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NURSING AND PALLIATIVE CARE FOR OLDER ADULTS
ENFERMAGEM E CUIDADOS PALIATIVOS EM IDOSOS
ENFERMERÍA Y CUIDADOS PALIATIVOS EN ANCIANOS

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ABSTRACT

Objective: To discuss aspects related to Nursing in the application of palliative care for older patients. **Method**: Literature review for articles published from 2015 to 2021, based on the descriptors indexed in the DeCS / MeSH: aged, palliative care, nurse, quality of life; patient comfort. **Results**: Initially, 558 articles were found and after applying inclusion / exclusion criteria, the sample consisted of 20 articles. **Conclusion**: This study allows us to conclude that the palliative care of the terminally ill elderly patient must be planned in a personalized way to enable humanized support and meets the needs of each patient. The nurse is one of the most important pillars between the patient and the family, performs professional care and can offer comprehensive care.
Descriptors: aged; palliative care; nurse; patient comfort.

RESUMO

Objetivo: Ressaltar os principais aspectos relacionados ao papel da Enfermagem frente aos cuidados paliativos em idosos. **Método:** Revisão integrativa considerando artigos publicados de 2015 a 2021 em qualquer idioma e disponíveis nas bases acessadas via Portal de Periódicos Capes, a partir dos descritores indexados DeCS/MeSH: aged, palliative care, nurse, quality of life; patient comfort. **Resultados**: Inicialmente foram identificados 558 trabalhos publicados e após aplicação dos critérios de inclusão e exclusão a amostra foi composta por 20 artigos selecionados. **Conclusão:** Com a realização deste estudo, foi possível concluir que os cuidados paliativos do paciente idoso terminal devem ser planejados de forma personalizada para possibilitar o apoio humanizado e acatar as necessidades de cada paciente. O enfermeiro é um dos pilares mais importantes entre o paciente e a família, realiza o cuidado profissional e pode oferecer um cuidado integral.
Descritores: Idoso; Cuidados Paliativos; enfermagem; conforto do paciente.

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RESUMEN

Objetivo: discutir aspectos relacionados con la Enfermería en la aplicación de los cuidados paliativos al paciente anciano. **Método**: revisión de la literatura de los artículos publicados de 2015 a 2021, con base en los descriptores indexados en el DeCS / MeSH: anciano, cuidados paliativos, enfermero, calidad de vida; comodidad del paciente. **Resultados**: Inicialmente se encontraron 558 artículos y luego de aplicar los criterios de inclusión / exclusión, la muestra estuvo conformada por 20 artículos. **Conclusión**: Este estudio permite concluir que los cuidados paliativos del anciano en fase terminal deben planificarse de forma personalizada para posibilitar un acompañamiento humanizado y atender las necesidades de cada paciente. La enfermera es uno de los pilares más importantes entre el paciente y la familia, realiza una atención profesional y puede ofrecer una atención integral.

Descriptores: Anciano; Cuidados paliativos; Enfermeras; Comodidad del Paciente.

INTRODUCTION

Palliative care are actions carried out by the health team that aim mainly at improving the quality of life of patients, with the treatment of pain and other problems, physical, psychosocial and spiritual, according to the World Health Organization.[1]

Its principles should be applied as early as possible and in the course of any chronic and fatal illness. This thought arose from a new understanding that problems at the end of life have their origins earlier in the disease trajectory. The assistance provided to the patient must be competent, of quality and unique, must follow the care plan carried out, value humanization, carry out therapeutic listening and provide guidance on the disease in order to guarantee dignity and quality of life from the moment of diagnosis and even the end of life, supporting the family during the mourning period. In this context, it is important to emphasize that palliative care to the patient is performed by the health team whose mixture of knowledge is essential for maintaining the quality of life of this patient who is vulnerable in all aspects.[2]

The nurse has technical and scientific competence with legal support to identify physical and psychological signs and symptoms, aiming to prevent injuries and complications. The patients' main complaints refer to the limitations that prevent them from carrying out previously routine activities, leaving them dependent on family members and caregivers, compromising their autonomy.[3]

It is essential that care for terminally ill patients is carried out in a humanized way, which requires knowledge and psychosocial preparation, in addition to empathy, ethics, altruism, showing oneself available and interested in helping the patient. A

therapeutic listening skills involve observing the verbal and non-verbal language of the patient and oneself, maintaining a professional posture, understanding silence, respecting it and identifying its meaning, not making judgments, avoiding distractions and maintaining an appropriate and comfortable environment, always respecting the patient's individuality and clarifying the procedures to be performed even if the patient does not understand at that time.[3]

The care assigned to each patient must change as the disease progresses and their needs change, with impairment of the patient's ability to interact with their family members. Symptom relief should occur as soon as possible, allowing close proximity to people and maintaining a welcoming, kind and comfortable environment.[4]

Old age is the third period or third age of human life, in which it is of extreme importance and transcendence in man's life, being characterized by culture, disposition, willpower, independence, attitude, relationship with life and nostalgic feelings.[5] Projection data for the population of Brazil[6] indicate that the elderly population is expected to grow and the estimate for 2030 is that this corresponds to 13.54% of the Brazilian population. This demographic change brings consequences and the need to implement public policies and prepare professionals working in gerontological care.[5,6] Population aging and longevity predicted for the near future generates a specific demand, making it necessary for health professionals to be adequately prepared for the care of the population. Thus, the objective of this study was to address aspects related to the role of nursing in the application of palliative care in elderly patients.

METHOD

This is an integrative literature review, of a qualitative nature, whose research question was“What is the role of nurses in palliative care and in promoting comfort at the end of life?”. In the design of this research, some descriptors in health sciences to be used were defined, the databases used for the recovery of studies and inclusion and exclusion criteria for the selection of articles to be discussed in order to respond to the objective of the study and its research question.

The search was carried out from the descriptors indexed in DeCS/MeSH previously selected according to the objective: aged; palliative care; nurse; quality of life; patient comfort. The Capes Periodicals Portal was used, without excluding any database, that is, the writers employed were used directly on the main page of the portal, to avoid the exclusion of

any scientific articles due to the choice of a specific database.

After locating the articles on the Capes journal portal, some filters were used, theInclusion criteria:articles published from 2015 to 2021 that addressed the proposed theme; criexclusion criteria:articles outside the theme of the present work. Regarding the adherence of the initially retrieved studies to the proposed theme, this was analyzed by reading the titles and abstracts of each article.

The initial search resulted in 558 articles, excluding articles that did not specifically focus on palliative care (248 remaining), those that did not deal with terminal care (84 remaining), reviews (70 remaining) and only those dealing with the elderly were retained. (29 left). After reading, those that did not address the proposed theme were excluded, leaving at the end 20 included studies. The studies were read, grouped according to their content and discussed in order to respond to the proposed objective.

RESULTS

Chart 1 shows the main information of the selected articles.

Table 1 -Characterization of the articles. Campinas, SP, Brazil, 2021

Year	Authors	Main findings
2020	Silva et al.	“The caregiver suffers when he sees his family member suffering, which infers fragility in the family/caregiver preparation to deal with this issue.”
2020	Barros et al.	“High prevalence of pain among patients; association between pharmacological and complementary therapies; scales that support its assessment by nursing professionals and; existence of professionals with gaps in knowledge about pain perception”.
2020	Collingridge Moore et al.	“Longer periods of stay were associated with higher quality of care scores in the last month of life and comfort in the last week of life”.
2020	Testoni et al.	“It demonstrated the importance of initiatives in school education about death”.
2020	Lapid et al.	"Discussed how clinicians can provide quality care to older patients in the COVID-19 pandemic."
2019	Cavalcanti BMI	“It highlighted important ethical dilemmas for professionals and that should be widely discussed”.
2019	Da Silva Junior et al.	“It brought the understanding of nurses about palliative care to the hospitalized elderly person.”
2018	Ribeiro; Borges; silva	“Aging and becoming ill with resilient coping strategies.”
2018	Viana et al.	“Academic nursing training and professional training with critical-reflective thinking and influential in their field”
2018	Johnson et al.	“Study on the relationship between income of the bereaved person and death of the deceased at home”.
2018	Johnstone et al.	"Processes used by nurses to promote trust as an essential element of quality end-of-life care in older immigrants".
2018	Leong; Crawford	“Decision-making process about the most appropriate care”.
2017	Azevedo et al.	“Quality of life, social support and depression in patients eligible for palliative care”
2017	Nadin et al.	“New tool to measure family perception and satisfaction”
2017	Davies et al.	“The importance of psychosocial aspects of care, aligning with the holistic definition of palliative care”
2016	Witkamp et al	“This study showed no differences from the experiences of bereaved relatives after the introduction of specialist nurses”
2016	DeGraaf et al.	“Home palliative care helps patients die in their preferred location”
2015	Britto et al.	“Their social representation of palliative care remains strongly negative”

2015	Fernandes MA	“The production of knowledge involving palliative care and grief remains low and demands the expansion of knowledge about this theme”
2015	Machado et al.	“Difficulty in performing palliative care due to lack of knowledge on the part of nurses and the institutional structure”

Source: authors.

DISCUSSION

From the sample, it was possible to identify some thematic axes in order to structure this discussion, namely: palliative care; pain and comfort; nursing in palliative care; well-being of patients who are at the end of their lives; and perspectives of the family and the quality of life.

Regarding the palliative care axis, it was noticed that when talking about quality of life in palliative care, this theme included health professionals and the patient's family members, who benefit from having more autonomy and courage to face the end of life.

The articles make it clear that care is also needed for family members who need guidance and care. The period of mourning must be considered and respected, and must be treated naturally.despite being a paradigm, because inevitable and imminent death usually leads to a feeling of emptiness, loneliness and absence. For this reason, it is important that there is the integration of professional multidisciplinarities, that is, that the patient and family are cared for and/or guided by different specialties and, in this context, the nurse plays a fundamental role, as he remains with the patient for a longer time having the opportunity to actively participate in the stages experienced, through direct and continuous care. Consequently, there is greater proximity to the patient, the promotion of comfort can be improved and the patient can live with their terminality in a more peaceful way.there.[7,8]

In addition, the family environment is a facilitator of differentiated treatment for the patient, opening the way for the emergence of supportive and responsible relationships, as caring for a sick elderly person requires a process of adaptation, training and dedication on the part of the family members. The well-being of the family members of the patient in the process of dying must be valued, therefore, it is necessary to recognize and distinguish the profile of each individual in the family and their functions.[7,8] Most patients prefer to be at home, as it is a familiar environment, at the time of the end of life[9] which is possible when the patient has access to a palliative care service and their financial resources allow this choice.[10]

Corroborating this information, a comparative study carried out with 1237 patients distributed in Belgium, Finland,

Italy, Holland, Poland and England in long-stay institutions showed that patients with longer hospitalization times (sometimes this period reached 5 years) preferred staying in these places until the end of their lives because they felt comfortable being with people they lived with, presenting less stress in the final period of life than those who had been newly admitted before their death.[11]

On the pain and comfort axis, the high prevalence of pain in terminally ill patients makes it the most feared symptom by patients and their families and caregivers, so that the early introduction of palliative care can contribute to alleviating suffering and improving quality of life in terminally ill patients. patients. In this case, palliative care has as its main objective to control symptoms through pharmacological treatments and complementary therapies, carried out in a personalized way. Considering that pain can be physical, emotional and/or spiritual, this diversity in care becomes necessary. When the pain is cured or alleviated, there is a favoring of the interaction between patient-caregiver. Health professionals involved in this care create active and open communication,When caring for these patients, the nursing professional faces daily challenges, such as the denial of care by the elderly, non-acceptance of medication for pain relief and other disagreements that make the quality of care decline.[12-16]

WHO advises on pain management, bringing information that when chronic pain is not relieved, this changes the status of neural transmission of the pain message in the nervous system, with reinforcement of pain transmission and activation of previously silent pathways.[1]

With regard to nursing in palliative care, thes articleshighlighted the role of nursing in palliative care and identifiedthe need for effective control of pain and other manifestations and psychological, social and spiritual care for patients and their families. With the frequent updating of health technologies, the nursing professional must seek continuous improvement to meet the needs of these individuals involved in care. The team's difficulty in dealing with the end of life is highlighted, which can be alleviated in situations where the professional is free to reflect and express their feelings.[17]A study carried out in Australia with elderly immigrant patients showed that the professional who performs palliative care must understand and respect any cultural diversities of their patients, in order to gain their trust and be able to exercise this care in the best possible way.[18]

During the training of health professionals, activities should be implemented that enable the development of

critical and reflective thinking, to develop transversal skills that also enable the exercise of care in a holistic way. Patients often feel lonely and sometimes die without the possibility of having their pain eased or their uncontrolled physical symptoms and unresolved psychosocial issues. The need for continuing education is highlighted so that the professional remains updated[1] and in addition, education about the finitude of life is important so that people can reflect on their fears and concerns about death and even change some perspectives in relation to it and the places that offer palliative care.[19]

Another point highlighted in several studies was the well-being of patients who are at the end of their lives, which can be provided by routine care, such as bathing, changing positions, oral hygiene and intimate hygiene, in addition to attention to the need for patient's thermal comfort.[17-22]

Although health professionals have the necessary technical training to care for terminally ill patients, some authors have mentioned that this care is closely related to the word "pain", with a certain prejudice with death in academic and professional circles, which is portrayed as a kind of pain. failure, as professionals are taught to take care of life and not death. The most frequent terms related to palliative care are "death", "pain", "suffering", "relieve", "humanization", "care", "comfort", "dedication" and "family".[22-25]

To cope with this period, spirituality is an important factor both for health professionals and for patients themselves, being more evident in patients who have a chronic disease. The fundamental points that palliative care addresses are the well-being and beliefs that the patient brings with him and that can be work tools for the multidisciplinary team, as they defend that death or the end of the life cycle are considered natural. It is up to the nurse to have professional skills, critical thinking and know some particularities of spiritual care, considering the needs of each patient, to bring out the hope that resides in each individual. Still, they can encourage such patients to adapt to the life cycle, that is, youth, middle age and old age.[16, 26]

All these expositions reinforce that the nurse can be considered an important link between the family, the patient and adherence to care. Relief of pain and other symptoms are essential, in addition to care for the patient's hygiene and his change of position, which can cause discomfort, because when there is a transition of care and the caregiver is involved, there is a greater gain for both.[27]

As to *family perspectives and quality of life*, it can be said that each patient can be benefited in different ways, including when

considering the place where this individual is located, that is, in an institution or at home, verifying which of these environments can bring the most benefits. There are three particularities involving such a choice: respecting the patient's needs; the promotion of care aimed at the comfort and encouragement of the family. The way in which the nurse relates to the patient must differ from the look of the family member and increase the feeling of well-being and care. When the patient has dementia, palliative care will not be different from what the patient has received throughout his life. In all situations, nurses should be recognized as the closest professional to palliative care, so that they can discuss the best decisions to be made in each case, respecting their individualities.[27-30]

In one of the most recent works of the sample used in this research, the authors addressed palliative care in the period of the "age of COVID-19" and reflected on maintaining this care in the best possible way even in the face of all challenges, from ethical and professional aspects, care planning, euthanasia, symptom management and sedation, places where palliative care is performed, place of death, among others. With regard to the well-being of the patient, they highlighted the use of technology to facilitate social interaction in this final period of life and indicated that psychosocial and spiritual support should be prepared for health teams and families of individuals who died during the period of COVID -19.[31]

The nursing professional is crucial in the exercise of palliative care, and it is important that he is prepared for this function and that he has well-developed transversal skills so that he can act professionally in the best possible way with the best decision-making, exercising a work that is based on an environment scientific and technical so that it can accept other means that do not have unnecessary interventions.[32]

A limitation of the present study was that palliative care was not described in detail, the consulted authors only highlighted its need and sometimes pointed out the relationship between palliative care, pain relief and comfort promotion, although they did not give details about the procedures to be performed. be adopted. It was not possible to extract data to carry out a quantitative review, with only the possibility of working with the information in a qualitative and descriptive way. Another limitation, highlighted in nursing education, was in relation to the preparation of professionals for the care of elderly patients, especially in the psychological aspect, although the subject still remains open due to continuous innovations in health and advances in the ways of treating diseases.

FINAL CONSIDERATIONS

It is essential that the patient is welcomed in all his aspects: physical, mental and spiritual, in addition to having the option of staying in the environment that is most familiar to him and receiving care so that he remains comfortable and preferably without pain and suffering. In this sense, family members and health professionals work together, with emphasis on nurses, whose role is fundamental in this care and one of the most important pillars between the patient and the family, as they provide professional care and, at the same time, respect their patients as a human being, that is, their wishes, anxieties, anxieties, desires and fear, seeking support in a humanized way. Thus, palliative care is not about dying, but about having a quality life, satisfying needs and desires, providing humanitarian care.

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