

The difficulties of nursing care for elderly patients in palliative care - an Integrative review

As dificuldades da assistência de enfermagem com o paciente idoso em cuidados paliativos- Revisão integrativa

Las dificultades de la atención de enfermería al anciano en cuidados paliativos - Revisión integradora

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REVISA

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RESUMO

Objetivo: Descrever as dificuldades da assistência de enfermagem paliativa ao paciente idoso segundo a literatura científica. **Método:** Trata-se de uma revisão integrativa da literatura cuja busca ocorreu nas seguintes bases de dados online: Literatura Latino-Americana e do Caribe em Ciências da Saúde (Lilacs), Scientific Electronic Library Online (SciELO) e National Library of Medicine National Institutes of Health (Medline/ Pubmed) no período de 2015 a 2020. Para a busca, foram utilizados os seguintes descritores: envelhecimento, cuidados paliativos e morte. Incluíram-se artigos científicos que abordassem a temática na língua portuguesa, publicados entre 2015 a 2020 e disponíveis na íntegra nos bancos de dados selecionados. Excluíram-se artigos que não se enquadraram diretamente nos objetivos deste estudo. **Resultados:** Foram encontrados 95 artigos, sendo 14 da base Lilacs, 35 da base SciELO e 46 da base Medline/ Pubmed. No entanto, 8 artigos atenderam os critérios de elegibilidade. Essa falta de conhecimento, muitas vezes é justificada pela falta de processos informativos, não somente no ambiente de trabalho, como também nas instituições de ensino de enfermagem. **Conclusão:** A equipe tem conhecimento sobre cuidados paliativos e reconhece a família como elo entre profissional e idoso. Entretanto, ficou evidente que é indispensável a educação continuada e suporte emocional voltado à enfermagem.

Descritores: Envelhecimento; Cuidados Paliativos; Morte.

ABSTRACT

Objective: To describe the difficulties of palliative nursing care for elderly patients according to scientific literature. **Method:** This is an integrative review of the literature that was searched in the following online databases: Latin American and Caribbean Literature in Health Sciences (Lilacs), Scientific Electronic Library Online (SciELO) and National Library of Medicine National Institutes of Health (Medline / Pubmed) from 2015 to 2020. For the search, the following descriptors were used: aging, palliative care and death. Scientific articles that addressed the topic in Portuguese were included, published between 2015 and 2020 and available in full in the selected databases. Articles that did not directly fit the objectives of this study were excluded. **Results:** 95 articles were found, 14 from Lilacs, 35 from SciELO and 46 from Medline / Pubmed. However, 8 articles met the eligibility criteria. This lack of knowledge is often justified by the lack of informational processes, not only in the workplace, but also in nursing teaching institutions. **Conclusion:** The team has knowledge about palliative care and recognizes the family as a link between professional and elderly. However, it was evident that continuing education and emotional support focused on nursing is essential.

Descriptors: Aging; Palliative care; Death.

RESUMEN

Objetivo: Describir las dificultades de los cuidados paliativos de enfermería al anciano según la literatura científica. **Método:** Se trata de una revisión integradora de la literatura, que se buscó en las siguientes bases de datos en línea: Literatura Latinoamericana y del Caribe en Ciencias de la Salud (Lilacs), Scientific Electronic Library Online (SciELO) y National Library of Medicine National Institutes of Health (Medline / Pubmed) de 2015 a 2020. Para la búsqueda se utilizaron los siguientes descriptores: envejecimiento, cuidados paliativos y muerte. Se incluyeron artículos científicos que abordaron el tema en portugués, publicados entre 2015 y 2020 y disponibles íntegramente en las bases de datos seleccionadas. Se excluyeron los artículos que no se ajustaban directamente a los objetivos de este estudio. **Resultados:** se encontraron 95 artículos, 14 de Lilacs, 35 de SciELO y 46 de Medline / Pubmed. Sin embargo, ocho artículos cumplieron los criterios de elegibilidad. Esta falta de conocimiento a menudo se justifica por la falta de procesos informativos, no solo en el lugar de trabajo, sino también en las instituciones de enseñanza de enfermería. **Conclusión:** El equipo tiene conocimientos sobre cuidados paliativos y reconoce a la familia como vínculo entre el profesional y el anciano. Sin embargo, fue evidente que la educación continua y el apoyo emocional enfocado en enfermería es fundamental.

Descritores: Envejecimiento; Cuidados paliativos; Muerte.

Introduction

Aging occurs from the birth of the individual, in a natural and irreversible way. Over the years, people may feel incapable and unprepared with the approach of death, being subjected to unhappiness and silence. The growth in the number of elderly people and life expectancy has been a determining factor for the growth in the number of people with neurodegenerative diseases, and with functional disabilities, chronic diseases and cancer.¹

Geriatrics, a specific medical specialty for the elderly, has the mission of making decisions that require extensive knowledge of the pathologies present in the elderly. As a result, the presence of terminally ill elderly patients may become increasingly frequent due to the increase in chronic diseases in this population.⁶

With the limitation of activities of daily living for the elderly, the nursing team of the Family Health Strategy (FHS); it can be reorganized and provide, through a humanized work of the professionals, the relief of the suffering of this patient, through pain control, the choice of the best conducts to be applied according to their need so that these and others do not stimulate greater agony.^{1,7-9}

The WHO World Health Organization defines that palliative care for human beings consists of offering quality of life in the face of a terminal illness through the prevention and relief of suffering, recognizing, determining and treating pain and other physical and psychosocial problems.¹⁰ Thus, palliative care is that provided to patients with no estimate of cure, whose disease has little chance of a positive response to curative therapy, being essential, in this phase, pain management and relief of suffering in all patient extensions, whether physical, psychic, social and spiritual. However, care must be distinct and individualized, considering the analysis of the needs of each patient who is in a condition of dependence.¹¹

In this sense, the objective of this research is to describe the difficulties of palliative nursing care for elderly patients according to the scientific literature.

Method

This is an integrative literature review study. This is defined as a method that provides the synthesis of knowledge and the incorporation of research results in healthcare practice based on scientific evidence that is synthesized and generates conclusions on a given topic under study. The steps taken were: Identification of the study question; Literature search; Data evaluation; Analysis of presentation of relevant results; and Discussion of the literature.

The inclusion criteria were scientific articles that addressed the topic in Portuguese, published between 2015 and 2020 and available in full in the selected databases. Articles that did not directly fit the objectives of this study were excluded. The purpose of selecting these criteria was to obtain data that answered the following guiding question for this research: What are the difficulties of palliative nursing care for elderly patients?

For data collection, searches were carried out from 2015 to 2020 in the following databases: Latin American and Caribbean Literature in 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 composed of Health Science Descriptors was used: aging AND palliative care AND death.

Initially, the titles and abstracts of the studies were read according to the eligibility criteria. After the initial reading, the studies were read in full by two different evaluators, and research was maintained with at least two positive claims from the reviewers. In case of disagreement in the exclusion of articles, a third evaluator was called to the study.

For the analysis, the quantitative data were summarized in absolute (n) and relative (%) frequency and the qualitative data were treated with thematic content analysis.

Results e Discussion

35 articles were found in the Scielo database, 14 articles in the Lilacs database and 46 in Pubmed, totaling 95 articles. After careful reading, only 08 articles met the inclusion criteria (Figure 1).

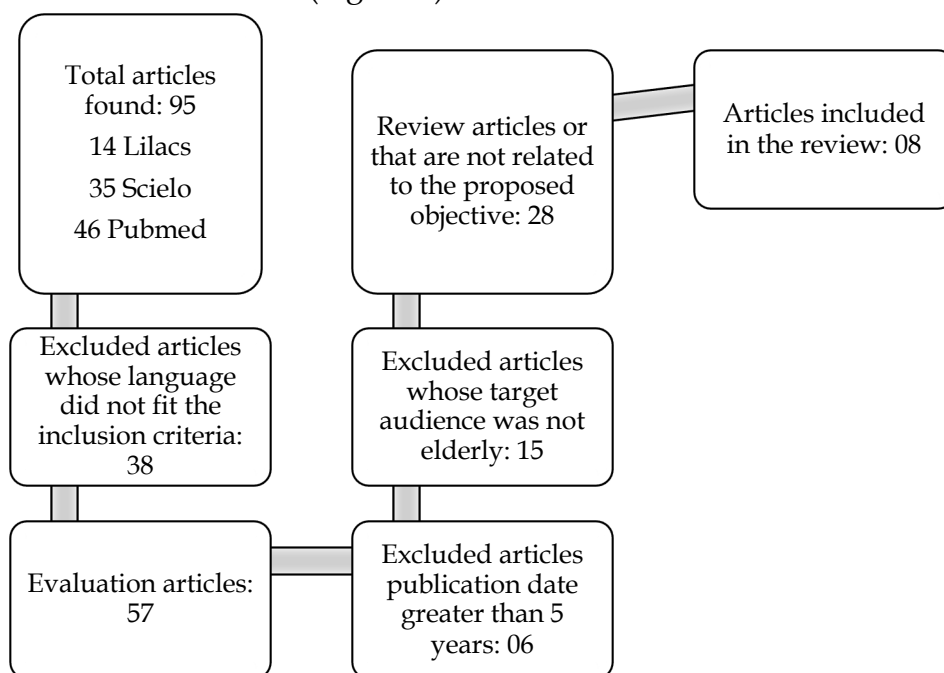


Figure 1- Flowchart of exclusion of articles according to the eligibility criteria. 2020.

Chart 1 shows the studies selected according to the year of publication, the author (s), objective (s) and results found.

Chart 1- Summary table of the review sample according to year, author, objectives and results. 2020.

Year	Author	Objectives	Results
2018	Santos, Faria e Patino ¹²	It seeks to situate the environment based on analyzes 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, they are not restricted to a biological dimension, but the loneliness of finitude and the repression of death, that guide our social practices.
2016	Costa, Santos, Yarid, Sena e Boery ¹³	Propose a reflection on palliative care, seeking to value practical experiences for 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 and establish a dignified survival.
2018	Andrade ¹⁴	Identify factors responsible for the insufficient insertion of nurses in palliative care for elderly people at home.	It concludes the great need to prepare health professionals since graduation, to better deal with death.
2018	Ribeiro e Borges ¹⁵	Analyze palliative care, about coping with aging.	The aging process and development and strategies for coping with aging and falling ill; mentions the participants' life trajectories.
2019	Gutierrez, Ting e Hoffmann. ¹⁶	Investigate how the elderly deal with difficult life events and the process of dying itself.	It is concluded that the majority of the elderly have difficulties to face their dying process, even after having experienced complex situations throughout their lives and feel alone.
2016	Poletto, Bettinelli e Santin ¹⁷	To know the medical practices and human dignity of the experiences of the death of elderly patients in a hospital environment.	Study addresses the divergence in the face of death, experienced by professionals in order to minimize ethical dilemmas in their daily practice.

2015	Souza, Zoboli, Paz, Schweitzer, Hohl, Pessalacia ¹⁸	Identify cases of patients in palliative care attended at PHC.	The curative treatment for palliative patients are factors conducive to comprehensiveness and to obtaining answers to the search for better living conditions more adequate to the ethical challenges that the teams experience.
2015	Crippa, Lufiego, Feijó, Carli, Gomes ¹⁹	Identify existing publications on bioethics and palliative care in the elderly between 2002 and 2013, describing the cases found.	Palliative care deserves to be discussed in more depth in limiting supportive treatments for patients with incurable and terminal diseases.

It was found that of the 08 articles were published in 03 in 2018, 02 in 2016, 01 in 2019 and 2015 were 02. There was an increase in the number of articles published on the topic in recent years.

Death is a process that is linked to the daily lives of nurses, who, during their work routine, can deal with this situation, but it is also an issue that is often not debated in society.²⁰

In the elderly, the feeling of incapacity in the face of death can occur according to the unpreparedness to age well and healthy. With this, many prefer to live with silence, unhappiness, rejection and guilt. It is in these moments that the assistance provided to the elderly under palliative care aims to ensure that the patients have conditions that favor living the rest of their lives in a dignified manner until the moment of death. ²¹ It does not intend to cure, it is a therapeutic measure that aims to reduce the negative repercussions of the disease on the patient's well-being.²²

Palliative care can be performed at home by the multiprofessional team, which implies a multidisciplinary approach to provide harmonic assistance aimed at the elderly, an interpersonal relationship between those who care and those who are cared for.²³ In elderly people with more debilitated diseases, who face physical or psychological suffering, emphasizes the importance of well-being and preservation of dignity, acting in the state of pain resulting from their illness.²⁴

It must be an integral part of professional health practice, regardless of the stage of the disease's evolution. It is necessary to develop comprehensive care that impacts on people's health and autonomy and on the determinants and health conditions of communities, both in irreversible cases and in the case of progressive chronic disease.²⁵

Every loss has a feeling of loneliness and discouragement, generating a reaction called mourning, associated with social isolation that can be experienced differently by each elderly person. Each elderly person understands in a way that this type of care is for their own good, the lifestyle, the history of losses and the

internal and external resources used to deal with them depends on the previous personality characteristics.²⁶

The time that is left for the elderly, health professionals need to respect the quality of life with dignity, until the last moment, because the time that is left must be enjoyed with dignity. The health professional must develop skills and knowledge of physical symptoms and signs, and have the ability to respond to needs, which may be appropriate in this situation.²⁷

The elderly patient needs basic care like any other, such as: hygienic care, food, pain relief, pharmacological treatment to relieve symptoms (nausea, vomiting, diarrhea) and emotional support, both for patients and the family, who accompanies this whole process.²⁸ It is also essential to assess the painful experience in terms of the magnitude of pain, in order to understand the implementation of analgesic measures and the effectiveness of instituted therapies.²⁹⁻³⁰

The nursing team needs to have a good level of knowledge in view of the terminality of the patient's life, to guarantee humanized and safe care, both for the family and for the patient.³¹⁻³² The professional's relationship with death, especially in relation to the feelings experienced by the team, another contributing factor is the lack of experience and knowledge in the area, which makes palliative care difficult.³²

Specific knowledge in the practice of palliative care, can generate more security when working with patients and family members, allowing the conception of values and beliefs, in addition to influencing the quality of care provided, and the use of scientific precepts. This lack of knowledge is often justified by the lack of informational processes, not only in the workplace, but also in nursing teaching institutions.^{32-33,34}

Other difficulties reported in some studies^{8,11/12,19} is the lack of a support network, including unpreparedness to deal with the patient's death, lack of resources, materials, financial and social isolation. Active participation in the suffering of the patient and family, lack of collaboration on the part of the team and the lack of involvement of nurses when making decisions at the end of life, and moral suffering. In addition to the exhausting emotional and physical workloads, as different approaches are needed to comfort, interact and welcome patients and their families.³⁵⁻³⁷

It would be impossible for nursing professionals not to get involved with patients and family members over the years dedicated to the profession, feelings such as insecurity, anguish, frustration are rewarded when they feel comfort and satisfaction when performing their activities successfully.³⁸ What can positively influencing these feelings is the relationship of the professional with the team, the company that works and the period of activity.³³

If health institutions offered nursing professionals who work with palliative care support groups to share their experiences and feelings, perhaps this could contribute to reducing emotional suffering. In addition to opportunities for technological updates, specialization and improvement of professionals.³⁹⁻⁴¹

Residential caregivers, whether family or contracted, generally do not have adequate support and emotional balance, this can result in psychological illnesses such as depression.³⁵

The study⁴² carried out with 1,271 caregivers of cancer patients in Italy showed that, although families are responsible for a small portion of all costs

arising from home care, the impact of the disease on the family's daily activities and savings can be main.

These caregivers over time need physical, practical and psychosocial support to support the demands that home care requires.¹⁸ Because providing this intensified care can be aggravated, when it involves financial difficulty, a reality lacking technical, managerial, psychosocial support and increases worker overload.²⁰

Conclusion

The study showed that one of the best forms of care for the elderly patient together with the nursing team, when dealing, for example, with finitude, guided by palliative care, in the work environment is strengthened by actions of possibility of survival, although deaths occur. It also demonstrates the lack of experience, the feelings experienced throughout the process and the lack of emotional support from the health institution that works.

The communication and interaction of the nursing team with the family must always remain open, as there is a need to inform, guide and understand the entire process experienced by the family, since there is a need to prepare them for the discharge of the patient and their care at home.

In this sense, it is important to reflect on the planning of actions that favor the understanding and preparation of the nursing team on palliative care for elderly patients, revealing its importance as a health care profession.

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