

NURSING CARE IN HOME GERONTOLOGY VISIT: A HUMANISTIC PERSPECTIVE

Jullyana Marion Medeiros De Oliveira*
Janaine Pinto Cunha De Araújo**
Heloísa Cristina Ferreira De Lima***
Patrícia Santos De Lucena****
Pedro Henrique Silva De Farias*****
Rejane Maria Paiva De Menezes*****

ABSTRACT

This is a descriptive and qualitative study, experience report type, with the aim of integrating theoretical and practical knowledge in the solidification of scientific learning gained in curricular components: Integral attention to health II and method and nursing models assistance, which originated the theoretical support for the theory of Paterson and Zderad, relating it to the experiences and assistance actions of Gerontological Nursing in primary health care, experienced by students of the Undergraduate degree in nursing from the Federal University of Rio Grande do Norte (UFRN). The study is described by steps of the nursing process supported by these theorists, and relating to the care to the elderly at home, from the perspective of the Domiciliary Visit in the Family Health Strategy. Therefore, the completeness of care referenced by the humanistic nursing theory, took us to reflection about the disruption of a curative assistance perspective, to analyze the individual by his human potential as an active member of the community, building his well-being and demonstrating his existential.

Keywords: Geriatric Nursing. Nursing Theory. Domiciliary Visit.

INTRODUCTION

Population changes resulting from demographic and epidemiological transition impose changes in health profiles, leading to repercussions on the organization of health systems and services, by redirecting assistance models and public health policies focused on disease prevention, promotion and maintenance of health and, in appreciation of the autonomy of the elderly in order to meet the demands of the new demographic profile⁽¹⁾.

Therefore, the health actions in line with the new concepts proposed by the Unified Health System (SUS) started to get organized in three levels of assistance, namely: primary health care, of medium and high complexity.

The health context of this study is focused

on primary care characterized by a set of actions based on health promotion and protection, prevention of diseases, diagnosis, treatment, rehabilitation and maintenance of health at individual and collective ambit.⁽²⁾

With the advent of the SUS, appears in the early 1990 a proposal to improve its organization and watch the users closely, The Community Health Agents Program (PACS), created in 1991 to provide assistance to users through Domiciliary visit⁽³⁾.

The health organization, based in the Family Health Strategy (FHS), is primarily used of domiciliary visit to restore the holistic family care. For an effective home care practice, the medical team must built a unique therapeutic project (UTP), individually, with established goals, priority scales and definitions of activities and responsibilities. Thus, like any therapeutic

*Nurse student of the 8^o period of Federal University of Rio Grande do Norte (UFRN). PIBIC Scientific Initiation student. Nursing Department. Federal University of Rio Grande do Norte, Natal, Rio Grande do Norte, Brazil. E-mail: jullyanamariom@hotmail.com

**Nurse student of the 8^o period of Federal University of Rio Grande do Norte (UFRN). Nursing Department. Federal University of Rio Grande do Norte, Natal, Rio Grande do Norte, Brazil. E-mail: nainearaujo@hotmail.com

***Nurse. Master of the Federal University of Rio Grande do Norte. Graduated from Federal University of Rio Grande do Norte (UFRN). Federal University of Rio Grande do Norte, Natal, Rio Grande do Norte, Brazil. E-mail: loisa2006@hotmail.com

****Nurse. Graduated from Santa Maria College. Cajazeiras, Paraíba, Brazil. E-mail: paty2007@hotmail.com

*****Nurse student of the 7^o period of Federal University of Rio Grande do Norte (UFRN). PIBIT Scientific Initiation student. Nursing Department. Natal, Rio Grande do Norte, Brazil. E-mail: pedro_hsilvaf@hotmail.com

*****Prof^a Phd in nursing. Professor of Nursing course at the Federal University of Rio Grande do Norte (UFRN). Nursing Department. Natal, Rio Grande do Norte, Brazil. E-mail: rejemene@terra.com.br

action plan, must have a management. To do this, it is used the health care professional to provide a better link with the family and the user⁽²⁾.

From this, the nurse as a member of the health team, should be aware of the reality of families, both in the physical, mental, social and demographic factors, in order to achieve full and continuous assistance to all the members, including home care. So, it is expected to offer a network of social support to the elderly person, constituted of a humanized attention with guidance, monitoring and home support, respecting local cultures and diversities of ageing⁽²⁾.

The systematization of nursing care to be applied, precedes to a theoretical and conceptual elaboration in the nursing theories. From these requirements, occurs the efficiency of this organization of care in order to contribute the improvement in integral assistance maintainer of comfort and safety of the client, family and multidisciplinary team⁽⁴⁾.

The theoretical framework of nursing, based on theories of nursing, is an approach consisting of concepts that underpin and support the nursing actions in the development of their practices, in particular, in dialogic practice assistance practice. In this sense, the chosen referential to guide our study was the humanistic Nursing Theory of Paterson and Zderad⁽⁵⁾.

The theory of nursing science develops the experiences lived and shared among nurses and individuals through a meeting with dialogues. In this way, a meeting between people who need nursing care is not just a mere gathering of people, but a meeting in which there is an interaction between these social actors, in order to achieve the goal of ensuring the well-being and the individual to be better⁽⁵⁾.

The dialogue is a particular form of intersubjective relationship, transpersonal. Therefore, it is unique in terms of communication called and reply with certain purposes in humanizing perspective⁽⁶⁾.

In addition, the nursing consultation is a very importante methodological instrument in Elder care, built from systematic and dynamics steps described as: history, diagnosis, prescription, implementation and evolution of nursing actions, being all these integrated⁽⁷⁾.

Thus, from the perspective of a humanized scientific practice and to support the actions of elder nursing, through nursing theory of Paterson and Zderad, it is intended to confirm the proposition that the nursing care in primary health care, in a humanistic perspective, contributes to an integral health care of the elderly person.

OBJETIVE

To escribe a teaching and learning experience in domiciliar care experienced by nursing students, focusing on the theory of Paterson and Zderad.

METHODOLOGICAL PATH

This is a descriptive study, qualitative, experience report type. The study arose from the initiative of converger theoretical-methodological approaches of care focusing on nursing theory and practice.

Thus, it was deemed appropriate to the description of na experience that integrates theoretical and practical knowledge in the solidification of a scientific learning acquired in the training components: Integral Attention II, in the context of health care of the elderly person, and Method and nursing assistance models, this latter, responsible for the incorporation of theoretical support for the theory of Paterson and Zderad.

Scientific practice experienced by students of Undergraduated Degree in Nursing from the Federal University of Rio Grande do Norte (UFRN), in primary health care, was held with an elderly woman and her family, receptive to her domiciliary care, located in coverage area of West Health District, in the municipality of Natal/RN, in the period of July 06 to 08, 2011 protocol with 044/08 and CEP-UFRN CAAE 0047.0.51.000-08.

The Gerontological Nursing actions in domiciliar visit, with a humanistic perspective of Paterson and Zderad, followed the standards of care model of the Strategy of the Family through the instrument of home visit, complemented by a health assessment script (interview, anamnesis, physical examination), in addition to the evaluation of functional and mental capacity,

namely: analysis of the development tests of Activities of Daily Living (ADL) and Instrumental Activities of daily Living (IADL), as well as the Mini Mental State examination (MMSE); as advocates the Aging and Health of elderly person notebook⁽²⁾.

In addition, it was used the methodology of nursing assistance proposed by Paterson and Zderad, conceptualized as phenomenological nursing which aims to facilitate the understanding and description of the situation and experiences lived between nurse-client⁽⁶⁾.

It is a five-phase process, set to: 1. *Expert nurse preparation to know*: student had opened to experiences and trained to integrate humanistic knowledge and concepts from sociology and anthropology to health sciences, preparing for a full assistance in the health perspective of the SUS;

2. *The nurse knows each other intuitively*: this phase is marked by a senescent intuitive pre-analysis, with a relativity perspective and reflexive of social, cultural and economic context that the elder is immersed; in this, the students have abandoned thoughts and biased perceptions, prevented the labels, expectations and judgements;

3. *The nurse knows each other scientifically*: student experienced practice actions, these were chosen by the identified needs through active listening, dialogue, observation, analysis and interpretation denominating the phenomena and categorizing them;

4. *The nurse synthesizing completely other knowledge*: the experiences considered in practice and in theory are brought, drawing up similarities and differences of this context experienced;

5. *The internal succession of nurse from many to the paradoxical*: in the last phase, the student analyzed and synthesized of the phenomena experienced taking from the multiple realities a new truth.

EXPERIENCE REPORT

The experience in Gerontological nursing care, applying the principles of humanistic nursing theory in domiciliary care, began by internalized theorizing of metaparadigmas in Paterson and Zderad by nursing students in

conversations, through planning and reflection on the reality to be known and shared.

The elderly female person assisted was examined intuitively, as individual *human beings* with needs of inherent interdependence, able to relate with other individuals in her space and time, which respectively would be her home and the time of the home visit⁽⁶⁾.

The *health* was interpreted by students as the ability of the elderly to establish relations in space and time, finding meaning of life, the power of *well-being and be better* and the quality of time spent, by turning the biomedical model idea and evolving to the idea of being healthy as an open person to life experiences⁽⁶⁾.

Nursing, with its complex and relational character, arises to distinct individuals in personality, social life and cultural framing.⁽⁸⁾

To learn about the pillars of the care model of Paterson and Zderad⁽⁶⁾, other elements are incorporated on the basis of complementary concepts, then they are gathered together and know in our nursing care actions, as: *the dialogue*, which is one of the requirements for the effectiveness of a domiciliary visit, added in our intentions for the establishment of a creative relationship, where there is a true sharing of experiences.

Involved in that dialogue, it took place *the meeting* by the group of beings involved: elder woman, family and nursing students. In these meetings, were touched feelings that permeated all of them, elder and family, because they had expectations of what we had to say about their lives. For the students, future professionals, it was realized the anxiety of a domiciliary visit, the receptibility and effectiveness of confident.

The *relationship* between subject-subject was established when the human components involved were opened to experience, in front of receptive and reliable feelings that appear in the elder and family, establishing the definition of *presence* and being noticeable to our professional vision.

The students were helpful in providing the guidelines, qualified listening, observing existing aspects of reality by the conditions of time and space and in continuous assistance development. They achieved the *response*, which would be the signs and symptoms listed and demonstrated by the elderly, as well as the

resolutions that would be our immediate interventions.

The community, also need to be known and identified, matched the social support network and existing health and in continuous dialogue with the assistance done by the Family Health Strategy that was present throughout the process.

At the end of this process, the humanistic nursing actions emerged from the insertion of nursing model of Paterson and Zderad, which in its sequel, it has some similarity with the Unique Therapeutical Plan (UTP) advocated by health policy for the elderly person when assisted, so there are moments of interface between the UTP, while SUS care plan and the nursing process while systematic assistance based on nursing theory, providing subsidies for nursing care.

This teaching and learning experience with use of the nursing process of Paterson and Zderad, implies on meeting the health needs perceived by any being who is in a relationship with a health care provider. The assistance began with a research, which analyzes and reflects so sensitized about the physical, psychological, biological and spiritual environment that involves an assisted person.

The identification of potential risks appeared, in a empathy relationship, establishing a dialogue from which emerged the health needs, the potential restoration of to become and the need for students redeeming all knowledge gained in sociological and anthropological sciences, to better understand and live human experiences such as: love, loneliness, suffering and death.

After this initial step, some diagnoses (the problematic ones) were identified and listed in a report, as well as the health needs, that nursing gives priority to intervene to promote the senior welfare. This step, occurs in the health team meeting (after the visit) that together, analyzed, developed and agreed on the UTP.

The problems listed in the case of this experience, were: the need to integrate the elderly to the social support network for physical therapy (previously requested by the doctor) required for the recovery of a facial paralysis and innence of other cerebrovascular accident (CVA); need for family support, expressed by feelings of anxiety, loneliness and contempt by

the absence of daughters; need for a dietary re-education, for being overweight and hypertensive; need for guidance about hypertension, justified by the elder referring to a continuous headache, adherence to a not appropriate pharmacological and non-pharmacological therapy and sedentary habits.

The next step, of planning and implementation of Paterson and Zderad, is not restricted to the range of targets, but also, in a holistic attention seeking well-being and presence of care for those who need. The resolution for the problems were done effectively by the dialogue that for humanistic nursing has a curative action.

The step explained above, started by the computarization of the family on the access and use of public transport (SAP – Special Accessibility Programme – door to door) to offsets of people with difficulties, the treatments and the access to this service.

Then, through interaction and dialogical explanation, were done an hypertension guidelines, from questions and doubts of the elderly and their families; about the accession of the orientation of medicines and other non-pharmacological treatments; the importance and need for physical activity, adequate food, forwarding her to the nutritionist; it was also investigated the headache, the pressure showed, indentifying some of the side effects of medications, noting that the elderly lacked a return to the neurologist and psychological support.

As health complement assessment, were applied MMSE tests (cognitive evaluation) and functionality assessment, today recommended by the Ministry of Health and essential in primary care of the elderly person.

At the end, greater interaction and dialogue between the subjects; specifically during the visit, it was identified a fator considered delicate, referring to the feelings expressed by the elder by the abandonment of her daughters; it is understood that such a problematic is part of the family disputes, which made difficult the possibility of greater support in a short time established by the visits. However, it was managed about the importance of the restoration of family links between the whole family.

There was familiar caregiver interaction, showing greater involvement and link between the family group; we advise that she should contact the elderly daughters showing the importance of family support.

Finally, guidance was given to the family group on the practice of domiciliary visit, informing them of the conclusion, as trainer requirement and the need to close the existing links. The elderly woman was happy, glad to have been with the students, reporting that her cure was in the dialogue and in the meetings occurred, feeling better, after all the process, reporting less headaches.

Evaluating the care provided, it can be seen that the guidelines were promptly incorporated into the life of the elderly as active individual in the health and illness process and by the family to do a health promotion and prevention of diseases and risks, it is expected that the family conflicts and the welfare of the elderly be possibly resolved, the most important goal at that moment by our experience.

CONCLUSION

The Gerontological Nursing assistance at the elder home, in health primary care through the elder health policy standards, as well as the implementation of systematically actions and with theoretical bases of humanistic nursing theory, allowed to students who have lived this experience, an integration and the application of theoretical knowledge to a practical situation.

Such experience is of significant importance for the training, allowing the development of skills and competencies as a relativity for the culture of people, extracting learning from life experiences and internalizing knowledge of theoretical-practical teaching in this context.

The integrality of care, in systematic nursing assistance and backed by humanistic nursing theory, made us reflect about social science knowledge that complement and guide the care, in the daily nursing practice and in primary health care.

It was noticed the need of disruption of an assistance centred on the biomedical model, so there is possibility to build the *well-being* and *come to be* an active member of the community demonstrating the existentialism.

It should be noted to be urgente the organization of care and systematized nursing actions, through the process of nursing in primary health care. It is realized that humanized practices corroborate with the ethical and scientific values of the profession and these must be elected as criteria of truth in home care, preventing the negligence care and building the effectiveness of scientific practice.

Finally, it is suggested the implementation of a systematic humanistic nursing care in basic health care, with support in nursing theorists and the effective Unique Therapeutic Project, in which the well-being of the elderly person is emphasized in the realization of the domiciliary attention. It is also observed the need of supervision on the applicability of health policies facing the aging as a basic attention and in working conditions of the team, for example, in the increase of the support network, continuing education, technological enhancement and improvement in the remuneration, among others.

As to our training, while future nurses, it is recommended that the curriculums are a priority load for the senescent, with the reformulation of curricular components increasing workload involving elderly health, preparing the graduates for the confrontation of reality already justified by demographic ageing.

O CUIDADO DE ENFERMAGEM NA VISITA DOMICILIAR GERONTOLÓGICA: UMA PERSPECTIVA HUMANÍSTICA

RESUMO

Trata-se de um estudo descritivo, qualitativo, do tipo relato de experiência, com a finalidade de integrar conhecimentos teóricos e práticos na solidificação de uma aprendizagem científica adquirida nos componentes curriculares Atenção integral à saúde II e Métodos e modelos assistências de enfermagem, do qual se originou o suporte teórico acerca da teoria de Paterson e Zderad, relacionando-a às vivências e ações assistenciais da Enfermagem Gerontológica na atenção primária à saúde, vivenciada por discentes do Curso de Graduação em Enfermagem da Universidade Federal do Rio Grande do Norte (UFRN). O estudo é descrito por etapas do processo de enfermagem, respaldado pelas teoristas em questão e relacionando ao cuidado ao idoso no

domicílio, sob a perspectiva da Visita Domiciliar na Estratégia Saúde da Família. Portanto, a integralidade do cuidado, referenciado pela teoria de enfermagem humanística, nos levou à reflexão sobre o rompimento de uma perspectiva de assistência curativa, para analisar o indivíduo pelo seu potencial humano como membro ativo da comunidade, construir seu bem-estar e vir-à-ser demonstrando sua existencialidade.

Palavras-chave: Enfermagem Geriátrica. Teoria de Enfermagem. Visita Domiciliar.

EL CUIDADO DE ENFERMERÍA EN LA VISITA DOMICILIAR GERONTOLÓGICA: UNA PERSPECTIVA HUMANÍSTICA

RESUMEN

Este es un estudio descriptivo con abordaje cualitativo del tipo de relato de experiencia, con el objetivo de integrar los conocimientos teóricos y prácticos en la solidificación de la formación científica adquirida en las disciplinas: Integral de Salud II y el método de enfermería y los modelos de asistencias, que se resumieron en el soporte teórico de la teoría de Paterson y Zderad, en relación con las experiencias y acciones de cuidado gerontológico en la atención primaria de salud, experimentadas por los estudiantes del pregrado de Enfermería, Universidad Federal de Rio Grande do Norte (UFRN). El estudio se describe los pasos del proceso de enfermería con el apoyo de los teóricos de que se trate, por lo que la presentación de informes sobre personas mayores visitas de atención domiciliar. Portar, la atención integral al que hace referencia la teoría de la enfermería humanística a reflexionar sobre la ruptura del enfoque curativo, y por lo tanto, al analizar el potencial humano individual para construir su bienestar por venir y ser un miembro activo de la comunidad y demostrar su existencial.

Palabras clave: Enfermería Geriátrica. Teoría de Enfermería. Visita Domiciliar.

REFERENCES

1. Lima CA, Tocantins FR. Necessidades de saúde do idoso: perspectivas para a enfermagem. *Rev Bras Enferm*. 2009. Mai/Jun.; 62 (3): 367-73.
2. Brasil. Ministério da Saúde. Envelhecimento e saúde da pessoa idosa. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Envelhecimento e saúde da pessoa idosa. Brasília; 2006.
3. Rosa WAG, Labate RC. Programa Saúde da Família: a construção de um novo modelo de assistência. *Rev Latino-am Enfermagem*. 2005 nov/dez.; 13(6):1027-34.
4. Grossi ACM, Silva JA, Marcon SS, Oliva APV. Sistematização da assistência de enfermagem: percepções de enfermeiras. *Cienc Cuid e Saúde*. 2011 Abr/Jun.; 10 (2): 226-32.
5. Praeger SG, Hogarth CR. Josephine E. Paterson e Loretta T. Zderad. In: George JB, organizador. *Teorias de enfermagem: os fundamentos à prática profissional*. 4 ed. Porto Alegre: Artes Médicas Sul; 2000. p.241-51.
6. Paterson JG, Zderad LT. *Humanistic nursing*. 2nd ed. New York: National League for Nursing; 1988.
7. Popim RC, Dell'Acqua MCQ, Antonio TA, Braz ACG. Diagnósticos de enfermagem prevalentes em geriatria segundo grau de dependência. *Cienc Cuid e Saúde*. 2010 Jan/Mar.; 9 (1): 21-7.
8. Canabrava DS, Vilela JC, Brusamarello T, Roehrs H, Maftum MA. Consulta de enfermagem em saúde mental sustentada na teoria das relações interpessoais: relato de experiência. *Cienc Cuid e Saúde*. 2011 Jan/Mar.; 10 (1):150-56.

Corresponding author: Jullyana Marion Medeiros De Oliveira. Rua Comandante Monteiro Chaves. Nº 1544. CEP: 59066-380. San Valle-Pitimbu. Natal, Rio Grande do Norte.

Submitted: 02/05/2012

Accepted: 08/01/2013