

Therapeutic listening in the process of health care for the elderly

Escuta terapêutica no processo de atendimento à saúde do idoso

Escucha terapéutica en el proceso de atención médica anciana

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ABSTRACT

Objective: to describe the effects of therapeutic listening, using the problem-solving technique, in home visits to elderly people with signs of depression. **Method:** this qualitative, descriptive, interventional study with elderly people aged 60 years and over with an indication of depression proceeded in three stages: sample selection, home intervention, and final evaluation. Data were collected between October 2017 and April 2018 and analyzed using Collective Subject Discourse. The study was approved by the human research ethics committee. **Results:** three discourses were formulated using the central ideas: reception; personal growth and reflection on life. **Conclusion:** therapeutic listening at home favored receptiveness, a stronger bond with the patients and reinforced the elderly women's assertive mechanisms positively. The Problem-Solving Technique made it possible to develop a systematic strategy suited to applying therapeutic listening.

Descriptors: Nursing; Health of the Elderly; Mental Health; Mental Health Assistance; Depression.

RESUMO

Objetivo: descrever os efeitos da escuta terapêutica domiciliar junto a idosos com indicativo de depressão utilizando a técnica de solução de problemas. **Método:** estudo descritivo, intervencional de cunho qualitativo, com idosos de 60 anos ou mais e com indicativo de depressão. Os dados foram coletados entre outubro de 2017 a abril de 2018 e foi realizada em três etapas: seleção da amostra, intervenção domiciliar e avaliação final. Utilizou-se para análise o Discurso do Sujeito Coletivo. O estudo foi aprovado pelo Comitê de Ética em Pesquisa com Seres Humanos. **Resultados:** foram elaborados três discursos utilizando as ideias centrais: acolhimento; crescimento pessoal e reflexão sobre a vida. **Conclusão:** a escuta terapêutica no domicílio favoreceu o acolhimento, fortalecimento do vínculo profissional/paciente e reforçou de modo positivo os mecanismos assertivos das idosas. A Técnica de Solução de Problemas possibilitou o desenvolvimento de uma estratégia sistematizada e adequada para a aplicação da escuta terapêutica.

Descritores: Enfermagem; Saúde do Idoso; Saúde Mental; Assistência à Saúde Mental; Depressão.

RESUMEN

Objetivo: describir los efectos de la escucha terapéutica domiciliar junto a personas mayores con signos de depresión, utilizando la técnica de resolución de problemas. **Método:** estudio descriptivo, intervencionista, de tipo cualitativo, junto a personas mayores de 60 años y con indicios de depresión. La recolección de datos se realizó entre octubre de 2017 y abril de 2018 y se llevó a cabo en tres etapas: selección de la muestra, intervención domiciliar y evaluación final. Para el análisis, se utilizó el Discurso del Sujeto Colectivo. El estudio fue sometido al Comité de Ética en Investigación con Seres Humanos. **Resultados:** se han elaborado tres discursos utilizando las ideas centrales: acogimiento; crecimiento personal y reflexión sobre la vida. **Conclusión:** la escucha terapéutica en el domicilio favoreció la recepción, fortaleció el vínculo profesional/paciente y reforzó positivamente los mecanismos asertivos de las ancianas. La Técnica de Resolución de Problemas permitió desarrollar una estrategia sistematizada y adecuada a la aplicación de la escucha terapéutica.

Descritores: Enfermería; Salud del Anciano; Salud Mental; Atención a la Salud Mental; Depresión.

INTRODUCTION

Aging is natural, inevitable and irreversible. It brings about limitations and is accompanied by physical, psychological and social changes; it is a time when older adults reflect on their own existence and realize that, despite having achieved their goals, they have suffered many losses - health, retirement, death of loved ones and physical capacity, among others¹. Even without impairments due to chronic diseases, aging naturally involves some functional loss. Each older adult's singularity, as well as the vulnerability involving this process, requires care in the various dimensions of this phenomenon².

In this context, it is common for older adults to present internal conflicts manifested in the form of anxiety, insecurity, fear, feelings of loneliness and helplessness, which can lead to greater emotional frailty and to the development of mental disorders such as depression¹.

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Depression is a severe clinical condition, characterized by changes in mood, behavior and cognitive functions. It can be enhanced or masked in older adults due to the natural aging process, to other associated comorbidities and to medication use, hindering diagnosis and intervention actions for treatment and coping with the disease³. In this age group, depression can manifest itself subclinically, thus hindering diagnosis, which can bring about important harms in the life of older adults⁴.

It becomes indispensable to use subjective methods to identify the depression signs early in time. This screening can be carried out through simple and low-cost instruments, capable of identifying the risks and extent of the disease, collaborating with diagnosis, which enables adequate treatment and intervention and health promotion measures⁵.

Therefore, it becomes relevant to adopt strategies that ease identification and welcoming of older adults in psychological distress. A successful intervention strategy is using therapeutic listening, which favors dialogical exchange and sharing experiences and sensitizes older adults towards improving their individual and collective way of life. It is an important care tool that allows professionals to better assess the psychological distress of an individual, understood under the psychosocial framework, as a way to obtain more information about the subject and make the patient feel more comfortable with each approach⁶.

In this sense, the Problem Solving Technique (PST) is an aid for the development of therapeutic listening, considered a meta-cognitive process by which individuals understand the nature of life's problems and direct their objectives towards modifying the problematic character of the situation or even their reactions to it⁷.

The problem-solving model includes five stages: (1) Problem orientation (a motivational process that can be considered as immediate cognitive-affective-behavioral reactions of a person experiencing a problem situation); (2) Definition or formulation of the problem (clarification and understanding of the specific nature of the problem. It can be included in a reassessment of the situation in terms of meaning for well-being and change); (3) Survey of the alternatives (survey of an exhaustive list of alternatives and possibilities. There should be as many answers as necessary to solve problems, so that there is the opportunity for one of them to be the one that best approximates a positive result); (4) Decision-making (evaluating/judging and comparing the available options with respect to the solution and selecting the best one(s) to be used in the problem situation); and (5) Practical implementation and verification of the solution (evaluating its effectiveness for the result of the solution chosen)⁷.

Using such technique aims at collaborating with individuals in order to understand stressful situations, mitigate the degree of negative responses to the problem and increase the effectiveness of their attempts to solve the problem, in order to avoid psychological imbalance.

It is in this setting that Nursing is inserted as a social commitment profession, sensitive to human problems and rights. It is a nurses' duty to systematize and personalize care, in order to sensitize and influence the community, turning individuals into subjects of their own decisions. Nursing professionals have the prerogative to work in different care settings.

Their performance involves prevention and health promotion actions, articulating education in health to the assistance provided to individuals, families, groups and communities. Thus, action in therapeutic listening in health aims not only at the conduction of linear cognitive knowledge, but mainly at a change in behaviors and attitudes, with active stimulation of the community in health-related decisions⁸.

Considering the increasing demand in the number of older adults and the various situations that permeate this phase, in addition to the emotional and psychological problems to which they are exposed, it is necessary to use resources and strategies aimed at human and social relations.

Performance of therapeutic listening is evidenced as a form of intervention with these older adults, considering their peculiarities, and the results of this study are subsidies for planning and developing Nursing actions.

Given the above, the purpose of this study is to describe the effects of home-based therapeutic listening applied to older adults with depression signs by using the problem-solving technique.

METHOD

This is a descriptive, interventional and qualitative study, considering the dynamic relationship between the real world and the subject, based on the Collective Subject Discourse (CSD), a theoretical-methodological strategy adopted for the analysis of verbal data. It was conducted in a Comprehensive Health Care Center from a city in the inland of Minas Gerais.

The study participants were older adults who presented depression signs in their medical appointment after applying the Short Geriatric Depression Scale (GDS-15). Ten aged women presented scores indicative of depression and only six accepted to participate in the home-based therapeutic listening approach. Of these, four took part in the therapeutic listening intervention and two were excluded after three contact attempts.

The data were collected according to the demand presented, with two aged women in November and December 2017 and another two in February and March 2018. The older adults included in the study were those aged at least 60 years old, with depression scores equal to or higher than 5 according to GDS-15, and who accepted to participate in therapeutic listening. GDS-15 is an easy-to-apply scale consisting of 15 questions with Yes/No answers. Scores equal to or higher than 5 represent depression signs⁹.

The study was developed in three stages: (1) Selection of the sample, through application of the GDS-15 scale to the older adults who were in the service, verbally by the physician during the consultation. Those who scored 5 or more points and agreed to participate in the study answered the instrument to characterize the sociodemographic profile and were directed to the researchers to schedule the intervention. (2) Home-based intervention, through the initial evaluation and in full compliance with the stages of each session according to all five PST steps: Problem orientation; Definition or formulation of the problem; Survey of the alternatives; Decision-making and Practical implementation and verification of the solution.

The home-based intervention was conducted weekly during four consecutive weeks, with an appointment time of up to 60 minutes, distributed as follows: five initial minutes with welcoming through meditation listening *Nocturne Op. n.2* by *Frédéric Chopin*; from 35 to 40 minutes with the activity itself, considering the five PST steps; 10 minutes for reflection on the experience and five minutes for closing the activity. After each meeting, the impressions and observations were recorded in the field diary.

In the third stage, Final Evaluation, the aged women were encouraged to reflect on their participation in the intervention, at the end of the last meeting.

The interviews were recorded and transcribed. The diverse information extracted from the interviews were analyzed according to the Collective Subject Discourse (CSD), which has collective thinking as its study object. This analysis model consists in organizing and tabulating qualitative data obtained by means of an interview, which allows the freest possible expression. It analyzes the verbal material collected through the selection of individual answers to a given question, which are arranged to enable transmission of a message about reality¹⁰.

Three thematic discourses based on the following central ideas emerged after analyzing the interviews: welcoming, personal growth, and reflection about life.

Data collection was initiated after being approved by the Committee of Ethics in Research with Human Beings and after the research participants signed the Free and Informed Consent Form. The aged women were classified as follows: E1, E2, E3 and E4.

RESULTS AND DISCUSSION

The study participants were four aged women with a mean age of 71.5 years old and scores indicative of depression from 5 to 12 points. Female aging is a global reality; although the mortality rate is lower, it does not mean that women enjoy better health conditions. Therefore, identifying and understanding these particularities is important to plan the care to be provided to aged women¹¹. Mental disorders, especially depression, are disabling agents among women and deserve attention in any age group¹².

Another aggravating factor consists in the hormonal phases experienced by women throughout life, such as menopause, the end of the reproductive phase; thus requiring physical, psychological and emotional adaptations. These changes intensify old conflicts that can be relived in the life stage, thus potentiating psychological distress, with identification of higher use of psychotropic drugs in this period¹³.

Regarding income, two aged women reported not earning any money and the other two earned only one minimum wage. It is worth noting that the interviewees who stated having no income source obtained the highest scores for depression, both with 12 points in GDS-15.

The aging process is commonly associated with income depreciation as a result of retirement and the increase in health-related costs. This phenomenon directly interferes in the purchasing power of this population group, hindering maintenance of their basic needs and contributing to the onset or deterioration of depression¹⁴.

Regarding marital status, two aged women were married and the other two were widows. All of them lived in their own homes, and two of them shared it with their children, an aged woman lived with her husband and another one lived alone, as her husband was in a long-term care institution.

The study identified that the highest score for the depression signs (12 points by GDS-15) was associated with aged women without related complaints who were assisted through pre-scheduled appointments. The aforementioned reinforces the importance for professionals to be attentive to subjectivity and to unspoken pains, as well as to beyond what is displayed as a complaint.

Many older adults seek the service successively and for various psychosomatic complaints, being labeled as “polycomplainers”. Many others remain in their homes silenced by pain. Both situations lead us to reflect on the neglect of adequate care, of qualified listening and of humanized welcoming.

In order to early identify depression, it is recommended to routinely apply GDS-15 in the Primary Care network. Applying the scale contributed to diagnosis, treatment, intervention measures and health promotion, thus avoiding deterioration and promoting Quality of Life in the older adults⁴.

It is important to highlight the sociodemographic characterization and its role in the planning of care by nurses, since the knowledge of the subjects as well as the context in which they are inserted is opportune in the elaboration of individual and personalized strategies, in order to meet the demands and early identify the risks and health problems.

The discourses (CSD) that emerged are submitted below, based on the “welcoming”, “personal growth” and “reflection about life” central ideas.

CSD I – CI: Welcoming

The discourse shows that the participants felt welcomed by means of the home-based therapeutic listening intervention.

Sometimes I'm all alone, with no one to talk to, only with my thoughts. Then you came here and I heard people talking, having someone to talk to comforts the heart, and sadness goes away then. You see that there are people who can help me and for me to help other people, right? It would be as if I had started walking and I immediately found two extended arms extended that welcomed me, so it's a feeling of relief, peace, huge peace inside you, because you vented everything you were feeling (E1, E2, E3, E4).

Within the Primary Care network, welcoming represents the challenge and complexity inherent to the development of the health professionals' work¹⁵.

It is worth highlighting the importance for the welcoming hierarchy described in the National Humanization Policy (*Política Nacional de Humanização*, PNH) characterized by the professionals' qualified listening process, by recognizing the uniqueness of the health demands of each individual, which aims at strengthening the bonds between users and professionals¹⁵.

In this context, the home-based intervention stood out in the welcoming issue. These aged women were not in due physical and emotional conditions to reach the health service. Consequently, they felt safer to expose their concerns and weaknesses in the comfort of their homes.

Home-based interventions are characterized as an expanded and shared clinical proposal that is also part of the PNH guidelines. It is a theoretical-practical resource capable of favoring a clinical approach considering the individuality and multiplicity of variables inherent to the health-disease process¹⁶.

Therapeutic listening enables the practice of an expanded and shared clinical practice, as it favors decision-making, autonomy of care and humanization of the prevention and health promotion practices¹⁷.

The home care strategy made it possible to approach the older adults' reality, in addition to respecting their limitations and difficulties, providing comprehensive and inclusive care, favoring adherence to the intervention proposed.

The opportunity to express their thoughts and feelings in relation to the moment experienced generated a well-being sensation in each woman, in addition to acquisition of tools to cope with the problem situation; in addition to promoting a bond between participants and researchers.

The welcoming, the relationships between users and successful professionals, permeated by actions involving ethics and qualified listening; and care based on responsibility to the other and respect, are but consequences of comprehensive health care. There is thus an imperative need to bring these concepts closer to the reality of individuals in mental distress¹⁸, as it acts jointly between professional and client in order to generate bonding and well-being leading to the satisfaction of both members¹⁹.

Welcoming is a technical care action that, regardless of the scenario in which a professional is working, requires an ethical, legal and humanized attitude. It can minimize the health problems of the aged population, with repercussions on comprehensively meeting the aging-related demands and on care quality²⁰. For this purpose, it is necessary that nurses have a holistic view of how to reach older adults without leaving aside the entire professional profile and the reality experienced by the patients¹⁹.

Welcoming is also the most important axis to achieve an objective aimed at older adults' reality, as it is through qualified listening that it is possible to establish a bond with the aged individuals, leading to the care of their mental health²¹. As they consider human beings as a whole, nurses perceive that individuals are not merely reduced to their physical body, but to an entire spiritual atmosphere that also needs care²².

CSD II - CI: Personal growth

The emotional support received through the therapeutic listening intervention provided moments of reflection, understood and expressed as personal growth, identified in the aged women's discourses. They highlighted the importance of being heard and of the lessons learned in each experience, by applying the PST.

They said important things that made me think, these days I went through a loss there and I started thinking: one day at a time and there's always something to learn to make up for it, one hand gives and the other receives. With this experience I grew up trying to confront, reconciling things (E1, E2, E3, E4).

In this life phase, the support received by the older adults represents an opportunity for mutual help and strengthening of bonds, which can contribute to the personal growth process²³.

The study identified positive attitudes that were referred to as "feeling strengthened" and "conciliation and understanding about the importance of the present time", expressions that characterize personal growth. This empowerment regarding new resources and skills lead to a different way to look at adversities and face them according to their limitations.

Willingness for changes in the way of thinking and acting were noticed in the reports, leading to a reflection about difficult moments and the overcoming potential. In the analysis, the emergence of personal values such as forgiveness, patience, empathy and spirituality during the intervention is evident.

The importance of emotional and social support and the psychosocial support network for older adults is noted, in order to reduce the risks of mental disorders; as well of articulation of the health services so that there is better prevention and monitoring of this population segment, collaborating so that they can deal with the limitations and losses arising from age, in addition to health promotion with autonomy and capacity to manage their own lives^{24,25}.

In this sense, therapeutic listening is essential, as it characterizes the moment in which nurses confer voice to older adults, turning them into the key element of their care. In it, it is possible to empower older adults through acquired knowledge, providing emotional support and coping mechanisms to situations of greater stress. It favors facing adversities with more dignity and autonomy, collaborating to their personal growth and quality of life.

CSD III- CI: Reflections about life

The third discourse shows reflections about life, such as the following: The aging process, its limitations and potentialities, acceptance of the life phases, along with changes in lifestyle and vitality, requiring daily adaptations, may present difficulties defining their own existence, especially when exclusively dedicated to the family.

But the important thing is to think and see the other side. You have to breathe, count to ten, look to see. People are in such a hurry that you can't listen to the others. It is good to stop to think. It helps to restructure the ideas. As you said, what I can do now, in this situation. I understand that everything goes by, but I need to value what I have, raise my heads and go on (E2, E3, E4)

These reflections favor the analysis and a better understanding of the data. In their speeches, it was possible to perceive an expansion of self-knowledge, recognizing their strength and ability to overcome adversity. The intervention brought to light reports with positive content that reflect the ability to adapt. These factors are associated with imbalance and instability processes².

The stimulus for reflection on problematic and/or potentially problematic situations, experienced or in progress, provide adaptive responses capable of assisting in the construction of an understanding regarding the situations experienced⁷. The feelings of appreciation and relief during therapeutic listening of older adults once again value the nurses' practice²⁶.

In this sense, care for older adults should be supported by a broader concept of health, considering the biopsychosocial and spiritual spheres. Thus, due to their proximity to patients, nurses can establish a care plan and promote care guided by a holistic and integrated look, based on the diverse needs of each individual, whether of biological, mental or spiritual origin²².

Considering the use of home-based therapeutic listening grounded on the PST steps, it provides older adults with depression signs an opportunity for welcoming, self-knowledge and individual growth.

By means of the reports obtained it was possible to identify certain emotional improvement in each meeting. It is inferred that, as a subsidy for the organization and development of therapeutic listening, the PST promoted positive repercussions in this sample, through the use of new problem-solving strategies adopted, as well as the meanings constructed.

A significant improvement in the behavioral and emotional patterns was observed in each meeting, including calmness while expressing the feelings and difficulties. There was an evident improvement in mood, with episodes of smiles and games, and the participants' physiognomy seemed calmer and smoother. Another positive aspect that was noticed in the intervention was the medical suspension regarding use of anti-depressants.

The process of listening to sick individuals transforms the recovery process in a positive way. From this condition, an interactive space of mutual respect is created, from which the individual feels safe to share experiences, fears and anxieties. It works as a tool capable of favoring humanized and welcoming care²⁷. It favors the development of attitudes and skills with positive repercussions on quality of life.

Study limitations

The limitation of this study lies in its small sample, as well as in the impossibility for the researchers to implement the screening process, as the procedure was linked to the figure of the medical professional.

CONCLUSION

Home-based therapeutic listening favors the expression of empathy, respect and bonding, facilitating adherence to treatment and positively reinforcing older adults' assertive mechanisms, favoring the process of individual growth.

The family space should be seen as a facilitating element of the intervention, a safe space where the aged women feel more comfortable to expose their feelings, fears, anxieties and limitations, providing the opportunity for reflection and self-knowledge, useful tools for coping with cognitive distortions, conflicts and adversities.

Using the PST was essential for data collection, allowing for the development a systematized strategy and favoring application of the therapeutic listening intervention. The prerogative of a brief, low-cost and easy-to-apply intervention is noted.

It is believed that, equipped with knowledge, motivation and interest, nurses serve as a pillar for the development of actions based on the needs of this clientele, with regard to their emotional empowerment.

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