

NURSING CARE OF THE ELDERLY IN THE END OF LIFE

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ABSTRACT

This reflection has emerged as a result of the teaching and care practice for older people at the end of life in a university hospital, while teachers of Nursing Fundamentals Course and outpatient care in a care center Health Seniors and Caregivers. The development of the article sought to punctuate the parameters that guide the nursing care of the elderly who lives through his terminal illness with an existentialist vision. Focused to finitude as part of existence, where aging brings a proximity understanding of death. Transpersonal Philosophy Watson care framework used in this trial allowed delineating the unique care to the elderly who experience the end of life by describing the elements and the Caritas process. Thus, the Nursing uses other sciences to direct their actions and thus make possible the choice of existentialist philosophical references as a knowledge base, as it is a profession that aims to take care of one's life in its entirety. It was suggested a way of caring for the elderly at the end of life valuing this context, where care is also given autonomy to be the master of their history and have the opportunity to share with him his last moments.

Keywords: Aged. Nursing. Palliative Care.

INTRODUCTION

The objective of this study consists of the elderly care at the end of life. In this reflection on the human terminal illness, finiteness emerged from the teaching and care practices as teachers of the Nursing Fundamentals Subject in the medical unit at a university hospital for 14 years with elderly patients and also to act for 17 years in an outpatient clinic in a Care Center for Elderly Care and Caregiver. It can be seen fragile situations involving the elderly, family and work, especially with death. Among these weaknesses, it was realized that by constituting a universe, each person may have backlogs that are in the occult, left aside to be dealt with at another time. And by not accepting this finitude, the person does not see as a terminal patient, while the terminal is one that is ending, ending, at the end. Still, some situations were the result of the quality

of relationships developed during their lives with wives, husbands, children, and who demonstrated in care relationships of love or burden.

When explaining about aging, there is a link to the proximity of death; that is the term “elderly” carries the idea of imminent death. Then, old age is identified with the decay of life, illness, pain, suffering and as the anteroom of death⁽¹⁾. Therefore, it is understood that this matter is interrelated. Thus, it is justified that the reflection is on epidemiological and demographic transition of the population⁽¹⁾ that enable nurses and elderly relationship at the end of life.

Nurses experience many moments where there is the approach of death and even struggle to get it away from the people they care, appearing different feelings. Reflecting on this subject requires sensitivity because this is the time to confront the terminal illness. The feeling experienced can be anxiety, insecurity and fear, not bearing the pain of others and death. Death is

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a subject that often generates revulsion because it is more pleasant to discuss ways to prevent diseases, therapies that offer to heal, than death.

But it becomes important to think about the value of life, the individuality surrounding each person, the person itself and the finitude of the human being. Thus, the aim of this study is to score the parameters that guide the nursing care of the elderly who lives through his terminal illness. It is noteworthy also the inexorable value of life, remembering that it is death that gives it meaning. Therefore, it is highlighted the temporality of life and the importance of the choices made during the journey.

METHODOLOGY

The study consists of a discussion article about the teaching and care practice nursing in elderly care at the end of life. During 14 years as a teachers of Nursing Fundamentals subjects working in the medical clinic of a university hospital where the demographic transition a significant part of people hospitalized were elderly and 17 years directly serving seniors and caregivers in a care center for elderly and Caregivers, it was possible to observe the contexts and life stories involving the elderly in terminal illness, pointing to the need for an existentialist approach. It focuses on finitude as part of existence, in which aging brings a proximity understanding of death, and it uses the phenomenology of Martin Heidegger to address the issue. It also uses the reference of the transpersonal philosophy of Watson care to suggest a way of caring for the elderly at the end of life.

THE EXISTENTIAL APPROACH

The nurses do not only include the execution of technical procedures concerned only with the maintenance of scientific principles, but they are concerned to address the "Temple of the Holy Spirit"⁽²⁾, and this is the most beautiful of the arts. Thus, it is necessary to awaken to the intersubjectivity of nursing care, because they take care of people, and people are involved in emotions, feelings of pain, loss, fear of the suffering of death, difficulty in their day to day

(family, socioeconomic) and the weakness provided by the disease.

Nursing cares of the entire life, since before birth until after death, it prepares the body and follows the hospital routine. It is through the actions of caring that the nurse demonstrates the commitment to life. Thus, they develop the care process, which consists of actions, attitudes and behaviors practiced with the client through scientific basis, to promote, maintain the dignity and human totality⁽³⁾.

Nursing as a science of the art of care in the care process uses other sciences to direct their actions. And in this way, all offering contribution to the person's care and having a scientific basis is conceptualized as the scientific principles underlying the nursing action. Thus, they use care theories, philosophy, psychology and much other knowledge available to structure the nursing care framework.

Using the scientific principle of the understanding proposed by Heidegger, existentialist philosopher, author of 'Being and Time,' it is understood the it is up to the man (Be) to choose how he can be, be in the world and continue to be⁽⁴⁾. This understanding shows that people have a way of being and behaving in the situations they experience in life. Therefore, each person has a form of reaction to the illness and death.

From the moment using this view, it can be understood that be in their way of living and so understand him in their personhood. Then here is the bias to perform nursing care, since Nursing is a profession that seeks to take care of the whole person, seeing it as a temple, that is, where there are many visible and invisible things.

Thus, it can be shown to be a nurse and take part in the world of others who need their instrumentality. The instrumentality is nurses' ability, what they do, or caring for people who have a health deficit. Thus, they are watching, caring, understanding the other, the elderly at the end of life, in his existential moment. Using this methodology, it is possible to perform a care plan that meets the demands of the elderly biopsychosocial and while he shows conditions he should participate in this planning. In all the time, nursing care is concerned with the integrity of the being, but there are times that are necessary approaches with sensitivity.

ABOUT DEATH

The science assimilated very well the concept of life, but it could not explain the death just opposing it to life, as that which is not, the absence of life, concrete fact and the complete absence of something⁽⁵⁾.

Thus, it was easier to the science explaining death in the form of non-being, that is, in biological perspective of the biomedical model, "death is simply the complete breakdown of the machine body"^(6:138). This view is the one that runs through the biomedical model, such as non-being, a working cessation.

However, the nurse is involved in the situations as a human being and not as a machine that does not fail. In the philosophical understanding of Heidegger, death is the very possibility⁽⁷⁾. Death is essentially particular to each person, and no one can replace the other in this time of life. It is the only certainty we have in life. Here, then, there is a gap involving the training model, in which the most proper possibility of man typifies the defeat of the professional, the total shutdown of the machine body, and not the complete sequence of the life cycle.

Then, looking the training of health professionals, it is realized that he was prepared to act in the face of clinical and biological demands, not on psychosocial characteristics, as well as in the field of emotions, and changes in these contexts provided by the death, not so mentioned⁽⁸⁾.

Scientific progress, industrialization, and medicalization led to death inside the hospital. But now, the pressure of hospitalization costs and the insufficient number of institutions to meet customers caused a change in this way of thinking, leading to an international movement of (re) valorization of death in the sick residence and requiring a reorganization of health services⁽⁹⁾.

Today, the questions are others: how death will again happen at home? What can it do with family members? How will they do? What structure do they have? Nurses must also reflect on this.

THE THEORY OF WATSON - TRANSPERSONAL CARE PHILOSOPHY

APPLIED TO THE ELDERLY AT THE END OF LIFE

In the process of experiencing finitude, it is important to meet the demands of the elderly. Thus, care is an act to be shared. Some assumptions are guiding this care, such as respect for the person, their autonomy and their social and family context. And for this understanding of care, it is a necessity to be contemplated by the health system and its services, providing a reorganization of it⁽⁹⁾. Not just a reorganization of the system and in the health services, but also the training of professionals, not only with technical preparation but with the emotional to deal with death and life⁽¹⁰⁾.

The theoretical nursing foundation of Jean Watson's Theory of Human Care, directing its attention to the person in his existence, is the very theoretical support to the topic⁽¹¹⁾. This theoretical proposal provides an opening and attention on issues related to the existential dimensions of life/death, spirituality, in which the nursing care of their soul and the soul of the person who take care is valued^(11,12).

In this theory, the nurse and the patient experience the care on a subjectivity relationship, enabling to address both what is human and spiritual, covering the issues of the soul, thus resulting in a therapeutic care. Its application involves Caritas the elements and Caritas process^(11,12). Caritas elements are the foundations for the nursing action of development, while the Caritas process understands how this action should be developed.

The Caritas elements consist of points that must be observed to establish nursing care. These elements do not have an order for enforcement, being implemented when necessary. The first element is the formation of a system of humanistic and altruistic values, so the Caritas process is to practice kindness and equanimity, even for themselves. In care practice, it is understood that applies to the elderly at the end of life, by maintaining their dignity, recognizing him as a human being possessed of a story in its context of life presented weaknesses and broke barriers, living as a being-for-the-end⁽¹¹⁾.

The second element is to be present and enhance the belief system of being careful, installation of faith-hope. It is understood that is

the time the nurse strengthens the faith of the elderly, the things in which he believed and hoped that what he has sown will bear fruit in the people of their relationship. As the process Caritas specifies, the nurse becomes present in this care, using the principles of faith of the elderly as living as the subjectivity that surrounds⁽¹²⁾.

The third element is to cultivate Caritas own spiritual practices, deepening the individual knowledge, and consists of the cultivation of sensitivity to himself and others. The nurse's role is evident through the exercise of their sensitivity and to encourage those who are sharing the situation with him⁽¹¹⁾. The understanding of being-for-the-end is based on work understanding as a being-for-death, seeking to reinvigorate in their spiritual practices, sharing with other professionals who also care for the elderly and the family, the importance of this moment. The implementation of this part of the Caritas process goes beyond the nurse's ego, beyond their beliefs to access what is transpersonal.

This way of experiencing the human terminal illness enables the development of a confidence relationship, becoming a caring relationship in which trust is created by the act of care - caring. Thus, the fourth Caritas element is to maintain the authentic look through a help-relationship of trust, to implement the elderly care at the end of life. Trust is strengthened by the very act of care⁽¹²⁾.

The fifth element is to support the expression of positive and negative feelings, comprising the promotion and acceptance of these expressions of feelings and values. Thus, the nurse-elderly relationship at the end of life is shown as an opening in the joint promotion and acceptance of positive and negative feelings. This application of Caritas process is possible by establishing a connection that goes beyond the physical, providing a spiritual relationship with those who are partakers.

The sixth element is the knowledge and intuition creatively in solving problems in a care model. And creativity is manifested to solve technical/administrative problems for implementation of care, as well as joint relationships that will provide harmony and well-being of the elderly. Thus, the creative problem solving brings out the systematization of care

flexibility and sensitivity needed to time. The result is the proper care as an art⁽¹¹⁾.

In the seventh element, which is truly be linked to the experience of teaching and learning, it is approached to the transpersonal promotion of teaching and learning. And so, nothing teaches more than the temporality of life coupled with the engaging experience that this is no longer just the elderly to also be the nurse⁽¹²⁾. This situation is very common in outpatient care for sequential monitoring of the elderly, enabling the formation of bonds and share their lives.

The eighth element is to provide a physical, emotional and spiritual restoration environment. By launching this model of care, the nurse promotes the provision of protection and support in a holistic way (mental, environmental, physical, social and spiritual)⁽¹²⁾. Thus, in this process, there is the creation of an environment for healing at all levels; not the eradication of the disease, but the pain of the soul.

The ninth element is to promote body alignment, mind, and spirit to meet the needs of the individual, allowing the satisfaction of human needs. It goes beyond basic needs; it is supportive, intentional to touch the essence of man, providing alignment between body, mind and spirit. It directs the nurse to his priority action - the need for the elderly to be met.

The content of the tenth element is "provision for the phenomenological-existential forces, becoming a provision for phenomenological-existential spiritual forces"⁽¹³⁾ - considering the spiritual aspects and of life and death⁽¹¹⁾. With a seemingly repetitive title, Watson specifies that the provision of taking care of the phenomenological essence leads to experiences of the existential phenomena, which are to provide the connection to the spiritual experiences. Here the comprehensiveness of man is revealed, not only the physical but also their mind and their spirit. The Caritas Process, from the opening and meeting the spiritual and existential mysteries, develops the dimensions of one's life-death; the proper care of the soul and be care. Therefore, to meet the demands that are being hidden in the being (spiritual), the existential dimensions of life and death are met, and care of the soul itself (nurse) and the soul of the care (elderly as being-of-the-end)⁽¹³⁾ the meaning of care reaches its fullness.

Nurses for the care of commitment relate to the hours in the office where they hear the stories of the elderly, true heroes who remain the difficulties of this world, about health, family or financial relationship. As each in their way can overcome the obstacles. It is understood that in their existentialist vision, they understand the moments of their life as the existence of themselves.

This gives meaning to the existence of being as knowing that he is a being-for-death. Elderly care at the end of life is also to give them autonomy to be the master of their history and have the opportunity to share with them their last moments. Therefore, the recognition of stages of death described by Elizabeth Kübler Ross⁽¹⁴⁾ is necessary to meet the needs of the elderly, and they are denial and isolation, anger, bargaining, depression and acceptance. For each stage, there is an application of the Caritas method that nurses can use in elderly care.

THE CONTINUITY OF NURSING CARE AFTER DEATH

When all the invested work were unsuccessful, and death occurs, there is still some care to be provided to the elderly who died, such as respect for their dignity, reverence in their humanity, and care for the family. It is necessary to be ready not only to provide family guidance as to the legal aspects but understand that they experience the pain of separation and offer comfort. To assist these families, the nurse uses empathy and religiosity as strategies that contribute to the comfort and convenience⁽¹⁵⁾.

Using religion on assistance to families is to put into practice the Caritas process proposed by Watson since it is contemplated care to the body as the temple of the Holy Spirit⁽²⁾. It is also recognized that religion is a way of the people expressing their spirituality, knowing that there are records that, through it, the clashes of different situations are minimized, contributing to the health and well-being^(16,17). Therefore, the nurse articulates this care as an opening for consolation by the loss of their loved one and for caring they need to be prepared, transcending their dogmas.

It is desirable that the nurse knows the strengthening sources of patients, encouraging

them and strengthening their faith so that they can promote comfort and safety that spirituality or religion offers.

Man's problem is how to deal with the emotions arising from the loss that death brings. For this, he is not ready, since death is no longer part of their life experience, even if only to follow the death of others, as the experience of death is private - only the person lives his life; can at most accompany the death of others.

It is also to understand that you as a professional met the elderly in their needs, but that in his time, he will not be there, and he will be the memory of what you shared and made.

FINAL CONSIDERATIONS

This reflection is proposed to score the parameters that guide the nursing care to the elderly who lives through his terminal illness and can identify the use of nursing as a science and art in his care framework, using other sciences also to direct their care, rescuing personhood each be closed.

It is also understood that the understanding that man has about death and how it has developed is the result of a historical and social construction; which occurred over the life of the individual from his intervention in the middle and the relationship with other men.

Contributing to the elderly having dignity in his death is the role of the nurse as a human being. Identifying the weakness in the sick person can also be noticed as fragile, like to attention, care, efficiency and care. Not always the answers on this subject can be found in the books, not always science can offer; only humans can do it, with their sensitivity and empathy. But sometimes it can be painful because it is a way to take care that requires the nurse involvement of his being, which may cause him to feel sorrow for the death of the elderly. And this movement is the proper application of the tenth Caritas elements in the exercise of the existential-phenomenological power supply, making it provision for the spiritual, existential-phenomenological strength and opening to meet the demands of the very dimensions of life-death.

By experiencing the loss of patients, the nurse may suffer distress with finitude, but it rescues the existentialist condition of being in the world,

giving the meaning of life. Addressing this issue rescues the finitude, completion in each.

CUIDADOS DE ENFERMAGEM AO IDOSO NO FIM DA VIDA

RESUMO

Esta reflexão emergiu como fruto da prática docente e assistencial aos idosos no fim da vida em um hospital universitário enquanto professoras da Disciplina de Fundamentos de Enfermagem e no atendimento ambulatorial em um Centro de Atenção à Saúde dos Idosos e Cuidadores. No desenvolvimento do artigo, buscou-se pontuar os parâmetros que norteiam o cuidado de enfermagem ao idoso que vivencia sua terminalidade com uma visão existencialista. Enfocou-se a finitude como parte do existir, em que o envelhecimento traz consigo um entendimento de proximidade da morte. A filosofia transpessoal do cuidado de Watson, referencial utilizado neste ensaio, permitiu delinear o cuidado singular ao idoso que vivencia o fim da vida através da descrição dos Elementos e o Processo Cáritas. Deste modo, a Enfermagem utiliza outras ciências para direcionar suas ações e assim possibilitar a escolha de referenciais filosóficos existencialistas como base de conhecimento, visto ser uma profissão que objetiva cuidar da vida da pessoa em sua totalidade. Sugeriu-se um modo de cuidar do idoso no fim da vida valorizando este contexto, onde cuidar é também lhe dar autonomia para ser o senhor da sua história e ter a oportunidade de com ele compartilhar seus últimos momentos.

Palavras-chave: Idoso; Enfermagem; Cuidados Paliativos.

CUIDADOS DE ENFERMERÍA AL ANCIANO EM EL FIN DE LA VIDA

RESUMEN

Esta reflexión ha surgido como consecuencia de la práctica de la enseñanza y la atención a las personas mayores en el final de la vida en un hospital universitario, mientras que los maestros de Curso Fundamentos de enfermería y la atención ambulatoria en un centro de atención de la tercera edad Salud y cuidadores. El desarrollo del artículo buscó para puntuar los parámetros que guían la atención de enfermería al anciano que vive a través de su enfermedad terminal con una visión existencialista. Enfocado a la finitud como parte de la existencia, donde el envejecimiento trae una comprensión proximidad de la muerte. filosofía transpersonal marco de la atención Watson utilizada en este ensayo permitió delinear el cuidado exclusivo de los ancianos que han vivido el final de la vida mediante la descripción de los elementos y el proceso de Cáritas. Por lo tanto, la enfermería utiliza otras ciencias para dirigir sus acciones y por lo tanto hacer posible la elección de referencias filosóficas existencialistas como base de conocimientos, ya que es una profesión que tiene como objetivo cuidar de la propia vida en su totalidad. Se sugirió una forma de cuidar a los ancianos al final de la vida valorar este contexto, donde la atención también se dará autonomía a ser el dueño de su historia y tienen la oportunidad de compartir con él sus últimos momentos.

Palabras clave: Anciano. Enfermería. Cuidados Paliativos.

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