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*Artículos Científicos*

## **La formación del profesional que atiende a los huéspedes mayores en establecimientos de asistencia social**

***The Training of the Professional Who Cares for Older People in Social Assistance Establishments***

***A formação do profissional que cuida de idosos em estabelecimentos de assistência social***

**Jaqueline Guadalupe Guerrero Ceh**

Universidad Autónoma de Campeche, México

[jgguerre@uacam.mx](mailto:jgguerre@uacam.mx)

<https://orcid.org/0000-0002-2913-1309>

**Mariajose Sánchez de la Rosa**

Universidad Autónoma de Campeche, México

[al037362@uacam.mx](mailto:al037362@uacam.mx)

<https://orcid.org/0000-0002-4017-4051>

### **Resumen**

Ante el incremento de la cantidad de personas mayores, y el aumento del índice de soledad, surge la necesidad de que las personas acudan a un establecimiento de asistencia social para recibir atención profesional. Sin embargo, ¿cuál es la formación que tienen los cuidadores en las residencias geriátricas? La hipótesis aquí planteada fue que los cuidadores carecen de formación en la atención del paciente geriátrico. El objetivo del presente trabajo, por tanto, fue analizar el nivel de formación que tiene el personal en la atención que brinda al paciente geriátrico en las residencias de este tipo. Se trató de una investigación con un enfoque cualitativo, alcance descriptivo, transversal, y una muestra por conveniencia de 18 personas: integrada por 13 cuidadores de residencias geriátricas y cinco trabajadores del Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado (ISSSTE). Se desarrolló en



tres etapas: diagnóstico situacional, diseño e impartición de un taller y propuesta de un diplomado para cuidadores. Respecto al perfil profesional de los participantes, 28 % son enfermeros, 28 % gerontólogos, 12 % gerocultores, 17 % técnicos y auxiliares de enfermería, 5 % médicos, 5 % licenciados en Economía y 5 % cuenta con grado de bachillerato. Así, del total de la muestra, 29 % carece de capacitación y 71 % tiene alguna capacitación para su función. Como parte de la investigación, se aplicó un taller y se diseñó la propuesta de un diplomado para cuidadores. De entre las conclusiones, la hipótesis planteada se acepta, pues solo 40 % tiene formación para la atención del paciente geriátrico; 71 % tiene formación del área de la salud, y 29 % carece de cursos en el área de atención del paciente geriátrico. Finalmente, el total de los participantes resultó satisfecho por el taller. No obstante, es importante continuar con la formación de cuidadores geriátricos en dos líneas: conocimiento y salud mental del cuidador.

**Palabras clave:** formación profesional, gerontología, hogares para ancianos, formación continua.

### Abstract

Given the increase in the number of older people, and the increase in the loneliness index, the need arises for people to go to a social assistance establishment to receive professional care. However, what is the training that caregivers have in nursing homes? The hypothesis presented here was that caregivers lack training in geriatric patient care. The objective of this work, therefore, was to analyze the level of training that staff have in the care they provide to the geriatric patient in residences of this type. It was an investigation with a qualitative approach, descriptive, cross-sectional scope, and a convenience sample of 18 people. The sample was specifically integrated by 13 caregivers of nursing homes and five workers of the Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado (Issste). It was developed in three stages: situational diagnosis, the design and delivery of a workshop, and a diploma proposal for caregivers. Regarding the professional profile of the participants, 28% are nurses, 28 % gerontologists, 12 % geriatric nurses, 17 % technicians and nursing assistants, 5 % doctors, 5 % graduates in Economics and 5 % with a bachelor's degree. Thus, of the total sample, 29 % lack training and 71% have some training for their function. As part of the research, a workshop was applied, and the proposal of a diploma for caregivers was



made. Among the conclusions, the planned hypothesis is accepted, since only 40 % have training in geriatric patient care; 71 % have training in the health area, and 29 % lack courses in the geriatric patient care area. Finally, the total of the participants was satisfied by the workshop. However, it is important to continue with the training of geriatric caregivers in two lines: knowledge and mental health of the caregiver.

**Keywords:** vocational training, gerontology, homes for the elderly, continuing education.

## Resumo

Dado o aumento do número de idosos e o aumento do índice de solidão, surge a necessidade de as pessoas irem a um estabelecimento de assistência social para receber atendimento profissional. No entanto, qual é o treinamento que os cuidadores têm em casas de repouso? A hipótese apresentada aqui foi de que os cuidadores carecem de treinamento em assistência geriátrica ao paciente. O objetivo deste trabalho, portanto, foi analisar o nível de treinamento que a equipe possui no atendimento prestado ao paciente geriátrico em residências desse tipo. Trata-se de uma investigação de abordagem qualitativa, de caráter descritivo, transversal e com uma amostra de conveniência de 18 pessoas: composta por 13 cuidadores de asilos e cinco trabalhadores do Instituto de Segurança e Serviços Sociais para Trabalhadores do Estado (Issste). Foi desenvolvido em três etapas: diagnóstico situacional, desenho e entrega de uma oficina e proposta de um diploma para cuidadores. Quanto ao perfil profissional dos participantes, 28% são enfermeiros, 28% gerontologistas, 12% geoculturadores, 17% técnicos e auxiliares de enfermagem, 5% médicos, 5% graduados em Economia e 5% possuem diploma de bacharel. Assim, da amostra total, 29% não possuem treinamento e 71% possuem algum treinamento para sua função. Como parte da pesquisa, um workshop foi aplicado e a proposta de um diploma para cuidadores foi elaborada. Entre as conclusões, a hipótese proposta é aceita, uma vez que apenas 40% possuem treinamento em assistência geriátrica ao paciente; 71% possuem treinamento na área da saúde e 29% não possuem cursos na área de atendimento ao paciente geriátrico. Finalmente, o total de participantes foi satisfeito pelo workshop. No entanto, é importante continuar com o treinamento de cuidadores geriátricos em duas linhas: conhecimento e saúde mental do cuidador.

**Palavras-chave:** formação profissional, gerontologia, lar de idosos, formação contínua.



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## Introduction

Currently, all countries are experiencing an increase in the number of old and old. This is due to two aspects in common: decreased birth rate and increased life expectancy. Undoubtedly, the times when families were numerous, with 5, 10 or 15 children, are long gone; The belief that “the small family lives better” is now deeply rooted, and there are families without children, one or two children. The foregoing has an important social repercussion that affects the increase in the loneliness index of older people, who, being alone, lack someone responsible for their care, which is why it is necessary for there to be dignified and well-staffed spaces in Mexico from the health area duly accredited for the care of both individuals with pathological aging and those without pathologies who wish to spend the last stage of their lives in a safe and calm environment.

This study arises with the objective of analyzing the level of training that staff have in the care they provide to the geriatric patient in the residences. To fulfill the objective of the study, this article is integrated into four parts: 1) introduction, where the description of the problem situation and the selection of the literature are presented, the basis of analysis of the theoretical support, integrated by the stages of development human, the importance of caregiver training and social assistance establishments; 2) method, here the methodological aspects applied in this study are explained; 3) results, section that begins with the design and application of a workshop for caregivers and ends with the design and proposal of a diploma for caregivers, and 4) conclusion, with the analysis of the information obtained, presentation of the results and evaluation of the repercussions for the state of the research on the subject.

## Stages of human development

Although there are multiple classifications of the stages of the human being, this article considers the proposal by Erikson (cited in Morris and Maisto, 2011), who has conceived eight: infancy (one year of age), early childhood (1-3 years), childhood (3-6 years), late childhood (6-12 years), adolescence (12-19 years), youth (19-40 years), adulthood (40-65 years) and maturity (65 + years) . For the purposes of this article, the last stage of age is



of interest, that is, maturity, which belongs to the psychosocial stage of integrity versus despair and is characterized as follows:

This stage is an opportunity to reach the fullness of the self, the acceptance of your own life, the feeling that it is complete and satisfying. People who have reached full maturity in resolving past conflicts possess the integrity to face death with minimal fear. For others, this is a time of despair at the loss of previous roles and regret for missed opportunities. (Morris y Maisto, 2011, p. 407).

Given the characteristics of life that exist in this 21st century, the population is increasing that at the stage of maturity they live a period of despair, linked to the economic and health complications that they have.

In Mexico, the intercensal survey was carried out in 2015, the final results of which refer to the following:

The population pyramid continues the trend of reducing its base, while growth continues both in the center and in the upper part; which means that the proportion of girls, boys and adolescents has decreased and that of adults and older adults has increased; the latter went from 6.2% in 2010 to 7.2% in 2015.

The median age in Mexico is 27 years. (INEGI, 2015, pág. 1 -2)

In just five years, 1% rose nationwide, before which it is expected that by 2050 the numbers of older people will triple, a scenario that will be evident throughout the world.

The state of Campeche, is located in the southeast of Mexico, according to the intercensal survey carried out by INEGI in 2015, it has a total population of 899 931 inhabitants, the population of older adults has gone up, going from 2.1% to 8.3%, according to data from the 2010 population and housing census of the National Institute of Statistics and Geography (INEGI). The projections that the National Population Council (CONAPO, 2016) has for this year 2020 is 102,776 older adults, with an annual growth rate of close to 5%. Of the 11 municipalities that make up the state of Campeche, three are the ones that have the highest percentage of older adults in their population: Palizada (9.05%), Calkiní (8.08%) and Tenabo (7.63%).

The municipalities that register the highest percentages of people aged 65 and over in relation to their total population are: Palisade with 9.05 percent, that is to say, that 9 out of one hundred Paliceños are between 65 and over; followed by the municipality of Calkiní with 8.08 percent and Tenabo with 7.63 percent, to mention those with the highest concentration based on their total population. (CONAPO, 2016, pág. 20)

However, as has been observed, despite being the ones with the largest population of elderly people, none of these three municipalities has nursing homes, so their care is the responsibility of the family.

### **Importance of caregiver training**

At the Second World Assembly on Aging, held in Madrid, Spain, from April 8 to 12, 2002, as part of the work carried out at this meeting, the Madrid Political Declaration and Plan of International Action on Aging was issued. There, in its priority orientation II, called The promotion of health and well-being in old age, the following is expressed:

There is a pressing need around the world to expand educational opportunities in geriatrics and gerontology for all health professionals serving the elderly, and to expand educational programs on health and older people for professionals in the sector of social services (Organización de las Naciones Unidas [ONU], 2003, p. 38)

Since it is essential to preserve the life of a person, it is important that the health personnel that care for the elderly are well trained, specialized and updated.

In addition to the importance of the continuous training of health professionals, which results in quality care and warmth for the old and old, in this same document, the Madrid International Action Plan on Aging, is found also an important aspect related to the topic of mental health:

Strategies to deal with these diseases include medication, psychosocial support, training programs with a cognitive approach, training for family members and professionals who care for the sick, and special structures for internal care. (ONU, 2003, p. 39)

Thus, since 2002, the concern for mental health was already specified and it was recommended that the training of family and health professionals should be started on the



subject of cognitive deterioration and dementia, especially in the aspect of non-pharmacological treatments. Ten measures are proposed among the measures; here two stand out:

- h) Promote the dissemination of information on the symptoms, treatment, consequences, and prognosis of mental illness;
- j) Provide ongoing training on the detection and evaluation of all mental disorders and depression to health professionals. (ONU, 2003, p. 40)

As can be seen, the need to work in the training of health professionals with knowledge of the etiology of dementias, with their respective pharmacological and non-pharmacological treatments, with an evidence-based procedure that allows both patient care and gerontologizing, is emphasized. to the relative.

The health area team dedicated to caring for people in the old and old stages must be comprehensive; Conformed by a specialized geriatrician doctor, clinical gerontologist, nursing staff, physical therapist and occupational therapist, all should work together to propose treatments that allow solving situations that limit the independence of the older adult. Furthermore, Millán (2006, p. 11) explains that in gerontology a multidisciplinary team must be made up of at least the following professionals: a doctor specialized in geriatrics, a psychologist, a nurse, an occupational therapist, a physiotherapist, a speech therapist and a social worker. It is noteworthy that it does not consider the gerontologist as a professional who must be part of this team, at least at first it is perceived as such, for this reason it is important that gerontologists continue to train in order to improve their professional performance and, gradually, they are inserted into the workplace, in which, thanks to their knowledge and actions, their importance in the prompt recovery of the geriatric patient is appreciated and visibility is gained among the range of professionals in the area in question.

The continuous training of health personnel affects the training of human talent, which will allow them to be sensitive and offer dignified treatment to the elderly. The multidisciplinary team must work comprehensively to achieve greater efficiency.

The National Institute for Older Adults (INAPAM), in 2012, issued a document establishing the care models and skills of the staff that cares for older adults. As a professional involved in working with older adults, you must have the following characteristics:



- Professional behavior
- Knowledge of the subject
- Warmth and gentleness
- Empathy
- Respect
- Authenticity, Flexibility
- Sense of humor
- Proper language
- Appropriate tone of voice
- Pedagogical skills
- Listening skills
- Synthesis ability
- Management of family situations (INAPAM, 2012, p. 50)

Likewise, INAPAM (2012) breaks down the main functions that these professionals should have:

- Perform objective planning and evaluation
- Achieve a change in attitude in the elderly, influencing their social and family environment
- Respect the personality of each member and recognize their contribution to the development of the work
- Promote group spirit through feelings of friendship
- Provide individualized and group attention
- Promote and strengthen interpersonal relationships through guidance and education
- Maintain continuous contact with older adults and with interdisciplinary staff for the proper development of activities
- Promote independent and self-managed group work (pp. 51-51).

For its part, in the Official Gazette of the Federation [DOF] (September 12, 2013) the “PROY-NOM-031-SSA3-2009 Social Assistance was published. Provision of social assistance services to adults and older adults in situations of risk and vulnerability”, where, in point six, dedicated to human resources, the following is expressed:





6.4. Social assistance institutions in the public, social and private sectors, by their own means or through third parties, will be responsible for training staff on issues related to old age and continuing education in this area, preferably once a year. (párr. 24)

In this way, the duty of the institutions to gerontologize their staff and the relatives of the people they serve is confirmed. In fact, this draft standard establishes that these continuous training activities must be carried out at least once a year.

The commitment is regulated, however, few are the social assistance establishments that comply, if perhaps the person in charge is the one who is trained. As already mentioned, the intention of PROY-NOM-031-SSA3-2009 is to offer staff at least one update per year to ensure that people's care is of quality and warmth.

### **Social assistance establishments**

Given the increase in the number of older people, together with the increase in the loneliness index, the need arises for people to go to a social assistance establishment, either permanently or temporarily, to receive care at this stage of their life . Developed countries, such as the United States, have implemented an insurance offer, including Medicare or Medicaid, that people take into consideration, according to their possibilities, analyzing costs, since, depending on the agreed price, it is the coverage that is acquired. In that country, the United States, care spaces have the concept of offering their services in two lines of care: one of them focused on convalescent people, who, after a surgical intervention, require special care for their prompt rehabilitation; the other line is aimed at people who need care due to their pathological or chronological aging, who belong to a family that cannot pay attention to them due to their work commitments; There is also the case that she lacks relatives who can take care of her, to give her the attention she deserves due to the fragility of the elderly.

In Mexico, this insurance offer is lacking. Perhaps entrepreneurs are not encouraged to invest in this sector due to the limited economic perception that Mexicans and Latin Americans have as a whole. Inapam, in Mexico City (formerly the Federal District) has implemented, since the beginning of this 21st century, models of care focused on the elderly, considered as a whole protection sector. Similarly, young entrepreneurs have emerged who, seeking a job opportunity, have become small entrepreneurs and are making the effort to



open spaces dedicated to the professional care of older adults; spaces also known as: geriatric rooms, geriatric residences, asylums, nursing homes, social assistance establishments, among other names.

In the state of Campeche, Mexico, a group of young entrepreneurs, made up of graduates of the degree in Gerontology, has entered the market for the care of the elderly, and has adapted houses to offer their services to the public, taking care of sanitary requirements basic, with little professional staff and minimal training in the area of gerontogeriatrics. It is important to clarify that this scenario is due to the lack of government support and subsists only with the resources from the monthly fees of the guests. Some members of the nursing area are others who have also ventured as responsible for spaces for the care of older people.

According to the data from MedlinePlus (December 5, 2018), the spaces that offer permanent and temporary care services must consider among their commitments: to permanently offer “routine medical and nursing care, to be assisted in their personal hygiene, receive physical and occupational therapy, as well as all their food ”(para. 2). It is also recommended that before making a decision to enter the family member, the options should be examined, taking into account the proximity of the place, the dignified treatment and the care they offer, finding out about the services that include the cost, sanitary permits and the civil protection authorities for its operation, inquire about the training of the people who will be in charge of their relative.

As we mentioned above, INAPAM offers five models of care in Mexico City, namely: shelters, day residences, comprehensive care centers, cultural centers and clubs, all of which agree that the first requirement for care is the age the person must be: 60 years and over. The objectives of each of the models are described below:

- The shelters intend to protect and attend to people who require it due to their vulnerable condition. For their admission they must have a state of abandonment, be functional, have no psychiatric illnesses; they are offered a permanent stay and dignified care (INAPAM, 2012, p. 61).
- Day care homes cater to people who cannot remain alone in their homes, so, while their family members are working, they are in a space where they socialize and share their experiences, through occupational therapy activities ( INAPAM, 2012,



p. 69). Attendees are cared for by an interdisciplinary team, which is also in charge of promoting their physical and mental health.

- Comprehensive care centers are “units where specialized comprehensive medical care is provided with the aim of preserving or recovering health through preventive, curative and rehabilitative actions” (INAPAM, 2012, p. 77). These are spaces that offer quality services at low cost, specialized in caring for the elderly. The services offered are: outpatient, psychological care, dentistry, dental laboratory, clinical and cabinet laboratory services, cardiology, optometry, rehabilitation, nutritional counseling, otorhinolaryngology, audiology, audiometry, dermatology, endocrinology, geriatrics, gynecology, orthopedics, rheumatology, social work, inapam affiliation, job bank and legal advice.
- Cultural centers "are spaces that offer education and human development through education, training, crafts, cultural, recreational and sports activities" (INAPAM, 2012, p. 87). They are intended to maintain functionality and autonomy, improve physical capacity, socialize. In addition, these spaces also offer medical consultation and psychological care.
- Clubs “are community spaces where activities are promoted that help older adults to socialize, which contributes to improving their self-esteem and continuing to be integrated into their community” (INAPAM, 2012, p. 93). Among the services offered are: medical care, legal counseling, recreation, volunteering, psychology, continuing education, job bank and academic preparation.

In the state of Campeche, Mexico, all these models designed and promoted by Inapam are lacking; there are only two formal asylums in charge of Comprehensive Family Development (DIF), one located in Candelaria and the other in the City of San Francisco de Campeche; In the city of Escárcega there is a house enabled as an asylum that receives support from the H. City Council. This is probably due to the lack of budget assigned to Inapam, which works with just three people in the state delegation and so far the figure of state delegate is lacking, who is committed to serving and fulfilling its responsibilities based on the Law on the Rights of the Elderly (LDPAM), issued by the Federal Government (2008). Regarding INAPAM, this document indicates the following:



This public body is the rector of the national policy in favor of older adults, with the general objective of coordinating, promoting, supporting, promoting, monitoring and evaluating the public actions, strategies and programs that derive from it, in accordance with the principles, objectives and provisions contained in this Law (Gobierno Federal, 2008, p. 14).

It is evident that the importance of Inapam is reflected in the law, however, in reality it is not perceived due to the lack of its own budget, which is why it relies on students who come to this institution to request space to carry out their practices clinics and social service, coming from educational institutions like the Technical School of Gericulture and the degree in Gerontology. This situation has been more marked since the previous administration (2012-2018); We trust that this new government will provide a better budget for the care of the elderly, but not through welfare.

In Mexico there are official norms that regulate the models of social and permanent assistance. The three most relevant ones related to the topic of this study are described below:

- The “NOM-031-SSA3-2009, Social assistance. Provision of social assistance services to adults and older adults in situations of risk and vulnerability, which must be fulfilled by those who provide social assistance services”, whose objective is the post below:

The purpose of this regulation is to establish the characteristics of operation, organization and infrastructure to be observed by establishments in the public, social and private sectors that provide social assistance services to adults and older adults at risk and vulnerability (DOF, 13 de septiembre de 2012, párr. 8)

- The objective of “NOM-004-SSA3-2012, Of the clinical record” is to establish “the mandatory scientific, ethical, technological and administrative criteria in the preparation, integration, use, management, filing, conservation, ownership, ownership and confidentiality of the clinical record”(DOF, October 5, 2010, para. 17). It is extremely important that all health personnel know, apply and interpret perfectly what is presented in the regulations.

- Finally, the "NOM-030-SSA3-2013, which establishes the architectural characteristics to facilitate access, transit, use and permanence of people with disabilities in establishments for ambulatory and hospital medical care of the National Health System", the which has the purpose of "establishing the minimum architectural characteristics that the establishments for ambulatory and hospital medical care of the National Health System must



comply with, to facilitate access, transit, use and permanence of people with disabilities" (DOF, 12 de septiembre de 2013, párr. 11).

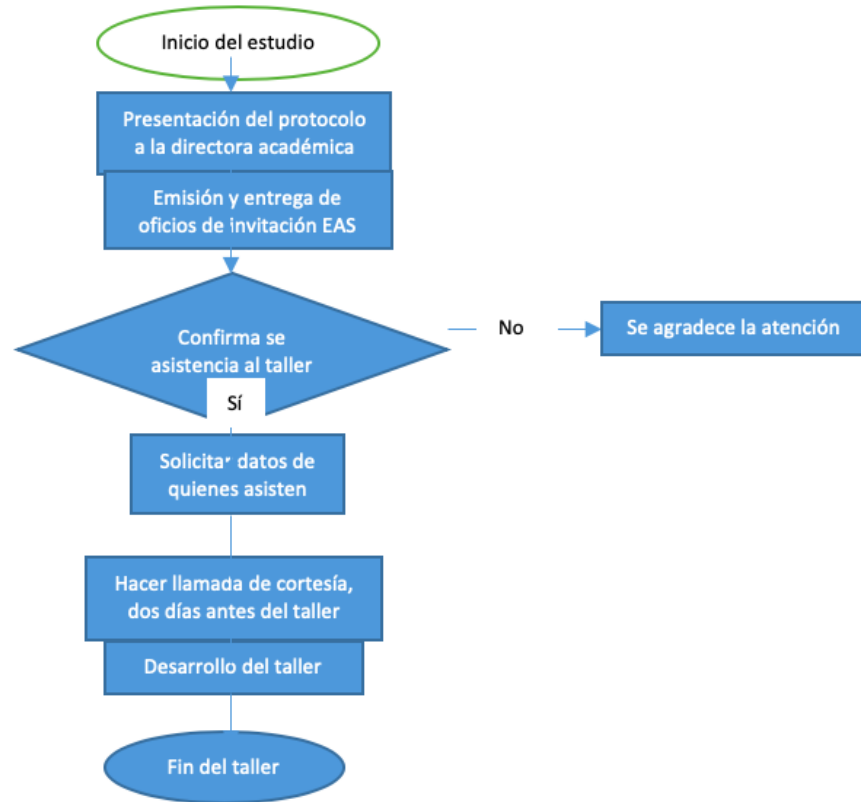
All these official regulations must be known to health personnel who work in social assistance establishments, permanent and temporary. It is also important that the civil protection authorities, the Inapam and the Ministry of Health carry out the corresponding supervision at least twice a year, to guarantee the correct application of action protocols, and thus avoid possible life-threatening contingencies. and physical integrity of people.

This research integrated public and private spaces that offer this type of care in the state of Campeche. The research question was as follows: What is the training that caregivers have for nursing home guests? And the hypothesis: caregivers in nursing homes have the profile of the health area, but lack training in geriatric patient care.

## Materials and method

This study was carried out based on a qualitative approach, with a descriptive scope. As part of the methodological aspects, the number of social assistance establishments recognized by the Campeche delegation of Inapam was first analyzed. With these data we proceeded to integrate the research protocol that was presented to the academic director of the Faculty of Nursing to request invitations to all social assistance establishments in the state of Campeche. Once the protocol was approved, the invitation documents were delivered, and the process for the development of the workshop continued (figure 1).

**Figura 1.** Proceso de impartición del taller



Fuente: Elaboración propia, 2019.

At the beginning of the workshop, each participant was given a questionnaire of their own creation, made up of open-ended questions, which was designed with the intention of knowing basic information about the participants, such as: workplace, professional training, as well as the courses in the geronto-geriatric area that he has attended, specifying how many per year. The duration of the study was 10 months: it started in January and concluded in October 2018.

### Sample selection procedure

The sample was for convenience, and consisted of 18 people, of whom 13 work as caregivers in nursing homes and five are workers at the Institute of Security and Social Services for State Workers (ISSSTE). The research was carried out in three stages: situational diagnosis, training program (workshop delivery) and proposal for a diploma for caregivers. It was carried out from January to July 2018.

In February 2018, invitations were issued to nursing homes and asylums, located in the state of Campeche, Mexico, whose workers were limited to attend due to financial reasons. Because of this, the staff of the ISSSTE state delegation were invited to participate in the workshop. In total 18 people participated, as already mentioned, of which 13 work as caregivers in five nursing homes and five work with older people at ISSSTE. Figures 2 and 3 detail the program of the applied workshop: "Improving the care of the geriatric patient", developed on June 14 and 15, 2018. Participants were given proof of curricular value and endorsed by the Autonomous University from Campeche.

Figura 2. Programa de taller, primer día

UNIVERSIDAD AUTÓNOMA DE CAMPECHE						
FACULTAD DE ENFERMERÍA						
Taller: "Mejorando la atención del paciente geriátrico"						
PROYECTO DE INVESTIGACIÓN: Importancia de la formación gerontogeriátrica del personal que atiende al paciente en las residencias.						
RESPONSABLE INSTITUCIONAL: Dra. Jaqueline Guadalupe Guerrero Ceh						
DÍA UNO: JUEVES 14 DE JUNIO DE 2018						
HORA	ACTIVIDAD	OBJETIVO	MATERIAL	RESPONSABLE	ESPACIO	OBSERVACIONES
08:00	Registro	Identificar a los asistentes	Listas de asistencia	Dra. Jaqueline Guerrero	Aula	
08:10	Bienvenida	Agradecer la presencia a la actividad.	Ninguno	Dra. Jaqueline Guadalupe Guerrero Ceh	Aula	Se da la bienvenida y se explica la dinámica de trabajo, así como la intención del taller.
08:15	Conociendo nuestras instituciones que atienden a la persona mayor.	Compartir las principales actividades que desarrollan en sus instituciones.	Computadora, cañón, instrumentos de dx, papel bond, marcadores.	Dra. Jaqueline Guadalupe Guerrero Ceh y Mtra. Ana Rosa Can Valle	Aula	Se distribuye los instrumentos de diagnóstico, el trabajo es por institución.
09:40	Receso					Se ofrece coffee breake
10:00	Síndrome del desgaste del cuidador	Aplicar las acciones para controlar el síndrome del cuidador y mantener el buen trato al paciente.	Aula	Mtra. Ana Rosa Can Valle	Aula	
12:00	La formación continua del talento humano	Identificar las plataformas que ofrecen capacitación en el ámbito gerontogeriátrico.	Sala de cómputo con acceso a Internet	Dra. Jaqueline Guadalupe Guerrero Ceh	Sala de cómputo con acceso a Internet	
13:00	Receso					Se ofrece coffee breake
15:00	Acciones preventivas para el manejo de residentes	Proporcionar los elementos que permitan mejorar la atención del residente.	Aula	Mtra. Manuela del Jesús Vallejos Tun	Aula	
17:00	Mobilizaciones para prevenir UPP	Saber aplicar las acciones preventivas de las UPP	Aula y Laboratorio de simulación gerontológica	Dr. José Misael Uc Ucán	Aula y Laboratorio de simulación geriátrica	
19:00	FIN DE LA SESIÓN					

Fuente: Elaboración propia

Figura 3. Programa de taller, segundo día

UNIVERSIDAD AUTÓNOMA DE CAMPECHE FACULTAD DE ENFERMERÍA						
Taller: "Mejorando la atención del paciente geriátrico"						
PROYECTO DE INVESTIGACIÓN: Importancia de la formación gerontogeriátrica del personal que atiende al paciente en las residencias.						
RESPONSABLE INSTITUCIONAL: Dra. Jaqueline Guadalupe Guerrero Ceh						
DÍA DOS: VIERNES 15 DE JUNIO DE 2018						
HORA	ACTIVIDAD	OBJETIVO	MATERIAL	RESPONSABLE	ESPACIO	OBSERVACIONES
08:00	Registro	Identificar a los asistentes	Listas de asistencia	Dra. Jaqueline Guerrero	Aula	
08:10	Síndrome del desgaste del cuidador	Aplicar las acciones para controlar el síndrome del cuidador y mantener el buen trato al paciente.	Aula	Mtra. Ana Rosa Can Valle	Aula	Se da la bienvenida y se explica la dinámica de trabajo, así como la intención del taller.
10:00	Receso					Se ofrece coffee breake
10:20	La formación continua del talento humano	Identificar las plataformas que ofrecen capacitación en el ámbito gerontogeriátrico.	Sala de cómputo con acceso a Internet	Dra. Jaqueline Guadalupe Guerrero Ceh	Aula - Sala de cómputo con acceso a Internet	
13:00	Receso					Se ofrece coffee breake
15:00	La formación continua del talento humano	Identificar las plataformas que ofrecen capacitación en el ámbito gerontogeriátrico.	Sala de cómputo con acceso a Internet	Dra. Jaqueline Guadalupe Guerrero Ceh	Sala de cómputo con acceso a Internet - Aula	
16:00	Movilizaciones para prevenir UPP	Saber aplicar las acciones preventivas de las UPP	Aula y Laboratorio de simulación gerontológica	Dr. José Misael Uc Ucán	Aula y Laboratorio de simulación geriátrica	
18:00	Acciones preventivas para el manejo de residentes	Propocionar los elementos que permitan mejorar la atención del paciente	Aula	Mtra. Manuela del Jesús Vallejos Tun	Aula	
20:00	CLAUSURA Y ENTREGA DE CONSTANCIAS					

Fuente: Elaboración propia, 2019

## Results

When conducting field research, for the location of social assistance establishments that offer permanent and temporary care in the state of Campeche, 13 permanent care spaces were found for people in the maturity stage, of which one is in Escárcega, two in Ciudad del Carmen, one in Candelaria, one in Hopelchén and eight in Campeche. Table 1 shows the municipalities that have spaces for temporary and permanent care of the elderly, as well as the type of service they offer (private or public), including the percentage of the population over 60 years of age in each one.



**Tabla 1.** Relación de estancias en el estado de Campeche

<b>Campeche</b>	<b>Carmen</b>	<b>Candelaria</b>	<b>Escárcega</b>	<b>Hopelchén</b>
8.3 %	6.4 %	8.0 %	7.6 %	8.7 %
Hogar de ancianos Dolores Lanz de Echeverría (Público)	Hogar de ancianos Villa Merced	Hogar de ancianos María del Carmen Montero de Hurtado (Público)	Hogar de ancianos Alba María y Sofía (Público)	Hogar de ancianos Abelardo Lara Negrón (Público)
Residencia y casa de día para adultos mayores Hogar del Abuelo (Privado)	El Mundo de los Abuelos			
Residencia y guardería geriátrica Casa Grande (Privado)				
Residencia geriátrica La Casa de las Abuelas (Privado)				
Centro gerontológico Fengari (Privado)				
Guardería y casa hogar Narcí				
Estancia Los años Dorados (Privado)				
Centro de día y estancia permanente Vital Care (Privado)				
<b>Estancia temporal</b>				
Centro de atención integral al adulto mayor. Estancia: La Alegría de Vivir (Público)	Centro gerontológico: El Mundo de los Abuelos			
Centro de atención integral del adulto mayor (Caiam - Issstecam) (Público)	Estancia para el adulto mayor: Héroes de Nacoziari			

Centro recreativo y asistencia al adulto mayor				
Centro de estimulación cognitiva: Soy Mayor				

Fuente: Elaboración propia, con datos proporcionados por la delegación del INAPAM en Campeche e INEGI (entrevista realizada al Delegado del INAPAM el 27 de septiembre de 2018)

As part of the commitment and social responsibility of the Autonomous University of Campeche, Mexico, a workshop was designed for caregivers of nursing homes that offer their services in the state of Campeche, Mexico, with the aim of contributing to better patient care in private nursing homes. Through the experience and analysis of basic geronto-geriatric issues, a maximum participation of 30 people was initially considered. The training activity lasted for a total of 20 hours, divided into four segments of five hours each (morning and evening). Each of the four themes has a duration of four hours, a total of sixteen hours. The other four hours, they will work on activities preparing the situational diagnosis of nursing homes, evaluation and delivery of records. The topics to be developed were: continuous training of human talent, caregiver burnout syndrome, preventive actions for the management of residents and mobilizations to prevent pressure ulcers (UPP).

**Tabla 2.** Estructura del taller impartido

Taller: Mejorando la atención del paciente geriátrico
Responsable institucional: Dra. Jaqueline Guadalupe Guerrero Ceh
Objetivo: Este taller se realiza con la intención de contribuir en una mejor atención del paciente de las residencias geriátricas privadas, a través de la experiencia y análisis de los temas geronto-geriátricos básicos.
Participantes: Se estima una participación de 25 a 30 personas.
Estructura: La actividad tiene una duración total de veinte horas, dividida en cuatro segmentos de cinco horas en cada turno matutino y vespertino. Cada uno de los cuatro temas, tiene una duración de cuatro horas, un total de dieciséis horas. Las otras cuatro horas, se trabajarán en actividades elaboración del diagnóstico situacional de las residencias geriátricas, la evaluación y la entrega de constancias. Seguidamente se describen los temas a desarrollar:
1) La formación continua del talento humano. Objetivo: Identificar la oferta educativa de las plataformas <i>online</i> en el ámbito geronto-geriátrico.
2) Síndrome del desgaste del cuidador. Objetivo: Aplicar las acciones para controlar el síndrome del cuidador, manteniendo una buena calidad de vida, para ofrecer un buen trato al paciente.
3) Acciones preventivas para el manejo de residentes. Objetivo: Proporcionar los elementos que permitan mejorar la atención del paciente en una residencia geriátrica.
4) Movilizaciones para prevenir UPP. Objetivo: Conocer y aplicar las acciones preventivas de las UPP en el paciente geriátrico.

Fuente: Elaboración propia, 2019.

In the first part of the workshop, an activity was carried out that allowed us to know the training needs they have. With this information, we proceeded to make a proposal called the Diploma for caregivers of elderly people. It has been designed according to the needs expressed and observed in families and social assistance establishments in the city of San Francisco de Campeche, Campeche, Mexico, so, at first, it is focused on people who are caregivers informal. Among the instructors are considered: Gerontology teachers, a geriatrician, a specialist in family medicine, gerontologists, as well as the team of geriatric assistants of the Mexican Council of Geriatrics and Gerontology of Puebla and the Center



for Rehabilitation and Special Education (CREE) Campeche expert in the wheelchair use and handling workshop; It is still necessary to establish the necessary agreements with these two expert instances.

The diploma proposal is made up of nine modules, with curricular value. Each module lasts 20 hours, of which 16 hours are face-to-face and 4 self-administered hours, a total of 180 hours. The modules are:

- 1) Main diseases in the elderly that cause their care.
- 2) Mental health in caregivers.
- 3) The care of the caregiver.
- 4) Thanatology and its impact on the person: caregiver and family.
- 5) Geriatric patient care techniques.
- 6) Use of the wheelchair and the care of the dependent person.
- 7) Palliative care.
- 8) Dignification of the elderly person.
- 9) Legal and bioethical aspects in the treatment of the elderly.

This proposal for a diploma has already been delivered to the academic director of the Faculty of Nursing, who, in turn, has assigned him to the Rectory area. In the city of San Francisco de Campeche, there is little interest from the government and education agencies to carry out training aimed at informal caregivers, so it is necessary for the educational authorities to assume their social commitment and promote this type of training, which allows families to have the necessary elements to better serve their relatives with pathological aging and promote self-care, but above all the importance of gerontologizing society.

## **Discussion**

In light of the results of this study, what was stated at the Second World Assembly on Aging is verified:

Train and offer incentives to health and social services professionals to advise and guide people who are reaching old age on healthy lifestyles and health care (ONU, 2003, p. 27)



It is necessary to have trained professionals. Here, the 18 people who attended the workshop showed their commitment to apply what they learned with their patients. The total, likewise, expressed that many of the topics were new, hence the interest in continuing with this training aimed at the care of the elderly.

This study was limited by the lack of interest of those responsible for social welfare establishments, by not allowing their staff to attend. Those who are located in the interior of the state of Campeche, Mexico, argued that they lacked the economic resources that would allow them to move to the city of San Francisco de Campeche to take the workshop. Another limitation was that the managers of the social assistance establishments did not extend the invitation to their staff, perhaps to avoid committing themselves to the payment of their per diem; The exception was the nursing home in the municipality of Hopelchén, which was attended by two people, who covered their transportation, lodging and food expenses for all the days of the course.

On the other hand, this study has the strength of being the first to be carried out at the Nursing Faculty of the Autonomous University of Campeche, Mexico. It was a union of efforts to contribute to society on the issue of gerontologization of health professionals who work in the care of patients in the stages of old age and old age. However, the main strength is that the professionals who attended the workshop are now better prepared to carry out their activities at work and provide quality care for people in the later stages of their lives.

Among the weaknesses presented in this study is that of continuing with the line of training to gerontologize society and strengthen their knowledge, not only to health professionals, but also to include family members, that is, that the work is carried out in two aspects: aimed at formal and informal caregivers, this will contribute to achieving the efficiency of people's care. Another area of opportunity for future research is to include the topic of mental health in geronto-geriatric training.

## Conclusions

As a result of the workshop, 18 people who care for and have contact with older people were trained. The profile of the participants was analyzed, from which it was obtained that, of the members of the sample, 28% are nurses, 28% gerontologists, 12% geo-cultivators, 17% nursing assistants, 5% doctors, 5% graduates in Economics and 5% have a baccalaureate. Above all, it was found that 71% have some type of training in the health area for their function. A workshop and a diploma proposal for informal caregivers were designed and carried out.

The hypothesis is accepted, since 29% of the sample does not have courses in the area of geriatric patient care and 90% of the participants were unaware of training platforms in gerontogeriatric issues. On the other hand, all the participants were satisfied with the workshop. Therefore, it is important to continue in the training of caregivers of geriatric patients and in the care of their mental health.

## Acknowledgment

The academic director of the Nursing Faculty of the Autonomous University of Campeche is thanked for all the facilities granted for the proper conduct of this study. Likewise, the trust in this activity deposited by all the nursing homes and the authorities of the Campeche Delegation of ISSSTE who allowed their staff to participate in the caregiver workshop is appreciated.

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<b>Rol de Contribución</b>	<b>Autor (es)</b>
<b>Conceptualización</b>	Jaqueline Guadalupe Guerrero Ceh
<b>Metodología</b>	Jaqueline Guadalupe Guerrero Ceh
<b>Software</b>	Maríajosé Sanchez De la Rosa
<b>Validación</b>	Maríajosé Sanchez De la Rosa
<b>Análisis Formal</b>	Jaqueline Guadalupe Guerrero Ceh
<b>Investigación</b>	Jaqueline Guadalupe Guerrero Ceh
<b>Recursos</b>	Jaqueline Guadalupe Guerrero Ceh
<b>Curación de datos</b>	Maríajosé Sanchez De la Rosa
<b>Escritura - Preparación del borrador original</b>	Jaqueline Guadalupe Guerrero Ceh
<b>Escritura - Revisión y edición</b>	Jaqueline Guadalupe Guerrero Ceh
<b>Visualización</b>	Jaqueline Guadalupe Guerrero Ceh
<b>Supervisión</b>	Jaqueline Guadalupe Guerrero Ceh
<b>Administración de Proyectos</b>	Jaqueline Guadalupe Guerrero Ceh
<b>Adquisición de fondos</b>	Jaqueline Guadalupe Guerrero Ceh