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ADAPTATION OF THE MODEL OF KRISTEN SWANSON FOR NURSING CARE OF ELDERLY WOMEN[1]

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ABSTRACT

Objective: to adapt the model of Kristen M. Swanson for nursing care of elderly women, focused on their health needs, taking as a reference the comprehensive assessment and interpretation of their experience.

Method: the study was qualitative with hermeneutic approach, ten elderly women were interviewed, aging from 65 to 84 years old, who attended a Day House in Toluca, to whom semi-structured interviews were applied in depth, which were transcribed, codified and grouped in the dimensions of the central contents analysis of each thematic unit. Heidegger's hermeneutic circle was taken as a reference for the understanding and interpretation of the substantive codes. The analysis was of content through the discourse technique.

Results: there are six categories of care identified in the therapeutic actions that intervene in the achievement of well-being. Family accompaniment, hope, movement, guidance in health, therapeutic dialogue and love are factors that promote the well-being of elderly women. The disposition of the categories was organized into semantic fields from which three dimensions emerged: that of being a woman, elderly woman and coping strategies, and nursing care. From the hermeneutic analysis, it was possible to buildup the Model of Kristen Swanson for nursing care of elderly women with their five healthcare processes: Maintaining beliefs; Knowing; Being with; Doing by; and Allowing or enabling.

Conclusion: the care model aimed at elderly women is based on: dialogue, hope, movement and health guidance focused on the exercise of autonomy.

DESCRIPTORES: Nursing care. Women. Elderly. Nursing models. Geriatric nursing.

ADAPTACIÓN DEL MODELO DE KRISTEN SWANSON PARA EL CUIDADO DE ENFERMERÍA EN ADULTAS MAYORES

RESUMEN

Objetivo: adaptar el modelo de Kristen M. Swanson para el cuidado de enfermería en adultas mayores, enfocado en sus necesidades de salud, tomando como referencia la valoración integral y la interpretación de su vivencia.

Método: el estudio fue cualitativo con enfoque hermenéutico. Se entrevistaron diez adultas mayores, de 65 a 84 años de edad, que asistían la Casa de Día en Toluca, a quienes se les aplicaron entrevistas semiestructuradas a profundidad, las cuales se transcribieron, codificaron y agruparon en las dimensiones de análisis de los contenidos centrales de cada unidad temática. Se tomó como referencia el círculo hermenéutico de Heidegger para la comprensión e interpretación de los códigos sustantivos. El análisis fue de contenido mediante la técnica del discurso.

Resultados: Son seis las categorías de cuidado identificadas en las acciones terapéuticas que intervienen para el logro del bienestar. El acompañamiento familiar, la esperanza, el movimiento, la orientación en salud, el diálogo terapéutico y el amor son factores que propician el bienestar de las mujeres mayores. La disposición de las categorías se organizaron en campos semánticos de donde emergieron tres dimensiones: la de ser mujer, adulta mayor y estrategias de afrontamiento, y el cuidado de enfermería. A partir del análisis hermenéutico se construyó el Modelo de Kristen Swanson para el cuidado de enfermería en adultas mayores con sus cinco procesos de cuidado: Mantener las creencias; El conocer; El estar con; El hacer por; y El permitir o posibilitar.

Conclusión: El modelo de cuidado dirigido a mujeres mayores se fundamenta en: el diálogo, esperanza, movimiento y orientación de salud centrado en el ejercicio de la autonomía.

DESCRIPTORES: Cuidado de enfermería. Mujeres. Anciano. Modelos de enfermería. Enfermería geriátrica.

ADAPTAÇÃO DO MODELO DE KRISTEN SWANSON PARA CUIDADOS DE ENFERMAGEM EM MULHERES IDOSAS

RESUMO

Objetivo: adaptar o modelo de Kristen M. Swanson para o cuidado de enfermagem em idosos, com foco em suas necessidades de saúde, tendo como referência a avaliação e interpretação abrangente de sua experiência.

Método: estudo qualitativo com abordagem hermenêutica, onde foram entrevistadas dez idosas, com idade entre 65 e 84 anos, que frequentavam uma Casa de Dia em Toluca, a quem foram aplicadas entrevistas semi-estruturadas em profundidade, as quais foram transcritas, codificadas e agrupadas. nas dimensões da análise dos conteúdos centrais de cada unidade temática. O círculo hermenêutico de Heidegger foi tomado como referência para a compreensão e interpretação dos códigos substantivos. A análise foi de conteúdo através da técnica do discurso.

Resultados: existem seis categorias de cuidados identificadas nas ações terapêuticas que interferem na obtenção do bem-estar. Acompanhamento familiar, esperança, movimento, orientação em saúde, diálogo terapêutico e amor são fatores que promovem o bem-estar das mulheres idosas. A disposição das categorias foi organizada em campos semânticos, dos quais emergiram três dimensões: ser mulher, mulher idosa e estratégias de enfrentamento e cuidado de enfermagem. A partir da análise hermenêutica, foi possível construir o Modelo de Kristen Swanson para o cuidado de enfermagem de idosas com seus cinco processos de cuidado: Mantendo crenças; Sabendo; Estar com; Fazendo por; e Permitir ou habilitar.

Conclusão: o modelo assistencial voltado à mulher idosa é baseado em: diálogo, esperança, movimento e orientação em saúde voltada ao exercício da autonomia.

DESCRITORES: Cuidados de enfermagem. Mulheres. Idoso Modelos de enfermagem. Enfermagem geriátrica.

INTRODUTION

The World Health Organization (WHO) mentions that the aging of the world's population is an indicator of health improvement, a situation that reflects an increases in the number of elderly people around the world,[1]In this sense, in Mexico, one in ten people is 60 years old or older, which constitutes a total of 10,055,379 elderly people and represents 9.06 percent of the population.[2]This situation has led to political, economic and social reforms that focus primarily on the cure and treatment of diseases, especially of the chronic degenerative ones.

Thus, when talking about health care of elderly people, it is assumed that they seek different measures and ways to care for their health and maintain it, which can come from recommendations or teaching from professionals, as well as sociocultural practices passed on from generation to generation.[3]It is for this reason that teaching-learning strategies implemented in institutions of higher education in nursing must implicitly develop the skills necessary for the care of elderly people. These should not be considered as elderly people, since they have their own particularities in the biopsychosocial context, requiring specific competencies from the health professionals.[4]

In the nursing science, the best way to sustain knowledge is through theories that try to explain and define various phenomena related to the discipline. Thus, Kristen M. Swanson stated in 1991 the Theory of Healthcare Practices, conceiving these as an educational way of relating to an appreciated being, towards a personal commitment and responsibility. Five basic processes are proposed: knowledge, being with, doing for, enabling and maintaining beliefs; which allow us to reflect on the worldview of nursing care, where the historical, anthropological and philosophical dimensions of the nursing science converge. The theory supports the claim that healthcare is a central phenomenon of nursing, but it is not necessarily the practice of nursing.[5]

For the elderly, healthcare is an event that has two origins: the old age and illness, which can be called care due to aging and care due to the disease, hence care is constituted as a social resource without which one cannot survive biologically or socially in the world. This need that one has to be cared for, caused by the disease, is visible to others when the elderly person is bedridden, no longer playing a social role within the family or in the community, or suffering from an incurable disease in the state in which they are found. The specificities (emotions, feelings, thoughts, culture) that distinguish between the nature of being male or female are revealed in the interrelation with elderly people. This article highlights the priority of healthcare of women because they are considered a more vulnerable group, both due to the consequences of aging and the social effects of gender; being these factors mainly those that motivate the conduction of this study, hence the importance of investigating how to adapt the care model of Kristen M. Swanson focused on the health needs of older adults. Given this context, the objective is to adapt Kristen M. Swanson's model for nursing care of elderly women, focused on their health needs, taking as a reference the comprehensive assessment and interpretation of their experience.

METHOD

The research was qualitative with a hermeneutic approach, based on Martin Heidegger, which consists of a process of pre-understanding, understanding and interpreting the phenomenon, not as something fragmented or sequential, but as something that reveals the phenomenon in movement.[6] The care model proposed in this study emerged through the adaptation of Kristen M. Swanson's Theory of Care to the health needs of the elderly woman, based on the assumption that the person being cared for is in the process of lost transitioning and requires follow upin their adaptation process.[7] It also emerges as an emergent intervention for the psychosocial conditions in which elderly women find themselves in Mexico, promoting autonomy and independence in self-care. The five care processes were designated as transversal axes of the research: 1) Maintaining beliefs; 2) Knowing; 3) Being with; 4) Doing by; and 5) Allowing or enabling.

The study population was composed of 177 elderly women who attend a Day House in Toluca, State of Mexico. The sample was intentionally selected; the study subjects were 10 elderly women, aging from 65 to 84 years old, who attended the health programs offered by the Day House. The profile of choice was based on elderly women who had a chronic-degenerative disease but no decreased functional capacity (for which the Katz scale was applied), who wished to take part and who signed the informed consent. It should be mentioned that in Day House there are mostly functional and independent elderly people, who carry out activities in the workshops for half of the day, to return to their homes, where they are usually accompanied by their children, grandchildren or partners; fundamental factors for implementing this care model.

In order to adapt the care model for elderly people, ten in-depth semi-structured interviews were carried out based on the care processes of Kristen Swanson. These interviews aimed to gather information regarding the perception that elderly people have about themselves, as well as of the losses that they face, to later inquire about the healthcare they need from their experience to feel good. The elderly women were interviewed in an office, where they could widely express their thoughts and emotions; each interview lasted approximately 40 minutes and the data collection period was from September 2015 to February 2016. It should be mentioned that no participant abandoned or refused to continue with the investigation. The interviews were audio-recorded, after each interview the obtained outstanding aspects and characteristics of the dialogue were written in the field log. The interviews were transcribed using the Word® program, the contents were divided into thematic units, the central contents of each thematic unit were categorized and codified, for later grouping the categories or dimensions of analysis. The categories were established under the principles of: homogeneity, exclusion, relevance, objectivity and reliability. The veracity and consistency of the results are based on Heidegger's hermeneutic circle for understanding and interpreting dialogues. Afterwards, the the content analysis was used with the speech technique.

The disposition of the categories was organized into semantic fields from which three dimensions emerged: that of being a woman, an elderly person and coping strategies, and nursing care (Figure 1). What was learned from each of these dimensions various concepts, such as satisfaction, independence, happiness, loneliness, losses, among others, that constitute the theoretical-philosophical framework of the model, was presented.

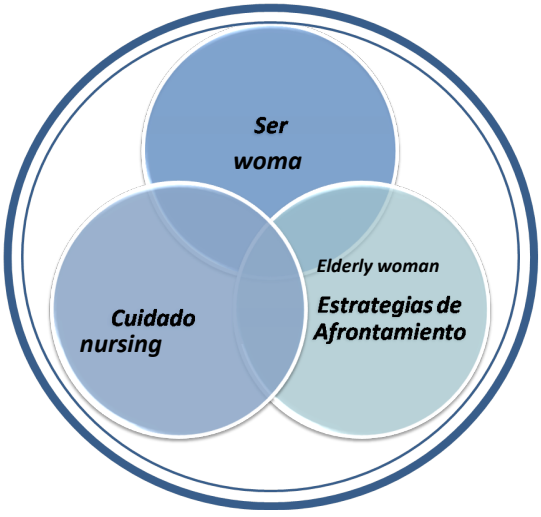

Figure1 - Dimensions emerging from the category analysis. Mexico-Brazil, 2017.

The phenomenology, theoretical and methodological basis of this study are based on the search for meanings for the phenomena, for which it uses the hermeneutical circle, in order that a studied object may be recognized more deeply. The hermeneutical circle has three movements that are not sequential, however, they occur simultaneously: pre-comprehension, comprehension and interpretation.

The pre-understanding is the first approach to the phenomenon, where the researcher seeks to

know, observes carefully, seeks information about what one wants to discover. For that, in addition to personal information, one also looks for literature that can support the recognition of the object to be studied. The understanding is given through the dialogue obtained from the interviews, to then make the interpretation of the phenomenon of study.

Once the concepts, categories and dimensions were interpreted, nursing activities and interventions in elderly women were established through the five care processes, taking Kristen M. Swanson's Theory of Care as a theoretical reference.

The ethical aspect of the research was based on the General Law of Mexican Health 2000, and the ethical aspects of the research on human beings in articles 13 and 14, Fracc. V indicates it is necessary to have the informed and written consent of the research subject. In addition, it was authorized by the Bioethics Committee of the Center for Research in Health Sciences of the Autonomous University of the State of Mexico, and the data of the participants in this research are to be used in a strictly confidential manner, and used only by the project research team. The participants were identified with a number and not with their names. The participation in this study was absolutely voluntary.

RESULTS

In elderly people there are six identified categories of care in which therapeutic actions for achieving well-being are involved. Family accompaniment, hope, movement, guidance in health, therapeutic dialogue and love are factors that promote the well-being of elderly women, for this reason, the nursing professional must make use of this to obtain better results through care.

Table 1 - Therapeutic actions by category of care. Mexico-Brazil, 2017.

Care	Moment of care	Person in charge for the care	Therapeutic action
Therapeutic dialogue	Election of the elderly woman	Nursing staff Psychology staff	1. Active listening 2. Discussion forums
Movement	According to comprehensive valuation results	Nursing staff Medical staff Instructors	1. Physical activity 2. Dancing 3. Yoga 4. Pain monitoring
Follow up	Election of the elderly woman	Nursing staff Psychology staff Medical staff Relatives	1. Affective ties 2. Group socialization 3. Mutual support groups
Health guidance	Election of the elderly woman	Nursing staff Psychology staff Medical staff	1. Education for health 2. Health monitoring
Faith and hope	Continuous	Nursing staff Psychology staff Medical staff Relatives	1. Coping with losses 2. Groups of spiritual comfort
Love	Continuous	Nursing staff Psychology staff Medical staff Relatives	1. Active listening 2. Permission for expression of feelings and emotions 3. Affection and empathy

These categories of actions support the three dimensions listed below: Being a woman; Nursing care; and Elderly person and coping strategies.

Being an elderly person is manifested in different aspects that emerge from the testimonies about their life and their confrontations, valuing aspects such as the deterioration of health, well-being, feelings, love, freedom of spirit, loss, spirituality, follow up and care; this was expressed by some interviewees:

[…] *I define myself as a very happy person. I feel good, very content, and happy. I like the way I am. For me it is very beautiful, I like... I like to see my gray hair, I like to see my wrinkles, I like to see myself in the mirror* (M5).

[…] *I do not feel old, I do not feel finished, let you say poor me, what am I going to do? No, I grab my cane, when I cannot walk and I'm still in the fight... it's my dream to come here* […] (M8).

Based on the arguments of the interviewed women, the conception of what it is to be an elderly person is obtained, it is defined as that person who is in the last stage of life, passing through physical, psychological, social and spiritual changes. Which is characterized by being wise, smart, patient and tolerant, as a result of the transition associated with the experience lived, the knowledge acquired, the losses and reflection of their lives.

Elderly women relate the deterioration of their health to the problems or diseases of the musculoskeletal system that prevent them from carrying out activities of their daily lives, causing feelings of dependence, sadness and low value. In this way, the women surveyed shared it:

[…] *Well I consider myself healthy, apart from what I have, the... pressure, ...I do my things well, I am worthy for myself* (AM6).

[…] *Walking, I like to walk. I suspended walking because of the knee that hurt, but I bring a bandage and then I use it, it is elastic. Lately, I have been feeling well, because I climbed stairs and I felt very bad the other day. My leg hurt a lot, but lately I have not noticed that anymore, and that has helped me walking. That is very important for me* (AM10).

The research subjects understand their alterations as part of the changes they have had throughout their lives, and describe them as immobility, limitations or reduction of their activities, that is, for them this is part of the natural process of aging and they do not perceive it as an alteration of their health, sharing it in the following way:

[…] *I feel good... I have been operated four times... because one is old, when your feet do not hurt, like right now my arm hurts, or I cannot sleep, I have to go to the doctor, in short, they are ailments that means you have to take care of yourself* (AM7).

When women are in a process of reflection and contemplation of their lives, they perceive various feelings, both positive and negative, that will permeate their personal, family and social spheres, and of course their health. Among the positive ones, there is: happiness, joy, tranquility, satisfaction, love, freedom. And the negative are: sadness, nostalgia, concern, anxiety.

[…] *At this point I try to be, a little more relaxed, calmer* […] (M3).

[…] *I'm calm... happy, my mother said that life is very difficult, hard and bitter, but how nice it is to live it* (M5).

Love and happiness are values, each one carries the light and shadows of different family and personal backgrounds, whose roots reach ancestral archetypes, marked by successful or tragic experiences, which have left their mark on the genetic memory of each one. Therefore, love is the feeling implicit in the life history of the elderly women, and is one of the elements of nursing care that foster trust in the relationship between the nurse and the elderly, and attachment to wellness activities.

[…] *Sometimes I realize that they neglect me a lot, but I do not give importance to them, because of what I lack at home... I have plenty of love from companions, from whom you least expect, the one who gives love receives love* (M2).

Freedom is a feeling experienced by older adults and it is necessary to understand it, from their reality and their experience, to benefit from the personal growth that can be acquired and to rely on the redirection of the freedom of spirit towards welfare behaviors.

[…] *I'm the same as when I was young. I had many responsibilities, a lot of work and all my joy depleted a little bit, I did not dance... but now I compensate, I dance everything that hits me* […] (M4).

Loneliness, described by the elderly women, is subjective and is the cause of the lack of a role within society, of the need to feel useful and independent. They do not find empathy in the activities they have with their children or grandchildren. Elderly women enjoy availability and time, but they do not fit the tastes and interests of their families.

[…] *I already know that they will arrive, I know it is late but we already met, we talked, but each one has to have their place, each one has to do their things, each one studies. I can just see them every fifteen or twenty days, but those that are close to me tell me: 'Grandma, how are you?', and I: 'well daughter'. Get going, 'yes grandma', and they go to their house and I'm left alone... but they let me free to do what I want* (M8).

Elderly people, throughout their lives, suffer various types of losses, economic, social, physical and human. They highlight physical pain, which causes weakness, immobility or disability in the de-

velopment of their activities of the daily life, and this in turn triggers feelings of sadness and frustration.

[…] *what I can do in the house, because one falls tired, I can no longer do much...I feel sad because I cannot do things like before* (cries). *I have been a very active woman and when I feel tired, it is when I become sad, and I even feel more pain in my legs* […] (M7).

Spirituality for the elderly women is the most important thing in their lives, it is everything that gives them strength to be alive, that encourages them to keep going despite the uncertain future, that motivates and gives them faith and hope that everything is going to be better.

[…] *Everything, hope is the most wonderful thing, we all have the hope of having a very beautiful life... or of being happy or that something nice comes to your life. The word hope is very significant in my life* (AM2).

Company is another factor for the well-being of elderly women. If they have support from their relatives, colleagues or friends, they show greater security and happiness, as well as self-acceptance and self-esteem.

[…] *I feel accompanied, I feel loved. I see that my daughters love me very much, with my granddaughters I get along very well, they are six and they love me very much* […] (AM8).

For the elderly women, caring is love, follow up, help, concern for the other, empathy and prayer. These ideas have been the product of learning acquired over time, in the experience and life history of each one of them, which in turn, gives meaning and importance to the work of nursing care.

[…] (sighs) *I believe that we were already born with that... although the children get married, one always looks for how to help them, as, at the time, give them confidence to come to you, comment and give them advice, something* (AM2).

All the above mentioned gives a general and specific conception of what it means to be an elderly woman, of what it means to be more than 60 years old in different aspects of life: physical, social, emotional, psychological and spiritual.

The understanding of being elderly through the perception of women's lives reveals mixed feelings that are structured in experiences and feelings of the present, past and future. These lead to recognize some care needs, which can be considered by the nursing professional in order to establish a care model that is sensitive to the life experiences of the elderly woman (Figure 2).

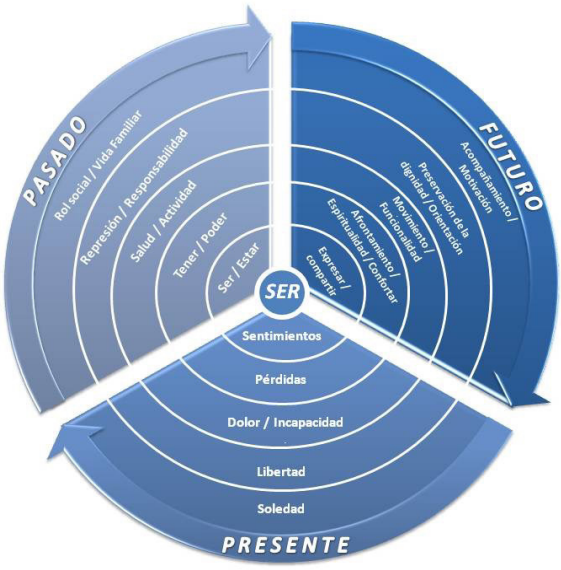

Figure 2 - Dimensions of being elderly, considering the past, present and future. Mexico-Brazil, 2017.

DISCUSSION

Transiting through life is conducive to facing challenges of various kinds, which generate losses and profits, while, in this last stage of life, different strategies of coping with the problems of daily life are set in motion. These are the spirituality, self-love and follow up. Love is among the feelings mentioned by the participants. Love is an art, made with the subtlety that requires capacity for understanding, resignation, patience and forgiveness. The woman is more radical: she goes to the extreme

of surrender in love, without rest and without restrictions, that is why her love is wider and more accomplishing. The greatest secret in order to take care of love is in the stealthy care of tenderness, a tenderness of kindness, small gestures that reveal the affection. Love cannot live without an aura of tenderness, affection and care.[8]

The nursing professional must allow faith and hope, which is "to be authentically present and allow and maintain the system of deep and subjective beliefs of the individual, compatible with their freedom. This free individual, with their own beliefs, is a being for the care".[9:354] In this way, allowing the individuals to cultivate their belief system and execute their rituals to allow them to help maintaining faith in themselves will contribute to healing.[10]

From the manifestation of these feelings, the adaptation of Kristen Swanson's model for nursing care of elderly people is proposed.

The interpretation of the dimensions of being is based on adapting a model of nursing care of elderly women under the preservation of their autonomy, based on the priority that, based on the interviews, for elderly women, the meaning of being elderlylies on the losses they face and the care they require.

By means of the link of the data obtained in interviews and questionnaires with the Theory of the cares, the model of nursing care in older adult women is obtained under the preservation of their autonomy, which has a humanistic, hermeneutic, philosophical base centered in the being. The objective of this model is to provide nursing care and interventions specific to the health needs of the elderly woman, for which a comprehensive assessment and understanding of their life history is taken as reference. This model is based on Swanson's precepts,[9:352-7]and is structured in three moments: Diagnosis, Intervention and Evaluation, each of which is composed of the five processes of nursing care, as can be seen in Figure 3.

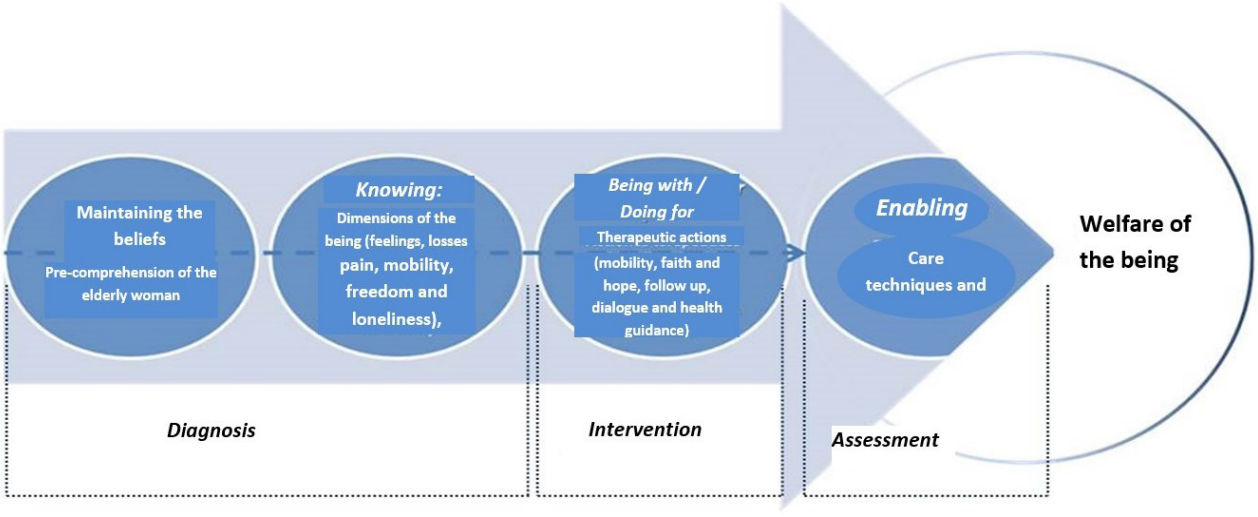

Figure 3 - Structure of nursing care in older adult women. Mexico-Brazil, 2017.

Diagnosis

Maintaining beliefs: concepts

The practice of nursing is concerned on beyond the "what" of care and the "how" of the person-nurse interaction, it implies in creating a care practice that resorts to: reflection, the integration of beliefs and values, critical analysis, the application of knowledge, clinical judgment, intuition, organization of resources and evaluating quality of the interventions.[11]

Therefore, care arises from a healthy interpersonal relationship between the nursing professional and the person being cared for, and it is expressed through honesty, sincerity, respect, understanding, wisdom and reciprocity towards it, also incorporating elements that allow effect communication and listening. However, before it is necessary for the nurse to involve their own experience to help them become a genuine person within the interaction, and it can be perceived by the patient as a fully involved professional.[12]That is, the interpersonal relationship nurse-patient favors the expression of feelings, attitudes and beliefs of the person, allowing the identification of aspects that lead to explore and understand human needs helping to adapt to the disease and a better coping.[13]

The first process of diagnosis care is to maintain beliefs, which means for Kristen M. Swanson "to maintain faith in the capacity of life and in the events or transition and face the future with meaning, believing in the capacity of the other and holding it in high esteem, maintaining an attitude full of hope, offering a realistic optimism, helping to find meaning and staying close to the person being cared for in any situation".[9:354]

Following the methodology of the theory, in order to maintain the beliefs in the elderly-nurse relationship, initially, it is necessary to understand the lives of elderly women, to investigate what is happening to them, to know what it means to be an elderly person, to identify the problems of health making this population vulnerable, in order to be empathetic in the care process. In addition, it is necessary to inquire about the meaning of care from the perception of women, and to know the context in which it is developed. These aspects will allow us to obtain the trust and recognition on the part of the person who cares, agreeing to give a new meaning for the care towards an attitude of well-being. The instrument used in this process can be the interview, as well as the concepts emanated from this model that is taken as a theoretical basis to support the practice of care.

Knowing: Dimensions of the being

The second process of care, within the diagnosis, is to know, which means "striving to understand the meaning of an event in the life of the other, avoiding conjectures, focusing on the person who is cared for, looking for keys, valuing meticulously and searching a commitment process between the one who cares and the one who is being cared for".[9:355]

Through dialogue, mutual knowledge, empathy and sharing experiences and emotions, affective ties in the elderly-nurse relationship, which in its turn, generates greater commitment and security for the following phases of care, achieving results that impact in a relevant way in the welfare of the women.

It is important that, in this first moment, the expression of feelings and emotions is allowed and stimulated, through conversation, to inquire about their life history, ties or support networks, significant others, important events that reveal personality, coping strategies and health activities of the elderly woman. It is also important that the nursing professional achieve the confidence and recognition of the elderly woman, as this will allow for the realization of interventions and activities for health care.

Once the verbal information has been collected, it is possible to proceed with the investigation, under the perception of the elderly woman, what her priorities for care are, that is, what the most important care that the woman needs to feel well is. For this, one may use the Five Fields Map, consisting of a board, where the care priority is represented by size and colors. In this framework, six concentric circles have been designed that represent the participant in the levels of proximity, which is the center and are divided into five areas: talk/dialogue, faith/hope, movement, health guidance and follow up.

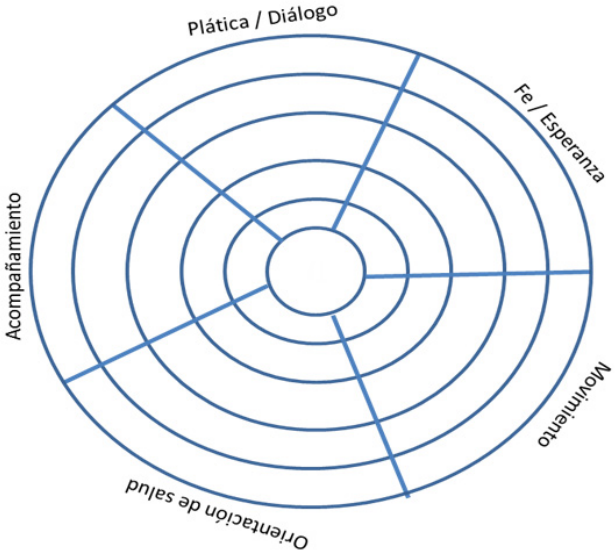

Figure 4 - Care priority from the perception of the elderly woman. Mexico-Brazil. 2017.

Source: Five Field Map. (Adapted).[14:152]

Simultaneously, the physical, emotional, social and spiritual health of the elderly person are investigated. Different techniques and methods are used for collecting information, including the comprehensive assessment format with the 11 functional patterns of Marjory Gordon, putting special emphasis on the following aspects: nutrition, urinary elimination, sleep and rest, auditory deficit and role-relationships.

Intervention

Being with/Doing for: Therapeutic actions

In this model, the care processes, being with and doing by, simultaneously, being understood by being with, "being emotionally present with the other. It includes being there in person, transmitting availability and sharing feelings without overwhelming the person being cared for".[9:355-6] Doing by is "doing for others what one would do for oneself, if possible, including anticipating needs, comforting, acting with skill and competence and protecting the one being cared for, respecting their dignity".[9:355-6]

Evaluation

Enabling: techniques and strategies of care and well-being

Whenever therapeutic actions aimed at the well-being of the elderly woman are known, their autonomy in the choice of their care and actions intervenes, so that, through a weekly program, the woman will be enrolled in the activities that, according to their perception, are necessary for them to feel well.

To carry out the weekly schedule, one can support an individual schedule of activities, where you specify the days and hours, the therapeutic actions that the elderly woman has chosen to perform, such as: physical activity, dance, yoga, pain control, education for health, mutual support group, discussion forum, coping with losses, spiritual comfort group, group socialization, among others.

Being an adult is manifested through her experience and through the understanding of her experiences. It has been identified that in the history of the life of the elderly women there are events that mark and delineate the present of each of them, although the feelings and emotions emanating from those events are perceived individually, one could distinguish common elements in them.

The first premise is that all older adults go through an analysis and internal reflection of their lives, where three elementary moments are located: past, present and future. A past that reveals the power of physical activity, the benefit of energy and strength, physical independence against emotional and social dependence, family life, responsibility with children, social pressure, manipulation, repression and violence by their partners, feelings of happiness and joy for the achievements. A present that emanates feelings of sadness, nostalgia and at the same time happiness and satisfaction, for what was lost, but also for what was obtained; placing the loss, the incapacitating pain, the felt loneliness and the freedom to be who you want to be, without masks, without seeking to please anyone, but themselves, in the balance of your life. A future, which more than an end, is received with faith and hope of what can be improved. Every day is a gain in the race of life and it is important to make the most of their abilities and continue in the struggle.

It is worth mentioning that feelings are defined as culturally coded emotions, personally named and that last over time, are deep aftereffects of pleasure or pain that leave the emotions in the mind and throughout the body.[15] In the elderly women of Day House, the feelings of freedom and solitude stand out. By understanding freedom of spirit, the inner strength that leads to being what one feels being and leaving the patterns that lead to being what one should be. The freedom of spirit is the inner attitude that allows to act for love for the truth of the heart and not for fear of not being accepted, desired, loved, integrated.[16] Thesolitude is a state that commonly afflicts the human being, which becomes more acute in the final stage of life due to the losses that are experienced and that affect quality of life.[17]

The mixture of all feelings causes the elderly women to focus on the present, and this is related to a study conducted with elderly women in Uruguay, where the interviewees stated living the day to day, not planning for future goals, but focusing on the present. The future perspective is the main tool to stay active, as well as working makes them feel useful, when they are on their own they do not lose their essence, maintaining their autonomy.[18]In addition, given the biological, psychological and social alterations experienced by elderly women, their self-concept can be altered, it is important to analyze the perception of oneself during this stage of life and observe their relationship with the well-being of the elderly.[19]

Also, the spirituality that older adults have turned evident, manifested by faith and hope in the future, pointing out that the spirituality works one of the human dimensions, the spirit, belonging to its reflection, internalization and contemplation, requiring preconditions such as the calm of the bodily instincts, tranquility of the senses and the physical place for meeting. Spirituality means living according to the spirit, the taste of the dynamics of life.[20]

From the aforementioned, the following deduction is that the care required by elderly women should focus on the humanistic philosophy, perceiving them as complete holistic beings, not as patients or sick people, but as human beings who feel, think, know, appreciate and, above all, they are worth what they are: people who need care with dignity, empathy, respect, love and hope.

In Chile, according to the results of an investigation in elderly people, life satisfaction was associated with aging, being a man, participation in social organizations, being married or living together as a couple, having higher education, higher income, good perception of health status, better sanitary care.[21]Likewise, the positive self-concept about health is related to the willingness of the elderly person to perform physical activities, which in turn favor their functional autonomy.[22] It is so that elderly people need to express and share their feelings, but at the same time, they need health professionals capable of listening and interpreting what is said. They need to face their problems or accept their situation in the best way. They request to keep moving, so they should be allowed to participate in the activities of their daily lives and those that they like and to the extent of their possibilities, in order to improve their well-being, which means living in a state in which you feel integrated and committed to living and dying. Experiencing the well-being is to live a subjective and meaningful totality experience, which involves a sense of integration and change in all facets of existence that are free to be expressed.[23]

In institutionalized elderly people in Brazil, a convergence was identified between the care they sought in the institution and the primary objective of it. In independent and dependent residents, as among all human beings, there is a need for life care. However, the peculiarities of this care are variable, for example, needing help for daily hygiene, social coexistence, artistic expressions and manifestation of individuality.[24] Therefore, the elderly women should be guided on their health, on the measures of self-care, health promotion and disease prevention, preserving their dignity at all times. In each of these care practices, follow up and motivation are essential for strengthening the aforementioned values.

It is relevant to mention that the Kristen Swanson's model for nursing care of elderly people limits its use to independent or autonomous older adults in their biopsychosocial sphere.

CONCLUSION

Kristen Swanson's model adapted to nursing care of elderly people considers the comprehensive assessment and interpretation of the experience of adult women in Day House as essential. These experiences refer to the understanding of what they are, what they consider about care and the coping strategies of their daily conflicts. The proposed care model, in this study, is based on the feelings, attitudes and knowledge of elderly women revealed by the history of their past, present and future perspectives. Caregivers should be integrated as facilitators and mediators in care, providing support for the decisions made by women exercising their autonomy in care, and their perspective on what happiness and well-being may be.

Therefore, the care model may be appropriate to the conditions of elderly women who attend a day house in Toluca, Mexico.

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