

Palliative care for the elderly in a long-stay institution in a municipality in west Pará: An experience report based on Arco de Magueréz



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ABSTRACT

Human aging is a natural process that involves a variety of influences, including genetic, physiological, social, environmental, psychological and cultural factors. Therefore, this study addresses palliative care provided to elderly people residing in a long-term institution in a municipality in the west of Pará. The report seeks to understand and improve health care for the elderly population, especially in the context of chronic diseases and weaknesses physical or mental. Using the problematization methodology and the Magueréz Arc tool, the study aims to identify aspects related to palliative care offered to the elderly and develop an informative tool to improve the quality of care. Additionally, the research focuses on humanizing the care provided and helping ease death as a natural part of life for these elderly people, as well as providing useful information to nursing professionals and caregivers.

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1 INTRODUCTION

The steady increase in life expectancy and, as a result, the growth of the elderly population in recent years, has highlighted the increase in the share of this population facing physical or mental disabilities. This is directly related to the increase in the number of elderly people living in long-term care facilities, also known as nursing homes (OLIVEIRA and ROZENDO 2014).



As a result, during this phase of life, the elderly often suffer from chronic diseases that require continuous care in a dignified and compassionate manner, known as palliative care (SILVEIRA et al., 2014). According to the World Health Organization (2014), with the aim of improving the quality of life of elderly patients, palliative care seeks to improve the living conditions of the individual, adopting approaches that cover their physical, social, spiritual and psychological needs, as well as those of their family members.

Thus, understanding the provision of palliative care to the elderly living in nursing homes is essential to understand the health care of this specific population, as well as to identify possible challenges related to the theme. In this sense, the health action carried out in a nursing home in the city of Santarém, Pará, using the problematization methodology and the Arco de Magueréz tool, had as its main objective to identify the aspects related to the palliative care of elderly people living in long-term care institutions.

Thus, the purpose was to develop an informative tool on the main health care and practices, to reduce the suffering of the elderly in relation to palliative care, facilitating the process of convenient death as a natural part of life for this specific population. In addition, this tool also aims to provide information to nursing professionals and caregivers about the importance of humanization in care, to improve the quality of care provided.

2 METHODOLOGY

According to the guidelines of the pedagogical project of the nursing course at UEPA, a generating theme was thought of that would allow the valorization of the project guidelines with emphasis on the problematization methodology, with the use of the arc method proposed by Charles Magueréz (BERBEL, 2012). The use of this methodology is appropriate for the Integrated Action in Health (AIS), carried out every six months at UEPA and which provides interdisciplinarity among the curricular components of the thematic axis of the nursing course (UEPA, 2013).

In this regard, in the current fifth semester of 2022, the theme chosen was "Palliative care in a nursing home in a municipality in Western Pará: a gesture of love" and had as a subtheme of the group of students responsible for this report: "Humanization in palliative care". To this end, the place chosen for the execution of the AIS was a Long-Term Care Institution for the Elderly (LTCFs). After choosing the location, professors and academics of the nursing course of the 2020 class met in order to program the activities, and its execution took place in 5 (five) stages.

Step 1: Note, it is evident that most elderly people who live in permanent homes are receiving care until the end of their lives. Thus, palliative care and the aspects involved in such care are observed, as well as the difficulties encountered in this experience. Therefore, at this stage, a visit to the



philanthropic home was carried out, which sought to know about this care and all the aspects, positive or negative, of such care.

2nd stage: Key points, in this stage we sought questions that would guide the future action, such as possible questions about the palliative care provided there.

3rd stage: Theorization, here the objective was to support the knowledge about the proposed theme through bibliographic research.

4th stage: Solution hypotheses, occurred through educational action with the elaboration of educational tools on the theme.

5th stage: Application to reality, corresponded to the return to the site for the purpose of action of the AIS itself, according to the group's planning and availability of professionals and the institutionalized environment.

3 DEVELOPMENT

The accomplishment of each stage proposed by the Arco de Maguerez in this report will be described below:

3.1 STEP 1 - REALITY OBSERVATION

To begin the analysis, following the Arco de Maguerez tool, the observation of the reality of the space chosen for the study was carried out, in which the identification of possible aspects that arose from inquiries about clinical care provided to the patients present, with a record about this and later problematizing the possible obstacles regarding the theme. The visit was held at the Philanthropic Home in a municipality in western Pará, on June 6, 2022. This initiative focused on on-site care by nurses, caregivers, physiotherapists and other nursing home staff. This visit had the academic participation of the nursing class of 2020 at the State University of Pará - Campus XII-Santarém, which aimed to observe the reality of the elderly in that institution related to the palliative care received by such patients.

Initially, there was a presentation of the employees and the history of the Home for the Elderly, as well as the recognition of the space. After that, in the company of the director of the place, there was a presentation of the dormitories, the canteen, the leisure space, the staff room, the main hall, and the infirmary consisting of two beds, intended for the debilitated elderly who receive specific treatment for their conditions. In this space, it is possible to observe the presence of two bedridden elderly people who were under the palliative care of a nursing professional. In view of this, the need for the discussion proposed in the study was noted.



3.2 STEP 2 - KEY POINTS

In this second stage, we reflect on the possible problems or unknowns about the palliative care provided to those elderly in that specific place, in order to better conduct aspects that will be grounded in the next stage. So, to clarify the study, the following key points were established:

1. How is humanization in palliative care for the elderly in nursing homes?
2. What is the performance of the professional nurse and the caregiver in relation to palliative treatment?
3. What are the possible difficulties in providing this care specifically?

3.3 STEP 3 - THEORIZATION

From the information and the identification of the key points, comes the theorization stage, where the theoretical analysis of the problem addressed was carried out, according to the points raised in stage 2. In addition, an integrative review of previously published articles was elaborated, in order to further substantiate the study.

The review was entitled: "Palliative care of the elderly in long-term care institutions: a gesture of love" and the main objective was to identify the aspects involving palliative care provided to the elderly in institutionalized homes specialized for the elderly.

3.4 HOW IS HUMANIZATION IN PALLIATIVE CARE FOR THE ELDERLY IN NURSING HOMES?

According to Born (2008) and Cabral (2013), nursing homes were created to contain the impacts generated by family abandonment, combined with the health/disease process, with the objective of promoting the prevention of physical, psychological and spiritual exhaustion of the elderly who do not have housing assistance. Thus, according to Santos et al, (2022), care in these homes covers different biopsychosocial aspects, with pain control as the main care; change of decubitus; catheter management; glycemic control; as well as listening and support. Such care is mainly provided by the nursing team (nurses, technicians and auxiliaries). However, according to the National Health Policy for the Elderly (PNSPI), institutions must have a multidisciplinary and interdisciplinary team, specialized in providing care to the elderly and ensuring humanized care (BRASIL, 2006).

For Fratezi and Gutierrez (2011), humanizing, when it comes to palliative care, is recognizing the psychosocial and spiritual aspects of death, regardless of personal feelings, and understanding that this will directly imply the well-being of the elderly. For this reason, Cardoso et al, (2013) explain that, in addition to performing its care function, the multidisciplinary team must offer holistic and humanized care. Therefore, according to Barbosa, et al (2020), institutions should be able to promote autonomy for the elderly.



3.5 WHAT IS THE PERFORMANCE OF THE PROFESSIONAL NURSE AND THE CAREGIVER IN RELATION TO PALLIATIVE TREATMENT?

According to Bastos (2014), care is based on the provision of comfort and an environment conducive to the recovery of health, a foundation that underpins the conduct of the nursing team and caregivers. In this vein, Souza et al, (2005), state that palliative care seeks to protect, promote and preserve man, thus approaching humanized care with an empathetic view.

According to Florence Nightingale's environmentalist theory, providing humanitarian and social infrastructure is nursing's duty to the patient. Based on this principle, when performing palliative treatments, nurses should focus on the patient's physical, mental and social well-being. In this sense, as a member of the multidisciplinary team of nursing homes, nurses perform tasks related to both resource management and comprehensive care, and may also act in psychosocial support. (BORSON et al, 2018), (SILVA et al, 2008).

The Ministry of Health (2008) characterizes the class of caregivers as professionals who provide care, based on the objectives established by the environments focused on therapeutic care, of individuals who need follow-up and assistance in personal care. Although higher education is not mandatory in Brazil, Garbin et al, (2010) state that caregivers should provide care with theoretical, human and ethical skills and knowledge. In addition, Carvalho and Martins (2016) recommend that in order to exercise the profession in a qualified manner, one must be educated to do so. Given the existence of a functional disability in the professional framework of nursing homes, pointed out by Néri (2012). Therefore, Garcia (2007) states that continuing education is a proposal that favors workers in the teaching-learning process, corroborating the professional qualification and consequently the effectiveness of the care provided to the elderly.

3.6 WHAT ARE THE POSSIBLE DIFFICULTIES IN PROVIDING THIS CARE SPECIFICALLY?

According to Amthauer (2018), among the main difficulties faced by patients, the team reports excessive work for few professionals, the structural difficulties of physical spaces, and the strong bond between patient and professional, which causes the difficult acceptance of the loss.

According to Bokberg et al, (2019), the biggest impediments to promoting qualified care for the elderly are the absence of time and some external factors, such as worries, overload, and absence of stimuli. In this regard, Sampaio et al, 2011 explain that there is a lot of work and few professional caregivers to perform the functions. This is due to both the increase in chronic diseases and family abandonment. This fact ends up considerably influencing the mental health of the team, interfering with professional performance in the face of palliative care. As a probable solution to the contingency of the elderly, Beck et al, (2014) highlight the comprehensiveness in the care of the elderly together



with the family. To the extent that the elderly obtain family assistance, they feel welcomed and willing to return to their homes.

In accordance with the Resolution of September 26, 2005, RDC No. 286, which provides for the attributions of the physical space of an LTCF, such as maintaining conditions of habitability, hygiene, safety and accessibility for all people with limited mobility, in compliance with Federal Law 10.098/00. In addition, Clos and Grossi (2016) point out the need to structure institutions that receive the elderly, in order to ensure accessibility and safety essential to dignified care, taking into account the physical well-being necessary to develop palliative activities that combat outdated care for the elderly.

3.7 STEP 4 - SOLUTION HYPOTHESES

At this stage, the students discussed activities that could be performed by them, in order to cooperate with the difficulties encountered in the observation of reality. Therefore, they defined the following solutions to achieve this:

- Meet with the teachers/advisors responsible for the action to discuss possible positive and negative points of the observation of reality in order to decide on what possible activities could be carried out in the Home and how they could be carried out, as well as to plan the action as a whole;
- Creation of an educational banner on humanization in palliative care, in view of the reality that the home offers within its possibilities. Such a tool would be displayed within the infirmary of the respective institutionalized environment;
- Preparation of folders on the main care that should be prioritized, which can be delivered to home volunteers, academics in curricular internships that have the Home as a practice environment, visitors, among others;
- Organization of health education on palliative care for nurses and caregivers of the long-term care institution in question, since they play an important role in the care of these elderly people that lasts until the end of life in institutionalized homes.

3.8 STEP 5 - APPLICATION IN REALITY

In this stage, the application of reality was carried out with the implementation of the solution hypotheses raised in the previous stage. In order to solve the problems recognized during the elaboration of the study, the students opted for an informative approach, in line with the availability of time and resources in the environment. Therefore, on August 22, 2022, in the morning shift, there was a return to the philanthropic Home and it was decided to provide printed material about the specific care of the elderly patient, in order to make it accessible in the place where the care will be provided,



serving as an orientation guide for nursing professionals and caregivers of the elderly in the home. In addition, the informative banner, whose theme is humanization in palliative care, reinforces the need to provide this care with a holistic view of the patient, in addition to indicating through a search link a free tool available on the UNASUS platform of the course (Caregivers and home care) on the subject, which should be accessed by professionals who need updating and continuing education on the subject.

It is worth mentioning that in addition to the delivery of educational instruments (banners and folders), health education was carried out on the theme that was addressed by all students in the action group, quickly and objectively. Unfortunately, there was a small number of professionals who participated in the action, including a nurse and two caregivers, who were attentive and solicitous to the proposed action. In addition, the folders were also delivered to the professionals, leaving a significant amount of this instrument in the direction/coordination of the home for distribution and sharing with visitors, students and the general population.

4 FINAL THOUGHTS

In general, the intervention proposed to improve the knowledge of the institution's team that deals directly with elderly people in palliative conditions. There was feedback about the factors that wear them down and situations that can be improved. The limitations found were related to the reduced number of professionals during the shift of application to reality and difficulties related to human resources and infrastructure of the place. However, the message conveyed was disseminated in a way that encourages the integration of absent professionals by the professionals present. The study allowed us to observe a situation from a disciplinary context and to implement an educational action that contributes both to academic knowledge, to the institution and to professionals and the elderly.



REFERENCES

- BARBOSA, L. M.; NORONHA, K; CAMARGO M, C, S; MACHADO, C, J. Perfis de integração social entre idosos institucionalizados não frágeis no município de Natal, Rio Grande do Norte, Brasil. *Ciênc. saúde coletiva*, v. 25, n. 6, p. 2017-2030, 2020.
- BECK, I; TORNQUIST, A; EDBERG, A, K. Nurse assistants' experience of an intervention focused on a palliative care approach for older people in residential care. *Int J Older People Nurs*, 9(2), 140-150. doi:10.1111/j.1748-3743.2012.00343.x
- BERBEL, N. A. N. *A Metodologia da problematização: com o Arco de Margueret: uma reflexão teórico epistemológica*. Londrina: EDUEI, 2012.
- BOKBERG, C; BEHM, L; AHLSTROM, G. Quality of life of older persons in nursing homes after the implementation of a knowledge-based palliative care intervention. *Int J Older People Nurs*, 14(4), e12258. 2019 disponível em: doi:10.1111/opn.12258
- BORN, T. (2008). O cuidador familiar da pessoa idosa. In T. Born (Ed.), *Cuidar melhor e evitar a violência: Manual do cuidador da pessoa idosa* (pp. 59-63). Brasília, DF: Secretaria Especial dos Direitos Humanos, Subsecretaria de Promoção e Defesa dos Direitos Humanos.
- BORSON, L, A, M, G; CARDOSO, M, S; GONZAGA, M, F, N. A teoria ambientalista de Florence Nightingale. *Revista Saúde em Foco – Edição nº 10 –Ano: 2018*
- BRASIL. Portaria do Gabinete do Ministro do Estado da Saúde de nº 2.528, de 19 de outubro de 2006, que aprova a Política Nacional de Saúde da Pessoa Idosa. *Diário Oficial (da) República Federativa do Brasil*, Brasília, DF, 2006.
- BRASIL. *Guia prático do cuidador*. Ministério da Saúde, Secretaria de Atenção à Saúde, Secretaria de Gestão do Trabalho e da Educação na Saúde. Brasília : Ministério da Saúde, 2008.
- Clos, Michelle Bertóglia e Grossi, Patricia Krieger *Desafios para o cuidado digno em instituições de longa permanência*. *Revista Bioética* [online]. 2016, v. 24, n. 2, pp. 395-411. Disponível em: <<https://doi.org/10.1590/1983-80422016242140>>. ISSN 1983-8034. <https://doi.org/10.1590/1983-80422016242140>.
- CABRAL, M; FERREIRA, P; SILVA, P; JERONIMO, P; MARQUES, T. *Processos de Envelhecimento em Portugal*. Lisboa: Fundação Francisco Manuel dos Santos; 2013.
- CARDOSO, D. H; MUNIZ, R, M; SCHWARTZ, E; ARRIEIRA, I, C, O. Cuidados paliativos na assistência hospitalar: a vivência de uma equipe multiprofissional. *Texto Contexto Enferm*. v. 22, n.4, p. 1134-1141, 2013
- CARVALHO, M. S; MARTINS, J. C. A; *O Cuidado Paliativo a Idosos Institucionalizados: Vivência dos Ajudantes de Ação Direta*. *Rev. Bras. Geriatr. Gerontol.*, Rio de Janeiro, 2016; 19(5):745-758. Disponível em: <http://dx.doi.org/10.1590/1809-98232016019.150178>
- FRATEZI, F, R; GUTIERREZ, B, A, O. Cuidador familiar do idoso em cuidados paliativos: o processo de morrer no domicílio. *Ciênc. saúde coletiva* 16. Julho 2011 Disponível em: <https://doi.org/10.1590/S1413-81232011000800023>



GARBIN, C, A, S; SUMIDA, D, H; MOIMAZ, S, A, S; PRADO, R, L; SILVA M, M. O envelhecimento na perspectiva do cuidador de idosos. *Ciência & Saúde Coletiva*, Rio de Janeiro, v. 15, n. 6, p. 2941, 2010.

GARCIA R, M; BAPTISTA, R. Educação a distância para a qualificação dos profissionais do SUS: perspectivas e desafios. *Rev Baiana de Saúde Pública*. 2007; 31(Supl.1):70-78.

NERI, A, L. Cuidar de idosos no contexto da família: questões psicológicas e sociais. 3. ed. Campinas: Alínea, 2012.

SAMPAIO, A, M, L; RODRIGUES F, N; PEREIRA V, G; RODRIGUES S, M; DIAS C, A. Cuidadores de idosos: percepção sobre o envelhecimento e sua influência sobre o ato de cuidar. *Estud. pesqui. psicol.* vol.11 no.2 Rio de Janeiro ago. 2011.

SILVA, M, J, P; ARAÚJO M, P; FIRMINO, F. Enfermagem. In: Oliveira RA, organizador. *Cuidado paliativo*. São Paulo: Conselho Regional de Medicina do Estado de São Paulo; 2008. p. 61-3.

SOUZA, M .L SARTOR, V, V, B; PADILHA, M, I, C, S; PRADO, M, L. O Cuidado em enfermagem - uma aproximação teórica. *Texto Contexto Enferm*. 2005, Abr-Jun; 14(2):266-70.

UEPA. Projeto Pedagógico do curso de Graduação em Enfermagem da Universidade do Estado do Pará- UEPA. 2013.