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THE DIFFICULTIES OF NURSING CARE WITH ELDERLY PATIENTS IN PALLIATIVE CARE - AN INTEGRATIVE REVIEW

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ABSTRACT

Objective: To delimit the complexities that permeate the health care of geriatric patients, as outlined in the scientific literature. Method: An integrative literature review was carried out, whose search took place in the following online databases: Latin American and Caribbean Literature on Health Sciences (Lilacs), Scientific Electronic Library Online (Scielo) and National Library of Medicine National Institutes of Health (Medline/Pubmed), covering the period from 2020 to 2022. For the research, the following descriptors were used: aging, palliative care and death. Scientific articles that address the topic in Portuguese, published between 2020 and 2024 and available in full in the selected databases, were included. Articles that were not directly aligned with the objectives of this study were excluded. Results: A total of 95 articles were identified, of which 14 belong to the Lilacs database, 35 to the Scielo database, and 46 to the Medline/Pubmed database. However, 8 articles met the eligibility criteria. This lack of knowledge is often attributed to the absence of informative processes, not only in the work context, but also in nursing teaching institutions. Conclusion: The team demonstrates a solid understanding of palliative care, recognizing the family as a crucial element that connects the professional to the elderly. However, it has become evident that continuing education is indispensable, as well as emotional support directed to nursing.

Keywords: Aging. Palliative care. Death.

INTRODUCTION

Aging begins with the birth of the individual, in a natural and irreversible way. Over the years, it is common for people to feel incapable and unprepared in the face of imminent death, thus subjecting themselves to unhappiness and silence.

The increase in the elderly population and life expectancy has proven to be a crucial factor for the increase in the number of individuals affected by neurodegenerative diseases, functional disabilities, chronic diseases and cancer.

Geriatrics, a medical specialty focused on aging, performs the function of making decisions that require a broad knowledge of the pathologies associated with old age. Thus, the presence of terminally ill elderly patients tends to intensify, reflecting the increase in chronic diseases in this age group. (GOMES, VICTOR ALEXANDRE SANTOS, 2022)

Given the limitation in the daily activities of these individuals, the nursing team of the Family Health Strategy (FHS) can be restructured to ensure humanized care. Through a dedicated professional approach, it seeks to alleviate the patient's suffering by controlling pain and selecting best practices according to their needs, avoiding any way to prolong their discomfort.

The World Health Organization (WHO) elucidates that palliative care aims to provide quality of life in the face of a terminal illness, focusing on the prevention and relief of suffering while recognizing, characterizing and treating pain, as well as other problems of a physical and psychosocial nature.

Therefore, palliative care is assigned to patients with no prospects of cure, and at this stage, pain management and the promotion of relief of suffering in all dimensions of the human being: physical, psychological, social and spiritual, is crucial. However, care must be distinct and personalized, taking into account the analysis of the specific needs of each patient in a state of dependence. (MESSIAS, LAÍS BANDEIRA.)2024

In this context, the purpose of this research is to outline the challenges faced in palliative nursing care for elderly patients, as evidenced by the scientific literature.

The activities classified as palliative range from health maintenance procedures, such as the insertion of catheters, probes and the administration of medications, to practices aimed at well-being and hygiene, as well as subjective care interventions, such as welcoming, listening, guidance and emotional support.

Therefore, we deduce that a multidisciplinary team is part of the provision of these services, highlighting caregivers, nurses, physiotherapists, psychologists, occupational therapists, social workers, nutritionists and physicians of various specialties, especially in

the oncological and geriatric areas, who are responsible for being duly qualified for this function. (SANTOS et al., 2022).

METHODOLOGY

This is a study that performs an integrative review of the literature. This is defined as a method that provides the synthesis of knowledge and the incorporation of research results into care practice, based on scientific evidence that is synthesized and generates conclusions on the topic under study. The steps covered were: Identification of the study question; Search in literature;

Data evaluation; Analysis of the presentation of relevant results; and Discussion of literature. The inclusion criteria included scientific articles that discussed the topic, in Portuguese, published between 2020 and 2023 and accessible in full in the selected databases. Articles that do not directly align with the objectives of this study were excluded. The selection of these criteria aimed to obtain data that would answer the following guiding question of this research: Santos RRP, Cardoso BP, Pereira MC. REVIEWS. 2021 Apr-Jun; 10(2):240-9 242

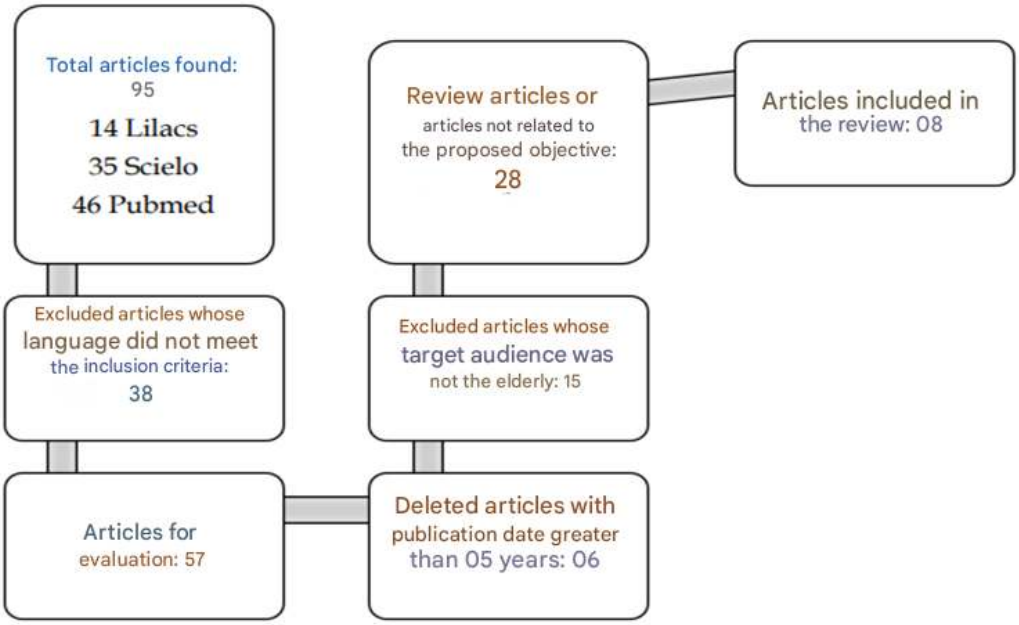
Research: What are the challenges faced in palliative nursing care for elderly patients? For data collection, searches were carried out in the period from 2020 to 2023 in the following databases: Latin American and Caribbean Literature on Health Sciences (Lilacs), Scientific Electronic Library Online (Scielo) and National Library of Medicine National Institutes of Health (Medline/Pubmed). For the search, the following structure was used, composed of Health Science Descriptors: aging AND palliative care AND death.

Initially, the analysis of the titles and abstracts of the studies was conducted according to the eligibility criteria. After preliminary reading, the studies were examined in their entirety by two different evaluators, ensuring that each study had at least two positive observations from the reviewers. In case of disagreement regarding the exclusion of the articles, a third evaluator was called for the study. For the analysis, the quantitative data were summarized in absolute (n) and relative (%) frequencies, while the qualitative data were approached through thematic content analysis.

RESULTS AND DISCUSSIONS

A total of 95 articles were identified, 35 from the Scielo database, 14 from Lilacs and 46 from Pubmed. After a thorough analysis, only 08 articles met the inclusion criteria (Figure 1).

Figure 1- Flowchart of exclusion of articles according to the eligibility criteria2020. Chart 1 presents the selected studies according to the year of publication, the author(s), objective(s) and results found. Chart 1 - Synoptic table of the review sample according to year, author, objectives and Results. 2020.



YEAR	AUTHOR:	GOAL:	FINDINGS:
2020	Gomes, Victor Alexandre Santos	It seeks to situate the environment based on analyses and interpretations of the social psychology of aging and death.	It is concluded that aging and death are processes that involve dimensions of feelings, psychology clarifies the narratives about life, about aging, are not restricted to a biological dimension, but the loneliness of finitude and the repression of death, which guide our social practices.
2020	Retamal, Bárbara Mulassani, and Maria Renita Burg.	To propose a reflection on palliative care, seeking to value the practical experiences of the elderly in the light of bioethics.	Understand palliative care in relation to the principles of bioethics in the demands of elderly patients, in order to improve living conditions by establishing a dignified survival.
2020	Christmann, Veridiana, et al.	To identify factors responsible for the insufficient insertion of nurses in palliative care in the elderly at home	It is concluded that there is a great need to prepare health professionals from the undergraduate level to better deal with death.
2020		To analyze palliative care, about coping with aging.	The process and development of aging and the strategies for coping with aging and falling ill; mentions the life trajectories of the participants.
2021	Ribeiro and Borges	Identify cases of patients in palliative care attended in PHC.	Curative treatment for palliative patients is a factor conducive to comprehensiveness and to obtaining answers for the search for better living conditions that are more appropriate to the ethical challenges that the teams experience.
2021	Gutierrez, Ting and Hoffmann.	To identify the existing publications on bioethics and palliative care in the elderly in the period between 2002 and 2013, describing the cases found	Palliative care deserves to be discussed in more depth in limiting supportive treatments to patients with incurable and terminal diseases.

2021	Poletto, Bettinelli and Santin	Investigate how older people cope with difficult life events and the dying process itself.	It is concluded that most elderly people have difficulties in facing their dying process, even after having experienced complex situations throughout their lives and feel alone.
2023	DE ARAÚJO, Andrey Hudson Interaminense M. et al.	The Role of Nursing in Palliative Care with Terminally Ill Cancer Patients.	Difficulties faced by nursing professionals.
2023	Gonçalves, Carla Regina Carvalho Silva, Eliane Dias Gontijo.	Palliative care in the home care services of the Unified Health System.	Ensure qualified palliative care by the nursing team.
2024	Bezerra, Tárcilla Pinto Passos, et al. *Cogitare Enfermagem* 29 e90754.	Instruments for the evaluation of hospitalized patients in palliative care: an integrative review.	Ensure for people in palliative care, four specific for patients

An-increase in the volume of articles published on the subject has been observed in recent years. Death is a phenomenon intrinsically related to the daily life of nurses, who are often faced with this reality in their professional routine. However, this topic remains a subject rarely discussed in society. In the elderly, the feeling of helplessness in the face of death may emerge as a result of the lack of preparation for healthy and adequate aging. Consequently, many choose to exist in the company of silence, unhappiness, rejection, and guilt. It is at these times that the assistance offered to the elderly in palliative care seeks to ensure that patients have conditions that enable them to live the rest of their lives in a dignified manner until the moment of their passing.

It is not intended to cure; it is-a therapeutic measure designed to mitigate the negative repercussions of the disease on the patient's well-being.

Palliative care can be performed at home by a multidisciplinary team, which implies a multidisciplinary approach to provide harmonious care aimed at the elderly, promoting an interpersonal relationship between those who care and those who are cared for.

In elderly people with diseases in more advanced stages, who face physical or psychological suffering, it is essential to emphasize the importance of well-being and the preservation of dignity, acting in the management of pain resulting from their illness.

It should be an essential component in professional health practice, regardless of the stage of development of the pathology. It is imperative to cultivate a comprehensive approach that influences both the health condition and autonomy of individuals and the determinants and conditioning factors of health in collectivities, covering both irreversible situations and progressive chronic diseases.

Every loss is accompanied by a feeling of loneliness and discouragement, triggering a reaction known as grief, which is associated with social isolation, and this experience is lived in different ways by each elderly person. Each elderly person understands in a unique

way that this type of care aims at their own well-being. The lifestyle, the trajectory marked by losses, as well as the internal and external resources mobilized to face them, are influenced by the characteristics of their personality.

The time left for the elderly should be treated with respect by the health team, prioritizing dignity and quality of life until the last moment, since the remaining time should be enjoyed with honor. The health professional must develop skills and knowledge about the symptoms and physical signs, and have the ability to respond appropriately to the needs that may emerge in this situation.

The elderly patient requires basic care similar to any other individual, such as: hygienic care, food, pain relief, pharmacological treatment to attenuate symptoms (nausea, vomiting, diarrhea) and emotional support, both for patients and their families, who accompany this entire process. It is also crucial to evaluate the painful experience in relation to pain intensity, in order to understand the application of analgesic measures and the effectiveness of the established therapies.

The nursing team must have a high level of knowledge about the terminality of the patient's life, in order to ensure humanized and safe care, both for the family and for the patient.

The professional's relationship with death, especially with regard to the feelings experienced by the team, is an important factor, as well as the lack of experience and knowledge in the area, which complicates the effectiveness of palliative care. Specialized mastery of the practice of palliative care can provide greater security during interaction with patients and their families, enabling the understanding of values and beliefs. In addition, it has a significant impact on the quality of care offered and the application of scientific principles.

This lack of knowledge is often attributed to the absence of informative processes, not only in the professional sphere, but also in nursing teaching institutions.

In addition, other difficulties identified in several studies include the lack of support networks, the lack of preparation to face the patient's death, as well as the scarcity of resources, materials, financials, and social isolation. The active participation in the suffering of the patient and the family, the absence of collaboration on the part of the team, and the lack of involvement of nurses in decisions about the end of life, culminate in significant moral suffering. In addition to the intense emotional and physical burdens of the job, it is imperative to adopt different approaches to comfort, interact and welcome both patients and their families.

The possibility that nursing professionals do not engage with patients and their families over the years dedicated to the profession is inconceivable. Feelings such as insecurity, anguish, and frustration are compensated by the satisfaction and relief they experience when performing their activities successfully. It is possible that there is a positive influence on these feelings, originating from the relationship between the professional and the team, the organization in which they work and the length of stay in the service. (GOMES, VICTOR ALEXANDRE SANTOS, ET AL. 2020)

If health institutions offered nursing professionals who work in palliative care support groups for the exchange of experiences and emotions, this could potentially contribute to the reduction of emotional suffering.

In addition to opportunities for technological updating, specialization and improvement of professionals, residential caregivers, whether family or contracted, often face a shortage of appropriate support and emotional balance.

This lack of support can result in the emergence of psychological illnesses, such as depression. The survey conducted with 1,271 caregivers of cancer patients in Italy showed that, despite families bearing a tiny part of all costs associated with home care, the disease can have a substantial impact on daily routines and family financial health. (GOMES, VICTOR ALEXANDRE SANTOS, ET AL. 2020)

CONCLUSION/FINAL CONSIDERATIONS

The research revealed that one of the most effective approaches in the care of elderly patients, in collaboration with the nursing team, when facing issues such as finitude, guided by the principles of palliative care, is strengthened in the professional environment through interventions that promote the possibility of survival, even in the face of the inevitability of death.

It also demonstrates the lack of experience, the feelings experienced throughout the process, as well as the absence of emotional support from the health institution in which they work.

Communication and interaction between the nursing team and the family must be constantly kept open, considering the indispensability of informing, guiding and understanding the entire process experienced by the family. This is essential to adequately prepare the patient for patient discharge and the care to be provided in the home environment. In this context, it is essential to reflect on the planning of actions that promote

the understanding and preparation of the nursing team in relation to palliative care for elderly patients, emphasizing the relevance of this profession in the context of health care.

REFERENCES

1. Pessini, L. (2003). A filosofia dos cuidados paliativos: uma resposta diante da obstinação terapêutica. O Mundo da Saúde, 27, 15-34.

2. Manso, M. E. G., Lopes, R. G. C., Fonseca, A., Rei, A., Santos, M. M., & Lopes, R. G. C. (2020). Cuidados paliativos para o portador de câncer. Rev Portal de Divulgação [Internet], 52(7), 77-82. Disponível em: https://revistalongeviver.com.br/index.php/revistaportal/article/viewFile/668/736

3. World Health Organization (WHO). (2020). Worldwide palliative care alliance. Global atlas of palliative care at the end of life. Janeiro.

4. Santos, L. A. C., Faria, L., & Patiño, R. A. (2020). O envelhecer e a morte: leituras contemporâneas de psicologia social. Revista Brasileira de Estudos de População, 35(2), e0040.

5. Costa, R. S., Santos, A. G. B., Yarid, S. D., Sena, E. L. S., & Boery, R. N. S. O. (2020). Reflexões bioéticas acerca da promoção de cuidados paliativos a idosos. Saúde Debate, 40(108), 170-177. https://doi.org/10.1590/0103-1104-20161080014

6. Poletto, S., Bettinelli, L. A., & Santin, J. R. (2020). Vivências da morte de pacientes idosos na prática médica e dignidade humana. Revista Bioética (Impr.), 24(3), 590-595. https://doi.org/10.1590/1983-80422016243158

7. Souza, H. L., Zoboli, E. L. C. P., Paz, C. R. P., Schvertzer, M. C., Hohl, K. G., & Pessalacia, J. D. R. (2020). Cuidados paliativos na atenção primária à saúde: considerações éticas. Revista Bioética (Impr.), 23(2), 349-359. https://doi.org/10.1590/1983-80422015232074

8. Crippa, A., Lufiego, A. F., Feijó, A. G. S., Carli, G. A., & Gomes, I. (2015). Aspectos bioéticos nas publicações sobre cuidados paliativos em idosos: análise crítica. Revista Bioética (Impr.), 23(1), 149-160. https://doi.org/10.1590/1983-80422015231055

9. Santos, E. C., Oliveira, I. C. M., & Feijão, A. R. (2020). Validação de protocolo assistencial de enfermagem para pacientes em cuidados paliativos. Academia Paulista de Enfermagem, 29(4), 363-373.

10. Pessini, L., & Bertachini, L. (2005). Novas perspectivas em cuidados paliativos: ética, geriatria, gerontologia, comunicação e espiritualidade. O Mundo da Saúde, 29(4).

11. Andrade, G. B. (2019). Cuidados paliativos e a importância da comunicação entre o enfermeiro e paciente, familiar e cuidador. Cuidado é Fundamental, 11(3), 713-717.

12. Sousa, A. I., Silver, L. D., & Griep, R. H. (2010). Apoio social entre idosas de uma localidade de baixa renda no município do Rio de Janeiro. Acta Paulista de Enfermagem, 23(5), 625-631. https://doi.org/10.1590/S0103-21002010000500007

13. Gomes, V. A. S., et al. (2023). Cuidados paliativos de pessoas idosas em instituições de longa permanência: uma revisão integrativa. Health and Biosciences, 4(2), 32-47.

14. Retamal, B. M., & Burg, M. R. (2023). Espiritualidade em cuidados paliativos - revisão integrativa. Seven Editora, 1438-1496.

15. Christmann, V., et al. (2024). Humanização à beira do leito em pacientes em fase terminal na UTI: revisão integrativa. Revista de Saúde Dom Alberto, 11(1), 1-19.

16. Messias, L. B. (2024). Assistência de enfermagem a pacientes idosos em cuidados paliativos: uma revisão bibliográfica.

17. Bezerra, T. P. P., et al. (2024). Instrumentos para avaliação de pacientes hospitalizados em cuidados paliativos: revisão integrativa. Cogitare Enfermagem, 29, e90754.

18. Pires, N. M. C., Oliveira, T. S. M. B., & Araújo, M. S. S. (2024). A assistência do enfermeiro frente à família do paciente oncológico sem possibilidades terapêuticas: revisão integrativa da literatura. Revista Extensão, 8(1), 105-126.

19. Gonçalves, C. R. C. S., Gontijo, E. D., & Mesquita, A. C. G. (2023). Cuidados paliativos nos serviços de atenção domiciliar do Sistema Único de Saúde: revisão integrativa de literatura.

20. DE ARAÚJO, A. H. I. M., et al. (2023). O papel da enfermagem em cuidados paliativos com pacientes oncológicos em estado terminal: revisão de literatura. REVISA, 12(1), 35-45.

21. Gonçalves, E. C., et al. (2023). Terapias utilizadas nos cuidados paliativos do idoso portador de Alzheimer: uma revisão integrativa.

22. Sampaio, Centro Universitário Doutor Leão, & Costa Vieira, A. S. (2021). Humanização da assistência em enfermagem e a perspectiva sobre os cuidados paliativos.