

Palliative care to elderly hospitalized: discourses of nurse clinicians

Cuidados paliativos à pessoa idosa hospitalizada: discursos de enfermeiros assistenciais

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RESUMO

Objetivo: Investigar a compreensão de enfermeiros assistenciais sobre cuidados paliativos à pessoa idosa hospitalizada, apontando os desafios enfrentados na prática assistencial. **Metodologia:** Estudo exploratório, com abordagem qualitativa, desenvolvido com 10 (dez) enfermeiros atuantes em um hospital universitário, tendo sido respeitados todos os procedimentos éticos. **Resultado:** A investigação permitiu identificar 3 categorias discursivas relacionadas à assistência de enfermagem a idosos em cuidados paliativos: a compreensão de enfermeiros assistenciais sobre cuidados paliativos, as ações de enfermagem direcionadas ao idoso em cuidados paliativos e os desafios vivenciados pelos enfermeiros ao cuidar de idosos em atenção paliativa. **Conclusão:** Este estudo oportunizou reconhecer a compreensão de enfermeiros sobre cuidados paliativos à pessoa idosa hospitalizada, apontando quais os desafios enfrentados na prática assistencial.

Palavras-chave: Enfermagem; Cuidados Paliativos; Idoso.

ABSTRACT

Objective: To investigate the understanding of nursing assistants on palliative care for hospitalized elderly persons, pointing out the challenges faced in care practice. **Methodology:** An exploratory study, with a qualitative approach, developed with 10 (ten) nurses working in a university hospital, and all ethical procedures were respected. **Results:** The research allowed identifying three discursive categories related to nursing care for the elderly in palliative care: the understanding of nursing assistants on palliative care, nursing actions directed to the elderly in palliative care and the challenges experienced by nurses in caring for the elderly in palliative care. **Conclusion:** This study made it possible to recognize nurses' understanding of palliative care for hospitalized elderly people, pointing out the challenges faced in care practice.

Keywords: Nursing; Palliative care; Old man.

NOTA

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INTRODUCTION

The World Health Organization (WHO) points out that, currently, 70% of the elderly live in countries considered poor or emerging. Brazil is inserted in this context, with the prospect of becoming the 6th largest country in the number of elderly people in the next decade. With the increase of the elderly population and the increase of the longevity, the chronic diseases appear⁽¹⁾.

Chronic noncommunicable disease (CNCD) is characterized by continuous progression and high interference in the reduction of autonomy and functional independence of the elderly. With old age, in addition to the common fragility at this stage, it may worsen if the onset of illnesses with no possibility of cure occurs⁽²⁾.

Inserted in this conjuncture, palliative care emerges as an extremely necessary modality of care worldwide and that has been showing, in the last decade, a significant growth in Brazil. The WHO states that palliative care aims at improving the quality of life of patients and their families in the face of a terminal illness through the prevention and relief of suffering and identifying, assessing and treating pain and other physical, psychosocial and spiritual problems⁽³⁾.

The need for palliative care, especially in the perspective of chronic diseases, to be understood as a humanized and integrated modality of health care, has been used since diagnosis and has become more widespread as there is no response to curative treatment⁽⁴⁾. Therefore, it is necessary to attend, care and, above all, to educate, so that the philosophy of palliative care is disseminated in accordance with what is proposed.

From a reflexive point of view, the nurse has a double challenge: gerontological care and palliative care. The practice of nursing care at the hospital level is aligned with the elderly care network, contributing significantly to the construction of autonomy and the participation of the public in the decision making about their specific needs for health care or care.

It is known that hospital admission can be considered a factor of physical-emotional disruption to the elderly, since actions and interactions occur in a bond established by situational and structural force, where, on the one hand, there are urgent needs for care and, another, there is a hierarchically determined and dimensioned professional activity, but not always able to deal with this population and with this new demand for care⁽⁵⁾. Although for the implementation of palliative care it is essential to multidisciplinary and interdisciplinary work, the nurse is the professional of the health team that stays longer with the elderly person in the hospital context, through direct and continuous care.

In view of this discussion, the present study lists palliative care as an emergent care modality for the elderly,

with functional chronicities and/or disabilities, seeking to find answers to two questions: How do nurses in a school hospital understand palliative care hospitalized elderly person? What are the challenges that emerge in the implementation of the modality of care?

In the search for answers to the questions raised, this study aims to investigate the understanding of nursing assistants on palliative care for hospitalized elderly persons, pointing out the challenges faced in care practice, based on the discourses of the research subjects.

METHOD

This is an exploratory and descriptive study, with a qualitative approach, developed with nursing assistants, working in the hospitalization units of a University Hospital, located in the city of João Pessoa - Paraíba, Brazil.

Non-probabilistic sampling, obtained by accessibility, was chosen with a number defined according to the strategy called data saturation. In order to select the sample, inclusion criteria were to be included in the list of effective professionals of the referred hospital and to provide direct assistance to the hospitalized elderly. Nurses who were on vacation or away from care during the data collection period were not included. Therefore, the study was developed through voluntary participation of 10 care nurses.

The data collection was performed through an interview technique, based on a semi-structured script, containing data on the characterization of the participants and questions about the subject of the hospitalized elderly in need of palliative care. To record the responses, the recording system was used in mp3 player. The interviews took place after the consent of the participants, in a private room, individually, in the work sector itself. To guarantee the anonymity of the participants, they were denominated by the letter E (of nurse), followed by ordinal numbering, according to the sequence of the interviews (E1, E2, E3 ...).

The transcription of the responses was done through the text editor world 2013. Characterization data were described using absolute frequency of responses; the empirical data of the interviews were weighted through the categorial content analysis technique, following three phases - pre-analysis, - analytical description, inference and interpretation⁽⁶⁾.

Initially a floating reading of the reports was made, which consists in making exhaustive contact with the material, in the sense of knowing the contents seized in the collection. After this step, the *corpus* of analysis was defined, where the empirical material was organized obeying the criteria of: completeness, homogeneity, representativeness and relevance of contents according to study objectives⁽⁶⁾. Then, the process through which raw

data was systematically transformed and aggregated into units occurred. Subsequently, the categories were submitted to the inferences and interpretations provided in the theoretical framework adopted.

During the course of this research, the researchers followed the observances highlighted in Resolution No. 466/12, of the National Health Council (CNS), regarding human research. The study was approved (Opinion No. 2,553,408) by the Research Ethics Committee (CEP), Lauro Wanderley University Hospital (HULW), registered under the number CAAE 84389318.9.0000.5183.

RESULTS

Ten (10) nurses who worked in the hospitalization units of the service participated in the study. Of these, eight were female, five were married; the majority were in the 25- to 35-year-old age bracket and were in hospital care for the elderly in palliative care for about 10 years.

When asked about their professional qualifications, all of them affirmed that they had postgraduate studies. However, none of them reported being a specialist in palliative care. The majority reported having participated in scientific events in the last ten years, such as seminars, short courses, training, forums and congresses, at the regional and national levels, about palliative care.

Regarding the subjective issues of the nurses' reports, the empirical data showed the following discursive categories:

1 – Understanding Nursing Assistants on Palliative Care

In this category, the way nurses understand palliative care in their professional practice vis-à-vis the elderly is evidenced. It is understood the similarity of the thoughts of those professionals around the theme, such as the relationship between promoting comfort and well-being, seeking to supply the quality of life and alleviation of suffering. This understanding is glimpsed in the following accounts:

"[...] They are taken care of to ease the suffering of the patient before the moment that he is passing." [E1]

"It is all that care that does not aim at the effective cure of the patient's basic illness, but to provide the best possible comfort for him to live with the disease [...]" [E3]

"It's all the care we take to prolong the life of the patient with quality of life, well-being, comfort and no pain ..." [E5]

"[...] patients that you no longer have to deal with, just a palliative to alleviate pain, both physical and psychological suffering." [E6]

2 – Nursing actions directed to the elderly in palliative care

When reporting their care actions to the elderly in

palliative care, nurses describe that they seek to perform basic technical actions specific to Nursing and therapeutic dialogue strategies, as can be evidenced in the speeches below:

"[...] The main care I have is to try to talk and try to bring comfort using the words to this elderly patient." [E1]

"[...] I try to give up more in relation to the visit, contact with relatives, some desire that this person wants to accomplish, to talk with the person, because sometimes she does not have understanding, some know that they are in their last days." [E2]

"[...] the question of the evolution that has to be done as a nurse, to assess the patient's clinical condition [...] to establish a goal of plans and care." [E4]

"[...] we have to start from the basics of hygiene and evaluate the patient's self care or not [...] the bath, comfort massage with more humane treatment for the elderly hospitalized [...] medications to relieve some symptoms that he may be having, changing the mattress, a tire if the patient is bedridden, restricted to the bed [...]" [E5]

3 - Challenges experienced by nurses in caring for the elderly in palliative care

Faced with the experience of palliative care in elderly patients in hospital, the participating nurses revealed in their speeches the main difficulties resulting from the provision of this service. They are highlighted as follows:

Regarding the lack of collaboration of the elderly patient, in a situation of palliation, the nurses reveal that:

"[...] Sometimes we have to put a probe, a diet, and they do not want to, they really do not cooperate so that we can give that care to him [...]" [E1]

"[...] The difficulty is that there is an old man who collaborates and has an elderly man who does not collaborate at all. Here in the clinic I only took elderly people who did not cooperate. I talk about the question of procedures, of not letting myself get close to him and having an interpersonal relationship, of talking and trying to help him in some way. [...]. Then he will not let me do what it takes for him." [E8]

In the section below it is mentioned the lack of trained professionals for the care and the necessity of a greater involvement of a multiprofessional team in palliative care to the elderly patient.

"It should be more professionally prepared specifically for this (palliative care), and empowerment [...] for us to deal better with this situation [...]" [E2]

"[...] The lack of a multidisciplinary team for treatment, because it is not just the nurse, it takes everybody. [...] we miss a psychologist, a speech therapist, a physiotherapist, an occupational therapist [...]" [E6]

The absence of an institutional standard operating protocol impairs the organization of work and the provision of palliative care, a fact revealed by one participant:

"[...] To initiate palliative care, you must have a protocol to follow this protocol to the letter; we do not have this written protocol here and each one does the way he understands [...]" [E5]

In the meantime, one of the nurses described, as a difficulty, the poorly planned physical space and the lack of human and material resources, as can be seen in the following testimony:

"The physical structure without planning primarily, but the organizational part as well. [...] some medication that may be lacking, insufficient professionals [...]" [E4]

DISCUSSION

According to the first category, 'understanding of the professionals on palliative care, it is possible to evidence the participants' understanding about palliative care. We understand that nurses associate technical and integral care with the fact of promoting well-being and symptom relief of the elderly patient with no possibility of cure, seeking to guarantee respect and dignity to these patients.

The sections report that nurses understand palliative care in a manner similar to what is recommended by the palliative care philosophy. This is proven by expressing that the zealous procedures are offered with the main objective of alleviating the suffering and pain of people facing an incurable pathology.

However, the need to apprehend palliative care as actions in health throughout life, but without imbrication with the proximity of death, is emphasized. For the World Health Organization, the palliative care procedure, in addition to including measures of pain control and other symptoms, focuses on improving the patient's quality of life and family in the psychobiological, social and spiritual dimensions⁽⁷⁾.

There is a concern in treating the elderly well beyond physical pain, directing the care jointly to emotional well-being and aiming for a holistic assistance, since the suffering is inherent to the human being. Therefore, caring for patients with chronic diseases often means dealing with symptoms associated with suffering, distress and physical pain⁽⁸⁾.

The presence of terms such as pain, suffering and distress linked to the characteristics present in the patients 'daily life are interchangeable with the comfort, well-being and relief, objective of the nurses' practice of care.

Palliative care goes beyond the control and relief of physical and psychic pain. The hospital procedure develops discussions in the ethical sphere of care, to the human being, emphasizing the therapeutic communication through the subjectivity of the actions of care, taking into

consideration the psychological and spiritual dimensions of the health of the human being⁽⁹⁾.

In this humanized perspective, caring means meeting the basic human needs of the client and, in palliative care, providing the best quality of life possible in the moments that remain. It can be seen in the discourse of these statements that nurses are willing to dialogue with the elderly patients, not simply being bound by technical procedures. The professionals are thus concerned with the emotional and physical care of the elderly in palliative care, seeking to bring comfort and guiding the patient in what concerns the understanding of the stage being experienced.

Within the scope of the second category on nursing actions directed to the elderly in palliative care, the nurse can satisfy the needs that the elderly users under palliative care can present, through the communication effectively exercised in the care process. In a humanized way, through palliative care, the professionals are concerned with the emotional and the physical of the elderly, seeking to bring comfort, but also guiding the patient to a better understanding of the stage that he is experiencing.

The nurse, in developing technical knowledge and emotional security, can fully meet the needs that elderly patients in palliative care can present, making communication effectively exercised by professionals and patients involved in the care process.

In this assumption, the communication is a tool of great relevance in palliative care, for promoting an adequate assistance so that the patient experiences his pathological state with dignity⁽¹⁰⁾. This practice confers the user's confidence and confidence to the professional, so that he is able to expose his feelings, fomenting, then, a positive integration between being the care and the nurse.

In the field of Nursing, communication represents a strategy necessary for the practice of palliative care.

Through communication and other skills, the use of the systematized method in nursing records requires the critical thinking of the professional, who must be goal-focused and results-oriented in order to meet the needs of the patient and his/her family⁽¹¹⁾.

With regard to the elderly patient hospitalized under palliation, it is necessary to take into account their vulnerability, in addition to the extension of the care of integral form also to the relatives who experience this process of hospitalization and termination. The patient/caregiver relationship must be guided by ethical principles, since the truth about the patient's condition, respect for the autonomy of the person must be assured. Autonomy gives the patient the ability to make their own decisions, assuming a position of subject that, together with the health professional, can give an opinion about

their treatment. Thus, bioethical issues related to the terminal patient reflect on how nursing practice has been performed in relation to the ethical principles of beneficence and autonomy⁽¹²⁾.

These statements highlight the resistance of the elderly patient to allow nursing procedures to be performed, often necessary to relieve symptoms, and not to establish a greater link with the professional, resulting in patient denial of the procedures that comfort.

The way in which the professional interacts with the patient and his/her relatives in the stages that require more critical and specialized care, such as palliative care, influence the way in which the patient faces and experiences the hospitalization process and that allows or not a greater involvement of this patient care actions⁽¹³⁾.

In this sense, listening and looking carefully at the patient becomes an imperative instrument, so that the health team learns to understand the other and understands itself in its singularities. Thus, it is basic to seek to enter into the world of being, to see life through its conceptions and, when possible, to listen with involvement to its experiences⁽¹⁴⁾.

It is also necessary that the professional has a realistic understanding of the disease and a clear awareness of the importance of applying a model of professional-patient-family relationship that is based on bioethical principles that imply the inclusion of all those involved in this relationship of care and that culminate in the success of the actions to be carried out.

The Manual of the National Academy of Palliative Care establishes that at all levels of health care there should be regular and structured programs of training and specialized training in palliative care, with the development of research, protocols and conducts in the area and the capacity to comprehensive multidisciplinary team capable of responding to and guiding complex and high-demand situations in palliative care⁽⁷⁾.

Thus, it is extremely important to implement palliative care protocols in health care environments, making it possible to systematize the reduction of patient and family suffering, qualifying care for the patient and guiding the assistance of the multidisciplinary team⁽¹⁵⁾.

It is undeniable the existence of the assistance advances arising from the research and implementation of results in palliative care at the national level, through

documents and knowledge produced in recent years. However, divergent situations of this reality can still be observed, when teams involved in care do not develop strategies for pain reduction and effective participation of the duly qualified team in this form of care⁽¹⁶⁾.

CONCLUSION

The investigative character of this study made it possible to recognize the understanding of nursing assistants on palliative care for the hospitalized elderly person, pointing out the challenges faced in the practice of care, based on their discourses.

This research showed the understanding of nurses attending a public school hospital similar to the philosophy of palliative care advocated in the literature. However, in the practice of care, there is still the idea of palliative care as imminent terminality and the lack of possibility of offering other conventional therapies, which may leave palliative care in the background during nursing care.

The participants of this study were prone to the adequate use of communication and the insertion of the family in the care of elderly patients in palliative care. As a point to be overcome, they evidenced the need for a permanent multidisciplinary team during all patient care in this modality of care, in addition to highlighting the importance of continuing and permanent education on the subject exposed.

In addition, it is necessary to make and use care protocols in palliative care, reorganizing the care to the elderly patient without possibility of cure. The absence of institutional norms, regarding the care provided to patients with no cure, can affect the quality of care, leaving the professional at times unsure of the best course of action.

It is important to highlight the need for more research related to the palliative care modality, which seeks to know the organizational reality of the work of nursing professionals and which can point out possible ways to improve care, in order to provide a holistic and effective care.

Based on the praxis of attendance, we reiterate that it is fundamental to deepen studies on the subject. The purpose is to construct methodologies for the evaluation of hospital palliative care in other nursing care realities to hospitalized elderly patients, who do not present therapeutic possibilities for cure.

REFERENCES

1. Organização Mundial da Saúde-OMS. World Aging and Health Report [Internet]. 2015. [acesso em 12 jan 2018]; p.30. Disponível em: http://apps.who.int/iris/bitstream/10665/186468/6/WHO_FWC_ALC_15.01_por.pdf
2. Machado WD, Gomes DF, Freitas CASL, Brito MCC, Moreira ACA. Elderly people with chronic non-communicable diseases: a study in coexistence groups. *Revista Ciência & Saberes* [Internet]. 2017. [acesso em 14 de fev 2018]; 3(2): 444-51. Disponível em: <http://www.facema.edu.br/ojs/index.php/ReOnFacema/article/view/194>
3. Manso MEG, Lopes RGC, Fonseca A, Rei A, Santos MM, Lopes RGC. Palliative Care for the cancer patient. *Rev Portal de Divulgação* [Internet]. 2017 [Acesso em 14 jan 2018]; 52 (7):77-82. Disponível em: <http://portaldoenvelhecimento.com/revista-nova/index.php/revistaportal/article/view-File/668/736>
4. Ribeiro AL, Almeida CSL, Reticena KO, Maia MRG, Sales CA. Nursing in home palliative care: the look of the patient's family member with cancer. *Rev Rene* [Internet]. 2014 [acesso em 14 de jan 2018]; 15(3):499-507. Disponível em: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1679-494X2014000100012
5. Furtado MEMF, Leite DMC. Palliative care from the perspective of relatives of patients with lung cancer. *Interface* [Internet]. 2017 [Acesso em 14 jan 2018]; 21(63):969-80. Disponível em: http://www.scielo.br/scielo.php?pid=S1414-32832017005004103&script=sci_abstract&lng=es
6. Bardin L. *Content analysis*. 70 ed. São Paulo, Brasil: Almedina, 2011.
7. Carvalho, RT, Parsons, HA. *Manual of palliative care*. National Academy of Palliative Care [internet]. 2012 [Acesso 16 em jan 2018]. Disponível em: <http://biblioteca.cofen.gov.br/wp-content/uploads/2017/05/Manual-de-cuidados-paliativos-ANCP.pdf>
8. Lopes MEL, Fernandes MA, Platel ICS, Moreira MADM, Duarte MCS, Costa TF. Palliative care: understanding of the assistant nurses. *J Nurs UFPE on line* [Internet]. 2013 [acesso em 16 de jan 2018]; 7(1): 168-75. Disponível em: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/10218/10798>
9. Silva RS, Silva MJP. Nursing and palliative care. In: Silva RS, Amaral JB, Malagutti W. *Enfermagem em cuidados paliativos: cuidando para uma boa morte*. [Impresso]. São Paulo: Martini; 2013. p. 3-35.
10. Fernandes MA, Evangelista CB, Platel ICS, Agra G, Lopes MS, Rodrigues FA. Nurses' perception of the meaning of palliative care in patients with terminal cancer. *Ciência & Saúde Coletiva* [Internet]. 2013 [acesso em 19 de jan 2018]; 18(9): 2589-96. Disponível em: <http://www.scielo.br/pdf/csc/v18n9/v18n9a13.pdf>
11. Zambrano AO, Tagliari BF, Sullivan DFS, Leão D S, Nunes J, Cechin K, et al. Systematization of nursing care to a critical patient. *Disciplinarum Scientia*. [Internet]. 2013 [acesso em 19 de jan 2018]; 14(1): 15-22. Disponível em: <https://www.periodicos.unifra.br/index.php/disciplinarumS/article/view/1027>
12. Vasconcelos MF, Costa SFG, Batista PSS, Lopes MEL. Palliative care for the HIV / AIDS patient: ethical observance adopted by nurses. *Rev enferm UERJ* [Internet]. 2016 [acesso em 19 jan 2018]; 24(2): 01-05. Disponível em: <http://www.e-publicacoes.uerj.br/index.php/enfermagemuerj/article/view/26409>
13. Silva RS, Pereira A, Mussi FC. Comfort for a good death: perspective of an intensivist nursing team. *Esc. Anna Nery* [Internet]. 2015 [acesso em 20 de jan 2018]; 19(1): 40-46. Disponível em: http://www.scielo.br/scielo.php?pid=S1414-81452015000100040&script=sci_arttext
14. Brito FM, Coutinho MJF, Andrade CG, Costa SFG, Costa ICP, Santos KFO. Palliative care and communication: a study with health professionals of the home care service. *Rev Fund Care Online* [internet]. 2017 [acesso em 20 jan 2018]; 9(1): 215-21. Disponível em: <http://seer.unirio.br/index.php/cuidadofundamental/article/view/5368>
15. Silva CF, Souza DM, Pedreira LC, Santos MR, Faustino TN. Concepts of the multiprofessional team on the implementation of palliative care in the intensive care unit. *Ciência & Saúde Coletiva* [Internet]. 2013 [acesso em 21 jan. 2018]; 18(9):2597-2604. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232013000900014
16. Silva MG, Oliveira LC. Social worker work in multiprofessional palliative care teams. *Sociedade em Debate* [Internet]. 2017 [acesso em 26 jan 2018]; 23(1): 437-466. Disponível em: <http://www.rsd.ucpel.tche.br/index.php/rsd/article/view/1488/1020>