



# The Care Provided by the Multi-professional Team to Institutionalized Aged: Integrative Review

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**Abstract.** Integrative literature review conducted in October 2021 by four independent reviewers. The guiding question was based on the Population/Patient/Problem - Interest - Context, Time strategy: What is the scientific evidence available on the care provided by the multi-professional team to elderly residents in LSIE in the last five years? Original articles were included, in Portuguese, English or Spanish, with a time frame of the last five years, in full and free of charge. Excluded: theses, dissertations, monographs, editorials, reflections, literature reviews, experience reports. Results: Fifteen studies were identified, which addressed care from the following perspectives: Care planning, Nursing diagnosis, Symptom management, Psychosocial support, Rehabilitation, Advance directive, Educational intervention, Person-centered care, Physical comfort of end-of-life patients, Promotion of rest, Educational program, Care planning meeting, Steps to care success program, and Advance care planning. Conclusion: It is necessary to deepen the theoretical and practical knowledge of this care for the teams that work in long-stay institutions to spread this care, as well as to provide opportunities for future teaching, research, and extension actions to qualify the care in the process of life, death, and dying of institutionalized elderly people.

**Keywords:** Advance directives · Homes for the aged · Health personnel

## 1 Introduction

With the increase in life expectancy, interventions focusing on the quality of life of the elderly are necessary. Such interventions should be focused on the autonomy and independence of the elderly [1]. Moreover, with aging there can be a gradual decrease in functional capacity, leading to functional impairment and dependence [2].

From this perspective, in certain situations, some families decide to send their elderly to long-stay institutions due to the increase in the demand for elderly care, which implies in the context of nursing work [3]. Therefore, these institutions (LSIEs) can be public or private, and with or without financial help from the government [4]. Therefore, there is the need for care to be differentiated and provided by qualified professionals.

The institutionalized elderly, in general, present functional deficits, which are mainly evident in the dimensions of self-care, learning and mental functions, including cognitive impairments [5]. However, the challenges of multidisciplinary care to the elderly are to attend to their particularities, seeking to look at the elderly, i.e., in a multidimensional way [6].

According to the National Policy on the Health of the Elderly, to have an effective care practice for the elderly, it is necessary to have a multidimensional and interdisciplinary approach that considers the physical, psychological, and social factors that influence the health of the elderly, as well as the environment in which they live [7].

It is important to mention that health professionals working in homes for the aged need to understand how the aging process occurs to then define actions aimed at contemplating the institutionalized elderly in a comprehensive way, as well as assisting them with a focus on their autonomy [8]. In this sense, it is aimed to present, through scientific evidence, how the care for the elderly has been performed by the multi-professional team in long-stay institutions for the elderly.

## 2 Method

This is an integrative review, which presents a method that summarizes the scientific literature on a given topic to provide a greater understanding of the guiding question [9]. The development of this research followed the steps: formulation of the guiding question, sampling, extraction of data from primary studies, critical appraisal, analysis and synthesis of the review results, presentation of the integrative review [10]. We chose to adopt the referred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA).

The guiding question was formulated using the Population/Patient/Problem - Interest - Context, Time (PICoT) strategy: What is the available scientific evidence on the care provided by the multi-professional team to elderly people residing in LSIEs in the last five years?

It is worth noting that the acronym “P” (target population) multi-professional team of caregivers of older people in LSIE, “I” (interest) care of people in LSIE, “Co” (context) LSIE, “T” last five years. To survey the articles in the literature, we chose to search the electronic databases: Medical Literature Analysis and Retrieval System Online (MEDLINE) via PubMed; Web of Science; Latin American and Caribbean Literature on Health Sciences (LILACS) and the Nursing Database (BDENF) via the Virtual Health Library (VHL). No studies were found in SciVerse Scopus and Scientific Electronic Library Online (SciELO). These databases were chosen because they cover national and international databases. This search, selection, and extraction of primary studies occurred in October 2021 by four independent reviewers.

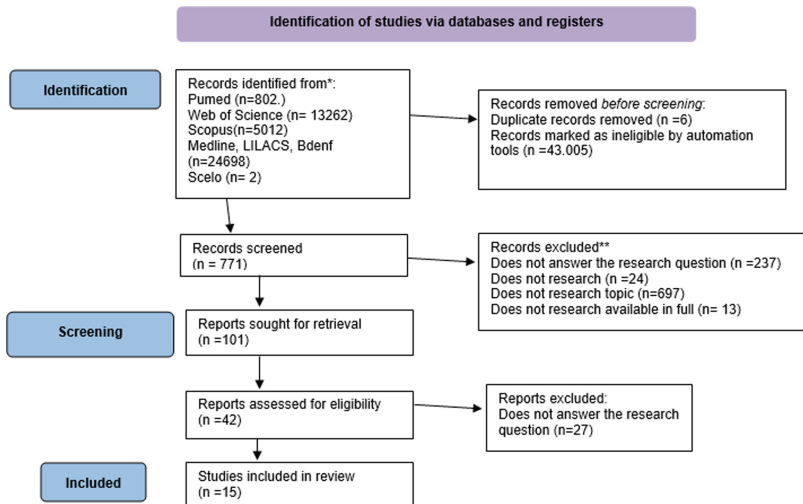
The capture of the studies was made through the use of search descriptors from the Descriptors in Health Sciences (DECS) and the Mesh Terms combined in sequence with

Boolean logic basis: AND or OR and by the following search strategy in all consulted databases: Elderly OR elderly person OR geriatrics OR, Long Stay Institution for the Elderly AND Patient Care Team OR Nursing Team OR nursing OR nursing care OR interdisciplinary communication OR patient care team AND patient comfort OR nursing care OR Comprehensive Health Care.

In this search step by using the descriptors, 43,776 articles were identified. Then, articles were selected according to the inclusion and exclusion criteria. Regarding the inclusion criteria, we considered original articles on the theme of care for the elderly in homes for the aged in Portuguese, English or Spanish, with a time frame of the last five years, available in full for free. Theses, dissertations and monographs, editorials, reflections, literature reviews (narrative, integrative, systematic, scoping, meta-analysis), experience reports as well as those that did not correspond to the theme of the study were excluded. From this perspective, duplicate studies were counted only once.

After applying these criteria, 43,005 articles were excluded due to not being written in Portuguese, English or Spanish, not having been published in the last five years, not being original research, not contemplating the care of elderly people in ILPI. Six duplicate articles were found. In this step, 771 articles were selected for title and abstract reading according to the guiding question, being inserted in the Endnote [11] reference manager.

Subsequently, the 771 identified articles were carefully read from the titles, abstracts, and keywords of the studies using the Rayyan tool without the researchers having access to the decisions of others to ensure the selection of publications related to the research question independently. In this step, the researchers were allowed access to the studies for the final consensus of the 101 titles and abstracts that presented divergences. After



**Fig. 1.** Flowchart of article selection on the care provided by the multiprofessional team for residents of long-term care homes, Uruguaiana, Rio Grande do Sul, Brazil, 2021. Source: elaborated by the authors, 2021

the researchers met, 42 articles were selected to be read in their entirety. Of these, 15 studies were selected and made up the corpus of the analysis.

The interpretation of the studies and the presentation of the synthesis of the knowledge of the studies eligible for the corpus of this review will be by means of the synoptic flowchart in the PRISMA model as shown in Fig. 1:

For the extraction of the primary studies, a word table was used to construct the table containing article number, title, type of care, main results, and level of evidence. The critical evaluation of the primary studies was verified by the level of evidence, which establishes six categories: Level I - Evidence derived from systematic reviews or meta-analyses of relevant clinical trials; Level II - Evidence derived from at least

**Table 1.** Summary of primary studies on education and care technologies used by the multiprofessional team for residents of ILPIs, Uruguaiana, Rio Grande do Sul, Brazil, 2021

Title	Country, year	Objective	Care	Level of evidence
Nursing diagnoses for institutionalized elderly people based on Henderson’s theory [12]	Brazil 2019	To develop nursing diagnostic statements for institutionalized elderly people	Nursing diagnoses for institutionalized elderly	NVI
Nursing home care trajectories for older adults following in-hospital palliative care consultation [13]	United States 2017	Analysis was to describe the care trajectories and experiences of older adults admitted to a nursing home following a Palliative care consultation during	Advance Assistance Planning Symptom Management Psychosocial support Spiritual Care Focus on Rehabilitative Care and Continuity of Comfort Care	NVI
Concordance Between Proxy Level of Care Preference and Advance Directives Among Nursing Home Residents With Advanced Dementia: A Cluster Randomized Clinical [14]	United States 2019	Examine concordance between advance directives and proxy care preferences among nursing home residents with advanced dementia and to determine the impact of an advance care planning video on concordance	Advance Directives and Advance Care Planning	NII

(continued)

**Table 1.** (continued)

Title	Country, year	Objective	Care	Level of evidence
The Impact of Nursing Homes Staff Education on End-of-Life Care in Residents With Advanced Dementia: A Quality Improvement Study [15]	Italy 2019	To compare end-of-life care in NH residents with advanced dementia before and after an educational intervention aimed to improving palliative care	Educational intervention to improve palliative care	NIV
How can a measure improve assessment and management of symptoms and concerns for people with dementia in care homes? A mixed-methods feasibility and process evaluation of IPOS-Dem. PLOS ONE [16]	United Kingdom 2018	To understand the mechanisms of action of a measure to support comprehensive assessment of people with dementia in care homes; and its acceptability, feasibility, and implementation requirements	Care planning and changes in care delivery and facilitated communication	NVI
Effectiveness of a Technology-Enhanced Integrated Care Model for Frail Older People: A Stepped-Wedge Cluster Randomized Trial in Nursing Homes [17]	South Korea 2021	To evaluate the impact of an information and communication technologies (ICT)-enhanced, multidisciplinary integrated care model, called Systems for Person-centered Elder Care (SPEC), on frail older adults at nursing homes	Person-centered care model	NII

(continued)

**Table 1.** (continued)

Title	Country, year	Objective	Care	Level of evidence
Comfort-Supporting Nursing Activities for End-of-Life Patients in an Institutionalized Environment [18]	Czech Republic 2018	To determine the utilization rate of comfort supporting nursing activities in end-of-life patients in an institutionalized environment in the Czech Republic in relation to the age of the registered nurses (RNs), length of work experience, education level, and type of workplace	Activities supporting the physical comfort of end-of-life patients such as pain monitoring, basic care and promotion of rest	NVI
No difference in effects of 'PACE steps to success' palliative care program for nursing home residents with and without dementia: a pre-planned subgroup analysis of the seven-country PACE trial [19]	Belgium 2021	To investigate whether the program effects differ between residents with advanced, nonadvanced, and no dementia	Educational program with six stages	NII
Level of Care Preferences Among Nursing Home Residents With Advanced Dementia. Journal of Pain and Symptom Management [20]	United States 2017	To describe and identify factors associated with level of care preferences among proxies of nursing home (NH) residents with advanced dementia	1) Intensive medical care; 2) Basic medical care; 3) Comfort care	NII

(continued)

**Table 1.** (continued)

Title	Country, year	Objective	Care	Level of evidence
An Advance Care Planning Video Decision Support Tool for Nursing Home Residents With Advanced Dementia [21]	United States 2018	To test whether an ACP video (vs usual care) has an effect on To document advance directives, level of care preferences, goals-of-care discussions, and burdensome treatments among nursing home residents with advanced dementia	Advance Directives A video about Advance Care Planning	NII
Staff experiences with implementing a case conferencing care model in nursing homes: a focus group study [22]	Norway 2019	To describe nursing home staff's experiences with an intervention consisting of comprehensive geriatric assessment and care planning in structured case conference meetings	Care planning meeting and Care plan recorded in the patient's electronic medical record	VI
Quality of dying and quality of end-of-life care of nursing home residents in six countries: An epidemiological study [23]	Belgium, Finland, Italy, Netherlands, Poland and England 2018	To determine the quality of dying and end-of-life care of nursing home residents in six European countries	The quality of death and the quality of end-of-life care in nursing homes in the countries studied are not ideal	VI
Dementia in institutionalized elderly: a nursing team's experiences and perceptions [24]	Brazil 2021	To understand nursing workers' experiences with the nursing care provided to elderly individuals with dementia living in a long-term care facility	Person-centered care, non-pharmacological measures, attachment, communication for the care of institutionalized elderly with dementia	NVI

(continued)

**Table 1.** (continued)

Title	Country, year	Objective	Care	Level of evidence
Evaluation of a Palliative Care Program for Nursing Homes in 7 Countries [25]	Belgium England, Finland, Italy, Netherlands Poland Switzerland 2020	To investigate the effect of the Palliative Care for Older People (PACE) Steps to Success Program on resident and staff outcomes	The Steps to Successful Palliative Care for the Elderly Program in Nursing Homes	NII
Advance care planning preferences in Chinese nursing home residents: results from two cross-sectional studies in Hong Kong and Taiwan [26]	Taiwan 2021	To explore and compare advance directive and end-of-life care preferences of nursing home residents in Hong Kong and Taiwan	Advance Directive and Advance Care Planning	NVI

Source: Researchers’ production. Brazil, 2021

one well-designed randomized controlled trial, moderate evidence; Level III - Well-designed clinical trials without randomization; Level IV - Well-designed cohort and case-control studies; Level V - Systematic review of descriptive and qualitative studies, weak evidence; Level VI - Evidence derived from a single descriptive or qualitative study; Level VII - Authority opinion or expert committee report (Fineout et al., 2011). The fifteen articles included in the corpus of the analysis were synthesized in a synoptic chart containing the title, study objective, care provided, and level of evidence (Table 1).

### 3 Results and Discussion

The care identified in the corpus was performed by caregivers and nursing staff members to the institutionalized elderly, potentially triggering a small risk of bias in the included studies. The following were identified as care performed by the multidisciplinary team to the elderly person residing in a long-stay institution: advance directives [14, 21, 26], advance care planning [14]; supportive care for physical comfort of end-of-life patients such as pain monitoring, basic care, and promotion of rest [18]; advanced care planning, symptom management, psychosocial support, spiritual care, focus on rehabilitative care, and continuity of comfort care [13]; educational intervention to improve palliative care [15]; care planning and changes in care delivery and facilitated communication [16], person-centered care model [17]; educational program, Intensive medical care; Basic medical care; Comfort care [20]; Care planning meeting and care plan recorded in the patient’s electronic medical record [22]; Person-centered care, non-pharmacological



measures, person-centered care, bonding, communication for the care of the institutionalized elderly with dementia [24]. Nursing diagnoses for institutionalized elderly [12]. The Steps to Successful Caregiving Program and Advance Care Planning [26].

Advance Directives are a set of wishes, previously and expressly expressed by the patient, about care and treatment they wish to receive, when they are unable to express, freely and autonomously, their will [27]. From this perspective, advance care planning is associated with the fulfillment of advance directives of will. From this perspective, knowing the wills and recording the advance directives of the elderly helps in the planning of care for the elderly resident in LSIEs, since nursing homes are among the most common places of death in many countries [23].

A study of three hundred and twenty-two nursing homes in Belgium, Finland, Italy, the Netherlands, Poland, and England concluded that the quality of dying and quality of end-of-life care in nursing homes in the countries studied are not optimal [23]. End-of-life care can be planned with comfort measures. From this perspective, advance care planning and advance directives are presented as resources to optimize humanized patient-centered care [28] and safeguard the autonomy and dignity of the elderly.

Both the construction of advance directives and advanced care planning necessitate talking about end-of-life care with professionals and family members. To this end, a study developed in long-stay institutions with 238 elderly residents in Hong Kong and 87 in Taiwan found that 34 elderly in Hong Kong and 16 in a study developed in long-stay institutions with 238 elderly residents in Hong Kong and 87 in Taiwan had participated in discussions about end of life. When drafting advance directives only seven in Hong Kong and eleven in a study developed [26].

In Boston, advanced care planning, construction, and compliance with Advance Directives requires knowing the wishes of seniors with dementia residing in long-stay institutions. Under this analysis, understanding the differences in intensive medical care, basic medical care, and comfort care for compliance and respect of wishes is necessary to talk about in addition to making it understandable to care seekers both formal and informal, and counseling of proxies that includes an explanation of this general poor prognosis, may shift the direction of care toward comfort [21].

Supportive care for the physical comfort of end-of-life patients such as pain monitoring, basic care, and promotion of rest are important care, but there is insufficient focus on the spiritual and psychosocial comfort of end-of-life patients [18]. It is worth noting that stubborn attempts to cure tend to lead to artificial prolongation of life, loss of personal autonomy and human dignity, triggering discussions about supposed rights of the patient to manifest their will in situations of incapacity [29].

New technological resources allow the adoption of disproportionate measures that can prolong the suffering of the patient with a disease considered terminal, without bringing him benefits, and these measures may have been rejected in advance by him [29]. In summary, the advance directives of the elderly in this study contained refusal to care that bar therapeutic obstinacy and the educational video content favored the acceptance of comfort care in the elderly who watched the video and increased the agreement between the wishes and the documentation of advance directives [14].

It is further complemented that comparing end-of-life care in long-term care facility residents with advanced dementia before and after an educational intervention aimed

at improving palliative care concluded that effective in initiating a change in practices relevant to the quality of palliative care among patients with advanced dementia in Italy [15]. There is a gap in the care of the elderly person with dementia who resides in a long-stay institution [3]. Advance care planning has resolute potential in older adults with advanced dementia. In this context, video had no effect on preferences, non-hospitalization, or costly treatments among residents with advanced dementia, but increased guidelines for withholding tube feeding [21]. There is a need for more studies on the needs and conditions of care in institutionalized elderly to allow, with greater precision, the development of models of care for the elderly [30].

The relevance of educational actions to modify care practices for the elderly in long-stay institutions is perceived. Under this approach, an educational program, in Belgium, with six stages: advance care, planning with residents and families; assessment, care; planning, and review of resident needs and problems; coordination of care via monthly multidisciplinary palliative care review meetings; high-quality palliative care with a focus on pain and depression; care in the last days of life and care after death [19].

## 4 Conclusion

The studies found focused on the care of the elderly person with a life-threatening illness. In view of the terminality of life, further studies are still needed on the wishes of the elderly who live in long-stay institutions about the process of death and dying well. To this end the advance care plan as well as advance directives must be recorded and applied in the multiple contexts that the elderly person goes through. The multidisciplinary team must be trained about palliative care, life threatening diseases, comfort care to avoid therapeutic obstinacy.

It is perceived that educational actions on action planning, management of complex cases, communication, bonding, person-centered model, use of the systematization of nursing care should be further encouraged since the teaching of health graduations. One should consider continuing education for formal and informal caregivers of the elderly in long-stay institutions.

Care focused on rehabilitation should be inserted to assist in active aging and comfort measures. In the context of the long-stay institution, no studies on active aging and care to maintain quality of life were found.

The results of this study should guide subsidies to deepen the construction of knowledge about human aging in the context of long-stay institutions in the world, considering cultural, social, physiological, psychological aspects in the construction of public health and social policies. All these considerations should have the potential to provide opportunities, in the future, opportunities for teaching, research and extension actions to qualify the care in the process of life, death and dying of the institutionalized elderly.

Therefore, this study is limited by the time frame of the last five years and the analysis and comparison of different cultures should be taken into consideration, since it was not possible to identify studies from all continents.

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