

# MENTOR

Revista de Investigación Educativa y Deportiva

Volume 5

Issue 13

2026

**Director:** Ph.D. Richar Posso Pacheco

**Email:** [rjposso@revistamentor.ec](mailto:rjposso@revistamentor.ec)

**Website:** <https://revistamentor.ec/>

**Editor-in-Chief:** Ph.D. Susana Paz Viteri

**Editorial Coordinator:** Ph.D. (c) Josue Marcillo Ñacato

**Scientific Committee Coordinator:** Ph.D. Laura Barba Miranda

**Editors' Committee Coordinator:** Msc. María Gladys Cónдор Chicaiza

**Reviewers' Board Coordinator:** PhD. Javier Fernández-Rio



## Articles

### **Comprehensive Geriatric Care: Nursing Innovation for Functional Autonomy in Older Adults**

### **Cuidado Integral Geriátrico: Innovación Enfermera para la Autonomía Funcional en Adultos Mayores**

Bertha Alejandrina Vásquez Moran <sup>1</sup>

**ORCID:** <https://orcid.org/0000-0003-3145-0920>

Blanca Jahayra Muñoz Torres <sup>1</sup>

**ORCID:** <https://orcid.org/0009-0004-4372-0160>

Aurora María Soto Montoya <sup>1</sup>

**ORCID:** <https://orcid.org/0009-0000-8708-7441>

Vilma Rocío Quijije Chávez <sup>1</sup>

**ORCID:** <https://orcid.org/0000-0002-9284-6972>

State Technical University of Quevedo, Quevedo-Ecuador <sup>1</sup>

#### **Corresponding author**

[bvasquezm@uteq.edu.ec](mailto:bvasquezm@uteq.edu.ec)

[bmunozt@uteq.edu.ec](mailto:bmunozt@uteq.edu.ec)

[asotom@uteq.edu.ec](mailto:asotom@uteq.edu.ec)

[vquijijec@uteq.edu.ec](mailto:vquijijec@uteq.edu.ec)

**Received:** 22-09-2025

**Accepted:** 13-01-2026

**Available online:** 15-01-2026

## **Abstract**

Population ageing challenges health systems, requiring innovative, person-centered geriatric nursing models that strengthen functional autonomy and respond to the complexity of ageing. The objective of this study was to analyze the contribution of nursing innovation in comprehensive geriatric care to strengthening functional autonomy in older adults. A qualitative descriptive study was conducted with ten nursing professionals using semi-structured interviews and non-participant observation, analyzed through thematic analysis to explore innovative geriatric care practices. The results showed that nursing innovation was oriented toward promoting functional autonomy through individualized practices, graded support, and therapeutic relationships. Autonomy emerged as a dynamic process shaped by contextual, organizational, and ethical care factors. Nursing innovation in geriatric care transforms traditional models by prioritizing functional autonomy, positioning nursing as a key agent in ethical, flexible, and person-centered practices.

**Keywords:** Geriatric nursing, functional autonomy, comprehensive care, active ageing.

## **Resumen**

El envejecimiento poblacional desafía a los sistemas de salud, demandando modelos innovadores de enfermería geriátrica centrados en la persona que fortalezcan la autonomía funcional y respondan a la complejidad del envejecimiento. El objetivo de la investigación fue analizar el aporte de la innovación enfermera en el cuidado integral geriátrico para el fortalecimiento de la autonomía funcional en adultos mayores. El estudio fue cualitativo descriptivo realizado con diez profesionales de enfermería, mediante entrevistas semiestructuradas y observación no participante, analizadas a través de análisis temático para explorar prácticas innovadoras de cuidado geriátrico. Los resultados evidenciaron que la innovación enfermera se orientó a la promoción de la autonomía funcional mediante prácticas individualizadas, apoyo graduado y relaciones terapéuticas. La autonomía emergió como un proceso dinámico, condicionado por factores contextuales, organizacionales y éticos del cuidado. La innovación enfermera en el cuidado geriátrico transforma los modelos tradicionales al priorizar la autonomía funcional, posicionando a la enfermería como agente clave en prácticas éticas, flexibles y centradas en la persona.

**Palabras clave:** Enfermería geriátrica, autonomía funcional, cuidado integral, envejecimiento activo.

## **Introduction**

Population ageing represents a major challenge for health systems. The older adult population continues to grow steadily; it is projected that by 2050 the number of people aged 65 years or older will reach 1.65 billion, exceeding 16% of the global population, which implies a proportional increase in chronic diseases, functional dependence, and demand for specialized

sociosanitary services (Guo et al., 2025). This phenomenon entails a higher prevalence of geriatric syndromes, comorbidities, and deterioration in older adults' quality of life, thereby requiring a rethinking of traditional care models toward more comprehensive and person-centered approaches.

Functional dependence is directly related to the inability to perform basic and instrumental activities of daily living and constitutes one of the main determinants of loss of autonomy in older adults (Segovia Díaz De León & Torres Hernández, 2011). The functional status of this population group no longer depends exclusively on the presence of diseases, but also on social, environmental, and self-care factors. Consequently, care systems must respond to the complex needs of this population through comprehensive models that enhance functional capacity, reduce dependence, and promote active ageing (Ríos Paredes, 2024).

Geriatric nursing is positioned as a key component in ensuring holistic care, ranging from prevention to rehabilitation, by integrating clinical knowledge and professional skills to strengthen older adults' functional autonomy. Nursing care not only addresses clinical aspects but also promotes patients' active participation in decision-making, supports their self-determination, and optimizes quality of life through structured and continuous interventions (Moilanen et al., 2022).

Traditional geriatric care models, centered on a fragmented biomedical approach, have proven insufficient to address the multiple dimensions of care required by older adults. These models, primarily oriented toward solving isolated medical problems, fail to integrate functional, psychological, social, and environmental aspects that characterize the ageing process (Espinel-Jara et al., 2025). Contemporary policies and practices therefore recommend the implementation of comprehensive geriatric care models that integrate comprehensive geriatric assessment, collaborative care planning, and person-centered care patterns.

Within these comprehensive approaches, primary and community care emerges as a key setting for implementing care strategies that promote functional independence and self-care. Programs incorporating home visits, interdisciplinary case management, and continuity of care have shown promising results in reducing hospital readmissions, improving mental health outcomes, and increasing older adults' satisfaction with the care received (Sun et al., 2025).

Studies have identified that nursing actions aimed at protecting patients' rights, respecting their preferences, fostering independence, and providing individualized care contribute significantly to the maintenance of autonomy, particularly in residential care setting (Bentwich et al., 2018). Nurses have been found to perform multiple roles, including acting as advocates for patients' wishes and adapting care practices to facilitate autonomous decision-making.

Research has also highlighted that perceived autonomy among older adults is associated with physical and cognitive capacities, environmental conditions, available social support, and professional practices that encourage active participation in care-related decisions (Hernández Vergel et al., 2021). This implies that nursing strategies must go beyond clinical treatment to incorporate ethical, educational, and therapeutic communication components.

Despite recognition of the importance of comprehensive care and the role of nursing in geriatric care, gaps persist regarding the identification and systematization of innovative nursing strategies that specifically promote functional autonomy among older adults across different institutional and community contexts (Rezabala Párraga et al., 2025). Most existing studies focus on describing general care practices without detailing structured interventions or models that can be effectively replicated and rigorously evaluated.

Although person-centered care and functional activation are acknowledged as beneficial, there is no clear consensus on which specific components of nursing practice generate the greatest impact on functional autonomy (Caicedo-Lucas et al., 2023). Moreover, there is limited systematized evidence on how such strategies can be sustainably implemented in resource-limited settings, which restricts their scalability and transferability across regions and diverse health system.

These gaps highlight the need for studies that not only describe care practices but also evaluate how these strategies can be translated into measurable improvements in functionality and autonomy, supported by indicators that inform policy and clinical decision-making. From a scientific perspective, this study seeks to contribute evidence-based knowledge on innovative nursing practices within comprehensive geriatric care that enhance older adults' functional autonomy, thereby addressing gaps in the literature regarding how nursing care can be effectively structured and implemented to achieve optimal clinical and functional outcomes.

From a clinical practice perspective, the study provides a conceptual framework that may facilitate the adoption of person-centered geriatric care models oriented toward autonomy. This could result in improvements in quality of life, reductions in dependence and functional disability, and greater satisfaction among patients and their families. For this reason, the objective of this research was to analyze the contribution of nursing innovation in comprehensive geriatric care to strengthening functional autonomy in older adults.

## **Methodology**

The research was conducted using a qualitative approach with a descriptive design, which made it possible to analyze the experiences, perceptions, and innovative strategies implemented in real care settings, prioritizing the interpretation of the meanings that participants attribute to their professional practices (Hernández et al., 2014).

The study was carried out in three gerontological centers and within home-care programs located in urban areas of Ecuador. These settings were selected due to their focus on comprehensive care for older adults and the active involvement of nursing staff in promoting functional ability and self-care.

Participants were nursing professionals with experience in caring for older adults. The inclusion criteria were: (a) holding professional nursing qualifications, (b) having at least one year of work experience in institutional or community geriatric care, and (c) voluntarily agreeing to participate in the study. Professionals who were not actively practicing during the data collection period were excluded. Sampling was intentional and convenience-based; the ten participants were selected according to their direct experience with comprehensive geriatric care practices and their willingness to provide relevant information for the study.

For data collection, semi-structured interviews were used to explore participants' perceptions of comprehensive geriatric care, the innovative strategies applied, and their impact on older adults' functional autonomy. The interview guide was developed based on a literature review and validated through expert judgment by specialists in geriatric nursing.

In addition, non-participant observation was conducted, focusing on nursing care practices related to promoting functional ability, supporting older adults' participation in decision-making, and implementing autonomy-oriented interventions. Observations were recorded using a previously designed structured guide.

The study was conducted in several phases. First, institutional permissions were obtained and the purpose of the study was explained to participants. Subsequently, informed consent was obtained from the nursing professionals.

In the second phase, the semi-structured interviews were conducted at previously agreed times, ensuring an appropriate environment for participants' free expression. The interviews were audio-recorded with prior authorization and then transcribed verbatim for analysis.

Complementarily, observation sessions of care practices were carried out, which allowed the information reported in the interviews to be contrasted with the actions implemented in everyday practice.

Data analysis was conducted through thematic analysis, following a systematic process of coding and categorization. Initially, an in-depth reading of the interview transcripts and observation records was performed to identify relevant meaning units. These units were then grouped into emerging categories and subcategories related to comprehensive geriatric care, nursing innovation, and functional autonomy.

## **Results**

### **Results Derived from the Semi-Structured Interviews**

The thematic analysis of the semi-structured interviews conducted with the ten nursing professionals revealed a shared interpretive framework regarding comprehensive geriatric care, in which functional autonomy was understood not as a static state, but as a dynamic process, shaped by individual, contextual, and relational factors.

The narratives showed that nursing innovation was primarily expressed through a reorientation of care from an assistential logic toward a functional logic, in which the older adult was recognized as an active subject in their own care process. Participants indicated that promoting autonomy often required abandoning traditional overprotective practices, even when such practices were perceived as faster or safer from an institutional perspective.

A recurring tension emerged between organizational demands (time constraints, protocols, workload) and the professional ideal of person-centered care. Nevertheless, the professionals described adaptive strategies that enabled them to sustain innovative practices, such as prioritizing functional goals, negotiating care with the older adult, and systematically incorporating education for self-care.

From the analysis, interrelated categories and subcategories were consolidated, reflecting different levels of complexity in nursing practice, as presented in Table 1.

Table 1  
*Analytical categories emerging from the semi-structured interviews*

Analytical category	Subcategories	Interpretive level
Nursing innovation in geriatrics	Role reconfiguration, care flexibility	Transformation of professional practice
Functional autonomy	Residual capacity, self-determination	Autonomy as a dynamic process
Care strategies	Individualization, functional education	Capacity-oriented care
Nurse–older adult relationship	Negotiation, co-responsibility	Relational construction of autonomy
Contextual barriers	Workload, institutional norms	Structural tensions of care

### Results Derived from Non-Participant Observation

The findings obtained through non-participant observation provided empirical evidence of how the strategies described by professionals were either enacted or constrained in everyday practice. It was observed that the promotion of functional autonomy was primarily manifested through care-related micro-decisions, many of which were not formally protocolized but were essential for preserving older adults’ functional abilities.

In the observed situations, nursing staff tended to apply graded support, adjusting the level of assistance according to the older adult’s functional response. This practice reflected advanced practical knowledge based on continuous assessment of capabilities rather than solely on formal diagnoses. However, instances were also identified in which institutional demands favored more directive interventions, thereby reducing older adults’ participation.

Observation allowed the identification of consistent behavioral patterns related to the promotion of autonomy, as well as practices that, although well intentioned, could potentially limit it. These findings are summarized in Table 2.

Table 2  
*Observed nursing practice patterns and their impact on functional autonomy*

Observed pattern	Behavioral description	Functional impact
Graded support	Progressive assistance based on performance	Preservation of abilities
Functional substitution	Performing activities on behalf of the older adult	Risk of dependency
Contextualized stimulation	Activities adapted to the environment	Functional maintenance
Guiding communication	Clear instructions and positive reinforcement	Safety and confidence
Delegated decision-making	Choices guided by the older adult	Strengthening of self-determination

### Analytical Integration of Results by Data Collection Techniques

Triangulation between interviews and observation revealed a high level of conceptual coherence, although with practical variability, between professional discourse and observed actions. While all ten participants expressed a positive valuation of functional autonomy as a core axis of geriatric care, its implementation was shaped by contextual, organizational, and relational factors.

Taken together, the results showed that nursing innovation did not rely exclusively on technological resources or formal programs, but rather on the professional's reflective capacity, clinical judgment, and ethical positioning toward ageing and dependency. Functional autonomy thus emerged as a shared construction between nursing professionals and older adults, sustained through everyday practices, situated decisions, and care relationships grounded in respect and dignity.

### Discussion

The results derived from the semi-structured interviews showed that nursing professionals conceptualized functional autonomy as a dynamic and relational process, rather than as a dichotomous condition of independence or dependence. This understanding is consistent with the findings of Moilanen et al. (2022), who emphasize that autonomy in older adults is constructed through everyday interactions, shared decision-making, and professional practices that are sensitive to context. In this regard, the present study reinforces the idea that autonomy does not depend exclusively on the older adult's clinical status, but also on how care is planned and implemented.

Participants identified tensions between institutional demands and the ideal of person-centered care, a situation that has been previously documented in studies on geriatric care in institutional settings (Espinel-Jara et al., 2025). Despite these tensions, professionals developed adaptive strategies—such as prioritizing functional goals and negotiating care—that enabled them to sustain autonomy-oriented practices. This suggests an advanced exercise of nursing clinical judgment and a reflective capacity that, in itself, constitutes a form of professional innovation.

The results obtained through non-participant observation confirmed that the promotion of functional autonomy was primarily materialized through care-related micropractices, such as graded support, contextualized functional stimulation, and guiding communication. Although these practices are often rendered invisible within formal protocols, they demonstrated a significant impact on the preservation of functionality, aligning with Bentwich et al. (2018), who highlight the role of nursing as a facilitator of self-determination in geriatric settings.

Although there was a clear conceptual alignment regarding the importance of functional autonomy, its implementation was conditioned by organizational factors such as workload and the rigidity of certain institutional norms. This finding is consistent with previous research warning that the institutionalization of care may generate unintended assistential practices that limit older adults' autonomy (Hernández Vergel et al., 2021). The present study provides evidence that such limitations do not eliminate the possibility of innovative practices, but rather demand greater flexibility and ethical commitment on the part of nursing professionals.

Nursing innovation in comprehensive geriatric care should therefore be understood as a situated process, grounded in the therapeutic relationship, the recognition of the older adult as an active subject, and the continuous adaptation of care. This perspective aligns with person-centered care and active ageing approaches, which promote participation, dignity, and functionality as core dimensions of well-being in later life (Sun et al., 2025).

The findings suggest the need to strengthen geriatric nursing education with an emphasis on promoting functional autonomy, clinical reasoning, and ethical decision-making. They also highlight the importance of health institutions recognizing and valuing these innovative practices by integrating them into less protocol-driven and more flexible care models.

## Conclusions

Nursing innovation in comprehensive geriatric care constitutes a strategic axis for transforming models of care for older adults, as it shifts the focus from dependence toward the strengthening of functional autonomy as a guiding principle of care. This perspective positions nursing not only as an executor of assistential interventions but also as a key agent in shaping ethical, flexible, and person-centered care practices capable of responding to the complexity of ageing in both institutional and community contexts.

Strengthening functional autonomy in older adults requires structural, educational, and organizational conditions that recognize and enhance nursing professionals' clinical judgment, reflective capacity, and situated decision-making. Advancing toward less rigid and more functionally and human dignity-oriented care models is essential to ensure active and sustainable ageing, as well as to consolidate nursing's disciplinary contribution within contemporary health systems.

## References

- Bentwich, M. E., Dickman, N., & Oberman, A. (2018). Human dignity and autonomy in the care for patients with dementia: Differences among formal caretakers from various cultural backgrounds. *Ethnicity & Health*, 23(2), 121-141. <https://doi.org/10.1080/13557858.2016.1246519>
- Caicedo-Lucas, L. I., Mendoza-Macías, C. E., Moreira-Pilligua, J. I., & Ramos-Arce, G. C. (2023). Cuidado humanizado: Reto para el profesional de enfermería. *Revista Arbitrada Interdisciplinaria de Ciencias de la Salud. Salud y Vida*, 7(14), 17-29. <https://doi.org/10.35381/s.v.v7i14.2511>
- Espinel-Jara, V. M., Tapia-Paguay, M. X., Tito-Pineda, A. P., López-Aguilar, E. C., & Fernández-Cusimamani, E. (2025). Humanized and Community-Based Nursing for Geriatric Care: Impact, Clinical Contributions, and Implementation Barriers. *Nursing Reports*, 15(8), 302. <https://doi.org/10.3390/nursrep15080302>
- Guo, R., Zhang, J., Yang, F., & Wu, Y. (2025). Efficacy of an Intelligent and Integrated Older Adult Care Model on Quality of Life Among Home-Dwelling Older Adults: Randomized Controlled Trial. *Journal of Medical Internet Research*, 27, e67950. <https://doi.org/10.2196/67950>
- Hernández, R., Fernández, C., & Baptista, P. (2014). *Metodología de la investigación*. McGraw-Hill.
- Hernández Vergel, V. K., Solano Pinto, N., & Ramírez Leal, P. (2021). Entorno social y bienestar emocional en el adulto mayor. *Revista Venezolana de Gerencia*, 26(95), 530-543. <https://doi.org/10.52080/rvgluz.27.95.6>
- Moilanen, T., Suhonen, R., & Kangasniemi, M. (2022). Nursing support for older people's autonomy in residential care: An integrative review. *International Journal of Older People Nursing*, 17(2), e12428. <https://doi.org/10.1111/opn.12428>
- Rezabala Párraga, N. D. J., Zambrano Mora, B. M., & Juna Juca, C. F. (2025). Impacto de la Enfermería Comunitaria en la Calidad de Vida del Adulto Mayor en Latinoamérica: Una Revisión Sistemática. *Ciencia Latina Revista Científica Multidisciplinar*, 9(5), 6465-6484. [https://doi.org/10.37811/cl\\_rcm.v9i5.20010](https://doi.org/10.37811/cl_rcm.v9i5.20010)
- Ríos Paredes, M. J. (2024). Rol de la enfermería en la atención del adulto mayor en unidades de salud familiar de la ciudad de Pilar, 2024. *Ciencia Latina Revista Científica Multidisciplinar*, 8(2), 363-383. [https://doi.org/10.37811/cl\\_rcm.v8i2.10477](https://doi.org/10.37811/cl_rcm.v8i2.10477)
- Segovia Díaz De León, M. G., & Torres Hernández, E. A. (2011). Funcionalidad del adulto mayor y el cuidado enfermero. *Gerokomos*, 22(4), 162-166. <https://doi.org/10.4321/S1134-928X2011000400003>
- Sun, Y., Ankenbauer, S. A., Guo, Z., Chen, Y., Ma, X., & He, L. (2025). Rethinking Technological Solutions for Community-Based Older Adult Care: Insights from 'Older Partners' in China.

**January 2026; 5(13), 037-046**

<https://doi.org/10.56200/mentor.v5i13.11630>

<https://revistamentor.ec/index.php/mentor>

*Proceedings of the ACM on Human-Computer Interaction*, 9(2), 1-36.  
<https://doi.org/10.1145/3711058>

### **Funding**

The authors received no funding for the development of the research.

### **Conflict of Interest**

The authors declare that they have no conflicts of interest.

### **Author Contributions**

The authors contributed to the development of the manuscript.