



NURSING CARE FOR THE SPIRITUALITY OF FRAIL ELDERLY PEOPLE: A REFLECTION ACCORDING TO THE HUMAN CARE THEORY

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ABSTRACT

Objective: to reflect spirituality in the light of Jean Watson's Theory of Human Care, as an element in care for frail elderly people. **Methods:** The theoretical-methodological framework that guided the theoretical-reflective essay was the interrelation of Theory of Human Care, by Jean Watson, with its existential phenomenological aspects, and the spirituality of fragile elderly people, considering the multidimensionality of the syndrome and the aspect of humanity that reveals the way people express the meaning and purpose of their lives. **Results:** The assumptions of this theory offer essential elements and constructs to nurses to encourage and to develop spirituality in care actions for frail elderly people, in order to assist them in coping with their clinical condition. The theory supports the applicability of the spiritual dimension of nursing care, expanding the comprehensive perspective of this care in the context of health and illness. **Conclusions:** The theory used in this reflection assigns meanings for the development of the spiritual dimension in care for frail elderly people, improving essential contexts that are necessary for the current practice of nurses.

Keywords: Nursing theory. Frail elderly person. Spirituality. Geriatric nursing.

INTRODUCTION

Frailty in elderly people is a multidimensional syndrome characterized by physiological vulnerability resulting from decreased homeostatic reserve, dysfunction of several organic systems and increased risk of negative outcomes, such as functional decline, institutionalization, hospitalization and death⁽¹⁾. The associated signs and symptoms are: weakness, slow gait, decline in strength, low level of physical activity⁽²⁾, postural instability and trunk sway in the upright position⁽³⁾, among others; in addition to aspects such as: low income and education; advanced age and female sex⁽²⁾.

The early identification of the factors that lead to frailty allows it to be potentially prevented and reversed through combined interventions of nutritional guidance, psychotherapy and regular physical exercise⁽⁴⁾. An integrative literature review with frail elderly people with postural instability identified a variety of activities for balance rehabilitation⁽³⁾.

Based on the multidimensionality of the syndrome, interventions should not focus on the physical aspect, but include the psychosocial and

the spiritual, which include stimulating social interaction (social engagement), maintaining family support (having positive affects) and satisfaction with life⁽⁵⁾. In this sense, spirituality - regardless of the type of religion that the individual may have - is a condition of humanity that reveals the way people express the meaning and purpose of their lives, in a perspective of achieving what they want⁽⁶⁾, and it can help elderly people with limitations imposed by frailty to support the moment and context of life in a meaningful or sacred way.

Thus, even though health care often favors the physical dimension, both in the evaluation and in the execution of technical procedures, at a more advanced level of care, it can be understood that nursing must and is able to access aspects emotional and subjective through the implementation of their theories. When using the humanistic, the nurse incorporates the spiritual dimension in his work process, necessary for the care of the frail elderly person.

Jean Watson's Theory of Human Care provides discussion and improvement of professional practice in the eligible care for each being. It is based on the concept of care and on existential phenomenological assumptions,

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which in addition to deriving from humanistic philosophy and value systems also provide a solid foundation for the science of care in different contexts and scenarios of nursing care⁽⁷⁾.

In the constant search for the maturation of the theory, Watson deepened and reframed it, introducing the paradigm of transpersonal human care. Thus, the care factors initially used were perfected by the elements of the clinical caritas process, which represents the evolution of those, approaching the other with delicacy, sensitivity and special attention.

Believing that care based on the approached theory provides a transpersonal perspective, it is hoped that nursing adds interventions to the multidimensional factors of fragility, not only physical, but also emotional and psychological, given that spirituality is relevant to the quality of life of frail elderly people, as they provide comfort, hope, coping skills and acceptance of finitude⁽⁸⁾. In this way, the objective is to reflect spirituality in the light of Jean Watson's Theory of Human Care as an element in the care for these people, with the aim of guiding nurses to better and comprehensive care practices.

METHODS

It is a study of reflection, which originated from knowledge and debates carried out during the discipline Nursing Theories, made available by a Graduate Program in Nursing, at the doctoral level, in 2018. The theoretical-methodological framework that guides the theoretical-reflective essay was the interrelation of Theory of Human Care, by Jean Watson, with scientific evidence on the frailty syndrome. The existential phenomenological aspects of the theory propitiate to develop reflections on the spirituality of frail elderly people in care actions, considering the multidimensionality of the syndrome and the aspect of humanity that reveals the way people express the meaning and purpose of their lives.

It is worth mentioning that, due to the lack of interaction in applied research, the study did not require submission to ethical procedures.

INTER-RELATIONSHIP WITH THE THEORY OF HUMAN CARE

The theory of Human Care is centered on the concept of care and on existential phenomenological assumptions, which occur through the contact of the subjective worlds of being cared for and the caregiver, bringing the focus beyond the physical-material or mental-emotional body. The acceptance of phenomenological existential forces, one of its assumptions, will have meaning for both in this contact.

The incorporation of these forces will promote health when forming positive relationships, as opposed to those of manipulation⁽⁹⁾. In addition, it will have repercussions on the social, spiritual and physical aspects when the strengthening of the care process occurs in an effective and healthy way. In this sense, this assumption of the theory can help the elderly person to find willingness and courage to face life and also death⁽¹⁰⁾, by attending to some dimensions of fragility.

Elderly people residing in long-term institutions mean and resist diseases and losses better than those who have a low sense of meaning. The understanding is made by the availability of human and physical resources in the institutions, which induce well-being, belonging and spiritual proximity⁽¹¹⁾. Thus, spirituality effectively corroborates coping in the face of adversity, such as syndromes, bringing emotional comfort⁽¹²⁾.

It is important to develop the spiritual dimension both in the frail elderly person and in the nurse. The formation of a humanistic-altruistic value system favors the disruption of the self-centered behavior that the professional may have, ensuring the instinctive nature that incites in the human being the connection, the concern and the interest with the other⁽¹³⁻¹⁴⁾. The implementation of theory in care actions awakens the acceptance of spiritual mysteries and existential dimensions of life and death⁽¹⁵⁻¹⁶⁾, and this understanding contributes to the development of this dimension in frail elderly people, making it possible to improve their quality of life and health⁽⁸⁾.

The professional's doing demands the inter-subjectivity of nursing care to people, who have life histories entangled by emotions, feelings, desires⁽¹⁷⁾, ambitions and challenges, even when

they have the frailty syndrome. It is up to the nurse to have the meeting of love, delicacy, sensitivity and individuality during the care relationship, whose intentional and caring awareness must be cultivated and experienced daily⁽¹⁶⁾ in order to corroborate the reversal of the syndrome or to minimize its consequences in the context health and life of the person affected by it.

It is up to the nurse to include stimulating the formation of values in the care relationship, such as faith-hope, which is present among the assumptions of the theory. Stimulation is defended by Watson not only as essential for curative care, but also for palliative care⁽¹⁰⁾, as the advanced form of transpersonal care honors the totality, comfort, balance, harmony and well-being of the being caution.

The insertion of faith in something that transcends the current moment, encompassing and valuing the body-mind-spirit trinomial, in order to strengthen these dimensions, can have a beneficial impact on the progressive process of the syndrome. The use of faith-hope allows the promotion and acceptance of the expression of the positive and negative feelings of being cared for and the caregiver, as it is associated with the degree of congruence between the perceived self and the experienced as a frail elderly person or caregiver nurse.

Since frailty is a progressive and potentially incurable multifactorial syndrome, it can be guided by the faith-hope assumption, as it adds value - through significant beliefs of the past, present and future - to the frail elderly person. However, it is up to the professional to become more sensitive to perceive and feel what is happening in the care environment⁽¹⁸⁾.

The awakening of the cultivation of sensitivity in relation to oneself and the other makes it possible to explore the need to feel the emotion as it presents itself, favoring interaction and providing authenticity in self-growth and in the self-realization of both involved in the care relationship⁽¹⁰⁾. In addition, it makes it possible to promote faith and hope, according to the possibilities and beliefs, and to strengthen the professional's understanding and empathy. It is worth mentioning that empathy is a necessary relational attribute in nursing care, which should be valued and encouraged⁽¹⁹⁾.

Furthermore, the nurse becomes a co-responsible subject for care. When looking at a set of practices, attitudes, values and feelings, derived from the help-trust relationship - an assumption belonging to the theory in question - established between him and the frail elderly person, it favors the valorization of life and the joint search for the solution of problems. In the perspective of the multidimensionality of fragility, which must include spirituality, it is necessary to have a creative and individualized care process that leads to the solution of problems and the satisfaction of human needs, both presuppositions of theory.

For this, therapeutic listening can be one of the strategies used in the nurse's care process for the frail elderly person. However, it is essential to improve the communication skills between the subjects, with a view to establishing a harmonious and careful relationship, also resulting from the provision of a supportive, protective and/or corrective mental, physical, sociocultural and spiritual environment - another assumption by Watson⁽¹⁰⁾.

The provision of a mental, physical, social and spiritual environment is part of nursing care⁽⁹⁾. In this sense, spirituality, when added to care, would enable the promotion of interpersonal teaching and learning, a prerequisite for theory, and would also favor the confrontation of the frail elderly person to their life context.

However, it is necessary to highlight the importance of identifying the person's real health and illness conditions so that pre-established, standardized and disqualified actions do not occur - which reveal a unidirectional way of health education process -, since the real construction humanized care can be achieved with participation and autonomy of being cared for, as pointed out by Watson for the promotion of humanistic teaching-learning^(10,15).

In this way, the individual has the possibility to seek resilience strategies, in order to better face and minimize the problems arising from fragility and the end of life. In this sense, the relationship of trust and the expression of feelings between nurses and the elderly provide for a system of humanistic values. Thus, whenever possible, freedom and autonomy must be taken into account, also Watson's precepts to

necessary elements to achieve evolution in connection with the universe. Still, hearts symbolize love in the context of the awareness of care, considering that it is this feeling that makes it possible for nurses to open up to others and establish coexistence and communion with them⁽¹⁹⁾.

In the nurse's circle, the highlights express the closeness and communication skills between him and the elderly person. In the hands of the professional, the stars represent the therapeutic touch, a non-traditional nursing action.

As the professional should encourage the expression of positive and negative feelings, his and the elderly patient, support the creative resolution of the problems of this being, combining knowledge and intuition, favoring and sustaining belief systems and instilling faith and hope, a triangular support was designed at the base between the circles.

The proposal to keep nurses in communication with the elderly person - characterized by the letters inside the circle - corroborates nursing as a human science and experiences of health-disease, which is mediated by the professional, personal, scientific, aesthetic care transactions and ethical⁽²⁰⁾.

The construction of the illustration does not privilege the nurse in a physical dimension of care, prioritized in the execution of technical procedures. The formation of humanistic-altruistic values goes further, both for the professional and for the elderly woman herself, which is focused on a comprehensive perspective.

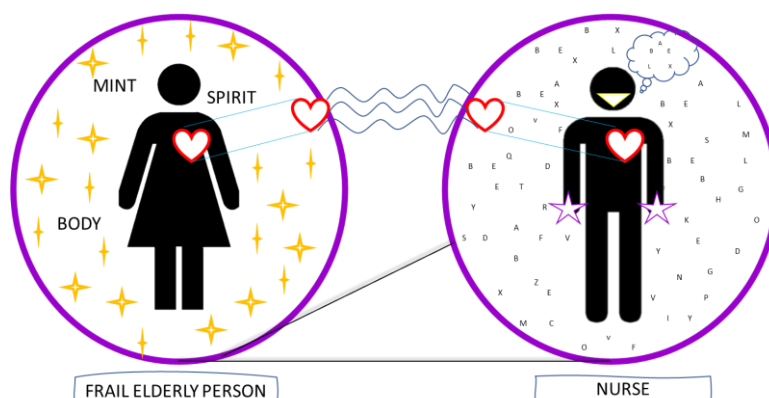


Figure 1. Representation of the relationship between the elderly woman with frailty syndrome and the nurse in the light of the Human Care Theory.

Source: The authors' (2019).

Care based on Watson's theory reflects the philosophical view of the elderly person being fully integrated - permeating emotional and subjective aspects - and aims at transpersonality through assertive communication and empathy, aspects that contribute to the development and maintenance of harmony and trust, which are necessary for this entire process to occur⁽¹⁹⁾. It should be noted that, although complex, its applicability for addressing spirituality in the care of frail elderly people in the professional practice of nurses is notorious.

FINAL THOUGHTS

Jean Watson's Theory of Human Care, with its existential phenomenological aspects, offers a solid basis to enable nurses to conduct the best care practices related to the spirituality of frail elderly people. This is possible, mainly, by the

precepts: formation of a humanistic-altruistic value system; stimulation of faith-hope; cultivation of sensitivity; provision of a supportive, protective and/or corrective mental, physical, sociocultural and spiritual environment and acceptance of existential-phenomenological forces. All were interrelated with the spiritual dimension in the frailty syndrome in the present study.

It is worth emphasizing the importance of this theory as an essential attribute for universal recognition and the strengthening of nursing's own identity, adding specific knowledge, discovered an/or constructed, which, in this case, contributes to the reorganization of ideas and concepts for the necessary improvements the current practice of nurses in the face of population aging.

CUIDADOS DE ENFERMAGEM À ESPIRITUALIDADE DE PESSOAS IDOSAS FRÁGEIS: UMA REFLEXÃO SEGUNDO A TEORIA DO CUIDADO HUMANO

RESUMO

Objetivo: refletir a espiritualidade à luz da Teoria do Cuidado Humano, de Jean Watson, como elemento no cuidado para as pessoas idosas frágeis. **Métodos:** O arcabouço teórico-metodológico que orientou o ensaio teórico-reflexivo foi a inter-relação da Teoria do Cuidado Humano, de Jean Watson, com seus aspectos fenomenológicos existenciais, e a espiritualidade de pessoas idosas frágeis, considerando a multidimensionalidade da síndrome e o aspecto da humanidade que revela a forma como as pessoas expressam o significado e o propósito de suas vidas. **Resultados:** Os pressupostos dessa teoria oferecem elementos e construtos essenciais ao enfermeiro para incentivar e desenvolver a espiritualidade nas ações de cuidado às pessoas idosas frágeis, de modo a auxiliá-las no enfrentamento de sua condição clínica. A teoria subsidia a aplicabilidade da dimensão espiritual do cuidado de enfermagem, ampliando a perspectiva integral desse cuidado no contexto de saúde e doença. **Conclusões:** A teoria utilizada nesta reflexão atribui significados para o desenvolvimento da dimensão espiritual no cuidado às pessoas idosas frágeis, aprimorando contextos essenciais que se mostram necessários à prática atual do enfermeiro.

Palavras-chave: Teoria de enfermagem. Idoso fragilizado. Espiritualidade. Enfermagem geriátrica.

CUIDADO DE ENFERMERÍA PARA LA ESPIRITUALIDAD DEL ANCIANO FRÁGIL: UNA REFLEXIÓN SEGÚN LA TEORÍA DEL CUIDADO HUMANO

RESUMEN

Objetivo: reflexionar la espiritualidad a la luz de la Teoría del Cuidado Humano, de Jean Watson, como elemento en el cuidado para las personas mayores frágiles. **Métodos:** la base teórico-metodológica que orientó el ensayo teórico-reflexivo fue la interrelación de la Teoría del Cuidado Humano, de Jean Watson, con sus aspectos fenomenológicos existenciales, y la espiritualidad de ancianos frágiles, considerando la multidimensionalidad del síndrome y el aspecto de la humanidad que revela la manera cómo las personas expresan el significado y el propósito de sus vidas. **Resultados:** las premisas de esta teoría ofrecen elementos y constructos esenciales al enfermero para fomentar y desarrollar la espiritualidad en las acciones de cuidado a las personas mayores frágiles, a fin de ayudar las en el enfrentamiento de su condición clínica. La teoría auxilia la aplicabilidad de la dimensión espiritual del cuidado de enfermería, ampliando la perspectiva integral de este cuidado en el contexto de salud y enfermedad. **Conclusiones:** la teoría utilizada en esta reflexión atribuye significados para el desarrollo de la dimensión espiritual en el cuidado a los ancianos frágiles, perfeccionando contextos esenciales que resultan necesarios a la práctica actual del enfermero.

Palabras clave: Teoría de enfermería. Anciano frágil. Espiritualidad. Enfermería geriátrica.

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