

Aging: the experience of nurses working in a hospital

Envelhecimento: a experiência de enfermeiras atuantes em hospital

Envejecimiento: la experiencia de las enfermeras que trabajan en un hospital

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ABSTRACT

Objectives: to understand the experience of aging in the perspective of nurses working in a hospital environment. **Methods:** descriptive study with a qualitative approach, with interviews based on six guiding questions analyzed through Martin Heidegger's perspective on Phenomenology. **Results:** eleven nurses with a mean age of 46.2 years old participated in the study. The study unveiled the phenomenon of being a nurse in the process of aging. The speeches were divided into three categories: Being-there and the different faces of aging; Being-in-the-world of work; Being-in-the-world of old age. **Final Considerations:** there was a trend towards a positive search for aging and active old age, but aspects such as fear of loneliness and abandonment ("Being-in-the-world of old age") emerged through fearful speeches. There is a need for gerontological education so that nurses can properly discuss and plan a healthy aging process and achieve a dignified old age.

Descriptors: Aging; Healthy Aging; Qualitative Research; Nurses; Hospital.

RESUMO

Objetivos: compreender a experiência de estar envelhecendo por meio da perspectiva de enfermeiras atuantes em ambiente hospitalar. **Métodos:** estudo descritivo com abordagem qualitativa, com entrevistas a partir de seis questões norteadoras, que foram analisadas por meio da Fenomenologia sob a ótica de Martin Heidegger. **Resultados:** participaram do estudo 11 enfermeiras com idade média de 46,2 anos. O estudo possibilitou desvelar o fenômeno do ser-enfermeiro no processo de envelhecimento. Os discursos foram divididos em três categorias: Ser-aí e as diferentes faces do envelhecimento; Ser-no-mundo do trabalho; Ser-no-mundo da velhice. **Considerações Finais:** observou-se uma tendência à busca positiva do envelhecimento e à velhice ativa, mas aspectos como medo da solidão e abandono ("Ser-no-mundo da velhice") emergiram por meio de falas amedrontadas. Há a necessidade de educação gerontológica para que as enfermeiras possam discutir e planejar de forma adequada o processo de envelhecimento saudável e o alcance da velhice digna.

Descritores: Envelhecimento; Envelhecimento Saudável; Pesquisa Qualitativa; Enfermeiras; Hospital.

RESUMEN

Objetivos: comprender la experiencia del envejecimiento según la perspectiva de enfermeras que trabajan en entornos hospitalarios. **Métodos:** se realizó un estudio descriptivo, de enfoque cualitativo, mediante entrevistas basadas en seis preguntas orientadoras, analizadas a través de la Fenomenología desde la perspectiva de Martin Heidegger. **Resultados:** participaron 11 enfermeras con edad promedio de 46,2 años. El estudio permitió desvelar el fenómeno de ser enfermera durante el proceso de envejecimiento. Las intervenciones se dividieron en tres categorías: Ser-allí y las diferentes caras del envejecimiento; Ser-en-el-mundo del trabajo; Ser-en-el-mundo de la vejez. **Consideraciones Finales:** se observó una tendencia hacia la búsqueda positiva del envejecimiento y la vejez activa, aunque con miedo a la soledad y al abandono ("Ser-en-el-mundo de la vejez") percibidos de discursos temerosos. Es necesaria una formación gerontológica para que las enfermeras puedan discutir y planificar adecuadamente el proceso de envejecimiento saludable y la consecución de una vejez digna.

Descritores: Envejecimiento; Envejecimiento Saludable; Investigación Cualitativa; Enfermeras; Hospital.

INTRODUCTION

Aging is common to all humans and is a natural, heterogeneous, dynamic, multidimensional, continuous and irreversible process, which evolves individually and gradually⁽¹⁾. The aging process sometimes includes health problems that affect health and social security systems. However, aging is not inherently associated with illness⁽²⁾. Everyone wants to have a healthy aging and a healthy old age.

The concept of successful aging is related to the notion that the fundamental requirement for a good old age is the preservation of the potential for the individual's development. Thus, satisfactory aging is related to good quality of the individual's life span, which means that the concept is not restricted to old age, but considers the historical influence of ontogenetic, social, cultural and individual factors. Thus, successful aging is a general process of adaptation⁽³⁻⁴⁾.

In this context, it is essential to understand the perception of nurses about human aging and know how these factors contributed to the work of these professionals⁽¹⁾. Nursing is a stressful profession, with interpersonal relationships and an exhaustive workload that bring on several emotional and psychological demands to nurses⁽⁵⁾.

Particularly, the nurse who works in inpatient units is exposed to many stressors in their work environment. This can affect their quality of life and aging process, as these professionals experience physical and emotional exhaustion in their management, assistance, education and research activities^(1,6).

A study performed with 156 nurses who worked in the hospital environment found that the professionals had little knowledge about human aging⁽⁵⁾. Another study with a qualitative approach aimed to identify the conceptions of 49 undergraduate nursing students about aging and found that undergraduate students had a negative conception of aging, based on common sense and stereotypes⁽¹⁾. The results of these studies showed that the participants had few references on quality aging and new possibilities of aging^(1,5,7).

Studies as these provide knowledge about the preparation of nurses for their own aging, enabling reflection on lifestyle and work behaviors that affect the quality of life and the way professionals are aging^(1,5-7).

In this approach, the quality of work and life of nurses drive the nursing care practice, as they are an important part of hospitals. Therefore, these factors favor professional satisfaction, efficient achievement of organizational goals and good nursing practices⁽⁸⁾. Thus, it will be possible to enable health institutions to understand the work routine and offer spaces of well-being to employees, with the objective of achieving active aging and quality of life⁽¹⁾.

Giving the above, the research question of the current study is: how are nurses in the hospital environment aging and dealing with this process?

OBJECTIVES

To understand the experience of aging in the perspective of nurses working in a hospital environment.

METHODS

Ethical aspects

The research complied with the guidelines provided in Resolution no. 510/2016 of the National Health Council of the Ministry of Health. The research project was submitted and approved by the Research Ethics Committee in August 2018. Before the beginning of data collection, the Informed Consent Form (ICF) was read and signed. The identity of the participants was protected by replacing their names with flower names.

Type of study and theoretical-methodological framework

This is a qualitative research, with a Heideggerian existential phenomenological approach guided by the Consolidated Criteria for Reporting Qualitative Research (COREQ)⁽⁹⁾. The phenomenological construction aims to elucidate historicity, based on temporality, considering that the history of the presence will be vulgarly understood, being necessary to interpret it^(1,10). The existential construction of historicity, therefore, is conducted through the interpretation of the being in their trajectory, presence and healing analysis, which occurs in their time, that is, in their temporality⁽¹⁾. From the way of being of this entity that exists historically, the existential possibility of opening and understanding history is born^(1,10-12). Thus, the starting point of a phenomenological reflection is the being that makes itself known immediately, that is, men themselves, within the ontological dimension. This enables the understanding of being, as it is what is hidden in what is manifested through language^(1,12-14). This article is part of the master's thesis called "Aging: the experience of nurses working in inpatient units under a phenomenological approach"⁽¹⁾.

Methodological procedures

Study scenario

The study was carried out in the inpatient units of a philanthropic hospital, with 251 beds, located in the south area of the city of São Paulo, state of São Paulo, Brazil⁽¹⁾. In inpatient units, patients are assisted by an interprofessional team composed of physicians, nurses, physical therapists, pharmacists, nutritionists, psychologists, speech therapists and social workers⁽¹⁾.

Study participants

The participants were selected with intentional sampling⁽¹⁾. Nurses who worked in inpatient units, in all working periods, aged 40 and over, with more than ten years of experience as nurses, and who worked as nurses at the research site were invited. Professionals who were on sick leave were excluded⁽¹⁾. The number of participants was determined during data collection, which ended when the information obtained was sufficient to understand the situation studied by the researchers⁽¹⁵⁾.

Data collection and analysis

Data was collected from individual interviews in the work environment. The interviews were previously scheduled for when

the professional was available or at a convenient time, without interfering in the work dynamics, and occurred in a private environment within the institution⁽¹⁾.

The guiding questions were: how does your aging reflect on your personal life (existence)?; what is it like for you to be a nurse and grow old (experience the aging process) working in a hospital environment (inpatient units)?; did you reach your personal goals in the course of your aging?; in your perspective, have your professional objectives in the hospital environment been achieved?; what were your coping strategies for aging during the period you worked in the hospital?; what are the strategies for planning your old age?⁽¹⁾

The interviews occurred during the months of October and November 2018. The interviews had an average duration of 45 minutes and were recorded and, later, transcribed in full.

For the categorization of the interviews, data treatment according to Heideggerian phenomenology and based on the participants' report was used⁽¹⁾. For this, each interview was read, and the data were transcribed in such a way that the researcher transformed the participant's everyday language into an appropriate language with emphasis on the phenomenon studies. Then, the parts that contained the same structuring meaning were determined (the researcher uses phenomenological reduction to describe the categories)^(1,12-13).

RESULTS

Characterization of participants

The participants were 11 nurses, with a mean age of 46.2 years old and an age range that varied between 41 and 79 years old. Regarding the training of participants, all had complementary training in different areas of knowledge: Hospital Administration, Cardiology, Education, Gerontology, Intensive Care Unit and Urgency and Emergency. The training time ranged from 10 to 21 years, with a prevalence of 10 to 15 years. Participants were full-time nurses with a weekly workload of 36 hours.

Considering the premise that phenomenological analysis is based on the lived experiences, to arrive at the essence of the nurses' experiences, we categorize the meanings with phenomenological reduction, following the recommendations of researchers of existential phenomenology as to the organization and categorization of the material^(1,12-14).

With that, it was possible to unveil three categories: Being-there and the different faces of aging; Being-in-the-world of work; Being-in-the-world of old age and its most relevant subcategories of the meaning of aging from the perspective of Heideggerian phenomenology.

Being-there and the different faces of aging

The speeches that emerged referred to aging, quality in the face of biopsychosocial aspects and the limitations resulting from aging.

[...] I think that we are what we eat, I think that being well physically also affects the psychological, I try to do physical activity, I try to have a healthy diet, to have time for rest [...]. (Sunflower)

[...] it is very important for us to take care of our health, to take care of interpersonal relationships, with our family, with the health professionals, because all of this will affect our health. (Cherry Blossom)

Some limitations appear when we get older, but it's worth it. If you evaluate everything, the positive outweighs the negative. (Tulip)

In relation to reaching the goals through personal growth and maturation, the speeches revealed two things that can never be dissociated, which were being a nurse and growing old as a nurse.

I reached all my goals, I got my own apartment, everything I wanted and I'm married. (Cherry Blossom)

I did a lot of things that I planned, I studied, I got married, I had children, personally, I feel fulfilled as a mother, as a woman and as a homemaker. (Sunflower)

It was evident that having a family and having religious beliefs provided support and protection to cope with the daily difficulties and adversities resulting from professional exhaustion.

The important thing is to know how to live with dedication and humbleness, how to love and be loved, this is great, and the family is everything for you to move on. (Gerbera)

[...] we have to try to protect ourselves a little bit, either through prayer, or through religion, visualization, something [...]. (Azalea)

The family was the main support tool for coping with the daily difficulties and adversities resulting from professional exhaustion.

Having the people I love close to me, to cherish this for as long as I can do the best for my family. (Orchid)

I have a very happy family, I have their support ... I am constantly with them, it makes me very happy. (Lotus Flower)

As seen here, social support networks bring physical and psychological benefits that can favor coping with the psychological discomfort triggered by stress, assist in the recovery of illnesses or decrease the risk of mortality⁽¹⁶⁾.

The perceived support corresponds to the belief that the other meanings can help in case of need, and the past experience in this sense reinforced, or not, this belief. This refers to the effect of social networks on the psychological well-being and life satisfaction of individuals^(1,17).

Being-in-the-world of work

The speeches reflect what is shown as being and the structure of being a nurse. Being at work is determined by professional achievement and fulfillment, reflecting positively on the aging process and new perspectives at work.

My profession has given me many accomplishments, I believe I do my best, I think I am satisfied, I am convinced that I have fulfillment in it. (Azalea)

I really like working in the Inpatient Unit, I started as a Nursing Assistant, I did the Nursing Technician course, I did the Nursing course, I am a nurse. I went through all phases of nurse assistance, nurse junior, today I am a full nurse. (Chrysanthemum)

I think that assistance will be the experience that leads to teaching, if I move to this area of expertise, assistance will be the foundation for me to work. (Sunflower)

Regarding the experience of work, some nurses who went through job changes showed plasticity, adaptation, and flexibility to these changes. It is observed that care for others involves countless aspects and contexts, therefore, delivery and results were full of successes and failures, with direct and indirect repercussions on others' lives and on their own lives, such as illness and stress.

This change from technician to nurse is already a very drastic change. You have your experience from before, when you were responsible for yourself and from the moment you become a nurse, you become responsible for yourself and for others, responsible for your team, and for the whole process that depends on your supervision. (Daisy)

There is no point in complaining, I have to deal with the situation ... and even today I continue to work at the same pace, without thinking if I am old or no longer old. (Lotus Flower)

I like to do things perfectly, so for me it was very traumatic. In the beginning, I had a stomach problem, I couldn't eat thinking about the patient, the responsibility. (Daisy)

Because it is a very demanding and stressful profession, we deal with human beings. The most difficult part of nursing is precisely this, dealing with human beings. (Chrysanthemum)

Being-in-the-world of old age

In an attempt to achieve a healthy old age, all interviewees sought to experience pleasurable moments, with repercussions for their old age.

I want to enjoy life, travel a lot and really enjoy it, never be old, lethargic and depending on someone else. (Lisianthus)

Exercising, dancing, I want to be an old lady who goes to the "Baile da Saudade" [laughs]. I want to date [laughs] for sure, I want to go for a walk, that's how I think. (Chrysanthemum)

When projecting their own old age according to the care provided to older adults, the participants showed concern regarding the assistance provided to older adults over the years they had worked and reminisced about advices received from older patients to enjoy life while they are young.

You notice yourself getting older and then as I work in the Inpatient Unit with adult and older adults with pathologies typical of HF [Heart Failure], the pathologies associated with HF, you really perceive the fragility. (Orchid)

I had a patient who told me: - Now that I have retired, when I thought I was going to enjoy life, I am sick. This had a huge

impact on me, we have to live in the present, we have to enjoy the present, but we have to enjoy the present with health and energy. (Chrysanthemum)

Financial planning for old age was another topic that emerged. *Save some money to have a private pension (Cherry Blossom)*. Their speeches showed concern for their future.

[...] I need to go a little further to maybe have a more peaceful old age, financially speaking. I have a project for some investment, so that in addition to retirement, I can have another income, so I can have a more peaceful old age. (Hydrangea)

In the speech, there was a concern about abandonment in old age.

You think that when you have several children you will have help, and this is not necessarily true, we see it here in the hospital. (Azalea)

DISCUSSION

In Heidegger's approach, aging determines what and how the being is in the world, because *being-there* is always being, as an entity that lives and coexists with other *beings-there*, in the sense of existentiality⁽¹⁾. Thus, the participants' speeches revealed that aging is related to their own existence, their own way of being a nurse. Therefore, the *being-there* will be able to make their own choices and decisions and envision possibilities to be and launch themselves into the world^(1,10-11).

When launched into the world, nurses who yearn for the benefits of healthy old age showed effective and positive attitudes and physical and social activities to achieve this goal. These situations can be better understood when individuals present some factors associated with successful aging: positive self-perception of health, dancing habits, walking habits, absence of cognitive impairment, absence of depressive symptoms or polyopathy, as well as independence in activities of daily living⁽¹⁸⁾.

The being that provides care needs to receive care to enjoy a successful old age. Given the importance of good habits for health and general well-being, it is necessary to develop habits that can be promoted through careful analysis of current behaviors, specific and measurable short-term goals or objectives and a detailed action plan⁽¹⁹⁾.

The *being-in-the-world* of work values the process as an act, as it is understood in an ontic sense and as a sense that goes beyond the act, when they worry about with aging throughout life, in an ontological sense^(1,9-10). Achieving goals through personal growth and maturity is a common factor for all interviewees, who showed their achievements and described examples of struggles, determination and perseverance⁽¹⁾. These objectives can be reached through several strategies: leading yourself through learning, leading other people through the development of relationships, leading organizations through excellence and integrating professional and personal life⁽²⁰⁾.

For the being-in-the-world of old age, the family was the main support tool for coping with the daily difficulties and adversities resulting from professional exhaustion⁽¹⁾. The personal support networks represent an important long-term resource of social support, the extent of which depends on sociodemographic factors, cultural factors and personality factors⁽²¹⁾.

Religiosity and spirituality may be associated with greater resilience, especially in old age, more frequent positive emotions, greater satisfaction with life, and less serious chronic conditions⁽²²⁾. In addition, these factors have profound consequences on patient care and work organization⁽²³⁾.

According to Heidegger, in the context of how to be-in-the-world of work, the phenomenological description of "world" means: to show and categorize the being and the way of being that simply take place within the world⁽¹⁾. So, the world is the character of the presence.

Nurses felt fulfilled with their professional choices and achievements, which had positive effects on the aging process, as they felt engaged and motivated in the face of new possibilities and future achievements⁽¹⁾. The achievement of professional goals brings positive elements to the process^(1,17).

Expressive speeches reinforced the reasons that led them to start and continue in this profession, as they expressed feelings of gratitude, dedication and determination related to the choices and decisions made throughout their lives, as well as the repercussions on their aging⁽¹⁾. The strengthening of cognitive abilities through education (being trained in something they like), motivation and health-related activities, as well as the development and maintenance of social networks are important factors for successful aging^(1,17,24).

The security, notoriety and the resources offered by this private institution reminded these nurses of professional self-realization⁽¹⁾. Most felt be privileged and special in a society marked by differences in health services⁽¹⁾. During their life trajectory, this retrospective marked by job satisfaction is essential, as it can provide strategies that lead people to work with enthusiasm, creativity and motivation⁽²⁵⁾.

Some nurses submitted who went through job changes showed plasticity, adaptation, and flexibility to these changes. Some of them naturally envisioned these possibilities and sought improvement and professional evolution⁽¹⁾. They rejected stagnation⁽¹⁾.

Recognition of the care provided to others involves countless aspects and contexts, therefore, delivery and results were full of successes and failures, with direct and indirect repercussions on others' lives and on their own lives. The contradictions between free professional choice, constant exhaustion and the delivery of the best results make this a difficult profession, with physical, emotional, social, and personal repercussions on aging and old age⁽¹⁾. The work routine is hard, as is dealing with the patient; in addition, these professionals are not always valued^(1,26).

Some nurses only see themselves in the professional context, forgetting their own care, which results in the loss of physical and mental balance and causes physical illness⁽¹⁾. The exhaustion of hospital nurses is statistically significant when related to demographic variables, such as, for example, age and sex; external/situational stressors, such as the management of nurses at the unit and the doctor-nurse relationship; and internal personal characteristics, such as coping style and essential self-assessments⁽²⁷⁾. In this context, hospital leaders must find means to reduce the stress related to the nurse's work, aiming to provide nurses' resilience⁽²⁸⁾.

Regarding how to be-in-the-world of old age, the reports demonstrated that this phase of life often arises as the possibility

of experiencing aging as a pleasurable and rewarding stage of life, enabling the accomplishment of projects and personal dreams^(1,29). It is known that the integration of life experiences is related to successful aging⁽³⁰⁻³¹⁾.

Some participants considered the preservation of their identity, their functional capacity, and their decision-making power to be highly relevant. They explained that the possible physical, social, psychological, and spiritual dependences would result in the loss of their dignity. Respect for autonomy is based on the protection of individual freedom of choice and the ability to maintain the power of deciding and controlling one's own life. This autonomy has positive effects on quality of life^(1,32).

In this line of thought, it was highlighted that the paradigm of active old age that dominates current discourses must be problematized, considering the new modalities of insertion in the labor market that focus less on physical strength and more on intellectual faculties. Having an active old age has to do with choices of whether or not to do activities that you enjoy^(1,33).

Another aspect perceived was the fear of abandonment and solitude. Solitude is strongly related to quality rather than quantity of social relationships⁽¹⁾. More important than simply being with others, it is being with others who value us, in whom we can trust and with whom we can communicate^(1,34).

The projection of their own old age in the face of care they provide to older adults was highlighted by nurses when they showed concern related to the assistance to older adults over the years they had worked. Their own aging was perceived when they observed the aging of the other^(1,26).

Some nurses reported consistent financial planning and having a financial reserve for old age. However, others did not actually plan it yet. In this perspective, financial independence is a relevant aspect⁽³⁴⁾.

Thus, through Heidegger's phenomenology, it was possible to understand part of the sense and the meaning of aging from the perspective of nurses working in inpatient units⁽¹⁾. The starting point of a phenomenological reflection is the being that makes itself known immediately, that is, men themselves, within the ontological dimension. This enables the understanding of being, as it is what is hidden in what is manifested through language⁽³³⁻³⁴⁾.

Study limitations

One of the limitations of the study was interviewing only female nurses, as gender differences can interfere in the way that which each individual understands their aging process and old age. Another limitation was the fact that this study only included inpatient units from a single hospital. In view of these limitations, broader studies that include scenarios in more diverse realities should be conducted.

Contributions to the area of nursing and health

Understanding the meaning of aging and old age through the participants' reports is perhaps a path to help nurses plan strategies based on their reality to allow the maintenance of the autonomy and independence of the individual, the older adult and the nursing team. The parameter for this is the understanding

of the changes that result from aging and are reflected in old age, enabling the improvement of the quality of life according to the health conditions in which the person is.

FINAL CONSIDERATIONS

Nurses reported different forms of understanding the experience of aging and the prospects for old age.

There was a trend towards a positive search for aging and active old age, but aspects such as fear of solitude and abandonment (being-in-the-world of old age) stood out in the speeches through

fearful statements about these aspects. Given this possibility and the cruel realities that may be destined for the elderly, the strategies of these professionals are observed in the preservation, in the consolidation of the family bond, in the religious belief, in the financial planning, in learning through the experience of older patients and in the health promotion activities.

However, gerontological education and its vast interdisciplinary area can contribute to the transformations of nursing professionals in the context of care management in the professional sphere, as well as in their own personal experiences, including caring for their own aging.

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