Intense social, economic, political, cultural, environmental, epidemiological, and demographical transformations, coupled with accelerated technological innovation, have significantly affected life in society, requiring people to reflect about the conceptions of human nature itself. This context of transformation has incentivized individuals to value technological advances and the construction of more autonomous, global, and unstable human relationships, outlining a significant existential and sociopolitical dialectic in which individuals wish to live as long as possible, but do not accept the possible unfavorable consequences.

In this context, pioneers have attempted to overcome the natural and inherent limitations imposed by the aging process. This sentiment, coupled the new demographic reality with an increasing number of older adults, has demanded health systems to take immediate measures to address the complex demands of “being old” in general and specifically, the promotion of healthy aging. It is necessary to expand specific health services with wide-reaching health promotion and control programs that span the entire life cycle, coupled with social integration programs that aim to provide better quality of life. However, investment in support infrastructure is also necessary, to provide families with support and above all work to transform the exclusion and discrimination suffered by the most fragile.

In this direction, the United Nations Population Fund published a report about aging in the 21st century, in which it emphasizes that although many countries have made significant progress in adapting policies and legislation, more efforts are needed to ensure that older adults develop their potentials(1). Considering the experiences of other countries, Brazil is capable of developing effective measures to promote active aging and advance in the consolidation of comprehensive healthcare programs for older adults that recognize the full value of human beings.

Nurses represent the highest contingent of professionals in the field of health in Brazil, and as such, they are responsible for providing concrete answers to health care for older adults and their families. The work process in primary health care to older adults is aimed at the specificities of this population, establishing relationships, and creating bonds with older adults, their families, and the community. Given the complex nature of the aging process, nursing practice adopts an interdisciplinary approach and shares interactive, proactive, and dialogical attitudes when addressing health problems to conduct whatever improvement possible to the quality of life and wellbeing of older adults.

As an emerging specialty in Brazil, gerontological nursing has strived to consolidate its practice based on a theoretical-conceptual framework that considers different lifestyles, understanding that each implies different aging processes. In this perspective, Gonçalves, Alvarez and Santos(2) pointed to the need of developing care-educational actions with older adults, such as: caring for the life and health of older adults, especially the health-illness process; preventing health complications; recovery and rehabilitation; and ongoing care in chronic situations and end-of-life care.

Thus, gerontological nursing actions can be conducted in any health service, whether public or private, and at all complexity levels, ranging from home care to long-stay institutions for older adults. Due to its extension and complexity, gerontological nursing faces challenges to its work processes, but also presents innovative
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perspectives for current reality, such as: a) the reorganization of health services as social entrepreneurship units, meeting the specific needs of the older adult population; b) co-responsibility services involving the government, family, and community, to meet the special needs of older adults that require expensive resources; c) innovation/adaptation of facilities and equipment to facilitate care in activities of daily living, especially among more dependent or more frail older adults; d) innovative educational social inclusion workshops, such as memory activation, including the participation of the surrounding community; e) organization of community support networks in multiple situations of older adult home care; and f) environmental, institutional, home innovations/adaptations to provide a more active life to functionally more dependent or frail older adults.

From this perspective of care, gerontological nurses have the potential to conduct the development of public policies that provide strategies to broaden the comprehensive support network for older adults, achieving the promotion of healthy aging.

REFERENCES