ART OF CARING FOR OLDER ADULTS IN THE LIGHT OF CONTEMPORARY COMPLEXITY: THEORETICAL REFLECTION

ARTE DE CUIDAR DE IDOSOS À LUZ DA COMPLEXIDADE CONTEMPORÂNEA: REFLEXÃO TEÓRICA

ARTE DE CUIDAR A LOS ADULTOS MAYORES A LA LUZ DE LA COMPLEJIDAD CONTEMPORÁNEA: REFLEXIÓN TEÓRICA

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ABSTRACT

Objective: to promote a theoretical reflection on the interrelationship between the meaning of the art of caring for older adults and the main assumptions of the paradigm of complexity seeking an understanding to guide care practices in contemporary times. Method: study of reflective approach from literature review based on the analysis of national and international articles, books about the paradigm of complexity and caring practices for older adults in contemporary times. The survey was developed in the MEDLINE and LILACS databases using the keywords 'caring', 'caring for older adults', 'complexity', and 'ageing'. Results: the study allowed the reflection from the perspective of philosophical foundations of caring practices in the light of complexity establishing a discussion on the art of caring for older adults. Conclusion: new questions about caring for older adults in contemporary times arise, seeking ways to put pieces together that have been left behind throughout history, but which make a difference in the pursuit of longevity with quality and life satisfaction. Descriptors: Nursing; Caregiver; Aging; Complexity.

RESUMO

Objetivo: promover a reflexão teórica sobre a inter-relação do significado da arte de cuidar de pessoas idosas com os principais pressupostos do paradigma da complexidade buscando uma compreensão para orientar as práticas de cuidados na contemporaneidade. Método: estudo de abordagem reflexiva a partir da revisão da literatura baseado na análise de artigos nacionais e internacionais, livros sobre o paradigma da complexidade e as práticas de cuidados ao idoso na contemporaneidade. A pesquisa foi desenvolvida nas bases de dados MEDLINE e LILACS, pelos descritores ‘cuidado’, ‘cuidado a pessoas idosas’, ‘complexidade’, e ‘envelhecimento’. Resultados: o estudo permitiu a reflexão na perspectiva de fundamentos filosóficos do cuidar à luz da complexidade e estabeleceu um ponto de discussão sobre a arte de cuidar de pessoas idosas. Conclusão: abrem-se novos questionamentos acerca de cuidar de pessoas idosas na contemporaneidade buscando meios que junte pedaços que ficaram a longo da história, mas que fazem a diferença na busca da longevidade com qualidade e satisfação de vida. Descriptores: Enfermagem; Cuidador; Envelhecimento; Complexidade.

RESUMEN

Objetivo: promover la reflexión teórica sobre la interrelación entre el significado del arte de cuidar adultos mayores y los principales presupuestos del paradigma de la complejidad buscando un entendimiento para guiar las prácticas de atención en la contemporaneidad. Método: estudio con enfoque reflexivo a partir de la revisión de la literatura basada en análisis de artículos nacionales e internacionales, libros sobre el paradigma de la complejidad y las prácticas de cuidados de adultos mayores en la contemporaneidad. La investigación fue desarrollada en las bases de datos MEDLINE y LILACS, por medio de los descriptores ‘cuidado’, ‘cuidado de adultos mayores’, ‘complexidad’, y ‘enviejecimiento’. Resultados: el estudio permitió la reflexión desde la perspectiva de los fundamentos filosóficos de cuidar a la luz de la complejidad y estableció un punto de discusión sobre el arte de cuidar adultos mayores. Conclusión: surgen nuevas preguntas sobre el cuidado de adultos mayores en la contemporaneidad buscando medios para juntar piezas que quedaron a lo largo de la historia, pero que hacen una diferencia en la búsqueda de la longevidad con calidad y satisfacción de vida. Descriptores: Enfermería; Cuidador; Envejecimiento; Complejidad.

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INTRODUCTION

Population ageing is no longer a mere statistical projection, but a reality experienced by the vast majority of developed and developing countries. The demographic transition establishes the continuous search for setting goals and public policies aimed at the aging process with health maintenance, guarantee of the quality of life and absence of disabilities. The concept “healthy aging” is seen as a paradigm to be contextualized by researchers in the field of gerontology and other areas of knowledge that seek alternatives in order to reach it.1-3

Gone is the time when older adults were contextualized as those who stayed at home waiting to die. Old age is the subject of debate among researchers, managers, politicians and individuals seeking quality of life and longevity, as well as social inclusion and escape, the farthest possible from functional disability and physical, mental and/or social dependencies.4,5 Among the nuances that turn aging healthy, active or successful, the following question arises: How can we provide care to older adults, optimizing functional independence and, at the same time, trying to understand that the aging process requires more specialized care with regard to maintenance of health within a process of biological, psychological and social losses that are often socially considered disabling and increasingly dependent?

In this contradictory apparatus, it is necessary to rescue the following reflection: How is the act of caring understood, especially taking into consideration the process of human aging and contextualize it in the light of the complexity to seek effective means of ensuring longevity with quality of life? In this context, the following goal was established:

- To promote the theoretical reflection on the interrelationship between the meaning of the art of caring for older adults and the main assumptions of the paradigm of complexity seeking an understanding to guide caring practices in contemporary times.

METHOD

This article was elaborated in the course “Research seminar” of the Graduate Program in Nursing, Doctoral degree, of the Health Sciences Centre, Federal University of Paraíba (UFPB), João Pessoa, PB, Brazil, 2012.

It is a study with a reflective approach in which a literature review was performed based on the analysis of national and international articles, books about the paradigm of complexity and the caring practices for older adults in contemporary times. The research was conducted in the MEDLINE and LILACS databases, available at the Health Virtual Library (HVL), using the descriptors ‘caring’, ‘caring for older adults’, ‘complexity’, and ‘ageing’.

To perform a general approach on the art of caring in its conceptualization and evolution throughout history, seeking reflections about the nuances of care provided to older adults in contemporary complexity, the following categories of analysis were established:

- Seeking meanings for the art of caring
- The art of caring for older adults
- Philosophical foundations of caring in the light of complexity

DEVELOPMENT

- Seeking meanings for the art of caring

Caring is used as a broad concept that involves the origin of being with respect to the perception of caring. ‘Being-in-the-world’ would mean having the cure as its origin and not being abandoned by it, but, on the contrary, to be maintained and dominated by it while existing and being in the world.

“Being-in-world has the hingage of healing according to the being. This entity is not named (homo) in consideration of its being, but by referring to the element to which it belongs (humus). Where should we see the originating being of this formation? That is what Saturn, the ‘time’, decides. The preontological determination of essence of man, expressed in the fable, has visualized from the beginning the way of being in which its temporal course in the world predominates”.

Caring does not only involve the act of caring, but getting involved with everything: what we are; what we do; what we see; what has been socialized for us; and through which paths we socialize, thus, we do ‘everything’ within our possibilities. What defines people as unique and authentic beings is uniqueness, which determines the ‘being-in-the-world’. This way, caring cannot be unlinked from the structure of each one’s being in the world.

Caring is a single act we provide ourselves since we gain autonomy. It is considered an act of reciprocity that we are driven to provide, temporarily or definitively, to the people that need help to meet their needs.7

The emergence of the concept of caring is based on the quest for maintenance of life, even though the restoration of health (repair of the disease) have happened in recent years as priority assistance due to the biomedical model in force in societies. For the
understanding of the dichotomization of the word, in the face of the historical evolution of care practices, it is possible to find different signs of modification of the creativity of this practice that distanced it from its original conception of caring as free creativity, manifested in favor of life maintenance, related to the origin of the English word 'to care', the care of life. During the evolution of society—following the course of social, economic and cultural changes in the world—caring was added to this perception as a threatened, banned, reneged, and strangled creativity related to caring from the disease, which is defined as the term 'cure' in English, i.e., fixing what stands in the way of life. This proposal has directed the majority of caring practices, both formal (by professionals) and informal (lay caregivers). 8

There is risk of progressive annihilation of all the living forces of the person when there is prevalence of 'curing' over 'caring', neglecting caring for maintenance of daily life. There is a depletion of vital energy sources from all nature: physical; emotional; and social, among others. Caring for life is regarded as the primary meaning of caring, i.e., maintaining, promoting and developing everything that exists or the full potential of life that living beings have. Its work recalls the social and economic value of caring by assigning to it an activity exercised by women, thus invisible and undervalued. 7

There must be cautious handling of conceiving the term caring, since this act should not be accomplished through individual actions, but rather within a social and political context. It is suggested to consider the rhetoric of caring according to a Gadamerian approach. It is discussed that in the specific field of health, for example, the scientific-technological centrality of medicine and its relationship with social and technical consubstantiality of health work division made the search of the legalities of the biomedical sciences the universal basis of diagnoses and treatment of diseases. This field is physicians' competence delegating the management of these procedures in each individual case to nursing. This technical and individual management has been named caring. There is a sense that individuals are not effectively cared for without caring for populations and that there is no real public health without an attentive care for every individual. 9

Caring must be reflected from the perspective of social thought, i.e., caring based on a value, a social good, to which we all belong, not only as health professionals, but as citizens of the world, in search of a collective and social rhetoric. 8, 10

Philosophical foundations of caring in the light of the complexity

Caring refers to the art that precede all other arts, without which it would not be possible to exist. It is at the origin of all knowledge and in the matrix of all cultures. Although inserted into the texture of everyday life, this art is still unknown and the variety of its results is unsuspected.

Feeding and having a shelter to rest safely, in addition to having minimal protective clothing, constituted and continue to constitute to the present day the most basic vital needs. Body practices are added to these needs, including sexual practices through which social structures of kinship are established. The fight against diseases is in the background with respect to these vital concerns. 11

Health care is not a simple condition; it is also the attitude of being-in-the-world. It is fundamental to understand caring in health practices, trying to reconstruct its space involving intersubjectivity and practical wisdom based on technology. 8

The path of creativity aimed to make care practices—and later nursing care—an activity culturally, socially and economically recognized, so that this understanding could make us increasingly able to confront and overcome obstacles involving the breaking of the understanding and the diversion of health practices, particularly caring. 7 The term caring refers to the real support of creativity, freedom and intelligence. The fundamental ethos of the humans can be found in caring. That is to say, in caring we identified the principles, values and attitudes that transforms life into well-living and actions into right-acting. 12

It is possible to find different signals of a creativity throughout the history of caring practices, whose evolution is unfortunately little favorable. An example is the free creativity, manifested by the whole of the social group involving recognized care practices. It emerges from the imperative need to ensure the survival of the group and the species, leading women to develop their creativity with a view to maintaining life around two major axes: body practices drawn up around two major passages that begin and end life: birth and death.

When hygiene is performed, all capacities of the senses of smell and touch are stimulated, allowing the perception of sensations that become emotions, feelings and the basis for the development of thoughts. Moreover, taking care of the appearance, which forges the identity and belonging to the

English/Portuguese
group, makes the body to be the expression of the spirit's communication, with which it is only one. At the same time, nutritional practices, which have always been essential to ensure the maintenance of life, gave way to the discovery of plants and their properties. Through attempts, trials and errors, women started using roots, stems, leaves, flowers, berries, and fruits and inventing different ways of preparation. This fact generated the first step for two great creations in the history of mankind: sowing and harvesting, which generated agriculture; and the knowledge of therapeutic properties, which generated the pharmacopoeia. The exercise of these practices is still in effect in most rural societies as a tradition exercised orally.

Historically, when the division that will leave a mark in the evolution of knowledge and powers from caring practices emerges, creativity is threatened. When modern medicine started, it opened the gap between those who profess the doctrine and hold the instruction and those whose practices are deemed profane, because they are performed by matrons, old women and healers seen as ignorant for being uneducated. However, it was their knowledge that fueled the manuscripts and currently provides anthropological works.

Another relevant step in the history, in the perspective of the path traced by the creativity, is when it is banned by the dualistic philosophies and after the dimension of Christianity's proposal regarding the division between the body and the spirit. There is a condemnation of elaborated caring practices around the fecundity and appreciation of redeemer spiritual care focused on suffering. It evolves into a denied creativity, restrained and silenced, manifested in the medicalization of patient care and the division of work in tasks that focus on the disease and leave the nursing practices in total dependence of physicians."}

In view of this scenario, marked by losses and consolidation of caring as an activity only performed by health professionals, there is a contemporary challenge of complex order whose aim is to rescue the creativity ready to hatch looking for expression and forms of achievements. The challenge of the creativity of caring is nowadays at a crossroads of great complexity. Only some aspects are evoked, as for example the following queries:

How not to fall into the illusion of a health care approach submitted to the use and to the imposition of a single model, namely scientific; a model that does not end in the personal capacity of understanding caring situations and from them elaborate caring projects, but turns into the application of a system of thought that forges attitudes, both for caregivers and people cared for?

How to face the need to understand and apprehend caring in a creative way, taking an overview of the situations, in order to elaborate a caring project with users, without denouncing forms of organizations and professional practice that break all the creativity by dividing work into tasks and by the increased multiplication of strata health auxiliaries of all kinds that join to those that already existed?

Associating the anthropological inquiries of caring practices through dialogue to the ambition of complexities is to establish reflections that explain the articulations shattered by cuts between disciplines, cognitive categories and types of knowledge that were lost throughout history. Studying the process of caring involves resuming the essential knowledge in search of improvement or reuse concepts lost through time or disarticulated, that were on the margins of history and that would be useful for the reaffirmation of caring practices.

The art of caring requires adequate psychological, anatomical, anthropological, and cultural knowledge, including religious knowledge. Moreover, in addition to that knowledge, it needs a set of factors that convert this activity in art, and never in an exact science. Health care is an activity that transcends the framework of the biology and corporeality of the individual, requiring attention and the development of other constituent dimensions of human beings.

One of the paths to reflect about life nowadays is targeted to the need to adopt new behaviors and positioning that are influenced by the way of thinking. The thoughts, in this way, take practical actions that are established and developed in societies. The urgency and the rapid changes in the various areas of knowledge indicate that human learning occurs everywhere and at all times. This way, complexity guides complex thinking, which refers to that which unifies and seeks necessary and interdependent relationships of all aspects of human life, integrating the different ways of thinking. It is a thought that considers all the influences received, whether internal or external, and still, it faces uncertainty. Complexity involves certain principles such as dialogic, recurrent and hologrammatic, which constitute an interconnected set, providing an integral view of the human beings and everything that surrounds them.

It is necessary to rethink this thought, aiming at the complexity for multidimensional...
knowledge. Contextualize within the perspective of complexity does not cover pointing out all information about a phenomenon studied, but respecting its various dimensions, placing the human being as a biological and socio-cultural phenomena, and that at the same time, the social phenomena are economic, cultural, psychological, etc. The challenge of complexity is driven by various biases, labeled by the author, as the avenues that guide complexity.18-19

♦ The art of caring for older adults

Despite all the current technological efforts and any perspective, aging is real and there are no means to avoid it. This vital process delimits expressive changes of individual, family and social order, each one of them with its meanings and relevance. Caring related to this age group means ensuring the longevity and quality of life. It is important to consider the life cycle as a continuous and ongoing aging process. The term aging, nowadays, no longer relates to a negative connotation of old age, but as something achievable that must be lived by ensuring all vital potential that still remains until the end of life.20

Contemporary approaches to health care and assistance provided to older adults have reported the importance of networks of intersectoral character and specialized knowledge (geriatric and/or gerontological) with interdisciplinary arrangements (involving several sciences and different knowledge with the same purpose, i.e., taking care of people who are above 60 years of age). In addition, these approaches consider the search for evidence in the daily life for the organization of public policies related to the strengthening and construction of theories that generate ideal assistance models for older adults facing the reality of a developing country, as is the case of Brazil within the current demographic context and its impact on the completeness of caring. The complexity of the needs profile and the social context in which the older adult population is inserted is increasingly common for the existence of measures of social reintegration of people with 60 or more years of age, constituting a new standard of individual and cultural needs for that portion of the population.21-23-24

Care provided to older adults has to be consolidated by respecting their autonomy, which determines the ability to decide about their own goals and attitudes toward them. The Older Adult Statute highlights the preservation of autonomy by relating it to the right to respect, which consists of the inviolability and physical, mental and moral integrity. The quality of life presupposes planning actions to preserve older adults' autonomy.22

FINAL REMARKS

Based on the previous reflections, we emphasize that caring for older adults in contemporary times is a challenge for all of us, i.e., ordinary individuals, healthcare professionals, professionals from various fields of knowledge, managers, and politicians. Mainly, because reflecting on the act of caring within the process of aging implies recognizing that we are all subjects involved, when we provide care, when we are cared for, when we face the reality that we will grow old. Thus, we need to take care of our minds, our bodies and our society.

There is an urgent need to gather the fragments of caring that got lost throughout history with respect to the strength of human creativity regarding the art of caring. But, how can we do it? One of the answers might be the discussion and design of caring as practice and a role related not only to the health field, but in the expansion of the discussion among the various areas of knowledge (ethical, social, subjective, and physiological) and in view of the need of maintaining the vital forces, allowing the human being to live for a long time, but with quality and life satisfaction. Fighting for public policies that include this thinking, seeking means for a more effective, integral human caring? Fighting for intelligent social subjects that envision the "being-in-the-world" and therefore recognize that the art of caring reflects on the art of living? These are contemporary challenges.

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