

2020 - Year of Nursing - Year of the Pandemic - Year of Elderly Individuals as a Risk Group: Implications for Gerontological Nursing

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Two thousand twenty was declared the year of the nurse and the midwife by the WHO, however they did not expect the advance of a pandemic such as COVID-19. Nurses have never been more prominent in this 21st century than they are now. However, we experience contradictions of valorization, with testimonials from patients touched by the care provided, as well as information in the media with a devaluation of nursing staff's work⁽¹⁾.

Nevertheless, we are in the spotlight, meanwhile a cyber world of news in groups and social networks highlights the death of another co-worker, or another distant colleague with COVID-19, desperate to take the test, looking for help in contact groups, sharing the fear of the severity of disease and result of their tomography exams and exchanging messages about medications taken. They suffer because they have to choose between isolating themselves after an exhaustive shift and being at risk of contaminating their family. They need to choose between leaving to work and not being sure if they will return, if there will be surrender at work, and not knowing the scenario they will encounter or even if they will have Personal Protective Equipment (PPE) to work with. **Exactly, this was the year of the nurse and the midwife!**

We have never received and consumed so much information in such a short time, infodemic, the need to beware of scientific evidence of facts propagated and their origin as with COVID-19. So, we thought, how much should we or could we be better prepared? As in the case of elderly individuals, the Scientific Department of Gerontological Nursing has been warning for years about the need for care policies with the aging population⁽²⁾.

Long-term care has been instituted in Brazilian Nursing Homes (NHs), where, as a rule, nursing staff sizing is not mandatory. But today, with attire and environmental control care, it is imperative that nursing takes care of elderly individuals in this context, still associated with social work in the country. Therefore, without a formalized social and health policy, but with elderly people receiving highly complex health care⁽³⁾.

Therefore, the current scenario of NHs, an imminent place for gerontological nurses to work, is on high alert. NHs are lacking inputs, professionals, public policies for integration of health and social assistance, i.e., of a hybrid nature. They suffer from the possibility of an outbreak with COVID-19 as occurred in other countries such as Italy and the United States, with mass deaths⁽⁴⁾.

It is also necessary to consider the role of gerontological nurses with healthy elderly people, as thousands of nurses were involved in the vaccination campaign for elderly individuals. They did not measure efforts and creativity to vaccinate in their coverage area as safely as possible, with drive thru, vaccination at home, nurses who schedule appointments to ensure minimum spacing. However, we know that there is a lack of vaccine supplies, overcrowding, crowded elderly people, and with that, the population at greatest risk was again vulnerable in this pandemic. **Being elderly has never been so evident!**

However, the veiled elderly population has surfaced in our society - it is true - that no one sees themselves aging until a remarkable fact occurs (retirement, grandchildren, illnesses) - and the pandemic has provided this. Therefore, elderly people who took care of their grandchildren had to stay away; elderly people who did not master virtual communication technology needed to adapt; elderly people who already lived in isolation have now been noticed by the neighborhood, as they need help buying groceries and medicines; elderly people who go out on the streets to carry out their daily activities on a daily basis and have crystallized habits have difficulties in maintaining social isolation. Gerontological nurses have been present in all these situations. We used materials produced from cognitive games for elderly individuals remain active at home; personal hygiene and home care guidelines; organization of groups in the condominium/neighborhood for solidarity with them; beware of

vulnerable populations, such as indigenous people, homeless people; telephone consultations and emotional guidance and support video calls⁽⁵⁾.

Gerontological nurses showed their value in 2020 in both nursing and gerontology. Thus, we underscore the pressing need for public policies to qualify gerontological nurses, with exclusive subjects in their undergraduate curriculum, separate from the adult, considering the specificities of the discipline - gerontological nursing.

As soon as the current pandemic ends, we hope that we have learned that prevention is the best medicine; health and education are our greatest social assets; medical and wellness supplies produced in our own country are part of an economic sustainability policy; and it is equally important to have a political agenda for population ageing and health services for elderly individuals, the latter can guarantee our own future.

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