobre a utilização de fraldas em idosos hospitalizados. Utilizou-se abordagem qualitativa, entrevista semi-estruturada, análise de conteúdo do tipo temática, com 22 profissionais de enfermagem, atuantes em unidades de clínica médica e cirúrgica, de um hospital universitário do estado do Rio de Janeiro. Obteve-se 26 unidades temáticas com 332 recorrências discursivas, organizadas em três categorias: A fralda inserida nas rotinas de cuidado; A fralda como tecnologia de cuidado: Benefícios e Malefícios; A fralda no contexto da hospitalização: dependência do idoso e inserção da família. Discute-se a necessidade de protocolos institucionais pautados na prática baseada em evidência e raciocínio clínico. Associado ao estabelecimento de critérios de avaliação e de um ambiente hospitalar seguro e promotor de independência e autonomia ao idoso. Recomenda-se a conscientização da inserção das tecnologias duras, como o artefato fralda, associadas às tecnologias leves (relacionais) e leve-duras (processo) no cuidado de enfermagem.


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